BEAT breast & prostate CANCER WITHOUT

surgery, chemo or radiation

a guide to the best alternative treatments

by Lee Euler with Susan Clark

BEAT BREAST CANCER AND PROSTATE CANCER WITHOUT SURGERY, CHEMO, OR RADIATION:

A GUIDE TO THE BEST ALTERNATIVE TREATMENTS

by Lee Euler

With Susan Clark

Beat Breast Cancer and Prostate Cancer WITHOUT Surgery, Chemo, or Radiation: A Guide to the Best Alternative Treatments

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IMPORTANT CAUTION:

By reading this special report you are demonstrating an interest in maintaining good and vigorous health. This report suggests ways you can do that, but — as with anything in medicine — there are no guarantees. You must check with private, professional medical advisors to assess whether the suggestions in this report are appropriate for you. And please note, the contents of this report may be considered controversial by the medical community at large. The authors, editors and publishers of this report are not doctors or professional health caregivers. The information in this report is not meant to replace the attention or advice of physicians or other healthcare professionals. Nothing contained in this report is meant to constitute personal medical advice for any particular individual. Every reader who wishes to begin any dietary, drug, exercise or other lifestyle changes intended to treat a specific disease or health condition should first get the advice of a qualified health care professional, or accept full responsibility if he or she decides not to do that.

No alternative OR mainstream cancer treatment can boast a one hundred percent record of success. Far from it. There is ALWAYS some risk involved in any cancer treatment. The authors, editors, and publishers of this report are not responsible for any adverse effects or results from the use of any of the suggestions, preparations or procedures described in this report. As with any medical treatment, results of the treatments described in this report will vary from one person to another.

PLEASE DO NOT USE THIS REPORT IF YOU ARE NOT WILLING TO ASSUME THE RISK.

The authors report here the results of a vast array of treatments and research as well as the personal experiences of individual patients, healthcare professionals and caregivers. In most cases the authors were not present themselves to witness the events described but relied in good faith on the accounts of the people who were.

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Introduction

The Silent Epidemic Sweeping the Nation

epidemic of cancer is silently ravaging our nation. If you yourself don't suffer from breast cancer or prostate cancer during your lifetime, someone you know or love will.

The latest report by the American Cancer Society (ACS) shows that breast cancer will strike *one out of every eight women*.¹ Even worse, prostate cancer will attack *one out of every six men*.²

We've seen an almost *unbelievable* rise in these cancers. Consider the alarming statistics: Since 1983, rates of certain forms of breast cancer have soared 328 percent!³ And rates of prostate cancer are much, much worse: Since 1985, they've skyrocketed 600 percent, with experts calling it "the fastest rise in cancer detection ever recorded."⁴

But the most shocking fact of all is that you'd <u>never</u> know any of this from listening to the news media or conventional medicine!

These "official sources" still send out the message that we're "winning the fight" against prostate and breast cancer. They tout new diagnostics, drug research and cutting-edge robotic surgeries. They tell you that early detection means a cure. Tragically, the reality is altogether different.

Medical research shows there's been no victory in the fight against breast and prostate cancer in the last 50 years. Instead, conventional medicine has suffered a crushing <u>defeat</u>.

The cold, hard facts about breast and prostate cancer you're not being told

The medical facts about breast and prostate cancer tell a disturbing story — one very different from what conventional doctors talk about publicly.

FACT No. 1: Breast and prostate cancer might soon become our deadliest cancers ever! Together, breast and prostate cancer kill *more than 69,000 Americans annually.*⁵ These cancers are *so deadly*, they're second only to lung cancer in number of lives they claim!

FACT No. 2: Conventional treatments aren't "curing" breast and prostate cancers. The cure rate for breast and prostate cancer has hardly budged in more than 30 years. If conventional treatments were really that effective, more lives would be saved — the death rate would go down and the cure rate would go up — regardless of our natural increase in population. But that's not what's happening.

Between 1960 and 1980 the number of women succumbing to breast cancer grew by a whopping 60 percent.⁶ Between 1960 and 1992, deaths from prostate cancer soared 29 percent⁷.

¹ American Cancer Society, What Are The Key Statistics For Breast Cancer. http://www.cancer.org

² American Cancer Society, How Many Men Get Prostate Cancer. http://www.cancer.org

³ Ernster VL, Barclay J, Kerlikowske K, Grady D, Henderson C. Incidence of and treatment for ductal carcinoma in situ of the breast. *JAMA*. 1996 Mar 27;275(12):913-8.

⁴ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 38.

⁵ American Cancer Society Data, 2008, http://www.cancer.org

⁶ Special to the *New York Times*: Survey Finds Cancer Deaths Are Increasing Steadily. (1985), New York.

⁷ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 38.

The five-year survival rate for breast cancer patients who undergo chemotherapy is only 1.43%! And a study in the journal *Clinical Oncology* (December, 2004) said the five-year survival rate for late-stage prostate cancer is ZERO for those patients who consent to chemotherapy!

FACT No. 3: Conventional medicine isn't learning from its mistakes. Its "leading experts" are still recommending the same old, outdated treatments to fight breast and prostate cancer, while insisting that these failing treatments are the only "cure."

Consider how conventional oncologists (cancer doctors) demand that you let them *slice* off your breast or cut out your prostate to get rid of your cancer.

Then they make you fill your body with poisonous radiation or chemotherapy to kill any cancer that's left over. The same dangerous treatments they've used since the 1940s!

It's "insane," says one cancer patient quoted in Bill Henderson's new book, *How to Cure Almost Any Cancer at Home for \$5.15 a Day.* "The very mark of insanity is doing the same thing over and over and expecting a different result."

You and your loved ones are suffering terrible consequences from conventional treatment!

Enduring these damaging treatments in the name of a "cure" is leaving women across America physically scarred, suffering from serious heart and lung damage, and in great danger of new cancers. Meanwhile, men are finding themselves impotent and needing adult diapers to cope with bladder and bowel "leaks" from organ and muscle damage. It's terrible!

Even worse, in many cases, the cancer comes

back later, in spite of it all!

The dismal reality facing breast and prostate cancer patients today in conventional medicine is what inspired me to write this Special Report, Beat Breast Cancer and Prostate Cancer WITHOUT Surgery, Chemo, or Radiation: A Guide to the Best Alternative Cancer Treatments. Because someone must tell you that treating breast and prostate cancer doesn't have to

Treatments. Because someone *must* tell you that treating breast and prostate cancer doesn't have to be this way! In many cases, women can keep their breasts and men can keep their prostates!

That's right, breast cancer and prostate cancer *can* be cured safely, permanently and without needless suffering and disfigurement — even after conventional doctors have given up all hope! Just look at what happened for Fran and Peter...

"Pac Man" breakthrough saves Fran from "terminal" breast cancer!

Fran's doctors told her the breast cancer had spread into her bones. The cancer was terminal, they said, and it wasn't *IF* she'd die of cancer, but *WHEN*.

Not willing to give up, Fran met an amazing doctor named Nicholas Gonzalez who started treating her with a "cancer-gobbling" natural compound and other immune-building therapies.

Fran's cancer disappeared — and she's been alive and well for <u>21 years and counting!</u>

"Stealth" therapy saves Peter from castration — and from "hopeless" prostate cancer

Peter was in a similar boat, with prostate cancer. His PSA was a frightening 71.4 — 17 TIMES HIGHER than normal. Doctors told him the cancer was too advanced to operate on. But if they castrated him, they said, he might live another three years. Peter balked at the thought of that!

Instead, he went to Dr. Douglas Brodie and

⁸ Henderson, Bill, Scholberg, Andrew (2009) *How to Cure Almost Any Cancer at Home for \$5.15 A Day.* Virginia: Online Publishing & Marketing. P. 32.

started a powerful immune-boosting program that used a "stealth" therapy to deliver special nutrients into the bloodstream. *Five years later, Peter is happy, healthy and cancer-free!*

On the coming pages you'll discover the lifesaving alternative treatments that Fran and Peter used, plus many others. Best of all, you'll see that their success is based not just on anecdotal evidence but on years of clinical use and scientific study.

In some cases, the alternative treatments you'll discover have undergone rigorously controlled, <u>FDA-approved clinical studies</u> that the government never releases to *you or the news media!*

In other words, these alternative treatments are the real deal. They can give you and your loved ones hope not only for survival, but for a healthy, high-quality life after cancer! After all, isn't that what it's all about?

Tragically, for most Americans, finding out about these exceptional alternative treatments has been extremely difficult.

Why you won't hear about these alternatives from your doctor

Even the most well-intentioned doctor *won't* tell you about these amazing treatments that are stopping, slowing and even curing breast and prostate cancers. In fact, he or she *can't* tell you about them!

Why? Because the federal Food and Drug Administration (FDA) *forbids* conventional doctors to use "alternatives" to treat cancer. Your state's medical board can yank your doctor's license if they find out he or she has been breaking "the rules." Your doctor can even *go to jail* for prescribing what he or she believes is the best treatment, and several brave doctors have actually done so.

So when it comes to finding the best alternative treatment for your cancer, *you're on your own*.

Fortunately, several excellent books on alternative cancer treatments are available. But even they fail to tell you *which* treatments are highly successful against breast and prostate cancers, in both the early and the advanced stages of those diseases.

That's why I've compiled this Special Report: As a guide to help anyone who's facing breast or prostate cancer.

In the pages ahead, you'll discover some of the leading-edge alternative treatments with high success rates in curing breast and prostate cancer. And I'll tell you *exactly* where to get these treatments and use them, on your own or with expert help. That includes giving you the names and contact information of the alternative doctors who treat breast and prostate cancer patients.

So let's get started. First, it's important for you to know *WHY* there's been an explosive rise in breast and prostate cancer rates. The reason is simple...

IMPORTANT: Please note that I don't profit in any way from the treatments outlined in this Report. Nor do I have any financial connection whatever to the doctors on whom I report. After spending 17 years writing about health issues and finding out that alternative treatments cure countless people of breast cancers and prostate cancers, from early stage to "hopeless" stage-four cancers, I wanted to write this Report to get the life-saving information into your hands.

Chapter One

Why So Much Breast and Prostate Cancer? The Truth about a "Hidden" Epidemic!

cores of leading doctors and scientists at research centers around the world have been trying to answer this complicated question for more than two decades. After many cutting-edge tests, the results point to one simple cause...

Too much <u>bad</u> stuff going into our bodies, and not enough <u>good</u> stuff.

The "bad stuff" I'm talking about is the overwhelming number of toxins we get — from chemical pollutants in our food, air and water to the emotional stress in our daily lives.

These toxins sap our immune systems and send our hormones dangerously out of whack. The end result is breast and prostate cancer. Here's why: *Toxins trigger an increase in our estrogen levels.* This acts like FERTILIZER for breast and prostate cancers!

The most dangerous toxins are called *xenoestrogens* ("xeno" means "stranger").

Xenoestrogens are dooming us to cancer (and the government knows it!)

Xenoestrogens are coming from our food, our air, our water and even our medicines. This might be the first you've ever heard of xenoestrogens, but medical researchers have known about them for decades. What's more, they've linked them to breast and prostate cancer for MORE THAN 15 YEARS — even in research by leading government scientists!

Just look at this shocking quote from a study published by scientists at the U.S. Department of Health and Human Services (HHS) 'way back in 1993.

"Experimental evidence reveals that compounds such as some chlorinated organics, polycyclic aromatic hydrocarbons (PAHs), triazine herbicides, and pharmaceuticals affect estrogen production and metabolism and thus function as xenoestrogens. Many of these xenoestrogenic compounds also experimentally induce mammary carcinogenesis (breast cancer)..."
[Emphasis added]

The HHS researchers go on to say that "most breast cancers" are caused NOT by a woman's genetic history but by the hormonal changes from the xenoestrogens that toxins in our bodies produce EVERY SINGLE DAY!

That bears repeating: Government scientists have linked the vast majority of breast cancers to environmental toxins, not genetics.

And here's even more disturbing proof: The rising number of men with *male breast cancer!*

The hidden epidemic of male breast cancer on a leading U.S. military base

Though male breast cancer is still rare in the USA, with fewer than 1,900 cases annually, men who get it often have had high exposure to toxins that produce xenoestrogens.

One of the most shocking stories of male breast cancer comes from the Marine Corps base at Camp Lejeune, North Carolina. <u>AT LEAST 19 MEN</u> who were stationed or who worked at Camp Lejeune have been diagnosed with the

⁹ D L Davis, et al. Office of the Assistant Secretary for Health, Department of Health and Human Services, Washington, DC 20201. Medical hypothesis: xenoestrogens as preventable causes of breast cancer.

Environ Health Perspective 1993 October; 101(5): 372-377

disease over the last two years, according to a 2009 article in the *Los Angeles Times*. ¹⁰

These men are among 1,600 former base residents who are *suing the federal government*, saying their cancers and other illnesses were caused by drinking base tap water that the government *knew* was tainted with "chlorinated solvents" as far back as 1980.

If you recall, chlorinated solvents are among the toxins that government researchers *know* to produce cancer-causing xenoestrogens in the human body. The lawsuit suggests a government cover-up that endangered the lives of thousands of men, women and children! The lawsuit is pending.

But it's not just *breast cancer* that's afflicting our brave Marines at Camp Lejeune, either.

Prostate cancer rates, too, are high in these Marines!

One of the "other cancers" the Camp Lejeune men suffer from is prostate cancer.¹¹

This won't surprise anyone who's researched the development of breast and prostate cancer. You see, we now know that prostate cancer is *ALSO* caused by toxins that produce *xenoestrogens* and result in dangerous estrogen buildup in men's bodies.

Dr. HingHau Tsang calls this terrible buildup of estrogen "estrogen dominance." A natural health doctor, he's reported on several studies that show that when prostate cells are exposed to estrogen, they grow like crazy and become cancerous.

Other research proves Dr. Tsang's findings.

It includes dozens more studies showing that farm workers with the HIGHEST EXPOSURE to pesticides and herbicides (which create xenoestrogens in the body) here in the USA and other countries suffer the HIGHEST RISK of prostate cancer and infertility.¹³

But most alarming of all is the clinical evidence taken directly from people's breast and prostate tumors.

Send a tumor sample to a toxicologist instead of an oncologist and you'll discover something shocking!

When toxicologists examine tissue samples from cancerous tumors in people's breasts or prostates, they often find *abnormally high* levels of dangerous chemicals.

In his book *Cancer Diagnosis: What to Do Next*, Dr. Burton Goldberg recounts one such story. He explains how a man diagnosed with prostate cancer had a tissue biopsy sent to a toxicologist. The toxicologist found unusually high levels of dangerous chemicals, including arsenic, DDT and chlordane!¹⁴

The research is beyond alarming. But it raises the question: *If chemicals in our air, our water,* our food and our medicines are so dangerous, then how come ALL of us don't come down with tumors in our prostates or breasts?

After examining years of research, I believe the answer holds the secret not only of *preventing* breast and prostate cancer, but of *curing it* as well.

The simple secret to living free from breast and prostate cancer

What is this astonishingly simple secret? *An ironclad immune system*.

¹⁰ Zucchino, David (2009) Camp Lejeune Residents Blame Rare Cancer Cluster on The Water. Los Angeles: *Los Angeles Times*.

¹¹ Byron, Andrea. A Toxic Tale: Water Contamination at Camp Lejeune 1 *Veterans Today* Posted online February 22, 2008.

¹² Tsang, HingHau. Dr. Tsang's Crusade on Nutrition. Newsletter #75 - Estrogen Dominance, Natural Progesterone and Men.

¹³ Salinger, Lawrence M. (2005) *Encyclopedia of White-Collar and Corporate Crime, Volume 1*. California: Sage Publications.

¹⁴ Diamond, John W. M.D., Cowden, W. Lee M.D., Goldberg, Burton (2000) *Cancer Diagnosis: What to Do Next*. California: AlternativeMedicine.com. P. 15.

When your immune system is powered up to a high level, your body can rid itself of these xenoestrogens and correct any abnormal hormonal changes they cause *BEFORE* they trigger cancer.

Only when your immune system is weakened by health problems, poor diet, stress and toxins do xenoestrogens get the upper hand and cancer takes root. If you strengthen your immune system, you can help your body defeat breast and prostate cancers *once and for all!*

In the book *Cancer Diagnosis: What to Do Next*, Dr. Wolfgang Kostler, M.D., is quoted as saying that the reason why conventional medicine fails to cure breast cancer is that it focuses solely on *removing* or *shrinking* the tumor, not on *changing* "the cancer-prone environment inside the body." And because of this fateful mistake, the cancer never goes away completely.¹⁵

For the last 32 years, Dr. Kostler has helped his patients whip breast cancer by supporting their immune systems. This, Dr. Kostler says, is the ONLY way to keep cancer from either growing or returning.¹⁶

As you'll discover in this Special Report, beating breast and prostate cancer all comes down to *building up your immune system*.

I agree with Dr. Kostler. The reason why conventional treatments for breast and prostate cancer fail so many patients is that they do *just the opposite*.

¹⁵ Diamond, John W. M.D., Cowden, W. Lee M.D., Goldberg, Burton (2000) *Cancer Diagnosis: What to Do Next.* California: AlternativeMedicine.com P. 199.

¹⁶ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 196

Chapter Two

Why Conventional Treatments Don't Work: An Overview

he most common conventional treatments for breast and prostate cancers are radiation, chemotherapy drugs and drastic surgery.

Doctors will tell you they prescribe these treatments to help you beat the cancer and survive. So it might surprise you to know that each of these treatments <u>dramatically reduces the ability of your immune system to fight cancer.</u> In other words, these treatments work against your chances of "curing" cancer, now or in the future.

First, let's look at chemotherapy...

If you undergo chemotherapy for breast cancer or advanced prostate cancer, your doctor will warn you of side effects such as hair loss, chronic nausea, weight loss and especially infection.

These "side effects" are considered normal. But if you stop and think about the reason for them, you'll soon realize they happen because chemotherapy drugs dramatically weaken your body and kill the very immune system you need to fight cancer!

No wonder chemotherapy *doesn't prevent* the spread of cancer. And it certainly doesn't *cure* it. Just look at the research on chemotherapy in women suffering from breast cancer.

If you've got breast cancer, chemotherapy is only five percent better than doing nothing at all!

When cancer researchers undertook a massive review of the results of *all* randomized, controlled clinical trials of chemotherapy in breast cancer patients over a 14-year period, they came to an astonishing conclusion:

Chemotherapy gives you less than a <u>five</u> <u>percent better chance</u> of surviving breast cancer for five years. ¹⁷ Less than *five percent!* I wouldn't bet a dollar on those odds, much less my life or the life of someone I loved!

Even leading doctors know the truth about using chemotherapy to treat breast cancer, prostate cancer *or any cancer!*

In an anonymous survey of 79 oncologists at McGill Cancer Center, researchers asked doctors to imagine they had cancer and then choose a treatment option. An incredible 64 said they wouldn't consent to treatment with cisplatin, a common chemotherapy drug, and 58 said they'd reject <u>all</u> the chemotherapy drugs then being used in patient clinical trials at the center. The reason? And I quote, <u>"The ineffectiveness of chemotherapy and its unacceptable degree of toxicity."</u> 18

Sadly, the research on *radiation* isn't much more encouraging.

Radiation causes cancer - it doesn't cure it!

Doctors often use radiation against breast and prostate cancers. The irony is that radiation

¹⁷ Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clin Oncol (R Coll Radiol)*. 2004;16(8):549-60.

Georgiou, George J Ph.D.,ND.,D.Sc (AM) (2007) "Are We Treating Cancer, But Killing The Patient?" www.naturaltherapycenter.com

¹⁸ Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clin Oncol (R Coll Radiol)*. 2004;16(8):549-60.

Georgiou, George J Ph.D.,ND.,D.Sc (AM) (2007) "Are We Treating Cancer, But Killing The Patient?" www.naturaltherapycenter.com

is a potent toxin known to <u>cause</u> cancer. We've known that since 1910, when scientists first recognized that radiation causes skin cancer. That's when scientists began keeping track of the health effects of radiation and set up studies of people who had been exposed.

If there was any remaining doubt, it was dispelled by the long-term studies of survivors of the atomic bombing of Hiroshima in World War II. Many people who were exposed to the bomb's radiation developed deadly cancers.

So it's no surprise that when doctors use radiation to treat breast and prostate cancer, the evidence shows it <u>INCREASES YOUR DANGER</u> <u>OF MORE CANCER</u> in the area of your body that was exposed to the radiation.

For instance, a study by researchers at Columbia University shows prostate cancer patients treated with external beam radiotherapy (radiation) were in <u>HIGHER DANGER</u> of bladder cancer and rectal cancer.¹⁹ Men's bladders and rectums are *both* exposed to radiation during radiation treatment for prostate cancer.

What's more, studies in breast cancer patients suggest that radiation treatment can INCREASE the danger of lung cancer.²⁰ Women's lungs also absorb radiation from the rays aimed at the breast cancer.

Another conventional treatment most often recommended for breast and prostate cancer is *surgery*. And drastic surgery isn't necessarily a good answer, either.

Surgery might actually spread your cancer

Studies now suggest that cutting off a breast or removing a prostate DOES NOT improve your ability to survive these cancers. Worse, it might even cause your cancer to *spread like wildfire*.

To understand why, you've got to know a little bit about a cancerous tumor. You see, tumors are "encapsulated." They're surrounded by a capsule that, at least temporarily, keeps cancer cells from spreading. Cutting into this capsule is like poking a hole in a hornet's nest and letting the angry insects pour out!

Researchers monitored the blood of 14 prostate cancer patients *before* and *after* prostatectomies (surgical removal of their prostates). The results were shocking!

Before their operations, only three patients had prostate cells in their bloodstream. But after the prostatectomies, a whopping 12 of the patients had prostate cells in their blood.²¹ That's four times as many.

It's similar for breast cancer. Doctors treating breast cancer patients have long reported that the chances of recurrence are *highest* during the *first two years* after surgery.

In a shocking paper published in 2005 on the Web site of the *International Journal of Surgery*, researchers theorized that removing cancerous tumors from the breast causes the body to release certain compounds that enable cancer cells that had been in hibernation *to wake up and start growing.*²²

¹⁹ Wascher, Robert A. MD, FACS. (2008) "Health Report: Radiation Treatment of Prostate Cancer & Risk of Second Cancers." Dr. Wascher is an oncologic surgeon and the Director of the Division of Surgical Oncology at Newark Beth Israel Medical Center. www.doctorwascher.com

²⁰ Rubino C. et al. Radiation Dose, Chemotherapy and Risk of Lung Cancer After Breast Cancer Treatment. *Breast Cancer Research and Treatment*, Volume 75, Number 1, September 2002, PP. 15-24(10).

²¹ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 104.

²² Gordon, Garry F. MD, DO, MD(H), Gordon Research Institute. www.gordonresearch.com Dockser Marcus, Amy. Probing Surgery's Link To Cancer Recurrence. Some Researchers Say Removing A Tumor Can Trigger

Why you should question your doctor

Studies such as the ones I just told you about are only the beginning of why I believe it makes absolutely no sense to repeatedly attack breast and prostate cancers with chemotherapy, radiation and drastic surgery. Yet that's exactly what mainstream doctors want *you* to do!

When we were young, most of us had it ingrained in us that we should never question our doctor. Doctors are the *experts*. They *know* what to do. We *must listen*.

That's why so many cancer patients never ask why a doctor recommends slicing off a breast, cutting out a prostate, poisoning a tumor with chemo or burning it with radiation — even though these treatments clearly make cancer patients SICKER and encourage their cancers to SPREAD!

It's your body, and YOU have control!

I strongly urge you to ask your doctor "why" when he or she prescribes any treatment. The answer you get should be solid and based on success with other patients who have your type and stage of breast or prostate cancer. And your doctor should answer any and every question you have. If he or she doesn't, run for the hills!

I'm reminded of a personal story from Timothy Brantley N.D., Ph.D. In his book *The Cure: Heal Your Body, Save Your Life*, Dr. Brantley recalls being a young boy who watched breast and colon cancer overtake his mother.

One day he went with his mom to a doctor's appointment. He was sitting quietly nearby, listening to the M.D. talk, when he felt inspired to ask a question.

"Doctor," he said, "why did Mom get cancer?"

His mother apologized immediately for her outspoken young son. But the future Dr. Brantley turned to her and said, "Well, don't *you* want to know?"

That's when the M.D. proclaimed irritatingly, "That's enough questions, young man." The doctor *never* answered any of his questions.

Eventually, Dr. Brantley's mom passed away from cancer. Even more tragic, she spent the final months of her life suffering terribly from the side effects of chemotherapy.²³

Today, Dr. Brantley and many other alternative doctors understand that treatment for breast and prostate cancer doesn't have to be filled with pain, suffering and loss. You can not only treat your breast or prostate cancer *safely*, you can feel *stronger* and *healthier* during the healing process.

In this Special Report I'll show you some of the <u>best</u> and <u>most successful</u> treatments ever <u>discovered for breast and prostate cancers</u>. I'm not going to tell you any treatment is 100% effective – nothing's even close to being that good – but these treatments are *so effective* that they're slowing, stopping and even *curing* breast and prostate cancer after chemotherapy, radiation and surgery have failed — when doctors shake their heads and tell their patients, "I'm sorry, it's hopeless."

To discover the leading alternative treatments for breast cancer, just turn the page. To read about the treatments for prostate cancer, turn to Part Two: Prostate Cancer: Four Leading Alternatives That Are Slowing, Stopping, Even Curing Prostate Cancer!

²³ Brantley, Timothy (2007) *The Cure: Heal Your Body, Save Your Life.* New Jersey: Wiley and Sons. P. 8.

PART ONE

BREAST CANCER

Four Leading Alternatives That Are Slowing, Stopping, Even Curing Breast Cancer!

Chapter Three

Breast Cancer Treatment No. I

How Fran Beat "Hopeless" Breast Cancer (She's a 21-Plus Year Survivor!)

Dr. Nicholas Gonzalez's "Pac Man" Breakthrough

ran" (not her real name) was a conventional doctor's perfect patient.²⁴ When doctors told her she had breast cancer in 1985, she followed their instructions without question. They recommended *radiation* for the 8 by 8 centimeter cancerous mass in Fran's right breast. She agreed wholeheartedly and received 5100 rads. (The usual dosage of radiation for breast cancer is 4500-5000 rads.)

When doctors wanted to perform a *mastectomy* (breast removal surgery) later, Fran bravely consented to the operation and lost her right breast. But during the surgery, doctors discovered the cancer had *infiltrated her lymph nodes*. An ominous development, and one that makes it very easy for the cancer to spread! Doctors next prescribed chemotherapy, and once again, Fran agreed.

She took the chemotherapy drug combination called CMF. She lost all her hair and endured horrible bouts of nausea and vomiting. It would all be worth it, she thought, if the cancer disappeared. But two years later, Fran developed aching pain in her ribs and sternum.

Fran's cancer had spread, and doctors said it was "terminal"

A scan showed Fran's cancer had metastasized

24 "Fran", Dr. Nicholas Gonzalez, Case Study. http://www.dr-gonzalez.com

(spread from its original site) dangerously into her bones. Sadly, this happens in <u>80 percent</u> of all breast cancers.²⁵ Fran's doctors' urged her to submit to more chemotherapy — this time using very aggressive, very potent drugs. Even then, the doctors weren't hopeful. The cancer was "terminal," they said. The question wasn't *IF* she'd die, but *WHEN*.

Fran, like thousands of other brave women with breast cancer, decided she wasn't going down without a fight. She agreed to *more* chemotherapy. But soon she was suffering so much pain, nausea and vomiting that she couldn't stand it!

And that's when Fran did something most women with breast cancer *don't* do...

She began investigating *alternatives* that might help her feel better. Before long she found Dr. Nicholas Gonzalez in New York City. Almost as soon as she started taking the natural treatment he recommended, her aching bone pain disappeared. And with every passing day, she *finally started feeling better!*

Fran had never expected a cure, but her diagnostic tests suddenly began improving. A short time later she told her doctors "no more chemo" and quit cold turkey. Instead, she started using ONLY Dr. Gonzalez's therapy.

²⁵ Tuy, Benjamin E. M.D., Benevenia Joseph, M.D., (Aug 2007) "Treatment update: Using bisphosphonates for metastatic breast cancer American Academy of Orthopedic Surgeons http://www.aaos.org.

Five years later, in 2001, Fran was still feeling great. She had a bone scan and the cancerous lesions in her bones were *completely gone!*

Fran is alive, well and cancer-free — 21 years and counting!

At last report, 19 years after Fran's "terminal" recurrence of breast cancer, and 21-plus years since her original diagnosis, she remained in "excellent health with no evidence of cancer."

Fran has survived more than <u>EIGHT TIMES</u> longer than most women with breast cancer that's metastasized to the bone who received conventional treatment. Tragically, most of these women die within *two and a half years*.²⁶

Of course, Fran's doctors consider her recovery a "miracle," a "spontaneous remission," if you will. But Dr. Gonzalez knows better. He believes Fran beat terminal cancer by using treatments that build up the health of the body while also killing cancer cells naturally.

This approach is the EXACT OPPOSITE of the toxic, health-destroying chemotherapy and radiation treatments that conventional doctors prescribe!

Dr. Gonzalez's four-pronged approach attacks cancer and fuels immune function

Dr. Gonzalez uses a gentle, non-toxic therapy that "gobbles up" cancer cells like Pac Man in a video game, detoxifies your body, and boosts your immune function and overall health.

As you'll soon see, his is not a one-magic-bullet-cure. And judging from my research, anyone who says there's one *single* magic-bullet cure for breast cancer hasn't done enough research or isn't being completely honest with you.

You see, the most powerful, most successful alternative treatments fight breast cancer on *several* fronts. Most important, they <u>boost your immune system</u>. Then, they <u>stop your cancer from growing and spreading plus they detoxify your body</u> of cancer-causing poisons.

Dr. Gonzalez' unique approach to curing breast cancer includes *four all-natural components*:

- enzymes
- a largely plant-based diet, with some meat allowed
- supplements such as amino acids, fatty acids and certain vitamins — e.g., B vitamins — as well as minerals and trace elements such as magnesium and potassium
- coffee enemas

Though each is powerful on its own, the *combination* of these treatments works wonders against breast cancer, without causing *any side effects*. Let's start with enzymes.

Enzymes: they "gobble up" cancer cells like Pac Man, making quick work of tumors

It might surprise you to know that enzymes are one of the most thoroughly researched alternative cancer treatments available today. In fact, for the last 100 years, people all over Europe have used enzymes to kill cancer cells!

In 1906, Scotland's Dr. John Beard was the first to reveal that enzymes, (particularly *proteolytic enzymes*) can cure cancer safely by "eating up" cancer cells, just like Pac Man in the legendary video game of the same name!

During Beard's time, cancer patients probably thought their recovery was a total miracle. But now we know that enzymes' ability to digest cancer cells is just basic biology.

Research shows that when cancer cells start growing in your body, your immune system

²⁶ Elder EE, Kennedy CW, Gluch L, Carmalt HL, Janu NC, et al., Patterns of breast cancer relapse. *Eur J Surg Oncol.* 2006;32(9):922-7.

sends out macrophages and other immune cells to gobble them up. Interestingly, these cells are made *almost entirely of ENZYMES!*

Shockingly, the medical industry has BURIED the amazing research that proves enzymes <u>safely</u> <u>cure cancer</u>. And if it wasn't for the tenacity of a brilliant Texas dentist, Dr. Gonzalez never would've discovered this life-saving "Pac Man" breakthrough.

How the U.S. Government *buried* the "Pac Man" breakthrough

In 1981, Dr. Gonzalez was in his second year of medical school at prestigious Cornell University. While doing some research, he stumbled across old medical studies by Texas dentist William Kelley.

Dr. Kelley had learned about the power of enzymes as a cancer treatment nearly 20 years before. And for more than two decades, he'd treated thousands of severely ill cancer patients with this "Pac Man" breakthrough, achieving phenomenal results.

Dr. Kelley even reported he'd cured his own "incurable" pancreatic cancer using enzymes and other natural treatments! Dr. Gonzalez was fascinated.

But what really caught Dr. Gonzalez's eye was Dr. Kelley's methodical documentation of his research and scores of patient case studies. Especially when he discovered that in 1969, Dr. Kelley had written a book about using enzymes to treat cancer *safely* with *no side effects*.

Dr. Kelley's book *could* have saved the lives of cancer patients across the nation and around the world, but Texas state medical officials wouldn't tolerate his unconventional approach. They sought a restraining order barring Dr. Kelley from treating any patients with non-dental conditions. Then they took him to court and actually *blocked the book's release!*

Dr. Kelley appealed to the U.S. Supreme Court,

complaining about this flagrant violation of his First Amendment Rights, but the justices *upheld* the lower court's ruling! Dr. Kelley was forbidden to publish his life-saving book, and the "Pac Man" breakthrough was doomed to remain <u>BANNED</u> as a cancer treatment in the USA.

Outraged but also inspired, Dr. Gonzalez began working with enzymes and studying their cancer-killing effects. He even got a research grant from the prestigious Sloan-Kettering Memorial Cancer Center!²⁷

During this time, he made an astounding discovery that's made getting enzyme treatment today *easier than ever before*.

Researchers in Europe had theorized that proteolytic enzymes must be *injected* into patients in order to bypass their digestive systems, where acidic stomach juices would destroy them. But Dr. Gonzalez found that proteolytic pancreatic enzymes are "acid-stable" and pass intact through patients' intestines and into their bloodstreams. No injections necessary!

Since then, he's legally and safely treated scores of breast cancer patients with supplemental *oral* proteolytic pancreatic enzymes with great success.

Independent research backs up the incredible success rate and safety of the "Pac Man" breakthrough

An Austrian oncologist who specializes in breast cancer studied the "Pac Man" breakthrough, and his findings were astonishing!

He reports that the 10-year survival rate from stage I and stage II breast cancers was as high as 85 PERCENT with proteolytic pancreatic enzyme therapy! This is 25 percent higher than what doctors had reported for conventional cancer

²⁷ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P. 204.

treatments. And there were no side effects!²⁸

These results are all the more astounding when you consider that many of these women suffered from *advanced breast cancer* that had already *metastasized* (spread) to other areas of their bodies. And many women, like Fran, had tried ALL the conventional treatments, suffered horrible side effects, and were told they were going to die anyway. Their doctors had simply given up!

Meet Amy, a 16-plus-year survivor of breast cancer

In another severe case, a 56-year old woman named Amy²⁹ was diagnosed with breast cancer. In July, 1990 an ultrasound showed her tumor was 1.8 centimeters — almost three-fourths of an inch. Doctors scheduled a *lumpectomy (tumor removal)* for September.

But when they were removing the tumor, they found it was much bigger than they'd thought—it measured 4 by 3 centimeters! Either the cancer had grown VERY quickly or the ultrasound hadn't registered the entire tumor. Due to its size and location, doctors could remove only *part* of the tumor.

They insisted Amy wouldn't survive without undergoing a *complete mastectomy*, followed by *radiation*, and then a course of *intensive chemotherapy*.

Amy refused to lose her breast *or* take chemo. In her words, she'd seen "too many people cut to pieces and poisoned, only to die." Instead, she started on Dr. Gonzalez's enzyme therapy. Soon she had RECOVERED COMPLETELY!

At last check, 16 years after her original diagnosis, Amy was 72 and in excellent health. And remember, she NEVER went through any chemotherapy or radiation. And she still had both of her breasts!

Dr. Gonzalez's files hold many successful case histories such as Amy's — breast cancer patients who were told they'd probably die if they refused conventional treatments, but who've done very well for *very* long periods of time.

In fact, many patients who've used his therapy say they've never *felt better*. They feel even better now than *before* they got cancer! The reason is that they corrected the underlying, long-term problems that caused their cancer in the first place.

Because besides killing cancer cells, Dr. Gonzalez believes his therapy changes your body's *inner* environment from cancer-*PRONE* to cancer-*FREE*.

As I mentioned, enzymes are only *part* of Dr. Gonzalez's treatment. He also uses *detoxification treatments*, *supplements* and a *special diet*. The goal is to restore health to your immune system *and* your metabolic system, too.

If you get breast cancer, you have a unique metabolism

Dr. Gonzalez has found that patients with solid tumors such as breast tumors have a unique metabolism that doesn't easily digest *protein*. Because of this, he puts his breast cancer patients on a *special diet*.

Dr. Gonzalez's diet includes combinations of nutrients found in fruits, vegetables, nuts, whole grains and seeds. The foods are all organically grown, so they don't further poison the patient's metabolic system with toxic pesticide residues.

Dr. Gonzalez also nourishes the patient's body, especially the immune system, with *supplements*. He prescribes a personalized combination of amino acids, fatty acids and certain vitamins

²⁸ Hancock, Kathleen et al. Ten-year survival rates in breast cancer using combination chemotherapy. *British Journal of Surgery* Volume 64, Issue 2 , Pages 134 –138. Published Online: 7 Dec 2005

Rokitansky, O.: The surgical treatment of carcinoma of the breast with adjuvant enzyme therapy. *Dr. med.* 1-2:16-24 (1980)

²⁹ Amy, Dr. Nicholas Gonzalez, Case Study. http://www.dr-gonzalez.com

— such as B vitamins — minerals, and trace elements such as magnesium and potassium.

Dr. Gonzalez's simple, natural approach works outstandingly well. In 1988 biologist Harold Ladas, Ph.D., wrote in the *Cancer Victors Journal* that "Dr. Gonzalez has given us convincing evidence that diet and nutrition produce long-term remission in cancer patients, almost all of whom were beyond conventional help."³⁰

The result of Dr. Gonzalez's therapy is a *well-functioning metabolism* that's crucial to creating a balanced, cancer-free inner environment.

This conviction that by supporting a healthier, balanced metabolism and immune system one can cure cancer is the foundation of other highly effective alternative cancer therapies, including the Gerson dietary therapy that you'll read about in Chapter Five. Yet few American doctors today even *consider* diet as an integral part of curing breast cancer, or any cancer!

Instead, conventional medicine relies on poisonous chemotherapy and radiation. Ironically, these cause an even greater imbalance in your body by *WEAKENING* your immune system and further *DISRUPTING* your metabolism!

The fourth part of Dr. Gonzalez's therapy, and possibly the most surprising, is regular detoxification with coffee enemas.

Coffee enemas: A surprising but proven way to detoxify the colon and stimulate the liver

It may sound strange, but coffee enemas are miraculous for helping detoxify your body of <u>dead cancer cells</u> and <u>other metabolic toxins</u>. These poisons *interfere* with your immune system's ability to battle cancer, so you must get rid of them.

According to experts on this therapy, here's

why it works: During a coffee enema, the caffeine absorbs rapidly into your liver, stimulating that organ and your gallbladder to release dangerous wastes into your intestinal tract, which expels them from your body.³¹

Over the years, Dr. Gonzalez has followed the progress of *thousands* of patients who've used coffee enemas regularly in the privacy of their homes — in some cases, for decades! He says "virtually all patients report an increased sense of well-being."

And he's not alone. Several leading alternative cancer doctors have recommended coffee enemas regularly. Dr. William Kelley prescribed them *every day* for cancer patients. So did the legendary Dr. Max Gerson, who actually pioneered this therapy.

Though people certainly consider coffee enemas "alternative" today, it might shock you to know they were once as mainstream as antibiotics.

Coffee enemas were listed in the famed *Merck Manual* of conventional medical treatments from 1890 till about 1977! In fact, during the 1920s and 1930s, people used coffee enemas regularly across America to treat a wide range of conditions.

On his Web site, Dr. Gonzalez reports corresponding with the editor of the *Merck Manual* during the 1980s, and asking him why coffee enemas were no longer in the book. The editor replied that they removed them from the text "more for space considerations than anything else."³²

Today, Dr. Gonzalez recommends ALL of his patients do regular coffee enemas at home. He believes so much in the health-restoring value of this detoxification process that he's <u>personally taken a coffee enema almost every day since 1981!</u>

³⁰ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P. 204.

³¹ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P. 206

³² Dr. Nicholas Gonzalez, www.dr-gonzalez.com

This therapy is even beating "incurable" pancreatic cancer

Dr. Gonzalez is having great success treating several other cancers, too. In fact, he's reported that his treatment protocol is curing one of the most difficult of all cancers to treat: *pancreatic cancer*.

To give you an idea of what an achievement this is, consider that <u>out of FIVE patients</u> <u>diagnosed with inoperable pancreatic cancer, FOUR were still alive after eight and a half years on his treatment — and the fifth patient didn't die of cancer, but of *something else*.</u>

This is really something, because in conventional medicine, the survival time for inoperable pancreatic cancer is only *three to six months*.³³

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If you'd like to read more about Dr. William Kelley's revolutionary discoveries, his book *Cancer: Curing the Incurable Without Surgery, Chemotherapy, or Radiation* (paperback) is available at Amazon.com.

³³ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 123.

Chapter Four

Breast Cancer Treatment No. 2

Give Yourself a "Second Immune System" That Targets Cancer Cells

Dr. Stanislaw Burzynski's Targeted Gene Therapy

at was 56 years old when doctors told her she had advanced breast cancer. They'd discovered the disease had spread to <u>10</u> of her 22 lymph nodes. Every lymph node that cancer infiltrates increases the danger of cancer spreading by six percent, giving Pat a whopping <u>60 PERCENT DANGER of cancer metastasis!</u>³⁴

Her oncologist recommended 12 weeks of aggressive, high-dose chemotherapy and 30 radiation treatments over six weeks. Pat was terrified. In her own words...

"I felt as if someone else had complete control of my life. I had seen what traditional treatments can do to you, and I believed that traditional therapy for breast cancer does not work. A dear friend of mine had just suffered horribly from the terrible effects of chemotherapy and irradiation, only to die. I chose not to go through that."³⁵

Instead, Pat chose to treat her cancer *alternatively*. She sought out Dr. Stanislaw Burzynski and began treatment on March 26, 1996, just two months after her diagnosis.

Pat's conventional doctors thought she was crazy, but when her cancer started going away almost *immediately*, she knew she was doing the right thing. And rather than suffer through nausea and hair loss, Pat didn't experience *a*

single negative side effect.

At last report, more than <u>12 years later</u>, Pat was *STILL* cancer-free.³⁶ And she never underwent *any* conventional treatment.

How to build a "second immune system" that zeroes in on cancer cells with pinpoint accuracy

As I mentioned earlier, many of the best alternative cancer treatments succeed by dramatically *strengthening your immune system*. But the treatment that cured Pat is the only one I know of that creates an even more powerful "second immune system" that selectively TARGETS cancer cells.

Your ordinary immune system protects your health against *foreign* invaders. But this "second immune system" protects against cell mutations that *cause cancer from within*. It works by "reprogramming" your mutated cells back to normal, according to famed medical historian Harris Coulter in Lynn McTaggart's *The Cancer Handbook: What's Really Working.*³⁷

Discovered by Dr. Stanislaw Burzynski, who at age 25 was among the youngest people in Europe to earn an M.D. *and* a Ph.D., this treatment is called *antineoplaston therapy*. It's one of several

³⁴ Link, John S., Forsthoff, Cynthia, Waisman, James (2007) The Breast Cancer Survival Manual. New York: Owl Books. P. 45.

³⁵ Pat, Case Study, Dr. Stanislaw Burzynski, http://burzynski-patientgroup.org/patp.htm

³⁶ Pat, Case Study, Dr. Stanislaw, Burzynski, http://burzynski-patientgroup.org/patp.htm

³⁷ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 115.

all-natural, targeted gene therapies that Dr. Burzynski has discovered to *cure and control cancer*.

Antineoplaston therapy uses peptides (all-natural proteins) and amino acid derivatives that occur naturally in your bloodstream. Dr. Burzynski discovered that cancer patients *LACK* these important peptides or proteins that healthy people have.

In fact, cancer patients have *ONLY 2-3 PERCENT* of the peptides that healthy people have!³⁸ Thinking that peptides must have something to do with the body's immunity to cancer (and they do), he isolated them and intravenously infused patients with them. Suddenly, *their cancers disappeared!*

Eventually, Dr. Burzysnki traveled to the USA and set up a clinic in Houston, Texas. For 20 years, his targeted gene therapies, such as personalized IV and oral antineoplaston treatment, have *safely cured* even the most aggressive breast cancers with no dangerous side effects.

Sophia's aggressive breast cancer is gone — I 0-plus years later, she's cancer-free

Three days after Sophia Wojdelko was diagnosed with breast cancer, she was lying flat on an operating table as surgeons performed a lumpectomy to remove her breast lump. During the operation, they also cut out several *lymph nodes*. Concerned that the cancer might spread, they ordered a regimen of chemotherapy. Without it, they said, Sophia "might not have much time to live."

But Sophia didn't think the chemo was right for her. Instead, her husband found Dr. Burzyinski, or "Dr. B", as his patients call him. Dr. B immediately started Sophia on an eight-month oral antineoplaston treatment program, and amazingly, HER CANCER VANISHED!

More than a *decade* later, Sophia is <u>still cancer-free</u>. More important, she feels healthier and stronger than ever before.

In her own words...

"Not only did Dr. Burzynski help control my cancer, he also gave me hope that someday I may see my children get married. I have strong faith in Dr. Burzynski, not only because of what he has done for me but also because of what he has done for others. I pray every day that God will bless Dr. Burzynski so he can continue helping others who have lost the will to live." ³⁹

Treatment has helped 85 percent of mostly "hopeless" breast cancer sufferers!

Though many natural treatments, e.g., dietary therapies such as the Gerson Therapy, work *better* against breast cancer when patients avoid all chemo and radiation, many breast cancer patients who see Dr. B do so AFTER they've tried the usual conventional treatments — chemotherapy, radiation and mastectomy — and they're *still* facing a death sentence.

That makes his success rate simply phenomenal...

Using targeted gene therapies at his clinic between 1999 and 2007, Dr. B <u>COMPLETELY</u> <u>CURED 62 PERCENT</u> of all breast cancers...

And for another <u>23 percent</u> of patients, Dr. B was able to slow down their breast cancer — "stabilize" the disease, as he puts it — so these women could enjoy many more years of life with their loved ones. ⁴⁰ And "enjoy" is the key word here. These breast cancer patients report suffering no dangerous side effects from his treatment — and many feel better than they have in years!

³⁸ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P. 17.

³⁹ Sophia, Case Study, Dr. Stanislaw, Burzynksi, http://burzynskipatientgroup.org/patp.htm

⁴⁰ News Report, KHOU-TV, Houston.

Safety proven in <u>30 years</u> of clinical research

Besides proving *MORE EFFECTIVE* than conventional treatments, Dr. B's targeted gene treatment has also tested <u>very safe</u>. For instance, although traditional radiation and chemo poison all the cells in your body, Dr. B's treatments stop breast cancer safely.

After <u>30 years of use</u> at Dr. B's clinic in <u>more</u> <u>than 2,000 patients</u>, the treatment has proven non-toxic, with the only side effect being occasional minor digestive upset.

Unlike many alternative doctors who fear the FDA will come down on them if they publicly announce they're treating cancer alternatively, Dr. B has published more than 150 scientific papers and holds 20 patents in 16 countries for his antineoplaston therapy.⁴¹

His breast cancer treatments have also gone through independent medical review by more than 250 independent medical publications/ researchers. For example, independent research in Japan confirms that antineoplastons safely target breast cancer.⁴²

In this laboratory study, later published in the journal *Breast Cancer*, Japanese scientists found that antineoplaston safely caused the "arrest in a breast cancer cell line." ⁴³ In other words, peptides <u>STOPPED BREAST CANCER CELLS FROM</u> <u>GROWING</u>, with no toxic effects!

"The single most important breakthrough in cancer therapy ever"

Famed alternative physician Julian Whitaker believes strongly in Dr. B's ability to *cure cancer*. In fact, Dr. Whitaker sends his patients who have cancer to Dr. Burzynski.

In the February, 2008 issue of his large-circulation newsletter *Health & Healing*, he wrote: "I consider antineoplastons to be the single most important breakthrough in cancer therapy ever — and possibly the only one we will ever need. Antineoplastons are to rapidly growing and universally fatal cancers what penicillin is to pneumonia."

Cures prostate cancer, brain cancer, colon cancer and dozens more!

Dr. B's antineoplaston treatment also works exceptionally well against deadly brain cancer, and has proven effective with <u>48 other cancers</u>, including those of the prostate, colon, lung and ovary, plus non-Hodgkin's lymphoma — working better against some of these cancers than others.

For example, patients with the deadliest brain cancer, brainstem glioma, are often dead within two years. But Dr. B has patients who are still alive five years after their diagnosis, and has seen some live 17 years and counting.⁴⁴

What's more, patients with cancers that have spread to their colons and livers are doing better on his therapy than with conventional treatments. One trial shows that his patients' five-year survival rate for these cancers is an incredible 91 PERCENT, versus only 39 percent with chemotherapy. 45

⁴¹ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P.19.

⁴² Fujii T, et. al. Preclinical studies of molecular-targeting diagnostic and therapeutic strategies against breast cancer. *Breast Cancer.* 2008;15(1):73-8.

Qu XJ, et. al. Induction of apoptosis in human hepatocellular carcinoma cells by synthetic antineoplaston A10. *Anticancer Res.* 2007 Jul-Aug;27(4B):2427-31.

⁴³ Fujii T, et. al. Preclinical studies of molecular-targeting diagnostic and therapeutic strategies against breast cancer. *Breast Cancer.* 2008;15(1):73-8.

⁴⁴ Burzynski SR, Janicki TJ, Weaver RA, Burzynski B. Targeted therapy with antineoplastons A10 and AS2-1 of high-grade, recurrent, and progressive brainstem glioma. *Integr Cancer Ther.* 2006 Mar;5(1):40-7.

⁴⁵ Burzynski SR.The present state of antineoplaston research

^{(1).} Integr Cancer Ther. 2004 Mar;3(1):47-58. Review.

Yet it's being buried by the FDA and blacklisted by the American Cancer Society

You might be wondering, "How can a treatment be so much MORE effective at curing cancer than conventional cancer treatments, yet cancer patients never hear about it?"

That's a very good question, and the answer is simple: The conventional cancer industry machine sees successful alternatives as threats to its profits, so it must *eliminate* all alternative therapies.

Dr. B's antineoplaston therapy has been blacklisted on the American Cancer Society's "Unproven Methods" list since 1983. What makes that really ridiculous is that the American Cancer Society's report blacklisting Dr. B's treatment includes data PROVING IT WORKS!

According to Dr. Ralph Moss, the American Cancer Society report admits that antineoplastons improved the health of <u>86 percent</u> of advanced cancer patients in one clinical study.⁴⁶

But that's just the beginning. When Dr. B sought FDA approval for his treatment, the FDA arranged for him to perform 76 clinical trials. Many of them were completed, and they proved beyond a doubt that antineoplastons *shrink tumors and send cancer into remission*.

Despite this, the FDA still refuses to approve Dr. B's treatment for "mainstream" use. Instead, it's done everything it can to put him OUT OF BUSINESS!

In 1995, after the first round of clinical trials were underway, FDA agents raided Dr. B's clinic, confiscating confidential patient files and thousands of pages of research. Why? They didn't attack because antineoplastons didn't work or were dangerous. It was because Dr. B was practicing medicine with antineoplastons *OUTSIDE* of the FDA-approved studies.

The FDA slapped him with *criminal charges in federal court* to make him stop practicing medicine <u>completely</u> — to destroy his career and livelihood! Incredibly, the prosecutors demanded that the jury not be allowed to visit Dr. B's clinic because they'd see "*Dr. Burzynski in the act of saving lives*," according to an editorial in the December, 1996, edition of *Smart Drug News*⁴⁷.

It was Dr. B's patients' turn to save him!

Cancer patients whose very lives depended on Dr. B's treatments worried that his clinic would close, and rallied around him.

One patient, Bogumila M. Barton, even started a toll-free 800-number phone line to gather support and donations to help Dr. B pay his mounting legal bills! Fortunately, the jury acquitted Dr. B of ALL charges.

Today, Dr. B *legally* treats cancer patients with IV antineoplastons, within designated FDA-controlled clinical trials at his clinic in Houston.

Outside of the clinical trials, he prescribes personalized combinations of gene-targeted treatments, including those from the antineoplaston family that are providing excellent results in breast cancer.

Another important thing to note: You don't have to choose Dr. B's therapies <u>instead</u> of conventional chemotherapy. You can use antineoplaston treatment WITH chemotherapy. In fact, it might be a good idea. Research suggests that Dr. B's therapies help chemo *work better*. Clinical trials in Japan showed antineoplastons <u>improved the strength of chemotherapy</u> against lung cancer.⁴⁸

⁴⁶ Ralph W. Moss, (1989) *The Cancer Industry.* New York: Paragon House. P. 307-308.

⁴⁷ Fowkes, Steven Wm. Kessler's Legacy to the FDA. From the December 13th, 1996 issue of Smart Drug News [v5n5].

⁴⁸ Tsuda H, et al. A novel strategy for remission induction and maintenance in cancer therapy. *Oncol Rep.* 2002 Jan-Feb;9(1):65-8. Tsuda H, et al. Quick response of advanced cancer to chemoradiation therapy with antineoplastons. *Oncol Rep.* 1998 May-Jun;5(3):597-600.

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Chapter Five

Breast Cancer Treatment No. 3

The Miraculous Healing Power of Live Foods and Nutrients: Raw Foods and the Gerson Therapy

1940, Dr. Kristine Nolfi, an M.D. in Denmark, found a small tumor on her right breast. She consulted a leading Danish physician, Dr. Mikkel Hindhede. He advised against a biopsy because of concern that it could *spread* the cancer.

Though the tumor was never confirmed cancerous by a biopsy, Dr. Nolfi and Dr. Hindhede noted that the tumor quickly grew to the size of an *egg*. Besides that, it grew outward into the skin in the way that only cancer does.

At the time — more than 70 years ago — conventional treatments were very limited. The first chemotherapy drugs were just being developed, so the only "proven" cancer treatments were surgery and radiation. Dr. Nolfi had seen the side effects of both and said "No, thank you!"

Fortunately, she'd been studying diet and nutrition for several years. She was already eating plenty of raw fruits and vegetables, and she'd noticed many health benefits from her healthier diet. Now she decided to eat only 100 percent raw vegetables in an attempt to cure her own cancer.

Dr. Nolfi moved to the Kattegat seacoast near Denmark to focus on healing. She spent much time sunbathing and swimming in the ocean, while staying on her special diet.

Three months later, Dr. Nolfi's eggsized breast tumor was SHRINKING!

In her book *My Adoption of a Raw Food Diet and My Breast Cancer* Dr. Nolfi recounted her miraculous recovery from breast cancer:

"The tumor grew smaller as I regained strength, and I felt better than I had for several years... After I had been feeling normal for about one year on a 100 percent raw vegetable and fruit diet, I adopted Dr. Hindhede's suggestion that I return to my previous diet, supplemented by fifty to seventy-five percent of raw vegetables. But this proved unsuccessful.

"In three to four months I began to feel sharp pains in the breast, in the scar tissue left by the tumor at the point where it had originally adhered to the skin. The pains increased in strength during the following weeks, and I suddenly realized that the cancer had become active again! Once again I returned to the 100 percent raw vegetable and fruit diet, whereupon the pains quickly disappeared as did the fatigue which had preceded the recurrence of the trouble."

Dr. Nolfi was so thrilled with her success that she and her husband opened a clinic and solarium in Humlebaek, Denmark. Many patients whom they treated there cured their breast

⁴⁹ Nolfi, Kristine M.D. *My Adoption of a Raw Food Diet and My Breast Cancer*. Quoted from http://www.encognitive.com/node/5531.

cancers and (other cancers) using a raw-foods diet and sunlight.

The miraculous healing power of raw food

Dr. Nolfi later theorized that the cause of many cancers was an *over-acidic body*. Raw food and sunlight *alkalize* the body, curing the cancer.⁵⁰

Why raw food? Because heating food above 116 degrees Fahrenheit — which happens in cooking — is believed to destroy the crucial enzymes that make food "alive." These are the same enzymes you need for immune system health and for growing and repairing healthy cells and tissues.

Besides Dr. Nolfi, the late Dr. Ann Wigmore reports she *cured her own colon cancer* within one year by doing nothing more than eating raw food!

Dr. Wigmore's cancer-curing diet included grains and green grasses such as wheat grass.

She lived to be 84. She was energetic, completely healthy and still working in her health center when she died of smoke inhalation from a fire.

Dr. Wigmore believed eating raw foods is CRUCIAL for cancer patients, because digesting cooked foods is hard work for your body. In fact, it takes about <u>25 percent of your daily energy</u> to digest your food. And that's energy your body needs to fight the cancer!

Give your body the energy and enzymes it needs to beat breast cancer!

By giving your body LIVE, ENZYME-RICH foods, you reduce its work load so it can fight cancer successfully. Plus, you restore crucial

enzymes you need to <u>fight cancer and detoxify</u> your body.⁵¹

The benefits of eating only raw foods are clear, but the diet requires consuming a large amount of them and might be difficult for some women to follow. If you're one of them, you should know about *another* very successful nutritional program for curing breast cancer that takes advantage of the power of live, enzyme-rich raw foods through *vegetable and fruit juicing*.

Dr. Lorraine Day beats "terminal" breast cancer

Lorraine Day was an M.D. whose tumor started as a marble-sized lump in her breast. But it soon grew into a mass the size of a SMALL GRAPEFRUIT!

Dr. Day, an orthopedic trauma surgeon, had seen what conventional treatments for breast cancer did to women. In her own words on her Web site (www.drday.com), she writes...

"...as a medical doctor with years of experience, I saw thousands of cancer patients die, NOT from their cancer, but from the painful, maiming, destructive treatments we doctors give them."

Dr. Day decided she WAS NOT going to undergo any conventional treatment. No radiation, no chemotherapy, no surgery — even though other doctors insisted she'd die without them. Instead, in 1992 Dr. Day turned to food and nutrition. And to her doctors' disbelief, she cured her own breast cancer!

"Yes, I did reverse my life-threatening, endstage cancer by totally natural methods. Yes, I am TOTALLY WELL and cancer-free a full 10 years after my tumor first appeared, and EVERYTHING I used to get well is totally free, except for food, and almost everyone has to buy that anyway."

NOTE: Dr. Day realized that her incredible

⁵⁰ Nolfi, Kristine M.D., *My Experiences With Living Foods: The Raw Food Treatment of Cancer and Other Diseases.* Mokelumne Hill, CA: Health Research. P. 14.

⁵¹ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P 154, 155, 169.

recovery from breast cancer using only food might be a bit hard for you to believe, so she published a photo of her tumor on her Web site at www.drday.com/tumor.htm for other patients to see.

So what kinds of foods did she eat? The nutritional approach Dr. Day used was pioneered by another living-foods enthusiast, Dr. Max Gerson, in the 1920s.

Dr. Gerson's life-saving nutritional treatment for cancer

Dr. Gerson found that by eating <u>organic</u> <u>vegetarian foods</u>, taking <u>natural supplements</u> and getting <u>regular detoxifying treatments</u>, you can activate your healing mechanism and cure your cancer.

For three decades, Dr. Gerson treated hundreds of cancer patients whom doctors had given up to die after conventional radiation, surgery and even chemotherapy had failed.

He published case histories, wrote more than 35 articles and even testified before the Pepper-Neely Congressional Subcommittee on cancer research! But the medical establishment considered the idea that diet could affect health to be "radical." And sadly, not much has changed over the years. Even today the American Cancer Society only concedes that diet can be a cause of cancer — but not a cure!

But a cure is exactly what happened for Dr. Day and for many other women suffering breast cancer. Women such as 55-year old Shirley Tice⁵²...

"I've still got both of my breasts!" exclaims Shirley 12 years later

Doctors told her she'd be dead in *six months* unless she had a mastectomy operation — cutting off her cancerous breast. She flatly refused.

Instead, she tried Gerson Therapy. An incredible 12 years later, Shirley is *cancer-free*, *healthy* and *active*, enjoying her children and grandchildren.

Anna's been cured for 20 years, and counting!

Anna Womack had already lost her right breast to a mastectomy because of cancer. Then, nine months later, she found several brand-new tumors in her *left* breast. This time she refused conventional radiation and surgery and chose Gerson Therapy.

Eighteen months later, her tumors had DISAPPEARED! And nearly 20 years later Anna feels energetic and healthy, and her tests show she's still cancer-free. 53

Advanced breast cancer that had spread to Willie May's bones disappears!

Willie May Chappell's breast cancer had spread to her skull, her spine, her pelvis, her ribs and a leg bone. She'd tried several natural treatments, but all had failed to cure the cancer. Then she started Gerson Therapy.

Suddenly, the cancer began going away. And soon there was *NO TRACE* of cancer in either her breast or her bones. The disease had simply VANISHED! Despite being given a death sentence, 16 years later Willie May was still cancer-free! ⁵⁴

How to use Gerson Therapy to cure your own breast cancer

One of the best things about Gerson Therapy is that you can use it on your own at home. All

⁵² Shirley Tice, Case study from Gerson Institute, http://www.gerson.org

⁵³ Anna Womack, Case study from Gerson Institute, http://www.gerson.org

⁵⁴ Willie May Chappell, Case study from Gerson Institute, http://www.gerson.org

you need to do is follow the simple instructions in Max Gerson's book, *The Gerson Therapy Handbook*.

Here's a quick overview of what you'll discover inside. The foundation of Gerson Therapy is a strict, fat-free, salt-free, low-protein, mostly vegetarian diet. It includes:

- eating three meals a day, centered on grains and vegetables.
- drinking 13 servings of fresh vegetable and fruit juices (up to one per hour). Breast cancer patients often drink juices of carrots, apples and leafy greens, among others.
- taking the recommended supplements, such as potassium, liver extract, vitamin B-12 and thyroid hormone
- undergoing systemic detoxification with up to five coffee enemas daily.⁵⁵

Can't I just eat my vegetables?

Dr. Gerson found that the biggest problem facing cancer patients isn't the cancer itself, but TOXICITY and DEFICIENCY. He discovered that by drinking vegetable and fruit juices *hourly*, you flood your body with enough nutrients to reverse any deficiency and detoxify your body.

Here's how: Juicing at hourly intervals provides enough fluid to flush out your tissues and most important, your kidneys, so you more efficiently *DETOXIFY* your whole system.

According to the Gerson Institute:

"When high levels of nutrients re-enter tissues, toxins accumulated over many years are forced into the bloodstream."

Plus, these nutrients also boost your immune system to fight breast cancer. Studies now show that many vegetables and fruits contain a large number of healthy flavonoids that <u>fight breast</u> cancer.

For instance, the flavonoids in celery have been shown to block the enzyme that fuels breast cancer, called *aromatase*, EIGHT TIMES BETTER than cancer drugs.⁵⁶

Of course, actually *eating* enough fruits and vegetables to get the cancer-healing effects can be difficult. It's another reason why you must "juice" hourly to avoid nutrient deficiency.

Rejuvenate an ailing liver and relieve pain with coffee — but don't drink it!

Coffee is also an important part of Gerson treatment because daily detoxification can overburden your liver. Long before Dr. Gonzalez (Chapter Three) was using coffee enemas with cancer patients, Dr. Gerson had discovered that those treatments are an indispensable part of anti-cancer therapy.

After the juices flush toxins from the organs and tissues into the bloodstream these toxins must be removed by the liver. According to the Gerson Institute:

"The liver, easily overburdened by this continuous release of toxins, is unable to release them all, and this can cause liver damage, even liver coma — unless the liver is helped to release the overload."

Dr. Gerson found that coffee enemas can help detoxify your liver. Here's how: When you use coffee in an enema, the caffeine travels through the *hemorrhoidal vein* and absorbs directly into your *colon* and then your *liver*. The caffeine stimulates your *bile ducts* to open and to release toxins into your intestinal tract. Then you excrete them normally as waste from your body. This simple process lets you SAFELY RELEASE poisons you've been piling up in your body *for decades*.

These include <u>cancer-causing toxins</u> that have been lodged in your tissues, plus the <u>poisons that</u>

⁵⁵ Gerson, Charlotte, Walker, Morton DPM (2001) *The Gerson Therapy*, New York: Kensington Publishing Corp.

⁵⁶ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

cancer cells give off as they grow, multiply and die.

As it turns out, detoxifying the body of these poisons gives another wonderful benefit to cancer patients! Dr. Gerson found that coffee enemas can help cancer patients relieve pain without painkilling drugs!

How to get the best results with Gerson Therapy

The Gerson Institute is run by Max's daughter Charlotte. She reports that the *best results* with Gerson Therapy happen for patients who seek treatment *BEFORE* their cancer advances and *BEFORE* they receive extensive chemotherapy.

Though you can treat yourself at home with Gerson Therapy, many patients seek help at one of two Gerson-approved clinics. One Gerson Clinic is in Mexico and the other is in Hungary.

During treatment at a Gerson Clinic, experts fine-tune the Gerson Therapy to your *individual needs* and *comfort level*. Then you can continue the treatment on your own at home. The length of your treatment depends on your breast cancer's type and stage. But one to two years seems to be an average treatment length for most cancer patients.

IMPORTANT NOTE: If you've *EVER* received chemotherapy for your breast cancer (or any other cancer), it's advisable that you go to one of the approved Gerson Clinics for treatment. That's because up to <u>40 PERCENT</u> of *each chemotherapy dose* you receive remains lodged within your body, according to Gerson clinicians. You need trained doctors to control your detoxification so you don't endanger your liver as your body releases all the poisonous chemicals.

Why no Gerson Clinic in the USA?

As you've seen so far, doctors in the USA who treat cancer with *any* method other than chemotherapy, radiation and surgery are persecuted by the government and often tried

as criminals. In 1977, all Gerson treatment was moved out of the country to escape the constant threat of criminal prosecution.

For more information:

For more information on the Gerson Clinic in Mexico, including a video tour, visit the Gerson Institute's Web site at www.gerson.org. While you're there, you can order the updated edition of Dr. Max Gerson's *The Gerson Therapy Handbook* (\$19.95) and Charlotte Gerson's booklets *Treating Breast Cancer the Gerson Way* (\$3.95) and *The Little Enema Book* (\$3.95).

For more information on gaining admission to the Gerson Clinic in Hungary, visit the Clinic's Web site at www.egeszsegforras.org.

You can get Charlotte Gerson's and Dr. Morton Walker's book *The Gerson Therapy* at Amazon. com or at bookstores nationwide.

If you're interested in reading more about the raw-food diet that Dr. Wigmore recommended to her cancer patients, you'll find more than a dozen books of hers, including *Dr. Ann Wigmore's Complete Live Food Program*, on Amazon.com and in bookstores nationwide.

To learn more about the raw-food diet that Dr. Nolfi used to cure her breast cancer, you can find her booklet *Raw Food Treatment of Cancer* online for \$3.95 at the Web site www.rawfoodinfo.com.

To learn more about Dr. Day's protocol to beat breast cancer visit her Web site at www.drday. com.

Chapter Six

Breast Cancer Treatment No. 4

Cure Cancer with Light: Discover the New Cutting-Edge "Star Wars" Therapy and Lase Med Inc.

Important Notice

Because of new information that has come to my attention, I can no longer recommend the breast cancer clinic described in Chapter Six. I believe the treatment itself is sound, but the clinic engages in other practices I find deeply troubling. Unfortunately, the laser treatment they use is proprietary and can't be obtained anywhere else. – Lee Euler, May 18, 2010

was diagnosed with breast cancer a year ago," wrote Teri. "I was given the speech of the usual barbaric methods of treatment needed to kill my cancer (before the diagnosis was even confirmed).

"I began a long journey, knowing the right and simple 'answer' was out there. I cried a lot, doubted myself at times, but knew the path I was on was the right one. I changed some habits, got much healthier and feeling good, but had no confirmation that the cancer was dead. Then I found my answer." 57

Teri's answer was an incredible CUTTING-EDGE LIGHT TREATMENT that zaps away breast tumors. The Oklahoma clinic that's pioneering this light treatment boasts that its discovery has ended "the race for the cure" and that it marks the "dawn of a new era" in cancer treatment.⁵⁸

This is certainly an overstatement, because light treatment is still relatively new and its long-term effectiveness remains to be seen. But its short-term effectiveness against breast cancer is impressive, and you deserve to know about it.

The "new" hyperthermia for breast cancer

This light treatment works by *raising the temperature* of the tumor, causing *every* cancer cell that's exposed to the heat to *suffocate* and *die*. The technique is called *light-induced hyperthermia*, or heat treatment in layman's terms.

Doctors in alternative clinics throughout Germany have used hyperthermia for decades as part of natural treatment to successfully cure cancer. The difference between German hyperthermia and this heat treatment is that with this, the heat comes from a high-tech laser directed <u>ONLY at the tumor site</u>.

What this means for you is that extreme heat — a sizzling 134 degrees Farenheit — can safely and precisely kill cancer without damaging any healthy tissue. This pinpoint precision is why the laser light treatment kills cancer so effectively, while causing no dangerous side effects at all.

In fact, after her first laser light treatment, Terri left the office on "cloud nine" and immediately went bowling with her father! What a difference from the nausea and pain suffered by breast cancer patients who undergo chemo or radiation!

⁵⁷ Teri MS, Case Study, Dr. Antonella Carpenter, Lase Med Inc. http://www.lasemedinc.com

⁵⁸ Lase Med Inc. http://www.lasemedinc.com

Stage 3 breast cancers DISAPPEAR — breasts stay intact!

"I had my treatment with [laser light treatment] (for stage 3 breast cancer) in March of 2008," writes Charmagne.

"Tests have verified that I am clear of cancer in both breasts and also my lymph glands. I am just ecstatic to have found (it). I recommend this to anyone, especially breast cancer patients. If you can kill the cancer with your breasts intact — why wouldn't you? It's truly a miracle, in my eyes."59

A woman named "Pam" (not her real name) was diagnosed with stage 2 to stage 3 estrogen-positive breast cancer. Her breast tumor was the size of *a cherry*, and doctors had discovered lymph node "involvement," meaning the cancer had spread.

"Pam" underwent laser light treatment for *five days*. Afterward, an independent ultrasound showed that the cancerous tumor and the two involved lymph nodes were *dead*.⁶⁰

What is this amazing laser light treatment? It's called L.I.E.S.H

L.I.E.S.H stands for Light Induced Enhanced Selective Hyperthermia. L.I.E.S.H. is very different from the kinds of lasers used today in laser surgery. Ordinary lasers are used to cut through and cauterize tissue. They're very precise, hence their use in eye surgery and other "micro" surgeries.

L.I.E.S.H on the other hand, uses a certain type of laser not to cut but to generate heat. It was discovered *accidentally* 25 years ago by a physicist who was designing — believe it or not — *a deadly*

weapon, of all things!

The physicist, Dr. Antonella Carpenter, was working with her husband on an original prototype of a laser cannon for the U.S. Government. At the time, the idea of a "laser cannon" was ridiculed by both defense contractors and the Carpenters' colleagues.

As Dr. Carpenter recalled in an interview on Liberty News Radio, "Someone said weapons are evil. Why don't you do something good like cure cancer? So we started working on it."61

How a deadly weapon of war was turned into a *lifesaver!*

Clearly not one to back away from a challenge, Dr. Carpenter educated herself about the horrible plight that cancer patients face in conventional medicine. And once she knew the truth, she "couldn't stop."

"I had no idea what they were really doing to these poor cancer patients. It's disgusting. It's awful. The more I got educated, I couldn't step out of it," said Dr. Carpenter in her Liberty News Radio interview. "Basically, what they do is the worst form of blackmail. They tell you that if you don't do what they tell you to do, you're going to die. But in reality, you're going to die faster with the [chemo, radiation, surgical] treatment." 62

She started treating cancer patients 23 years ago. Since then, she's helped countless cancer patients, first at her clinic in Arkansas and now at her clinic in Oklahoma, called Lase Med.

According to patients such as Teri, the laser light treatment is "virtually painless." And it's not only *breast cancer* that it's treating. It's also working wonders with *skin cancers*, *rectal cancers*, and pretty much any other tumor that's less than

⁵⁹ Charmagne, Case Study, Dr. Antonella Carpenter, Lase Med Inc. http://www.lasemedinc.com

⁶⁰ Anderson, Rett. (2007) "Alternative Breast Cancer Treatment - Cure with Laser Treatment and Alternative Medicine - LIESH Therapy." Posted in Disease, Cancer, Revolutionary Therapies.

⁶¹ Dr. Antonella Carpenter interviewed by Sam Bushman, "Liberty Round Table." (Liberty News Radio), MP3 available on www.lasemedinc.com.

⁶² Dr. Antonella Carpenter interviewed by Sam Bushman, "Liberty Round Table." (Liberty News Radio), MP3 available on www.lasemedinc.com.

four inches from the skin and isn't shielded by bone.

What happens during laser light treatment

Some may consider L.I.E.S.H laser light treatment to be invasive, however it is far less invasive than traditional lumpectomies or other "surgical" procedures. Not only that, while laser light treatment is on the cutting-edge, it's a surprisingly simple treatment. Here's what happens:

- You receive a local anesthetic (lidocane) to numb the area.
- Then a natural herbal extract is injected into your tumor. This extract transforms the tumor into a "black body," as Dr. Carpenter calls it, or "something that will absorb the light."
- Next, the laser light is directed at the tumor site. The tumor absorbs the light, its temperature increases, and it dies.
- Finally, your immune system gets rid of the dead tissue on its own. Sometimes certain enzymes are given to help detoxify your body.
- Daily laser light treatment takes 1.5 hours.
 On average, women receive five to six days of such treatments for breast cancer.

Tumors start "falling apart" on contact — sometimes before patients' eyes!

Laser light treatment appears to be very fast-acting. In fact, it works so quickly that some women have reported watching pieces of their cancerous tumors FALL OFF onto the examination table during their very *first* laser light treatment!

You can see incredible *BEFORE* and *AFTER* photos of tumors the size of a small grapefruit literally falling off dead on the Lase Med Web

site. Just log onto: http://www.lasemedinc.com/breastcancer.html. Please be warned, the photos are graphic. But in my view they're powerful proof that this laser light treatment destroys cancerous tumors.

With more than two decades of patient success stories in Lase Med's files, you'd think that conventional cancer doctors would want to learn more about L.E.I.S.H. treatment. But Dr. Carpenter says no one in the cancer industry — not the medical device companies, Big Pharma or even conventional oncologists — has ever expressed any interest — even though she's actually *tried* to share her treatment with them!

"We have tried to sell it," she said during her interview. "But the cancer industry says things like, 'We can't make any money with this treatment.' Or 'It's too simple.' Even 'We will undo everything we've done up to this point."

In other words, the cancer industry would have to admit that its long-standing conventional approach simply *doesn't work*. And that would mean LOSING BILLIONS OF DOLLARS in revenues from chemotherapy, radiation and surgery!

In case you were wondering, today's breast cancer surgeons still use scalpels in virtually every manner of breast cancer surgery. They've yet to adopt ANY kind of laser to treat cancer with the exception of certain cancers of the liver, bladder, digestive tract, anus, mouth and esophagus.

Constant hounding by the American Medical Association forced one cancer clinic to shut its doors

Dr. Carpenter opened her first clinic in Arkansas. No one paid much attention to her or her device till patients started getting cured. That's when the state medical board and the American Medical Association began contacting her. If you try to treat cancer in any way that doesn't use chemotherapy, radiation or surgery, Dr. Carpenter warned in her radio interview, "you're attacked."

Eventually, she closed her Arkansas clinic and left for Oklahoma, where the laws are more open to "alternative" cancer treatments. But, she says, the American Medical Association is still bothering her, and she doesn't expect their harassment to ever end.

"Every time, I wanted to leave, saying, 'I've had it. I'm sick and tired. I am suffering too much. I just cannot do it anymore," recalls Dr. Carpenter. "And then somebody calls me with these horrible stories of what they're facing with their cancer. And I cannot walk out."

Even more tragic, Dr. Carpenter believes she can refine this incredible laser technology to cure *other* cancerous tumors hiding deep within patients' bodies, such as <u>stomach cancer</u>, <u>lung cancer</u>, <u>liver cancer</u> and many more. But, she explains, more work is needed, and she's had a hard time attracting a surgeon to help her do the research. Most qualified surgeons don't want to tangle with the American Medical Association.

How to get L.E.I.S.H treatment for yourself or a loved one

L.E.I.S.H. treatment is available at Dr. Carpenter's Oklahoma clinic — Lase Med. Patients have reported spending \$6,250 for five days of therapy at the center. Dr. Carpenter says treatments cost about the same as a typical insurance co-pay for breast cancer surgery.

Editorial note: Dr. Carpenter maintains that L.E.I.S.H. therapy is all you need to cure breast cancer. But if you recall, cancer is a <u>systemic</u> <u>disease</u>. After reviewing much research on successful breast cancer therapies, I remain convinced that without detoxifying your body, strengthening your immune system and changing the environment that let cancer grow in the first place, your cancer is likely to return.

I do believe L.E.I.S.H. therapy *could* be an impressive and safe alternative to surgery. From what I've been able to learn, it's best when used in <u>conjunction with OTHER nutritional and/or natural approaches</u> that you've read about in this Special Report (or elsewhere) that are proving successful for breast cancer patients.

For more information:

Lase Med Inc. Treatment Center 500 North Poplar Avenue, Suite A Broken Arrow, OK 74012

Tel: 702-953-0267

E-mail: astryd@lasemedinc.com Web site: www.lasemedinc.com

For a free information packet on L.E.I.S.H. therapy, call 918-398-9577 or e-mail infopacket@lasemedinc.com

Dr. Antonella Carpenter does a radio show called "*The Medical Conspiracy*" that airs on Liberty News Radio, streaming online Saturday afternoons at 2:00 p.m. Central and 3:00 p.m. Eastern.

Chapter Seven

Detecting Breast Cancer

Mammograms: Troubling New Research Shows This Popular Screening Tool Might Be Causing Breast Cancer!

B efore you get another mammogram, there's something you should think about

Though people rarely talk about it anymore, remember *radiation causes cancer!* And avoiding radiation is *crucial* for protecting yourself against breast cancer or a recurrence of it. That's why it's so surprising to me that the annual screening test most often recommended for breast cancer is the *mammogram!*

Conventional doctors have long insisted that all women over 40 get annual mammograms to detect "suspicious" breast-tissue masses or lumps. And if you're at high risk, with a family history of breast cancer, your doctor might urge you to have annual mammogram screening starting at age 25!

Sadly, these recommendations are proving dangerous, if not downright deadly, for some women.

Mammograms: are they <u>CAUSING</u> breast cancer?!

The shocking answer is YES!

New research shows that radiation from mammograms increases your danger of breast cancer SIGNIFICANTLY!

In 2008, researchers studied 110,000 Norwegian women who underwent repeated mammographies over a five-year period. They discovered that these women suffered a 22 PERCENT HIGHER RATE of invasive breast cancers than a second group of women who *didn't* undergo regular mammography screening.⁶³

22 percent is a significant increase, yet earlier research shows the total danger is actually much higher.

A review of 47 scientific articles on mammography at the prestigious Chicago School of Public Health led Dr. Samuel Epstein to conclude that mammograms carry *many dangers*, including the "induction and promotion of breast cancer."

One of these articles focused on a form of breast cancer called *ductal carcinoma in situ (DCIS)*. Though this cancer represents only 12 percent of breast cancer cases, since mammography came into widespread use in 1983, DCIS cases have skyrocketed 328 PERCENT! Researchers at the University of California, San Francisco, report that 200 percent of this surge is *due to mammography*. And other medical experts agree with them...

⁶³ Zahl PH, Maehlen J, Welch HG. The natural history of invasive breast cancers detected by screening mammography. *Arch Intern Med.* 2008 Nov 24;168(21):2311-6.

⁶⁴ Epstein, Samuel M.D. Dangers and Unreliability of Mammography: Breast Examination is a Safe, Effective, and Practical Alternative, *International Journal of Health Services* (2001;31(3):605-15)

⁶⁵ Ernster VL, Barclay J, Kerlikowske K, Grady D, Henderson C. Incidence of and treatment for ductal carcinoma in situ of the breast. *JAMA*. 1996 Mar 27;275(12):913-8.

Dr. Russell Blaylock, M.D., a preeminent neurosurgeon who was one of the first surgeons to use nutritional supplementation with patients, has long pointed to the simple medical reason for mammography's hidden dangers:

Radiation is a toxin that <u>weakens</u> your immune system

Did you know you have cancer cells growing in your body "all the time"? And that by age 50, an incredible 45 PERCENT of all women have cancer cells growing in their breasts? But many of them will *never* develop breast cancer unless something triggers it to overwhelm their immune systems. That "something" can be toxic radiation.

In fact, in his widely read newsletter *The Blaylock Wellness Report*, Dr. Blaylock wrote:

"Studies have shown that mammograms increase the risk of developing breast cancer from 1 percent to 3 percent a year (depending on the technique used), which means that if you religiously have a mammogram every year for 10 years, you increase your risk 10 percent to 30 percent. Some radiation experts feel the danger is much higher. Radiation experts agree that the breast is one of the areas of the body most sensitive to cancers caused by radiation exposure." [Emphasis added]

Radiation expert John W. Gofman, M.D., Ph.D., confirms Dr. Blaylock's position. And Dr. Gofman believes the situation is much worse. He's studied the effects that low doses of radiation have on people over a period of 30 years. He stated that "75 percent of breast cancer cases could be prevented" if women avoided or minimized their exposure to ionizing radiation by medical devices such as mammography, X-rays and others.⁶⁷

The U.S. government simply ignores the alarming research

In November, 2009, the U.S. Preventive Services Task Force released the federal government's latest breast cancer screening guidelines. In a move that stunned the nation, they shifted the recommended age for an annual mammogram from 40 to 50.68 Are they finally listening to doctors' concerns about radiation danger? *Hardly*.

You see, Uncle Sam made the age change NOT because of radiation danger at all, but because of the high incidence of *false positive* mammograms — erroneous results that lead to unnecessary breast biopsies! This is a problem in and of itself, and we'll talk more about it in the next chapter. But first, let me reveal an alarming secret about how these government bodies come up with their "recommendations."

In February, 2002, then Health and Human Services Secretary Tommy Thompson released a report on breast cancer screening guidelines that made me wonder, *Where does this stuff come from?* Take a closer look and you'll see that national mammography guidelines are based on an "unpublished analysis by an independent advisory board." [Emphasis added]

I'd love to know *who* is on these boards and see their research! But that will *NEVER* happen, because these meetings and the actual research they discuss during them are never made public.

Tragically, the women who are REALLY suffering from this backwards approach are the women who most need a doctor's help — those who are in the greatest danger of getting breast cancer.

⁶⁶ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

⁶⁷ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 107.

^{68 &}quot;Understanding The New Mammography Guidelines: Public Health Expert And Breast Cancer Survivor Puts Mammography Guidelines In Perspective." *The Washington Post*, Monday, November 23, 2009; WashingtonPost.com

⁶⁹ Mercola, Joseph (2002) "New Federal Guidelines Ignore Dangers of Mammography." www.mercola.com

Urgent warning: If breast cancer runs in your family, read this BEFORE you get even one more mammogram!

Cancer-causing radiation from mammograms is the MOST DANGEROUS for women with a family history of breast cancer *or* who carry the BRCA1 or BRCA2 genes, which are known to put a woman at greater risk of the disease.⁷⁰ Even scarier, the dangers of mammogram radiation *rise the earlier* these women start getting mammograms. And the American Cancer Society has recommended these women start getting them *in their 20s!*

Here's solid proof of the damage that early mammograms are causing:

In 2009, British researchers in conjunction with the legendary Johns Hopkins Bloomberg School of Public Health in Baltimore, found that women who underwent FIVE MAMMOGRAMS between ages 24 and 29 would get 26 more breast cancers for every 10,000 women, due to radiation⁷¹. Yet annual mammograms starting as early as age 25 are exactly what conventional medicine recommends for women with a family history of breast cancer!

Even more shocking, although these results came from rigorously controlled studies at some of the world's most well-respected medical institutions, you won't hear a word about them from the news media!

And if you asked your doctor, he'd say the *benefits* of getting an annual mammogram far outweigh the *risks*, even for older women. Sadly, he'd be wrong — dead wrong.

Mammograms save few lives and provide "marginal benefit" — research proves it!

According to the research published in *Alternative Medicine*, annual mammogram screening is NOT saving as many lives as we've been led to believe! The study said:

"... the annual screening of 10,000 women aged 50 -70 will extend the lives of, at best, 26 of them; and annual screening of 10,000 women in their 40s will extend the lives of only 12 women per year."⁷²

That's right, as few as 12 WOMEN a year will benefit! The slim benefit is what led two doctors to write an editorial in the famed British medical journal *The Lancet* recommending AGAINST mammography. In 1995, they wrote that "the benefit is marginal, the harm caused is substantial, and the costs incurred are enormous, [so] we suggest that public funding for breast cancer screening [mammography] in any age group is not justifiable."⁷³

But millions of women still get mammograms every year because their doctors give them little choice! Well, now you <u>do</u> have a choice.

Let me be clear: I'm not saying you should avoid breast cancer screening. What I'm saying is that, for more than four decades now, the facts have shown that mammography hasn't been the <u>SAFEST</u>, <u>MOST EFFECTIVE TEST</u> for breast cancer.

⁷⁰ Baker, Sherry. "Early Mammograms May Trigger Genetic Breast Cancer." NaturalNews.com

⁷¹ Berrington de Gonzalez A, Berg CD, Visvanathan K, Robson M. Estimated risk of radiation-induced breast cancer from mammographic screening for young BRCA mutation carriers. *J Natl Cancer Inst.* 2009 Feb 4;101(3):205-9. Epub 2009 Jan 27.

^{72 &}quot;How Mammography Causes Cancer," *Alternative Medicine*, Sept. 1999, p. 32

⁷³ C. Wright, C. Mueller Screening mammography and public health policy: the need for perspective. *The Lancet*, Volume 346, Issue 8966, P. 29-32.

Chapter Eight

Detecting Breast Cancer

MRI and Thermography: How to Screen Your Breasts for Cancer Safely—As Early As Age 25!

ne of the most widely available breast cancer screening tools, and one that's extremely safe, is magnetic resonance imaging or MRI. It reveals abnormal tissue by using non-toxic magnetic imaging, not dangerous radiation.

What's more, traditional MRIs are astonishingly accurate. They're excellent for finding invasive breast cancer and detecting the spread of cancer. They can also "see around" breast implants and into the very dense breast tissue that's common in young women. A mammogram can't do any of those things.

But here's what's *most* surprising: MRIs are even *MORE ACCURATE* at detecting cancer than mammograms!

MRIs beat mammograms at breast cancer detection!

In a study of 969 women at high risk for breast cancer, an incredible 121 tested positive for breast cancer with an MRI <u>after getting NEGATIVE test results with a mammogram.</u>⁷⁴

"It's a pretty striking effect," reported Dr. Carl Jaffe on MSNBC. He's from the National

74 Lehman CD, et al. MRI evaluation of the contralateral breast in women with recently diagnosed breast cancer. *N Engl J Med.* 2007 Mar 29;356(13):1295-303. Epub 2007 Mar 28.

Cancer Institute, which sponsored the study.⁷⁵ During follow-up, researchers did biopsies that confirmed cancer in 30 of the 121 women!

That's right, the MRI probably saved 30 lives by *detecting cancers mammograms had missed!*

As for the other 91 women in the study, the biopsy results were negative for cancer. They were "false positives."

And that's the main criticism that conventional doctors have of MRIs — they're *too sensitive*. So you can have high numbers of false positives. But here's what conventional doctors <u>don't</u> tell you...

You can also get false positives with *mammograms*.

The shocking truth about "false positives" with mammograms

"False positive" mammograms happen more often than you're being told. This is a medical fact that people rarely discuss. But <u>70 to 80 percent</u> of *all* "positive" mammograms are *false positives*. In other words, when the doctors do a biopsy, they find the mammogram result was a mistake and there's no evidence of cancer.⁷⁶

False positives are one of the main reasons the

^{75 &}quot;Yearly breast MRIs urged for 1.4 million women: New cancer guidelines advise pricey screening for those at high risk." MSNBC, March, 28, 2007. http://www.msnbc.msn.com/id/17818068/

⁷⁶ Plotkin, D., "Good News and Bad News About Breast Cancer." *The Atlantic Monthly* (June, 1996), 82.

U.S. Preventive Services Task Force shifted its recommended age for an annual mammogram from 40 to 50 in November, 2009.

Though false positives are a problem with both mammograms and MRIs, missing breast cancer is an *even bigger problem*. If it were my loved one, I'd rather have her deal with a false positive from an MRI than have a mammogram *miss* her cancer. (If you're worried about false positives, there's a solution — another easy breast test I'll tell you about in minute.)

What happens during a breast MRI?

During a breast MRI test, you'll wear a hospital gown and lay face down on your stomach. Your breasts will hang freely into cushioned openings on a moveable examination table. This table slides into a large tube surrounded by a circular magnet that takes sets of images of your breasts.

In some cases, a technician might give you an *intravenous drip* containing a small amount of saline and gadolinium, an enhancing agent that makes suspicious tissue masses show up more easily on the MRI scans. The testing takes 30 minutes to an hour.

You can get an MRI breast screening at most radiology centers or hospitals nationwide, unfortunately they're expensive — up to \$2,000, versus \$200 for a mammogram. However, your insurance will likely cover an annual MRI screening if you're at high risk of breast cancer.

Getting your insurance to pay for your breast MRI

Insurance companies usually assess your risk of breast cancer using American Cancer Society guidelines. The most recent guidelines came out in March, 2007. They include women over 30 with a <u>lifetime breast cancer risk of 15 PERCENT OR HIGHER</u>. An estimated 1.4 million American women fall into the high-risk

category.⁷⁷ You're among them if you have one or all of the following:

- a known BRCA1 or BRCA2 gene mutation
- a first-degree relative (parent, brother, sister or child) with a BRCA1 or BRCA2 gene mutation
- radiation therapy to your chest between age 10 and 30
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome (or one of your first-degree relatives has one of these)
- a personal history of breast cancer, including ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)
- extremely dense breasts or breasts that are unevenly dense when viewed by mammograms

In these cases, the American Cancer Society STRONGLY RECOMMENDS using an MRI in *addition to, not instead of,* a mammogram. Of course, many cancer experts believe that in the coming decades MRIs will <u>overtake mammograms completely</u> as regular screening tools for ALL women, due to their far greater safety and accuracy.

Where to get your breast MRI

If you get an MRI, be sure to choose a center that's certified by the American College of Radiology (ACR). The ACR's certification program tests the quality of the images that MRI scanners generate. Also, pick a center that does either MRI-guided breast biopsy or, even better, performs a second kind of screening test that's making biopsies <u>virtually obsolete!</u>

It's called *magnetic resonance spectroscopy*

^{77 &}quot;Yearly breast MRIs urged for 1.4 million women: New cancer guidelines advise pricey screening for those at high risk." MSNBC, March, 28, 2007. http://www.msnbc.msn.com

(MRS or MR spectroscopy).

If you have a positive MRI or mammogram, doctors usually want to perform a *biopsy*. That can cost anywhere from \$750 to \$5,000,⁷⁸ depending on whether you need a needle biopsy or a surgical one — not to mention the discomfort and stress! But new research suggests both *surgical and needle* biopsies *can spread cancer*.

However, simple, non-invasive MR spectroscopy costs about the same as an MRI. Plus, it can help you confirm whether you're dealing with cancer or just a harmless change in breast tissue without using any needles or scalpels at all!

More about this in the *next* chapter. But now I want to tell you about a third, less expensive screening tool that doctors are using for safe detection of breast cancer.

Ultrasound, too, is more accurate than a mammogram!

Ultrasounds or sonograms use high-frequency sound waves to create images of your body. They can show whether a mass is *solid*, such as a cancerous tumor, or *fluid-filled*, such as a non-cancerous cyst.

It might surprise you to know that for detecting breast cancer, *ultrasounds*, too, are proving MORE ACCURATE than mammograms.

In a 2009 study of 434 women at the University of Toledo Medical Center, <u>ultrasounds</u> detected 57 of 66 malignant (cancerous) lesions. Mammograms detected only 54 of them.⁷⁹

But it gets even better: A brand-new ultrasound technique called *elastography* or *real-time*, *free-hand elasticity imaging* is so accurate

that it, too, might eliminate the need for painful biopsies permanently!

Dr. Richard Barr, professor of radiology at Northeastern Ohio University's College of Medicine, found that this technique helped researchers tell harmless breast lumps from cancerous ones in 100 percent of the cases. In this study of 59 patients, the technique correctly identified 16 out of 16 cancerous tumors and 56 out of 56 benign ones.⁸⁰

Though *elastography* ultrasound isn't widely available yet, traditional ultrasounds are often available at many hospitals and doctors' offices.

What happens during a breast ultrasound?

To have an ultrasound, you'll change into a hospital gown and lie on an examination table. Then a technician will apply a small amount of water-soluble gel to your breasts. Next, she'll gently apply a probe that looks like an electric shaver to your skin to obtain the images. The test takes about 10 minutes.

Besides being faster and more comfortable than an MRI, breast ultrasounds are far less expensive — usually \$100 to \$400, about the same as a mammogram. Best of all, they use no radiation, so you can have them annually or even monthly for breast screening.

So which should you choose? An ultrasound or an MRI?

In an article in *Medical News Today*, Lawrence Bassett, section chief for the University of California-Los Angeles Iris Cantor Center for Breast Imaging, recommended *annual ultrasounds* for ALL women over 30 who have a family history of breast cancer. For women who've had abnormal breast screenings in the

⁷⁸ Almen Laboratories Breast Ultrasound article, http://www.breastscore.com/what_breast_score.html

⁷⁹ Elsamaloty H, Elzawawi MS, Mohammad S, Herial N. Increasing accuracy of detection of breast cancer with 3-T MRI. *AJR Am J Roentgenol.* 2009 Apr;192(4):1142-8.

⁸⁰ Barr, Richard M.D., Ph.D. "Initial Results of Breast Realtime Elasticity Imaging to Characterize Lesions" Radiological Society of North America Annual Meeting.

past or who carry the BRCA gene, he advised <u>an annual MRI</u>.⁸¹

But you also have another, even less-known breast cancer screening option that women at either high *or* low risk can use successfully. In fact, many alternative doctors think this test is the wave of the future for affordable, safe, early detection of breast cancer.

It's a high-tech imaging test called a *thermogram*. What makes it so special is that it might be the most effective test ever discovered for finding *early* breast cancer.

New test detects breast cancer up to 10 YEARS EARLIER than a mammogram does!

Thermograms combine advanced digital technology with ultra-sensitive infrared "heat" imaging to take a thermal picture of your breasts. There's no radiation and no magnetic imaging. Instead, a thermography picture shows <u>patterns</u> of heat generated by your breast tissue. What does heat have to do with breast cancer? Plenty.

Medical researchers have discovered that areas of the breast where abnormal cell growth is starting generate EXTRA HEAT. That's because of the <u>additional blood supply</u> the cancer cells require, and their <u>high rate of multiplication</u>.

In fact, studies show heat-sensitive thermograms can track *tiny metabolic changes* in breast tissue, letting doctors detect cancer long before a lump, bump or tumor even shows up on a mammogram. Thermograms are catching breast cancer UP TO 10 YEARS EARLIER than mammograms do!

Early detection at the metabolic level is crucial, because breast cancer takes *decades* to develop. Most breast tumors have been growing for <u>20</u> <u>years</u> before they're ever detected by standard

diagnostic techniques! Thermography finds these cancers in the <u>very earliest stages</u>, long before a mammogram.

Cutting-edge digital test finds cancers that mammograms miss!

An amazing study of 58,000 women proves it.⁸² Researchers at the New York Presbyterian Hospital-Cornell discovered 1,245 cases of cancer among women who'd undergone mammography, ultrasound, physical exam *and* biopsy. In EVERY SINGLE CASE, doctors had told these women their breasts were *normal*.

But when these women had thermograms, the heat images showed *abnormal* cell growth in *every* woman. Researchers followed the women and found that just five years later, 38 PERCENT of them had developed breast cancer that a biopsy confirmed.

And it's not just *one* study. At least FIVE important clinical studies in *more than 300,000 women* prove thermography is effectively detecting breast cancer in its early stages. ⁸³ And that study at the New York Presbyterian Hospital-Cornell reported breast cancer was easily visible in 58 OUT OF THE 60 WOMEN who had a thermogram — *a 97 percent sensitivity success*

^{81 &}quot;Studies Examine Ultrasounds for Breast Cancer Detection, Teen Exercise on Cancer Risk" *Medical News Today* 16 May 2008. Article URL: http://www.medicalnewstoday.com/articles/107688.php

⁸² Arora N, Martins D, Ruggerio D, Tousimis E, Swistel AJ, Osborne MP, Simmons RM. Effectiveness of a noninvasive digital infrared thermal imaging system in the detection of breast cancer. *Am J Surg.* 2008 Oct;196(4):523-6.

⁸³ Gautherie, M, et al. Long-Term Assessment of Breast Cancer Risk by Liquid-Crystal Thermal Imaging. *Biomedical Thermology*, pages 279-301. 1982

Parisky, Y R, et al. Efficacy of Computerized Infrared Imaging Analysis to Evaluate Mammographically Suspicious Lesions. *American Journal of Roentgenology,* January 2003, 263-69. Gautherie, M, and Gros, C M. Breast Thermography and Cancer Risk Prediction. *Cancer*, 1980, volume 56, 45-51.

Nyirjesy, M D, et al. Clinical Evaluation, Mammography and Thermography in the Diagnosis of Breast Carcinoma. *Thermology*, 1986, volume 1, 170-73.

Keyserlingk, M D, et al. Infrared Imaging of the Breast: Initial Reappraisal Using High-Resolution Digital Technology in 100 successive cases of Stage I and II Breast Cancer. *The Breast Journal*, volume 4, 1998, 245-51.

rate!84

Dr. Philip Hoekstra, Ph.D., of Huntington Woods, Michigan has been using thermography since 1971. He reports an 86-96 PERCENT ACCURACY RATE. Mammograms are <u>only 40-60 percent accurate.</u>⁸⁵

What's more, thermograms maintain this accuracy even in young women. As I mentioned, young women typically have *dense breast tissue* that makes it hard to get clear readings from mammograms. But this is no problem for thermograms.

What happens during a breast thermogram?

During a breast thermogram, a technician takes two "heat" pictures of your upper body.

First, you disrobe from the waist up in a cool room. Next, you sit for 10 minutes while your body acclimates to the room's temperature. Then the *first* thermogram image is taken. There's no painful compression of your breast; in fact NOTHING touches you at all. It's as easy as having your picture taken!

Next, you place your hands in *cold water* for one minute. Then the *second* thermogram image is taken.

Why the cold water? Because it causes healthy tissues throughout your body to contract as your system decreases blood supply to conserve energy. This "contraction" happens only in healthy tissues. Any early cancerous tissues will keep getting the SAME AMOUNT of blood flow, and those areas will show up clearly on the thermogram's heat image.

What your thermogram results mean

Every thermogram image gets a numerical score or rating, from Th1 to Th5. A score of Th1 means you have *no detectable abnormalities*, whereas Th5 means possible *breast cancer*.

How accurate is a thermogram? One clinical study said the results are <u>NEARLY PERFECT!</u>

During this study, researchers followed 769 women at five different medical institutions for a total of four years. Researchers at the University of Southern California Norris Cancer Center reviewed the data and concluded that women with scores of Th1 and Th2 could feel 99 PERCENT CONFIDENT they DO NOT have breast cancer.⁸⁶

So what happens if your thermogram is a Th4 or Th5? Your doctor will probably recommend getting another thermogram in two to four months, and perhaps another one two to four months later. Here's why: Thermograms *also* pick up fibrocystic breasts, infections and other benign problems. Over time, these conditions will stop generating heat and will disappear from the thermography images as they heal. But cancerous tissues will stay hot or get *even hotter*.

Dr. Len Saputo, Medical Director of the Health Medicine Institute and Health Medicine Center, and a graduate of Duke University Medical School, says in his e-book *Beyond Mammography*:

"Breast thermograms have highly specific thermal patterns in each individual woman. They provide a unique 'thermal signature' that remains constant over years unless there is a change in an underlying condition. Thus, over time, it is possible to differentiate between cancers and benign (non-cancerous) conditions." 87

Many conventional doctors recommend

⁸⁴ Arora N, Martins D, Ruggerio D, Tousimis E, Swistel AJ, Osborne MP, Simmons RM. Effectiveness of a noninvasive digital infrared thermal imaging system in the detection of breast cancer. *Am J Surg.* 2008 Oct;196(4):523-6.

⁸⁵ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 112.

⁸⁶ Parisky, Y R, et al. Efficacy of Computerized Infrared Imaging Analysis to Evaluate Mammographically Suspicious Lesions. *American Journal of Roentgenology,* January 2003, 263-69.

³⁷ Saputo, Len M.D. "Beyond Mammography."

a biopsy after they find a lump with mammography, but regular thermography scans can eliminate unnecessary biopsy and unnecessary suffering, because like MR spectroscopy, thermograms do a better job of revealing the difference between cancerous malignancies and benign conditions. This DRAMATICALLY reduces the rate of false positives.

Thermograms are even FDA-approved!

If this is the first time you've heard of breast thermograms, it might surprise you to know doctors have been using them in Europe since 1962. In the USA, the FDA approved thermograms for use in 1982.88 Yet despite all the research and the absolute safety of thermograms, you won't hear ANYTHING about this cuttingedge digital test from the American Cancer Society, the National Cancer Institute or even your own doctor!

You'll have to get a thermogram *on your own*. Fortunately, getting regular breast thermograms is becoming easier by the day.

You can get them at thermography centers nationwide. Be sure to choose a center that's certified by the International Academy of Clinical Thermology, International Thermographic Society, American Academy of Medical Infrared Imaging or the American Academy of Thermology.

Thermographies are relatively inexpensive — about \$200, the same as a mammogram. But insurance often *doesn't cover* them.

Who should get a thermogram? Should you?

Dr. Saputo recommends an annual thermography for EVERY WOMAN, starting at age 25, to set a "benchmark" for her breast health.

88 Saputo, Len M.D. "Beyond Mammography."

But because there's no radiation, you can get them as often as necessary.

The unsettling facts about breast selfexams

After decades of recommending regular breast self-exams, many breast cancer experts now say there's <u>NO EVIDENCE</u> that rigorous monthly "self-examination" reduces breast cancer deaths.

In fact, the most recent breast cancer guidelines released in November, 2009, by the U.S. Preventive Services Task Force confirm that.⁸⁹ And two huge studies looking at more than 388,000 women found that death rates from breast cancer were the SAME among women who rigorously self-examined as among those who didn't.

Another alarming aspect of the research is the *number of biopsies* that result. The women in the studies who did regular self-examinations had almost TWICE AS MANY BIOPSIES as those who didn't.⁹⁰

Though many doctors still recommend selfexams, other doctors, such as Dr. Joseph Mercola, are choosing a more relaxed approach called "breast awareness."

What is the new approach called breast awareness?

"It means women should regularly check their breasts for changes," writes Dr. Mercola in a posting on his Web site, www.mercola.com. "But [women] can do so in a way that feels natural for them. In other words, you don't have to do it on the same day each month, or using any particular

^{89 &}quot;Understanding The New Mammography Guidelines: Public Health Expert And Breast Cancer Survivor Puts Mammography Guidelines In Perspective." *The Washington Post*, Monday, November 23, 2009; WashingtonPost.com

⁹⁰ Kösters JP, Gøtzsche PC. Regular self-examination or clinical examination for early detection of breast cancer. *Cochrane Database of Systematic Reviews* 2003, Issue 2. Art. No.: CD003373. DOI: 10.1002/14651858.CD003373.

pattern. Simply be aware of what's normal for you so you can recognize anything out of the ordinary."

What should you look for? According to Dr. Mercola in his article "Major Confusion on How to Do Breast Checks," there are EIGHT TYPES OF CHANGES to watch for in your breasts. They include:

- a new lump or hard knot in your breast or armpit
- dimpling, puckering or indention in your breast or nipple
- a change in the size, shape or symmetry of your breasts
- swelling or thickening of your breast
- redness or scaliness of the nipple or breast skin
- nipple discharge, especially any that's bloody, clear and sticky, dark or occurs without squeezing your nipple
- changes in your nipple such as tenderness, pain, turning or drawing inward, or pointing in a new direction
- any suspicious changes in your breasts

Dr. Joseph Mercola endorses thermography for women

Dr. Mercola is an outspoken advocate of thermography. In fact, he recommends that women over 40 get regular thermograms instead of mammograms.

Of course, your doctor probably WON'T agree, and will tell you mammograms are perfectly safe. After all, the American Cancer Society and the U.S. Preventive Services Task Force *still* recommend them!

But after reviewing the research, I too believe that mammograms can be dangerous, especially for any woman already in high danger of breast cancer. If you're in this category, you should seriously consider using thermography alone or in combination with any of the other safe, radiation-free breast screening tests I've mentioned in this chapter.

Insist that your doctor order these screening tests *instead* of mammography. Also, if you have a doctor's order, you're more likely to get coverage from your insurance company for any fees associated with alternative breast cancer screening tests.

For more information:

To see whether there's a thermography center near you, check the list on this Web site: http://www.breastthermography.com/find-a-center.htm.

You can also contact the American Academy of Thermology by visiting their Web site http://www.americanacademyofthermology.org, e-mailing info@americanacademyofthermology.org, or writing them at 40 Medical Park Suite 304, Wheeling, WV 26003.

Read more about breast MRIs here: http://www.radiologyinfo.org/en/info.cfm?pg=breastmr

See a photo of a breast MRI here: http://www.breastmrimainline.com/patient_information.htm

Chapter Nine

Detecting Breast Cancer

To Biopsy or Not to Biopsy: The Little-Known Dangers of a "Modern-Day" Test

edical biopsy, or the surgical removal of a sample from an organ or tissue for analysis, is a common diagnostic procedure. In fact, doctors have used so-called modern-day biopsy to detect cancer for <u>more than 130 years!</u>

It might surprise you to know that Ernest Besnier coined the term "biopsy" in 1879. Since then, doctors around the world have performed millions of biopsies, usually searching for signs of cancer.⁹¹ If your doctor suspects that a lump or mass in your breast is cancerous, he'll order a biopsy.

But before you let a doctor cut into your breast, there's something you should know...

Biopsies pour gasoline on the cancer fire!

Alarming research now proves what many cancer experts have long believed: <u>Biopsies</u> are a leading reason why breast cancer spreads throughout women's breasts and bodies.

"Often while making a biopsy" explains Dr. William Kelley in his book, Answer to Cancer, "the malignant tumor is cut across, which tends to spread or accelerate the growth." [Emphasis added]

Remember Fran? Dr. Nicholas Gonzalez's patient from Chapter Three? She's a prime example of a patient whose cancer was probably spread by biopsy.

Before Fran was diagnosed with metastatic breast cancer, she had a biopsy that showed the mass in her right breast was <u>benign</u> — <u>non-cancerous</u>.

But exactly one month later, her health began to fail. She was losing weight, wheezing and feeling exhausted. Her doctor told her "not to worry." Six months later they hospitalized her, and tests revealed she had breast cancer. As you recall, thanks to Dr. Gonzalez's treatment, Fran survived.

Another doctor, Dr. Vincent Gammill of the Center for the Study of Natural Oncology (CSNO), recounts similar horror stories on the Web site www.healingcancernaturally.com. Here is one:

"I was contacted by a lady who successfully dealt with her breast cancer from 1994 to present. She refused all conventional medical procedures. Last year her conventional oncologist convinced her that she was a fool not to get a needle biopsy. This lady now has new tumors growing at each puncture site. Of course, her oncologist now has detailed information to help decide which chemos to use for this now rapidly metastasizing cancer. I repeatedly make this same observation with prostate cancer. I rarely see distant metastasis until after a biopsy—

⁹¹ Lik Sprava. [Biopsy: its history, current and future outlook] [Article in Russian] 1994 Mar-Apr;(3-4):1-9.

⁹² William D. Kelley, (1986) *Dr. Kelley's Answer to Cancer* Winthrop, WA: Wedgestone Press, p.11.

and then it rapidly goes everywhere, including the bones." [Emphasis added]

Despite terrible stories such as these, conventional doctors insist needle biopsies are safe and pose no danger of cancer metastasis. This is all the more shocking when you consider that medical studies confirm that needle biopsies DO spread cancer — especially breast cancer!

John Wayne Cancer Institute study results: Biopsies spread cancer in one out of two women!

In 2004, doctors at the prestigious John Wayne Cancer Institute in California concluded that needle biopsies increase the spread of breast cancer in one out of two women!

The team studied 663 women who had breast cancer. Nearly half had submitted to biopsies, either fine-needle aspirations or large-needle core biopsies. The other half had lumpectomies (tumor removals). The team found that needle biopsies increased the spread of breast cancer by 50 PERCENT, compared to patients who had lumpectomies only. The team wrote...

"Manipulation of an intact tumor by fine-needle aspiration or large-gauge needle core biopsy is associated with an <u>increase in the incidence of metastases</u>, perhaps due in part to the mechanical disruption of the tumor by the needle." [Emphasis added]

But conventional medicine (and the media) have largely ignored research such as this, and still promote biopsy as the *standard procedure to diagnose breast cancer*. Even though this study was done by leaders in the breast cancer field, including Nora Hansen, M.D., who was once Assistant Director of the Joyce Eisenberg Keefer Breast Center at Saint John's Hospital and Health Center in Santa Monica, California, and

Armando G. Giuliano, M.D., who chaired the American College of Surgeons Breast Oncology Committee and has authored more than 200 scientific articles on breast cancer.

Shocked? Well, you'll be even more alarmed to discover that information on the dangers of biopsies is nothing new.

Experts have questioned the safety of biopsies since 1940

The John Wayne Cancer Institute study isn't the first conventional medical study to show that needle biopsies are dangerous. In fact, experts have been questioning their safety for MORE THAN SIX DECADES.

As far back as 1940, James Ewing, the dean of American cancer pathologists, condemned the biopsy procedure: "It [biopsy] is especially to be avoided with...tumors of the breast, and all growths in which incisions of the skin involve also incisions through the tumor capsule."94

That same year, writes alternative cancer researcher Dr. Ralph Moss in his article "Are Needle Biopsies Safe?", the first U.S. textbook on cancer treatment contained *warnings* about biopsies. But somehow those warnings have disappeared from modern-day medical treatment books.

Worst of all, conventional doctors today will tell you a biopsy is your *ONLY* way to learn whether a breast lump is cancerous. *But they're wrong*.

MR spectroscopy — a safe alternative to biopsy

You can get a safe, non-invasive Magnetic Resonance Spectroscopy (MR spectroscopy) instead of a biopsy. As I mentioned in Chapter Eight, the MR spectroscopy can show whether

⁹³ Hansen NM, Ye X, Grube BJ, Giuliano AE. Manipulation of the primary breast tumor and the incidence of sentinel node metastases from invasive breast cancer. *Arch Surg.* 2004 Jun;139(6):634-9; discussion 639-40.

^{94 (}Pack 1940:43) quoted by Moss, Ralph Ph.D. "Are Needle Biopsies Safe?" Weekly Newsletter #169 01/30/05. www.Cancer-Decisions.com

your breast lump is *cancerous* or *harmless* without using a needle or a scalpel. Doctors often use an MR spectroscopy in conjunction with a traditional MRI for breast cancer screening.

If you recall, the MRI reveals abnormal breast tissue masses and is now in routine use as a radiation-free alternative to mammograms. But although MRIs can detect tissue masses, they're not 100 percent accurate in telling whether a mass is cancerous.

But when a radiologist gives you an MR spectroscopy, he or she usually can tell whether the mass is cancerous WITHOUT a biopsy. The secret is the MR spectroscopy's *higher magnetic fields*, which can actually reveal the CHEMICAL MAKEUP of a lump or mass.

"Breast tumors have elevated levels of choline compounds, which are a marker of an active tumor," states Dr. Lia Bartella of Memorial Sloan-Kettering Cancer Center in New York on Bio-Medicine News.org. "By performing a brief MR spectroscopy procedure after an MRI scan, which takes only 10 additional minutes, we can non-invasively see which tumors show elevated choline levels, and therefore which lesions are likely malignant [cancerous]. This eliminates the need for biopsy to find out what the tumor is made of."95

Research proves MR spectroscopy works so well that...

It confirmed breast cancer in 12 out of 12 women — a 100 PERCENT SUCCESS RATE!

In a recent study of 32 women at the Eastside Diagnostic Imaging center in New York City, the MR spectroscopy scored a 100 PERCENT success rate. The test detected 12 out of 12 cancers. 96

Best of all, MR spectroscopy is readily available and it couldn't be *safer*. This test is *non-invasive*. And because it uses magnetic fields, you're not exposed to any radiation.

The larger study by Sloan-Kettering researchers backed up the safety and efficacy of the imaging center's findings. The Sloan-Kettering team found that adding MR spectroscopy to women's breast MRIs could've spared 23 out of 40 women with suspicious lesions from biopsies, without missing any breast cancers. The Sloan-Kettering team concluded that MR spectroscopy REDUCED THE NEED FOR PAINFUL NEEDLE BIOPSIES BY A WHOPPING 58 PERCENT!97

"All cancers in this study were identified with MR spectroscopy. There were no false-negative results," stated Lia Bartella. "With the addition of MR spectroscopy to our breast MRI exam, we found that the number of biopsies recommended on the basis of MRI findings decreased significantly. These results should encourage more women to take this potentially life-saving test." 98

Though MR spectroscopies are available at radiology centers and hospitals nationwide, most doctors are still using biopsies. You'll have to boldly speak up and insist that your doctor orders an MR spectroscopy for you instead of a biopsy. The MR Spectroscopy machine and testing process is just like the breast MRI (explained in the previous chapter). And MR spectroscopy costs about the same as a standard MRI, too — around \$2,000. Ask your insurance company about coverage.

⁹⁵ Bartella L, Morris E, Dershaw D, et al. Proton MR Spectroscopy with Choline Peak as Malignancy Marker Improves Positive Predictive Value for Breast Cancer Diagnosis: Preliminary Study. *Radiology.* 2006;239:686-692.

^{96 &}quot;Radiological Society of North America (2007, September 27). MR Spectroscopy Identifies Breast Cancer, Reduces Biopsies." *ScienceDaily*. Retrieved June 23, 2009, from http://www.sciencedaily.com

^{97 &}quot;MR Spectroscopy Significantly Reduces Need for Breast Biopsy" *Medical News Today* Article Date: 31 May 2006 - 0:00 PDT http://www.medicalnewstoday.com

⁹⁸ Bartella L, Morris E, Dershaw D, et al. Proton MR Spectroscopy with Choline Peak as Malignancy Marker Improves Positive Predictive Value for Breast Cancer Diagnosis: Preliminary Study. *Radiology.* 2006;239:686-692.

Chapter Ten

Treating Breast Cancer: Why the Most "Popular" Way Can Be Deadly

The Ugly Truth about Mastectomies, Chemo and Radiation

he most common treatments for breast cancer are surgery, chemotherapy, radiation and hormonal treatments. But though they're wildly "popular," these treatments are NOT wildly successful. And the reason is simple:

They treat cancer as an isolated occurrence, when the best evidence shows cancer is brought on by an overburdened immune system.

So cutting, poisoning or burning away cancerous tumors DOES NOT make your cancer go away as conventional medicine would have you believe. Instead, it often damages your immune system even more — letting cancer grow and spread!

There's an overwhelming amount of research that proves this.

For example, let's talk about surgery for breast cancer. Surgery is usually the first line of defense against most breast cancers. And that's not really surprising: If you get cancer, you want it out. *All of it*. And as SOON as possible. But before you let a surgeon talk you into removing any portion of your breast, you should consider some important research.

Surgery <u>increases</u> your chance of cancer recurrence

Doctors treating breast cancer patients have long reported that your chances of breast cancer

returning are *highest during the first two years AFTER surgery.* Now researchers think they know why: It's because of the *surgery itself!*

In a shocking paper published in 2005 on the Web site of the quarterly *International Journal of Surgery*, researchers theorized that removing cancerous tumors from your breast causes your body to release certain compounds that enable dormant cancer cells to WAKE UP AND START GROWING.

Researchers made this alarming discovery after studying a large sample of breast cancer patients – 1,173 – who'd undergone breast surgery. And the study's lead author is no lightweight. He's a lecturer in surgery at Harvard Medical School. In an article, *Wall Street Journal* reporter Amy Dockser Marcus quotes him as saying that "over half of all relapses in breast cancer are accelerated by surgery."

Does this mean you should NEVER have surgery for breast cancer? *Not necessarily.* Here's why:

Some alternative doctors *encourage* lumpectomies (tumor removal) in certain cases of breast cancer. Dr. Nicholas Gonzalez, whom you met in Chapter One, is a prime example.

⁹⁹ Gordon, Garry F. MD, DO, MD(H), Gordon Research Institute www.gordonresearch.com

Dockser Marcus, Amy. Probing Surgery's Link To Cancer Recurrence Some Researchers Say Removing A Tumor Can Trigger A Process That Leads To New Growth. *The Wall Street Journal*. September 13, 2005; Page D1

Why would he do *such a thing?* Because Dr. Gonzalez and others like him recommend vital immune-boosting therapies BEFORE and AFTER any breast surgery, to arm your immune system against renegade cancer cells. That makes a *big* difference!

Of course, conventional doctors won't even mention the importance of your immune system when they tell you surgery is crucial for beating your cancer. That's because they STILL think of cancer just as doctors did in the early years of medicine: as a kind of *rot* or *decay*. And EVERYTHING it touches must be cut out!

For instance, if your breast cancer is aggressive or particularly advanced, your doctor might recommend a drastic surgery called a *mastectomy*. Though it's supposed to be on the cutting edge of medicine, it might shock you to learn that the most common procedure used today, the *radical mastectomy*, was developed over a century ago!¹⁰⁰

Today's most common breastremoval procedure dates back more than 100 years!

Dr. William Halsted performed the very first breast-removal surgery, which he dubbed a *mastectomy*, 'way back in 1882.

The surgery was a gruesome procedure that required chopping off the patient's breast, slicing away much of her surrounding skin, and cutting into her chest wall and digging out lymph nodes. That's why it's so surprising that Dr. Halsted's surgery has *changed very little* since horse-and-buggy days.

Now called the "modified" radical mastectomy, this operation involves cutting away your entire breast, plus skin and tissue, as well as your underarm lymph nodes. Afterward, you'll need significant reconstructive surgery to make your

chest look "normal" again.

It's tragic that any woman has to go through these painful, disfiguring operations — especially when there's no proof that losing your breast to a radical mastectomy will cure your breast cancer, or even save your life!

FACT: A mastectomy <u>doesn't</u> improve your chances of survival

In a review of 8,000 cases of breast cancer published in the prestigious medical journal *The Lancet*, researchers found NO DIFFERENCE in survival rates between (1) a radical mastectomy (removal of your entire breast, including your breast tissue, skin, areola and nipple, and most of your underarm lymph nodes), (2) a simple mastectomy (removal of your breast tissue, nipple, areola and skin, but not all of your lymph nodes) or (3) lumpectomy (surgical removal of your tumor only.)

In other words, women who LOST their breasts were NO BETTER OFF than women who kept them and only had the tumor removed! 101

This isn't the first study to make this shocking discovery. After examining nearly 2,000 women over nine years as part of the National Surgical Adjuvant Breast and Bowel Project in Pennsylvania, researchers found "no significant difference" in cancer survival and recurrence between mastectomies and lumpectomies. 102

Even more alarming, after surgery, doctors usually recommend radiation to kill any cancer cells the scalpel missed. Tragically, radiation can make you EVEN SICKER. Instead of *helping* your immune system fight the cancer, radiation is a toxic killer that simply burdens your body with even more cancer-causing toxins!

Research proves it: Studies suggest that though

¹⁰⁰ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 98.

¹⁰¹ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 98.

¹⁰² McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 99.

radiation <u>does</u> kill cancer cells, it also <u>damages</u> <u>normal, healthy cells</u> that are in the "line of fire." In fact, when radiation damages a normal cell, it hurts the chromosomes that hold your vital DNA. And that's a big problem.

A wealth of science links DNA damage to the development of cancer.

For instance, you've probably heard that free radicals cause cancer. They do — by *damaging your cellular DNA*. So it's no surprise that many studies now link brand-new cancers in breast cancer patients to the very radiation they received as treatment!

Radiation "treatment" causes new cancers!

A study of 13,472 breast cancer patients in France revealed that an appalling 84 PERCENT of women who developed secondary cancers had undergone radiation treatments. 103

These "secondary cancers" can mean *additional* breast cancers or even lung cancer. In that French study, 93 percent of the breast cancer patients who came down with lung cancer had submitted to radiation.

But it's not just one study. A researcher at the National Institute of Health and Medical Research studied *more than 4,000* breast cancer survivors and found that the more radiation they'd received, THE HIGHER THEIR DANGER OF LUNG CANCER.¹⁰⁴

All these studies took place in the last 10 years, but if you look into the matter you'll find that the "powers that be" in mainstream medicine — and the federal government — have actually known about the dangers of using radiation to treat

breast cancer for more than 50 years!

The U.S. government deceives the public about radiation's safety

The deception began with the famous Fitzgerald Report presented to Congress in 1953. The report revealed research from Sloan-Kettering that showed that RADIATION TREATMENTS FOR CANCER WERE KILLING PATIENTS!

The damning evidence proved that patients who got *no radiation* actually LIVED LONGER than those who did! Most alarming of all, the Fitzgerald Report accused the medical establishment of actively working to <u>bury safe</u>, <u>alternative therapies</u>. ¹⁰⁵

What happened after this shocking revelation? *Absolutely nothing.* "Experts" dismissed the Fitzgerald Report as quackery, and mainstream medicine and the Federal Government continued to promote radiation as a safe breast cancer treatment.

Then, in 1974, brand-new research confirmed the Fitzgerald Report's findings.

A study published in *The Lancet* revealed that radiation treatment after breast cancer surgery actually increases a woman's danger of dying! And then, in 1989, similar research appeared *again* in an article called "Doctors Persist with Outmoded Cancer Therapies" in the journal *Cancer Forum*. ¹⁰⁶

How terribly sad to think that for MORE THAN 50 YEARS, knowledge of both the dangers of radiation and promising alternative therapies have simply been swept under the rug!

¹⁰³ Radiation therapy for breast cancer increases the risk of secondary malignancy *Nature Clinical Practice Oncology* (2007) 4, 449 doi:10.1038/ncponc0872

¹⁰⁴ Rubino C. et al. Radiation Dose, Chemotherapy and Risk of Lung Cancer After Breast Cancer Treatment. *Breast Cancer Research and Treatment*, Volume 75, Number 1, September 2002, pp. 15-24(10).

¹⁰⁵ Ben Fitzgerald, Congressional Record, 28 August 1953; and see Lynes, op. cit., Quoted on p. 12, *Options: The Alternative Cancer Therapy Book* by Richard Walters.

¹⁰⁶ Stjernsward, Jan, Decreased Survival Related to Irradiation Postoperatively in Early Operable Breast Cancer *The Lancet*, 30 November, 1974;

Fuerst, Mark Doctors Persist with Outmoded Cancer Therapies *Cancer Forum*, vol. 9, no. 7-8, Winter, 1988-1989, p. 11.

But it's a <u>historical fact</u>. And the main reason is the incredible amounts of money the medical industry makes from "treating" patients with radiation and chemotherapy.

Tragically, "chemo," like radiation, is <u>not</u> curing breast cancer or preventing its spread. In fact, some experts believe women with breast cancer are dying BECAUSE of chemotherapy.

Why women are "dying faster" with chemotherapy than without

Several well-conducted studies show that chemotherapy has NO VALUE in improving the survival rate in breast cancer.

One of these studies was done by six British cancer specialists. They found that chemotherapy not only doesn't improve your chances of survival, it does *just the opposite*. Take a look at what they wrote in *The Lancet*:

"Survival may even have been shortened in some [breast cancer] patients given chemotherapy." 107

Alan Levin, M.D., a distinguished professor of immunology at the University of California Medical School, agrees. He says chemotherapy makes breast cancer *worse*. Richard Walter's book *Options: The Alternative Cancer Therapy* quotes him as saying:

"Chemotherapy does not eliminate breast, colon, or lung cancers. The fact has been documented for over a decade... Women with breast cancer are likely to <u>die faster with chemotherapy than without it.</u>" [Emphasis added]

Dr. Levin's statement might seem outrageous, but new research shows it's true.

Breast cancer survival rate with chemotherapy: 1.43 percent!

A study published in the journal *Clinical Oncology* in December, 2004, monitored 31,133 women who underwent chemotherapy for their breast cancer. At the end of five years, only 446 were still alive. The study found that breast cancer patients who submit to chemotherapy had *an average five-year survival rate of just 1.43 percent.*¹⁰⁹

So why do doctors keep recommending chemo for breast cancer? Dr. Levin puts the blame squarely on the shoulders of the pharmaceutical industry. In Richard Walter's book *Options: The Alternative Cancer Therapy*, Levin maintains that conventional doctors are bullied into using chemotherapy, even though they know it doesn't work:

"Despite the fact that most physicians agree that chemotherapy is largely ineffective, they are coerced into using it by special interest groups which have vested interest in the profits of the drug industry." ¹¹⁰

The late Robert Atkins, M.D., agreed. The doctor who was famous for the Atkins Diet and for the Atkins Center in New York City wrote that prescribing chemotherapy "is at best stupid and at worst criminal" (in his book *Dr. Atkins' Health Revolution: How Complementary Medicine Can Extend Your Life*). 111

Dr. Atkins probably was referring to research that shows chemotherapy not only fails to PREVENT the spread of cancer, but that the drugs are so toxic they even CAUSE cancer.

¹⁰⁷ T.J. Powles, et al. Failure of Chemotherapy to Prolong Survival in a Group of Patients with Metastatic Breast Cancer, *The Lancet*, 15 March 1980, p. 580.

¹⁰⁸ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P.1.

¹⁰⁹ Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clin Oncol (R Coll Radiol)*. 2004 Dec;16(8):549-60.

¹¹⁰ Dissent in Medicine: Nine Doctors Speak Out (Chicago: Contemporary Books, 1985). Quoted in Walters, Richard. (1993) Options: The Alternative Cancer Therapy Book. Pennsylvania: Paragon Press. P.11.

¹¹¹ Atkins, Robert C. (1990) *Dr. Atkins' Health Revolution: How Complementary Medicine Can Extend Your Life* New York: Bantam Books. P. 332.

Most chemo drugs are linked to CAUSING cancer, not curing it!

It's true. And they're not just causing *any* cancers. Research shows chemo drugs are causing hard-to-treat stomach, ovarian and lung cancers. In one study, "successful" chemo caused <u>18</u> percent of patients to get unrelated cancer as much as 15 years later. 112

The evidence is so conclusive that even the one-time Senior Vice President of Research at the American Cancer Society has changed his tune about the safety of chemotherapy.

Dr. John Laszlo, now Professor Emeritus at Duke University Medical Center, said chemo DRAMATICALLY RAISES THE RISK OF SECONDARY CANCERS. And when patients get chemo and radiation together, secondary tumors occur "about 25 times more than the expected rate." [Emphasis added]

Revealed: Dangers of Tamoxifen

New, targeted breast cancer drugs are no better. Drugs such as Tamoxifen (or Toxic-fen, as I like to call it) are hormone "antagonists." That means they're supposed to work AGAINST estrogen-dependent cancers such as breast cancer.

Tamoxifen works by interfering with estrogen's ability to "feed" cancer cells. But in the process, it also damages your heart. Researchers in Scotland found that women who took the drug for 14 years had a <u>dramatically increased risk</u> of dangerous blood clots called thromboembolisms¹¹⁴ that can cause a fatal stroke or heart attack.

Worse, long-term use of the drug might even <u>CAUSE CANCER</u>. A Swedish study linked the

drug to uterine cancer, and other research found it caused gastrointestinal cancer. 115

These risks come even though patients gain no greater chance of survival or remission. Even the *National Cancer Institute* says so! In December, 1995, it published its opinion of Tamoxifen treatment in *The Lancet*, saying "*The data...* provide no evidence of benefit for continuing Tamoxifen beyond five years." ¹¹⁶

That bears repeating: Despite all the hype about Tamoxifen, the National Cancer Institute's own researchers believe the *dangers* of Tamoxifen *far outweigh the benefits* of long-term use.

All the studies you've read about in this chapter speak volumes about the dangers and ineffectiveness of conventional breast cancer treatments. But besides failing to cure breast cancer, these treatments also inflict serious and perhaps <u>irreversible damage</u> on your immune system. And this simply paves the way for more cancers to grow and spread.

Alternative treatments offer new hope

Fortunately, you have a choice when it comes to treating breast cancer. This Special Report gives you four leading alternatives that fight breast cancer without toxic drugs, risky radiation or dangerous surgery.

But how do you choose the one that's right for you? You'll find help in the Bonus Reports you received with this book. Turn to the Report entitled *Your Breast Cancer Action Plan* for more details.

Plus, you're being armed with vital new information about preventing breast cancer — even if you're at high risk — so you and your loved ones can reduce your chances of ever facing

¹¹² Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P.10.

¹¹³ Laszlo, John (1987) *Understanding Cancer*. New York: Harper & Row.

¹¹⁴ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 106-107.

¹¹⁵ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 106-107.

¹¹⁶ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 107

that terrifying diagnosis. Just turn the page to find out *more about breast cancer prevention* in the next chapter.

Chapter Eleven

Preventing Breast Cancer

What to Do to Lower Your Risk of Breast Cancer

ought to be the duty of the medical profession in [the] future to find means of preventing to a much higher degree than now, instead of attempting to cure later on."

Kristine Nolfi, M.D., wrote these words 50 years ago. But shamefully, little has changed.

Half a century later, mainstream medicine STILL isn't educating the public about the most effective ways to prevent breast cancer, or *any* cancer, for that matter.

A quick scan of the American Cancer Society's Web site shows very little usable information on cancer prevention. When you click on the "breast cancer" section, it mostly details conventional treatment options. And the section on "prevention" is relatively generic.

The American Cancer Society tells you to stop smoking, get regular exercise, cut back on fat and eat five servings of fruit and vegetables a day. And there's only a small mention that women should avoid post-menopausal Hormone Replacement Therapy (HRT) — which, by the way, mainstream medicine promoted heavily for many years.

But the truth is, today we know EVEN MORE about how to *prevent* breast cancer than we did when Dr. Nolfi used a raw foods diet to cure her breast cancer 50 years ago.

Eat more green vegetables and cabbage

Though all vegetables are good for you, we now know that *some* are better cancer fighters than others — much better.

David-Servan Schreiber, M.D., suffered a brain tumor at age 31. He underwent chemotherapy and survived. Afterwards, he asked his doctor what lifestyle changes he should make to prevent a relapse and the doctor offered no advice. So he began investigating diet and cancer.

As he writes in his book, *AntiCancer, a New Way of Life*, leafy green vegetables and cabbages contain "powerful anticancer molecules" called sulforaphane and indole-3 carbinol (I3C). They work by "stopping precancerous cells from developing into tumors." They also promote cancer cell death. 118

Research in the journal *Cancer* shows I3C helped stop human breast cancer cells from growing.¹¹⁹

Here are the TOP leafy green and cabbage vegetables for helping you prevent breast cancer:

• broccoli (especially broccoli sprouts)

¹¹⁷ Nolfi, Kristine M.D. *My Adoption of a Raw Food Diet and My Breast Cancer*. Quoted from http://www.encognitive.com/node/5531.

¹¹⁸ Servan-Schreiber, David M.D. Ph.D. (2008) *Anti-Cancer A new Way of Life*. Viking Penguin Publishing. P. 121.

¹¹⁹ Cover, C. M., S.J. Hsieh, E.J. Cram, et al. "Indole-3-Carbinol and Tamoxifen Cooperate to Arrest the Cell Cycle of MCF-7 Human Breast Cancer Cells," *Cancer Research* 60, no. 5 (2000): 1426-33.

- Brussels sprouts
- Chinese cabbage
- turnip greens
- parsley
- bok choy
- cauliflower
- spinach
- kale

IMPORTANT NOTE: How you *cook* leafy green and cabbage vegetables is very important. Eat them raw, cover and steam them, or briefly stir-fry them. Avoid boiling them, because it destroys their anti-cancer molecules.

Supplement with indole-3 carbinol (I3C)

You can now get the powerful cancer-fighting molecule indole-3 carbinol in a supplement. Studies show the supplemental form delivers powerful cancer-fighting power. In fact, research has shown that I3C supplements increase the good enzyme *2-hydroxyestrone* that blocks the breast cancer-causing bad enzyme *16* alphahydroxyestrone.¹²⁰

I3C is available at most health food stores and online. A common starting dose is 200mg.

Supplement with diindolylmethane (DIM)

Diindolylmethane (DIM) is another cancer-fighting compound that's like a "daughter" compound of indole-3 carbinol (I3C.) I call it a "daughter" because it's made *directly* from I3C.

Research shows DIM works just like its "mother," I3C, by boosting the good enzyme 2-hydroxyestrone. This good enzyme blocks

 $120\,$ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

the breast cancer-causing bad enzyme 16 alphahydroxyestrone. 121

Many alternative doctors recommend that women in danger of breast cancer take both I3C and DIM together.

DIM is available at most health food stores and online. A common starting dose is 100mg.

Supplement with calcium-D-glucarate

Calcium-D-glucarate is a compound that occurs naturally in your body. It's not a mineral like ordinary calcium, but a *salt*.

This salt plays a special role in protecting you against cancer. It works by helping <u>detoxify</u> your cells, tissues and organs of cancer-causing <u>chemicals</u>. Researchers recently discovered that calcium-D-glucarate shows real promise for preventing breast cancer.

Studies using human breast cancer cells suggest that calcium-D-glucarate blocks the growth of breast tumor formation by an *incredible* 70 PERCENT.

In his article "Breast Cancer: Beating the Odds," Dr. Russell Blaylock reports that major clinical trials of calcium-D-glucarate are currently underway at the M.D. Anderson Cancer Center. Researchers are testing its ability to block breast cancer compared to the prescription drug Tamoxifen. But we don't have to wait for the test results to know this: Tamoxifen causes a number of *dangerous side effects* but calcium-D-glucarate is *safe* and *side effect-free*. ¹²²

Calcium-D-glucarate is available at most health food stores and online.

¹²¹ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

¹²² Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

Eat more yellow, red and brightly colored vegetables and fruit

Brightly colored vegetables and fruits are also top cancer fighters. We now know that yellow vegetables contain healthful *flavonoids* that NEUTRALIZE CANCER-CAUSING COMPOUNDS such as nitrosamines that are produced in your body by processed meats.

These flavonoids go by many different names and include *carotenoids*, which give certain vegetables and fruits their deep yellow, orange and red colors. Research shows carotenoids such as vitamin A, lutein and lycopene can boost your immune cells' ability to attack tumor cells.

A six-year study of women published in the *British Journal of Cancer* found that breast cancer patients who ate the MOST carotenoid-rich foods *lived longer* than those who ate less. ¹²³

Here are some brightly colored, carotenoidrich vegetables and fruits to add to your breast cancer-prevention diet:

- carrots
- apricots
- tomatoes (must be cooked to release highest amount of lycopene!)
- squash
- pumpkins
- sweet potatoes
- yams
- beets
- red, yellow, orange peppers
- and any other brightly colored red, yellow or orange vegetables and fruits

If drug companies could patent these foods, they probably would!

For more than a decade, drug companies have been spending big bucks trying to come up with a drug that can block the breast cancer-causing enzyme aromatase. But you can do it naturally, right now, with *food!*

I'm talking about *celery* and *onions*. Research shows they contain flavonoids that naturally block the cancer-causing enzyme aromatase. ¹²⁴ Best of all, celery and onions are packed with nutrients, are cheap, are available all year 'round, and you can add them to just about anything!

Lower your intake of red meat and processed meats

Eat *more* meat, get MORE BREAST CANCER: It's that simple. Russell Blaylock, M.D., reports that women who eat more red meat have a higher incidence of breast cancer. But that's no surprise to cancer researchers. They've known about the red meat-breast cancer link for more than 30 years.

In a study back in 1977, researchers discovered that women who eat meat daily have a breast cancer risk <u>FOUR TIMES HIGHER</u> than that of women who eat meat once a week or less.¹²⁵

One of the reasons is *iron*. Iron triggers cancer development, growth and metastasis. And meats are high in absorbable iron, with up to 90 PERCENT being absorbed into your system with every steak you eat.¹²⁶

¹²³ Ingram, D., Diet and Subsequent Survival in Women with Breast Cancer, *British Journal of Cancer* 69, no..3 (1994):592-95

¹²⁴ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

¹²⁵ T. Hirayama, paper presented at the Conference on Breast Cancer and Diet, U.S.-Japan Cooperative Cancer Research Program, Fred Hutchinson Cancer Center, Seattle, Washington, 14-15 March, 1977.

¹²⁶ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

How you cook it is crucial!

Maybe you rarely eat red meat and usually stick to white, lean meats. Good for you! But here's something else you should know: How you cook your meats is just as important as what kind of meat you eat.

Women who eat *seared meats* every day increase their breast cancer danger by MORE THAN 300 PERCENT, according to Dr. Blaylock's article, "Breast Cancer: Beating the Odds." ¹²⁷ Instead of searing your meats — that is, grilling or frying them — try baking them.

Processed meats are dangerous, too. They contain the food preservative *nitrite*, which is known to increase breast cancer danger. Research suggests that in your stomach, nitrites turn into cancer-causing compounds called *nitrosamines*. 128

Spice up your meals with these five tasty cancer-fighters!

One of the biggest complaints I hear about eating more vegetables is that they taste bland. But healthful veggies don't have to be boring. You can add flavorful spices and herbs that do double duty by adding flavor and fighting breast cancer.

<u>Garlic</u>: One of the *oldest* medicinal herbs ever discovered. Archaeologists have found doctors' prescriptions for garlic on ancient Sumerian tablets dating back to 3,000 B.C.

David Servan-Schreiber, M.D., is an ardent advocate of garlic for cancer prevention. In his book *Anticancer, a New Way of Life*, he writes that garlic is a powerful immune-system booster that also reduces the cancer-causing effects of nitrosamines in meat. He even reports on studies that show garlic causes "apoptosis," the technical

word for cell death in cancer cells. 129

<u>Leeks</u>, shallots, chives: Like garlic, these herbs belong to the "alliaceous" family. Besides fighting breast cancer, they balance your blood sugar.

Believe it or not, balanced blood sugar is VERY IMPORTANT in warding off cancer. You see, *cancer cells feed on sugar*. By lowering your insulin secretion you block an important food source for cancer cells that are growing in your breasts or anywhere else in your body! ¹³⁰

<u>Turmeric:</u> A traditional Indian spice that cooks often use in curries. Research shows turmeric causes cancer cell death and blocks cancer cells' ability to grow and spread. But you must use it properly to get *all* of these wonderful cancerfighting benefits.

In Anticancer, a New Way of Life, Dr. Servan-Schreiber explains, "To be assimilated by the body, turmeric must be mixed with black pepper (not simply peppers). Ideally, it must be dissolved in oil (olive, canola, or linseed oil preferably). ¹³¹

Avoid processed foods

You've long heard that certain additives in processed foods can cause cancer. That's never been more true than today.

The commonly used food additive *glutamate*, which you find in everything from potato chips and rice mixes to salad dressings and crackers, stimulates breast cancer, according to some studies.

Studies show glutamate is an *excitotoxin* that ramps up the growth and spread of breast cancer.¹³²

¹²⁷ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3 $\,$

¹²⁸ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3 $\,$

¹²⁹ Servan-Schreiber, David M.D. Ph.D. (2008) *Anti-Cancer A new Way of Life*. Viking Penguin Publishing. P. 121.

¹³⁰ Servan-Schreiber, David M.D. Ph.D. (2008) *Anti-Cancer A new Way of Life*. Viking Penguin Publishing. P. 121.

¹³¹ Servan-Schreiber, David M.D. Ph.D. (2008) *Anti-Cancer A new Way of Life*. Viking Penguin Publishing. P. 121.

¹³² Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

What's worse, avoiding glutamate isn't easy. It goes by many different names on food labels, e.g., monosodium glutamate (MSG), hydrolyzed proteins, soy protein isolates, autolyzed yeast and many, many more. Read all labels closely. The best way to protect yourself? Avoid processed foods altogether.

Exercise fights cancer — if you do it right

Regular exercise can *dramatically* reduce your danger of breast cancer and other cancers.

But what kind of exercise is best? Most experts say strength training, resistance exercise and brisk walking are the best exercises for reducing your cancer risk.

For the maximum cancer-fighting benefit, exercise for 30-45 minutes three to six times a week. And please remember this: <u>Something is better than nothing</u>. Just take a 20 minute walk three times a week, if you can't manage anything else.

On the other hand, if you're an exercise "junkie," be careful: Extreme exercise routines can actually INCREASE your breast cancer danger by creating cancer-causing free radicals in your body.

Supplement with fish oils — here's how

One of the reasons a diet high in fish is so good for you is that fish contains the fatty acid *docosahexaenoic acid (DHA)*.

Research shows DHA blocks many of the enzymes that scientists now believe promote cancer. Among the enzymes that DHA blocks is the breast cancer-causing enzyme *aromatase*. ¹³³

But eating enough fish isn't always easy. Many Americans don't have access to fresh fish year 'round. And others worry about the high levels of mercury in wild-caught fish. Many choose to eat farm-raised fish instead. But ironically, though farm-raised fish might protect you against mercury, some studies suggest farm-raised fish aren't as high in essential fatty acids such as DHA.

A good solution is a fish oil, omega-3 fatty acid or DHA supplement. You'll find a bottle readily at your local health food store along with dosage instructions.

Take probiotics

You've probably heard about taking *probiotics* for healthy digestion.

Probiotics are the "good" bacteria that support your colon and keep your digestive tract functioning well. Now Dr. Russell Blaylock is pointing to research that shows probiotics might also play a key role in protecting you against breast cancer.

He recently reported on several studies that suggest probiotics help convert estrogen in your digestive tract into a beneficial cancer-fighting compound.

The studies show that if your supply of probiotics is low or gone altogether, the estrogen turns into a CANCER-CAUSING compound instead! 134

You can get probiotics at most health food stores and online.

Use the *safe* form of Hormone Replacement Therapy (HRT)

In 2002 a massive study of women proved that taking hormone replacement therapy (HRT) drugs *caused* breast cancer. Conventional doctors around the country were shocked! But most alternative doctors weren't surprised at all.

They already knew that a powerful form of

¹³³ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3 $\,$

¹³⁴ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3 $\,$

estrogen found in *Premarin*, the most common hormone replacement drug, was synthetic and likely to cause serious health problems. For one thing, the synthetic hormone is NOT identical to the hormones made by the human body. The name *Premarin* stands for *pregnant mares' urine*, which is what they make it from!

Since then, this estrogen (called *estradiol*) has been definitively linked to causing breast cancer. But that's not all: Estradiol is also linked to uncomfortable side effects such as numbness in your arms or legs, dizziness, blurry vision and many more.

But just because estradiol is dangerous, that doesn't mean you must suffer through hot flashes, mood swings and all the other miseries of menopause. You can use *natural HRT*. Not only does it ease your symptoms with *as much success* as synthetic HRT does, it actually PROTECTS YOUR BREASTS AGAINST CANCER!

Safe, natural estrogens that match those found in your body, such as estrone and estriol, actually reduce your breast cancer risk and might even reduce its growth, according to research that Dr. Blaylock cites in his article "Breast Cancer: Beating the Odds." These hormones are called "bioidentical hormones."

This whole subject of synthetic hormones vs. bioidentical hormones is a raging controversy in the health profession. Conventional medical doctors stubbornly insist that therapy using your own hormones is just as dangerous as therapy using the manufactured, drug company hormones.

I'm not a trained scientist, but I've looked into this and I come down firmly on the side of doctors who say bioidentical hormone treatment is safe. My sources include doctors of unassailable integrity and great learning, such as JonathanWright, M.D., AND besides that, these doctors have successfully used bioidentical

hormones in their practices for years, without observing an increase in cancer or other health problems.

For more information, contact an alternative or integrative doctor who uses natural hormone replacement therapy. You'll get a prescription that'll be filled by a "compounding" pharmacy — one that makes individualized medicines for you.

Live the cancer-free life you deserve!

Whether you're in danger of breast cancer or you're already fighting it, you deserve to live your life WITHOUT the threat of that disease. I hope the information in this chapter and this Special Report will help you do just that.

As you've seen, you *CAN* prevent, stop, slow and even cure breast cancer safely, without the suffering — and without losing your breasts — by using today's leading alternative therapies.

These therapies, I want to stress, don't work for every patient. Patients try alternatives and die anyway. But I am absolutely convinced your chances are FAR GREATER with the alternatives I describe in this book than with conventional treatments.

I've been told that cure rates are as high as 50 percent for patients with late-stage cancer who were considered hopeless by conventional doctors PROVIDED they take all the steps required including changing their diets and supporting their immune systems.

I wish I could tell you I have hard evidence for the 50 percent figure. I don't. It's anecdotal, based on interviews with hands-on cancer clinicians at alternative clinics. But if the actual cure rate is even a fraction of 50 percent, it's far better than the success rate of conventional cancer treatments.

Don't forget, at least one study gives you a mere 1.43 percent chance of surviving breast cancer for more than five years if you undergo chemotherapy. How much WORSE can

¹³⁵ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3 $\,$

alternatives possibly be? And let me tell you, my research staff and I have talked to a great many cancer survivors who turned to alternatives and lived.

I urge you to share the urgent, life-saving information in this Report with any family members or friends who are worried about breast cancer or are fighting their own battles against this disease.

Wishing you a cancer-free life always,

Lee Euler

PART TWO

PROSTATE CANCER

Five Leading Alternatives That Are Slowing, Stopping, Even Curing Prostate Cancer!

Chapter Twelve

Prostate Cancer: To Treat Or Not to Treat?

The Surprising Facts about "Watchful Waiting"

here's a saying that doctors around the world have repeated for decades: *If you live long enough, you'll get cancer.* It's not a pleasant thought, but it's true. And surprisingly, it's even *truer* for MEN than for *women!*

Researchers estimate that prostate cancer will attack <u>ONE OUT OF EVERY SIX MEN.</u> And the disease strikes far *earlier* than you'd ever imagine.

Researchers now believe up to *20 percent* of men over 50 already have prostate cancer. And the older you get, the greater your danger. By age 70, the number of men with prostate cancer DOUBLES to *40 percent*, and by 85, it soars to *60 percent*!¹³⁶

It's a scary thought, isn't it? Well, don't worry just yet.

You can live your whole life with prostate cancer — many men do!

Though prostate cancer can be very serious, it's far from a death sentence. Prostate cancer is *unique* among cancers. Unlike breast, colon, lung or even brain cancer, it's RARELY detected during one's life — at least, historically speaking, before the current mania for cancer tests.

You see, many men with prostate cancer live out full, active lives with the disease and then die of *something else altogether!* In fact, a wealth

of research suggests many men today have "microscopic" amounts of cancer in their prostates and don't even know it. That's because the cancer never grows enough to be a real problem.¹³⁷

For example, in a study published in the journal *Age and Aging*, coroners autopsied men of all ages who died from causes *other* than cancer.

When they examined the men's prostates, they found cancer cells in ALMOST ALL OF THEM. But the cancer was so small it didn't cause any real problems for the men's health. In fact, most of them probably didn't even know they *had* prostate cancer!¹³⁸

The truth about treating early prostate cancer

Now, please don't misunderstand me: I'm not saying prostate cancer is "no big deal." Prostate cancer is a terrible disease that takes many different forms. And in its most aggressive form, prostate cancer can quickly drain the life out of you, like a vampire in a horror movie.

But the point I want to make is that as medical technology becomes more precise and as earlier detection of prostate cancer becomes possible, men need to be clear on a very important medical truth:

¹³⁷ Harwood, Rowan. Review: Should we screen for prostate cancer? *Oxford Journals. Age and Ageing.* 1994. 23. 164-168.

¹³⁸ Harwood, Rowan. Review: Should we screen for prostate cancer? *Oxford Journals. Age and Ageing.* 1994. 23. 164-168.

¹³⁶ Harwood, Rowan. Review: Should we screen for prostate cancer? *Oxford Journals. Age and Ageing.* 1994. 23. 164-168.

Being diagnosed with early prostate cancer might not be as serious as many conventional doctors believe.

Early prostate cancer doesn't necessarily warrant aggressive treatment - or ANY treatment at all, as far as that goes. The facts have clearly shown that the disease can take so long to develop that for many men it'll never pose a serious threat to their health.

Getting NO treatment is "<u>BETTER</u>" than chemo, radiation or even surgery!

Dr. Willet Whitmore, the father of urologic oncology, was one of the first to make this discovery. He's well-known for saying, "For a patient with prostate cancer, if treatment for cure is necessary, is it possible? If possible, is it necessary?"

When it comes to conventional treatment for prostate cancer, a wealth of research suggests that the answer to Dr. Whitmore's question is a solid "no."

In a shocking 1992 study of 223 prostate cancer patients, researchers found that *getting no treatment* was actually BETTER than any standard chemotherapy, radiation or surgical procedure! The results were so groundbreaking, they were published in the mainstream *Journal of the American Medical Association*. ¹³⁹ Later, a second alarming study reported similar results.

85 percent lived longer by refusing conventional treatment!

In this second study, wrote researchers in the *Journal of the National Cancer Institute*, men who received no treatment for their prostate cancer survived at an 81 PERCENT HIGHER RATE than those who underwent radiation therapy.

And those untreated men survived at an 85 PERCENT HIGHER RATE than those who got hormones or submitted to castration for their tumors.¹⁴⁰

That's right, men who had no treatment at all for their prostate cancer LIVED LONGER than those who received standard, conventional treatments!

But "no treatment" doesn't mean going about your daily business and pretending you don't have prostate cancer. You see, in these studies, patients used a virtually forgotten technique called "watchful waiting."

"Watchful waiting"...what does it mean, exactly?

Watchful waiting is the *regular monitoring* of your prostate tumor to see whether it's growing, and, if so, how quickly. Doctors and patients use this information to determine whether your tumor will threaten your health or will never be a problem.

Though "watchful waiting" clearly is effective for many men, conventional medicine rarely recommends it.

An article in the *Journal of the American Geriatrics Society* said more than 90 percent of all doctors who recommend surgery NEVER tell their patients that watchful waiting is an option.¹⁴¹

Why? In many cases the reason is *money*.

If you've read this far, you know that cancer is an *industry*. And "watchful waiting" makes no money for conventional doctors or their hospitals. In fact, doctors and hospitals probably fear they could LOSE MONEY if a "watchful

¹³⁹ Johansson JE, Adami HO, Andersson SO, Bergström R, Holmberg L, Krusemo UB. High 10-year survival rate in patients with early, untreated prostatic cancer. *JAMA*. 1992 Apr 22-29;267(16):2191-6.

¹⁴⁰ Newschaffer, Craig J., et al. Causes of death in elderly prostate cancer patients and in a comparison nonprostate cancer cohort. *Journal of the National Cancer Institute*, Vol. 92, April 19, 2000, pp. 613- 21

¹⁴¹ Fowler FJ Jr. Prostate conditions, treatment decisions, and patient preferences. *J Am Geriatr Soc.* 1995 Sep;43(9):1058-60. No abstract available.

waiting" patient went on to get prostate cancer, then filed a malpractice lawsuit against them.

So it's no wonder that doctors are grossly overtreating many prostate cancer patients with risky treatments for tumors that might never put the patients' health or their lives in any real danger!

Many of these doctors may believe they're doing the right thing – heaven knows why, given the evidence to the contrary – but it's a plain fact that the "right thing" as they see it lines their pockets with cash.

More than one million men are being dangerously "overtreated" for prostate cancer!

A study published in September, 2009, in the *Journal of the National Cancer Institute s*hows just how bad the prostate cancer overtreatment problem has become.¹⁴²

The study revealed that routine "prostatespecific antigen" (PSA) screening for prostate cancer has caused more than *one million American men* to be diagnosed with a prostate tumor and get treatment for it, when it might never have caused them a single problem!

A recent online Health Alert from Newsmax. com quotes the lead author of the study, Dr. H. Gilbert Welch, as saying, "These are men who could not be helped by treatment because their cancer was not destined to cause them symptoms or death."¹⁴³

You have up to a 49 in 50 chance of being overtreated!

Dr. Peter Bach of Sloan-Kettering told the *New York Times* that if a man has a PSA test today,

"It leads to a biopsy that reveals he has prostate cancer, and he is treated for it. There is a <u>one in</u> <u>50 chance</u> that, in 2019 or later, he will be spared death from a cancer that would otherwise have killed him. And there is a <u>49 in 50 chance</u> that he will have been treated unnecessarily for a cancer that was never a threat to his life." ¹⁴⁴

But what makes this cycle of overtreatment even more upsetting is that conventional prostate cancer treatment breaks the <u>Number One law of medicine</u>: *Do no harm*.

Tragically, countless men are suffering the pain and terrible discomfort of surgery, the long-term dangers of radiation treatment, and the loss of precious quality of life — not to mention the emotional stress and the financial costs!

Conventional treatments are taking men's prostates and leaving them with *bladder* problems, erectile dysfunction and bowel urgency. In many cases, they're WORSE OFF after treatment than they were before!

Safe alternatives for treating early and advanced prostate cancers

The alarming research that's being published today is why I believe that getting the word out about *safe*, *alternative treatments* for prostate cancer is more important today than ever before in medical history.

Let's face it, when you KNOW you have cancer in your prostate, you want to get it out. And *fast*. Even if "watchful waiting" is a valid choice for you, it won't help your peace of mind to know you have cancer slowly growing in your prostate!

But now, while you "watchfully wait" to see whether your tumor will grow and become a threat, you can also start taking very simple steps to *cure* the cancer on your own, with no horrible risks. I'll show you how in the next few chapters. And that's not all...

¹⁴² Welch HG, Albertsen PC. Prostate cancer diagnosis and treatment after the introduction of prostate-specific antigen screening: 1986-2005. *J Natl Cancer Inst.* 2009 Oct 7;101(19):1325-9. Epub 2009 Aug 31.

^{143 &}quot;Prostate Screening: More Harm Than Good?" NewsMax Health. 2009.

¹⁴⁴ Kolata, Gina (2009) "Review of prostate cancer screening, Prostate Test Found to Save Few Lives" *The New York Times*

Should the worst happen and your tumor starts growing swiftly, or your cancer is already advanced, you'll also discover some extremely powerful alternatives that can help you get rid of your cancer without surgery, radiation or, God forbid, *castration*.

Chapter Thirteen

Prostate Cancer Treatment No. I

Dr. Douglas Brodie's Immune-Boosting Therapy

eter R. was 67 when his doctor told him he had prostate cancer so advanced it would do no good to operate. Peter's PSA level was 17 TIMES HIGHER than normal — a frightening 71.4 (under 4 is considered "normal").

Stunned, the former police detective got a second, a third and even a *fourth* opinion. One doctor said he might live three years. Another told him he could "cut off his testicles" to try and stop the cancer's advance. But all four doctors agreed that Peter's prostate cancer was terminal.

"They wanted to bury me," Peter later told Sacramento news reporter Melinda Welsh. 145 But instead of getting ready for the end, Peter used his detective skills to gather information on alternative treatments and interview prostate cancer patients who'd tried them.

He learned about an amazing clinic in Reno, Nevada, where a doctor named Douglas Brodie was curing cancer WITHOUT surgery, radiation or chemotherapy. And for the first time, Peter felt there was *real* hope.

Peter's PSA nose-dived to 00.1!

One month later Peter was on Dr. Brodie's natural anti-cancer program. His hopelessly high

145 Welsh, Melinda (2002) "Forbidden Medicine Cancer patients from Sacramento are seeking an alternative, holistic approach to building up the body and beating cancer. Too bad it's outlawed in California." California: NewsReview.com

PSA began to drop, slowly at first, and then it *plummeted*.

Eighteen months later, Peter's PSA had dropped an *astounding 70 points* to a healthy 1.0. His "terminal" prostate cancer had VANISHED! And his recovery was no fluke. Two years later — and five years since his diagnosis — Peter is *still* healthy as a horse, and his PSA is a stable 00.1.

So what is Dr. Brodie's secret? *The immune system.*

Dr. Brodie, like many other alternative cancer pioneers, believes cancer develops in your body because *your immune system is weak*.

During more than 30 years of fighting cancer, he discovered a dozen natural compounds that work together to *power up* your immune system to SAFELY KILL PROSTATE CANCER — and many other cancers, including breast cancer.

Dr. Brodie's immune-building prostate cancer protocol

Dr. Brodie treated prostate cancer patients such as Peter with a daily IV (intravenous) infusion of powerful *antioxidant nutrients*, *minerals*, *enzymes*, *glandulars* and other *natural compounds* to repair their immune systems and fight the cancers. Peter spent two weeks at Dr. Brodie's facility, the Reno Integrative Medical Clinic, undergoing *daily* immune-strengthening infusions such as these.

While there, Peter also learned how to eat the *right foods* and avoid the *wrong foods*. Dr. Brodie put him on a diet HIGH in vegetables that are rich in beneficial *phytochemicals*. These phytochemicals build your immune system and fight cancer. These vegetables included *broccoli*, *cabbage*, *cauliflower and Brussels sprouts*.

When Peter got home, he also started taking a "home-care" regimen of *oral vitamins and supplements*.

Detoxify your body with colon hydrotherapy

Dr. Brodie also uses detoxification techniques to cleanse away immune-sapping toxins that have built up in his patients' systems over the years. His method of choice is *colon hydrotherapy*, in which a professional hydrotherapist cleanses the patient's colon with water.

"I have found over the years that cancer patients who are not doing well usually are toxic and not being cleansed. They certainly are in need of colon hydrotherapy," Dr. Brodie revealed in Dr. Morton Walker's article, "Value of Colon Hydrotherapy Verified by Medical Professionals Prescribing It."

"I do recommend that most of my cancer patients take colon hydrotherapy or 'colonic irrigations,' because they often improve by having such treatment. Liver cancer in particular shows benefit from colon hydrotherapy, but any internal tumors show effectual change, too," Dr. Brodie added. "It's better than an enema, which is merely a lower bowel cleanse, as opposed to a colonic, which is a thorough cleanse of the entire bowel." 146

Relieves BPH and prostatitis, too!

Colon hydrotherapy helps men in other ways as well: It can relieve prostate enlargement, called benign prostatic hyperplasia (BPH), and prostate infection, known as prostatitis. Both are very common in men over 50.

The late Emil Sayegh, M.D., got wonderful results using colon hydrotherapy with men suffering from BPH or prostatitis. For more than 15 years he reported how colon hydrotherapy could solve frequent and painful urination in his male patients. When Dr. Walker interviewed Dr. Sayegh for his article on hydrotherapy, he explained:

"Cleaning the colon markedly assists the functioning of the pathological male bladder and prostate organs. Colon hydrotherapy given to involved men at two-week intervals for three times to start and then maintained every four weeks for an unlimited period does solve prostatitis and benign prostatic hyperplasia. From my files, I can offer up several hundred case studies which testify to that fact." 147

Learn to control the "cancer personality"

Dr. Brodie also arms his cancer patients with valuable *stress-relieving techniques*.

"Most people who develop cancer are susceptible to stress," reported Dr. Brodie at the annual Cancer Control Society Convention in Pasadena, California, in 1992. Dr. Brodie described what he calls the "cancer personality."

"I believe that cancer begins from long-standing abuse of the psyche. By and large, cancer patients exhibit very similar conflicts, and these give rise to a well-defined cancer personality," said Dr. Brodie in a 2002 issue of The Townsend Letter for Doctors and Patients. 148

The characteristics of this "cancer personality"

¹⁴⁶ Walker, Morton D.P.M. (2000) "Value of Colon Hydrotherapy Verified by Medical Professionals Prescribing It," *Townsend Letter for Doctors and Patients*.

¹⁴⁷ Walker, Morton D.P.M. (2000) "Value of Colon Hydrotherapy Verified by Medical Professionals Prescribing It," *Townsend Letter for Doctors and Patients*.

¹⁴⁸ Walker, Morton D.P.M. (2002) "Profile of the holistic cancer therapist W. Douglas Brodie, M.D., H.M.D — Medical Journalist Report of Innovative Biologics," *Townsend Letter for Doctors and Patients*.

include being a "worrier." And someone who often puts other people's needs before themselves — "people pleasers," they're often called. These people are also dutiful, responsible, hard-working and usually of above-average intelligence. They often internalize emotions and hold on to feelings of anger or resentment.

In fact, Dr. Brodie says the link between cancer and emotional stress is so strong that he's seen the onset of detectable cancer in many patients two years after a traumatic life event. But there's good news. You can cope with the cancer personality by altering your behavior and "reclaiming your power of healing". Dr. Brodie recommends:

- Eliminating "toxic" negative emotions and replacing them with positive ones
- Having faith in God or a higher power
- Relieve yourself of too many obligations and responsibilities — reduce your stress!
- Be open and honest. Talk with others about the problems, conflicts or burdens you may feel. ¹⁵⁰

By doing each of these things, advocates believe you're taking back control from stress and negative emotions and eliminating their dangerous power over your health.

The connection between a person's mental state and cancer is another area that remains controversial. I'm sure plenty of people who are happy and fulfilled get cancer anyway. I don't believe happiness or a positive attitude will cure cancer all by themselves, and I'm sure Dr. Brodie never said such a thing. Attitude is one part of a multi-pronged program to defeat cancer. Why not be happy and positive?

149 Walker, Morton D.P.M. (2002) "Profile of the holistic cancer therapist W. Douglas Brodie, M.D., H.M.D — Medical Journalist Report of Innovative Biologics," *Townsend Letter for Doctors and Patients*.

150 Walker, Morton D.P.M. (2002) "Profile of the holistic cancer therapist W. Douglas Brodie, M.D., H.M.D — Medical Journalist Report of Innovative Biologics," *Townsend Letter for Doctors and Patients*.

I can tell you this much: there's very good evidence that stress and depression damage your immune system and as we've seen, your immune system is your most important weapon against cancer.

Intravenous (IV) infusions and insulinpotentiated hypoglycemic therapy (IPHT)

One of the most important elements of Dr. Brodie's immune-boosting protocol is the daily intravenous infusions of powerful antioxidant *nutrients*, *minerals*, *enzymes*, *glandulars* and other *natural compounds*. These infusions can include:

- the powerful antioxidant vitamins A and C
- minerals such as potassium and magnesium
- digestive enzymes and CoQ10
- glandular supplements such as thymus (from the thymus gland)
- shark cartilage
- germanium
- Laetrile

Of course, each of these supplements is available at your local health food store (except for Laetrile). <u>But please note:</u> Taking the supplements orally may help your immune function, but they WILL NOT kill all of your prostate cancer.

Why? Because these supplements' effects on your immune system are only powerful enough to kill cancer when you take them *intravenously*.

When you do that, they bypass your digestive tract and go straight into your bloodstream, enhancing their effects. And they become MORE POWERFUL still when Dr. Brodie infuses *sugar* into the supplement solution.

The cancer-killing secret of sugar — yes, <u>sugar!</u>

If you've already read the section on "cancer prevention" in the breast cancer portion of this Special Report, you're probably thinking, "Now wait a minute! Don't cancer cells feed on sugar? Why on earth would you give them food?!"

You're right, cancer cells love sugar. And that's an important reason why Dr. Brodie's treatment is *so effective* against even "terminal" prostate cancer.

"The cancer cells open their membranes in response to a metabolic need for sugar as food by the insulin's producing a drop in blood sugar," explained Dr. Brodie to Dr. Morton Walker in The Townsend Letter for Doctors in 2002. As the cancer cell opens itself to "suck up" larger amounts of food, it also sucks up "healing substances which cancer cells don't like." This therapy is called insulin-potentiated hypoglycemic therapy or (IPHT). 151

In layman's terms, here's how IPHT works: You're injected with insulin, which opens up "insulin receptors" or sugar receptors that cover cancer cells. When these receptors are open, cancer cells are automatically hungry for more sugar.

After you're given this insulin, you're fed sugar along with cancer fighting antioxidants and compounds. Cancer cells absorb the sugar and cancer fighters like drought stricken land absorbs water in a rain shower.

From the reports I've seen, IPHT can dramatically increase the strength of virtually any cancer treatment — natural or conventional. It works by getting more of the cancer fighting drug or natural compound into cancer cells.

Vietnam vet's "terminal" prostate cancer disappears

Like thousands of young Americans, John S. 152 was exposed to high levels of the toxic jungle defoliant Agent Orange while serving in Vietnam. Years after surviving his tour of duty, John watched seven men from his platoon die of cancer probably caused by Agent Orange.

In 2002, he thought it was his turn.

Doctors told him a biopsy of his prostate had confirmed that cancer was growing out of control. The results showed 10 OUT OF THE 12 TISSUE SAMPLES WERE CANCEROUS.

"I was advised that even with surgery and radiation, I would need a miracle to survive," John recalls.

Fortunately, he heard about the Reno Integrative Medical Center. John went for a consultation and decided to try Dr. Brodie's immune-boosting anti-cancer protocol. After 18 months, the tumor in John's prostate was *shrinking*. Four years later he's healthy, with *NO SYMPTOMS* of prostate cancer!

Dr. Brodie charged with criminal felonies for saving lives!

The natural compounds such as *shark cartilage*, *Laetrile* and *germanium* that are part of Dr. Brodie's protocol are being used in clinics elsewhere in the world to defeat cancer. But when doctors in the USA use them, they often face criminal prosecution. And Dr. Brodie is no exception.

On *three* separate occasions, government officials in California targeted him. And in the 1970s, the Board of Medical Quality Assurance

¹⁵¹ Walker, Morton D.P.M. (2002) "Profile of the holistic cancer therapist W. Douglas Brodie, M.D., H.M.D — Medical Journalist Report of Innovative Biologics," *Townsend Letter for Doctors and Patients*.

¹⁵² John, Case Study, Reno Integrative Medical Center, www. renointegrativemedicalcenter.com

charged him with 23 felonies. 153

What were these felony charges for? Turns out they were for alleged "over-prescriptions" of prescription drugs. This included painkillers for a young man who suffered excruciating pain after having both legs amputated at the hip and both arms amputated at the forearm due to Buerger's disease.

"It was widely known that these attacks on my license were because of my use of Laetrile and [my] unorthodox approach to the treatment of cancer," Dr. Brodie explained to Sacramento news reporter Melinda Welsh.¹⁵⁴

In fact, Dr. Brodie learned they were going to arrest him from reading about it in the newspaper!

Imagine opening up your daily newspaper and finding out you're going to be *arrested!* That's exactly what happened to Dr. Brodie! He had no idea they were coming after him till he read an article in the paper saying he'd been criminally charged — even though he'd been served with NO WARRANT or any other notification!

Later, in court, the medical board admitted it had erred in calling Dr. Brodie's prescriptions "felonies." The court fully exonerated him that time, and he was cleared again when they came after him a couple of years later.

But when California authorities sought to charge Dr. Brodie a THIRD time, he knew they'd keep hounding him with trumped-up charges as long as he kept practicing alternative medicine. In the late 1970s, he moved his clinic to Nevada, which lets doctors practice *some forms of alternative medicine*.

Not surprisingly, a short time later the state of California made it a felony for a physician to treat cancer with anything other than chemotherapy, radiation and surgery!

Laws such as these are one reason many conventional doctors shun alternative treatments. Ask a conventional doctor about Laetrile, shark cartilage and germanium and he or she will call these treatments "shams" and the doctors who use them "quacks."

But clearly, they haven't looked at the research.

Laetrile study: 55 percent of TERMINAL cancer patients are still alive and well!

Case studies from doctors who use Laetrile (or *amygdalin*, as it's sometimes called), show this natural compound is MOST EFFECTIVE against cancers of the *prostate*, *breast*, *lung*, *liver* and *brain*, and *lymphoma*. Many of these doctors say Laetrile gives their patients a *better* chance of survival. Clinical studies back them up.

One of the most *impressive* studies was done by P.E. Binzel, M.D.

For 17 years, Dr. Binzel followed 108 cancer patients with metastatic cancer (cancer that has spread, and usually has a poor prognosis).

In the study's 17th year, 61 patients — MORE THAN HALF — were still alive. And *nearly half* of those had survived <u>5 to18 years and counting</u> after taking Laetrile as part of a nutritional cancer-fighting program.

These numbers are amazing. Even more amazing, nearly all these patients had *already been failed* by surgery, radiation or chemo. When they entered Dr. Binzel's practice, all were expected to die, yet an incredible 55 PERCENT SURVIVED!¹⁵⁵

¹⁵³ Welsh, Melinda (2002) "Forbidden Medicine Cancer patients from Sacramento are seeking an alternative, holistic approach to building up the body and beating cancer. Too bad it's outlawed in California." California: NewsReview.com

¹⁵⁴ Welsh, Melinda (2002) "Forbidden Medicine Cancer patients from Sacramento are seeking an alternative, holistic approach to building up the body and beating cancer. Too bad it's outlawed in California." California: NewsReview.com

¹⁵⁵ Binzel, P.E., (1994) Alive and Well. California: American Media

Contains powerful cancer-fighting B vitamins

The scientific research also suggests *why* Laetrile is a powerful cancer fighter. Studies show it contains powerful cancer-fighting *nitrilosides* (vitamin B-17). Laetrile itself is completely natural and is found in several nuts and seeds, including apricot seeds.

Interestingly, doctors studying primitive tribes in Africa, South America, Australia and other places found that their diets were FULL of nitroloside-rich foods. Many of these doctors, including the legendary Albert Schweitzer, M.D., theorized that their diets were a key reason there were no recorded cancers among these populations.

In Dr. Schweitzer's preface to A. Berglas's book *Cancer: Cause and Cure*, he wrote:

"On my arrival in Gabon [Africa] in 1913, I was astonished to encounter no cases of cancer. I saw none among the natives two hundred miles from the coast...." The native diet was filled with millet and grains rich in nitrilosides.

Incredibly, the Natural Institutes of Health and the FDA *insist* that Laetrile does NOTHING to help cancer patients and is actually dangerous.

Cancer-fighting Laetrile "banned" by the FDA as a "poison"

The FDA banned Laetrile in the 1980s after allegations that the natural cyanide inside Laetrile could poison patients.

Does Uncle Sam have solid research to back this up? *No.* In fact, repeated studies in both animals and humans have shown that when used properly, Laetrile is COMPLETELY NONTOXIC and free of side effects. Half a dozen alternative doctors, including Dr. Brodie, have reported no toxicity after using Laetrile with their

cancer patients for decades.

Ironically, a conventional medical doctor who sought to prove Laetrile dangerous ended up providing more evidence for its high degree of safety. In his 1981 study published in the *Journal of the American Medical Association*, Dr. Charles Moertal wrote:

"In our study, intravenous amygdalin was found to be free of clinical toxicity and no cyanide could be detected in the blood... In summation, the administration of amygdalin according to the dosages and schedules we employed seems to be free of significant side effects. This conclusion appears to be validated by early observations in phase II study of 44 Mayo Clinic patients receiving intravenous amygdalin therapy and 37 receiving oral therapy who have not experienced any symptomatic toxic reaction." [Emphasis added]

But even Dr. Moertal's own research wasn't enough to overcome his anti-Laetrile bias. He concluded the report with the statement: "A definite hazard of cyanide toxic reaction must be assumed..."

Well, you know what people say when you "assume" something? You make an "a-s-s" out of "u" and "m-e"!

The point is, research shows Laetrile is both *safe* and *very effective* when used correctly. But as cancer expert and radio commentator Bill Henderson often tells the cancer patients he coaches, Laetrile is not "a do-it-yourself operation." You should use it ONLY under a qualified doctor's supervision.

Study shows shark cartilage fights "terminal" cancer — results ignored!

Researchers have done several medical studies and hundreds of case studies on shark cartilage, but the most amazing research comes from William Lane, Ph.D., the founder of Lane Labs.

¹⁵⁶ Berglas, A. Caassn (1957) Cause and Cure. Paris: Pasteur Institute.

¹⁵⁷ Moertal, C. et al. (1981) A pharmacologic and toxicological study of Amygdalin *JAMA* 245:591-94.

In the wonderful book *Cancer-Free*, Bill Henderson tells the incredible story of Dr. Lane and Charles Simone, M.D. These two doctors conducted a study that used shark cartilage on 29 "non-responsive" terminal cancer patients in Cuba in 1992.¹⁵⁸

Five of these patients had prostate cancer, six had breast cancer, and the remaining 18 had other cancers. But ALL 29 had failed to respond to ANY conventional treatment. They were bedridden and expected to die within months. But after treatment with shark cartilage, an astounding 48 PERCENT – NEARLY HALF – were alive and well almost three years later.

As Bill Henderson reported in his book, Drs. Simone and Lane concluded that the shark cartilage stimulated the "rapid growth of fibrin tissue (healthy tissue) replacing and encapsulating the cancer cells." ¹⁵⁹

As Dr. Lane recounted in a 1995 article in Alternative & Complementary Therapies — A Bimonthly Publication for Health Care Practitioners, although news media outlets such as "60 Minutes" with Mike Wallace were interested in the story, "The National Institutes of Health (NIH), on the other hand, surprisingly, never took the time to hear the whole presentation, see the slides, talk to me, or talk to the interested doctors."¹⁶⁰

Germanium: The natural "interferon" right under Big Pharma's nose

Germanium is a trace mineral that some healers have used since the 1960s to treat cancer and other degenerative diseases by enhancing people's immune systems. Specifically, it boosts the all-important tumor-fighting compound

called interferon and your natural killer cells.

Ironically, Big Pharma has been trying to create drugs that boost your interferon for decades now, but they're always laden with dangerous side effects. Meanwhile, safe germanium has been available the *entire time!*

According to a study published in the *Journal* of *Interferon Research* and quoted in the book *Alternatives in Cancer Therapy* by Dr. Ross Pelton, "Organic germanium restores the normal function of T-cells, B-lymphocytes, natural killer-cell activity, and the numbers of antibodyforming cells... Organic germanium has unique physiological activities without any significant side effects."¹⁶¹

Dr. Pelton also reports on *two* separate studies that show organic germanium stimulates the production of gamma-interferon in both animals and humans <u>with no side effects or toxicity.</u>

Plus, a number of human cancer trials, mainly in Japan, have found that organic germanium IMPROVED SURVIVAL TIME in several kinds of cancers.

In one study, patients' immune response and general health improved — even AFTER they received chemotherapy and/or radiation. Remember, chemo and radiation DESTROY your immune function, but with germanium, the patients' immune systems stayed strong!

This is worth repeating: You can use germanium WITH conventional cancer treatment to improve your immune system. This can help ANYONE with cancer!

It's also curing breast, colon, even lung cancer!

Dr. Brodie's immune-boosting therapy is also successfully treating three other kinds of cancers. Patients report being COMPLETELY CURED of colon, kidney and breast cancers. You can read

¹⁵⁸ Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

¹⁵⁹ Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

¹⁶⁰ Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

¹⁶¹ Pelton, Ross, R.Ph. Overholser, Lee (1994) *Alternatives in Cancer Therapy*. New York: Fireside.

many testimonials from former patients on the Reno Integrative Medical Center's Web site listed at the end of this chapter.

The most astonishing testimonial is from a man named Joe who was diagnosed with lung cancer — a cancer that's particularly hard to treat with conventional medicine.

After Joe underwent immune-boosting therapy at the clinic, his lung cancer *disappeared!* Joe writes:

"Today, I am free of cancer, without the trauma of chemotherapy or radiation. My energy and stamina have returned to that of a 40-year-old man, (not bad for a 71-year-old!)" 162

Of course, conventional medicine continues to dismiss these recoveries as "spontaneous remissions." But Dr. Brodie knows better.

"My main objective over the past two decades has been to find those natural substances that most effectively enhance the immune system in its battle against cancer," he said in Dr. Morton Walker's book, Natural Cancer Remedies. "When these substances are part of a comprehensive cancer treatment plan...the chances of beating cancer are markedly improved." ¹⁶³

In 2005, sadly, Dr. Brodie passed away at 80 from a blood infection. But his clinic continues to treat cancer patients using the Brodie immune-boosting protocol, under the leadership of Robert Eslinger, D.O., H.M.D.

Dr. Eslinger has been in clinical practice for over 30 years. In November, 2008, Governor Jim Gibbons of Nevada appointed him to the state's Board of Homeopathic Medical Examiners.

For more information:

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To find a certified colon hydrotherapist near you, contact:

International Association for Colon Hydrotherapy Post Office Box 461285 San Antonio, TX 78246-1285

Tel: 210-366-2888 Fax: 210-366-2999

E-mail IACT at homeoffice@i-act.org

Web site: http://www.i-act.org/IACTSearch.HTM

¹⁶² Joe, Case Study, Reno Integrative Medical Center, www. renointegrativemedicalcenter.com

¹⁶³ Walker, Morton D.P.M. (2005) *Natural Cancer Remedies That Work Wonders*. California: Finn Communications.

Chapter Fourteen

Prostate Cancer Treatment No. 2

Advanced Prostate Cancer Disappears with a 'Japanese Secret' for Long Life!

The Healing Power of Macrobiotics

Tony Sattilaro was an anesthesiologist and the President of Methodist Hospital in Philadelphia. During a routine chest X-ray, the technician discovered a mass in Tony's chest. It was cancer. More biopsies were done. Doctors found cancer in his sternum, skull and spine, before they finally found the source of it: *his prostate*. 164

Tony was shocked. He was *only 46!* It seems he'd fallen victim to an aggressive form of prostate cancer that strikes younger men. It had spread throughout his body, and now doctors were saying NOTHING could be done to save him.

Tony's prostate cancer kept spreading

Within weeks, the cancer invaded new bones and Tony was doubled over with pain. He needed narcotic painkillers just to get through the day. To make matters worse, his father was losing his own battle against lung cancer. And soon, Tony received the tragic news that his father had died.

His father's death was a turning point for Tony, but not in the way you might expect.

As Neal Barnard recalls in his book *Foods that Fight Pain*, Tony was driving back to Philadelphia

164 Barnard, Neal D. (1998) Foods That Fight Pain: Revolutionary New Strategies for Maximum Pain Relief. New York: Random House

after his father's funeral when he saw two young men hitchhiking along the highway. He needed the company, so he decided to pick them up.

How hitchhikers saved Tony with a "Japanese Secret" for long life

Tony told the hitchhikers his sad story, but they offered him no sympathy at all! Instead, they told him bluntly that his cancer DID NOT have to be a death sentence! By following an old Japanese eating secret for long life, they said, he could make the *prostate cancer go away*.

Of course, Tony didn't believe a word of what these two young hippies were saying. After all, he was a *doctor*! But he listened anyway.

The two went on and on about how food can heal your body by restoring a healthy balance of energy. They told him they'd learned WHICH foods can heal you at a school for macrobiotic cooking. Then they asked him for his address so they could send him everything he needed to know. The doctor in Tony couldn't resist, thinking "I've got to see this," so he agreed.

A couple of weeks had passed when Tony received a book on macrobiotic eating. Intrigued by a doctor's endorsement he found inside, he went to a local macrobiotic center and began eating the diet himself.

Three weeks later, Tony's excruciating bone pain was gone!

In just 21 days, Tony was feeling so much better that he threw away his painkillers. With renewed conviction, he continued the diet. Soon his energy returned and he felt healthier than he had in a long time. He kept waiting for the other shoe to drop, but it never did.

One year later, Tony returned to his doctor for a bone scan. The results were astonishing: There was NO SIGN of cancer in his skull, his sternum, his spine, his prostate or *ANYWHERE ELSE IN HIS BODY*!

Nearly 10 years later, Tony was STILL cancerfree. He'd left Philadelphia for Florida, where he spent his time writing about the relationship between food and health. He even wrote about his own experience in the book *Recalled by Life: The Story of My Recovery from Cancer.*

What is macrobiotics?

The word "macrobiotic" is a Greek word that means "long life." The macrobiotic diet was developed in the 1920s by George Ohsawa, a Japanese philosopher who taught that *simplicity* in diet was the key to good health. Ohsawa believed that by eating certain foods and avoiding others, you could cure yourself of cancer and many other serious illnesses.¹⁶⁵

The macrobiotic diet resembles a *traditional* Asian diet. It consists mainly of whole grains and vegetables. For instance, on a macrobiotic diet you'll eat Miso soup, brown rice, lentils, and "sea vegetables" such as nori and kelp. Sugar, fat, meat and dairy products are off limits.

Today's best-known macrobiotic proponent is Michio Kushi. He pioneered the tailoring of Ohsawa's diet to meet individual needs, depending on age, gender, activity level, health and environment.166

In the article "The Macrobiotic Diet As Treatment for Cancer: Review of the Evidence," Joellyn Horowitz, M.D., and Mitsuo Tomita, M.D., break down the modern macrobiotic eating plan into food groups:

- whole cereal grains (40-60 percent of diet), including brown rice, barley, millet, oats, wheat, corn, rye and buckwheat; and other less-common grains and products made from them, such as noodles, bread and pasta
- vegetables (20-30 percent of diet), including smaller amounts of raw or pickled vegetables
 preferably locally grown and prepared in a variety of ways
- beans (5-10 percent of diet), such as azuki, chickpeas or lentils; other bean products, such as tofu, tempeh or natto
- regular consumption of sea vegetables, such as nori, wakame, kombu, and hiziki cooked either with beans or as separate dishes
- foods such as fruit, white fish, seeds and nuts
 to be eaten a few times per week or less often.

How long do I stay on this eating plan?

Drs. Horowitz and Tomita note that for people with cancer, the macrobiotic dietary restrictions might be absolute for a period of time, till some recovery has occurred.

They also recount several case studies in which people avoided ALL animal foods and fruit, then reintroduced them to their diet. Again, it depends on your situation.

Interestingly, many macrobiotic "counselors" who help people use the eating plan to fight a variety of illnesses — including cancer — believe

¹⁶⁶ Horowitz, Joellyn M.D., Tomita, Mitsuo, M.D. (2002) The Macrobiotic Diet as Treatment for Cancer: Review of the Evidence. *Complementary and Alternative Medicine*: Vol. 6, No. 4.

some people must stay on it permanently.

For example, in his book *Foods that Fight Pain*, Neal Barnard suggests that Dr. Tony Sattilaro's decision to stop eating macrobiotically caused his cancer to return, which then caused his death in 1989. Barnard writes, "I would not see why he would want to do this [stop the macrobiotic diet]. A cancer that has been effectively suppressed is not the same as a cancer that is totally gone." 167

Clearly, Barnard believes the macrobiotic diet is not a *cure* but a *suppressive therapy*. And many doctors who use nutrition — whether macrobiotics or other diets — in their fight against cancer, believe the patient must ALWAYS stay with elements of the diet in order to maintain complete remission. Others might disagree.

Tulane University study: Advanced prostate cancer patients live THREE TIMES LONGER!

A graduate student at Tulane University did a study to see how well the macrobiotic eating plan healed prostate cancer. He examined the records of nine patients who'd seen a macrobiotic counselor for prostate cancer between 1980 and 1984.

He was shocked to discover that advanced prostate cancer patients who followed a macrobiotic diet survived THREE TIMES LONGER. The men who ate macrobiotically lived an incredible 19 years — nearly two decades — compared to only six years for men who didn't follow the diet. That's an extra 13 years in which these men were able to enjoy their lives and their loved ones. And just as important, there were absolutely no side effects to damage their

quality of life.

The Tulane student also found similar results in pancreatic cancer patients. The macrobiotic group survived FOUR TIMES LONGER than the control group.

But conventional researchers were quick to point out that the Tulane research didn't take place in a truly controlled environment. They say "other factors" might've influenced survival in both groups of cancer patients. Regardless, there are many reports of the macrobiotic diet healing cancer of *several different kinds* — especially prostate cancer.

The Prostate Cancer Research Institute and Dr. Mark Scholz published the case study of Thomas Mueller, a 45-year-old Los Angeles attorney. After being diagnosed with prostate cancer, Thomas refused surgery and all of the side effect-laden treatments his conventional doctors prescribed. Instead, he tried a *macrobiotic diet* and *exercise*. In just three months, his <u>PSA had dropped from 4.0 to 1.5 ng/ml. ¹⁶⁹</u>

"A-Team" TV actor free of prostate cancer 30 years later!

Do you remember actor Dirk Benedict from the TV show "The A-Team?" He played Templeton "Faceman" Peck, the suave, well-dressed member of the team.

When Dirk was in his early 30s and at the height of his career, doctors diagnosed him as having an aggressive form of prostate cancer. As he recalls in his book, *Confessions of a Kamikaze Cowboy*, doctors wanted to castrate him — imagine that happening to "Faceman!" *Not likely*. Well, Dirk thought the exact same thing. But what else could he do?

Fortunately, he was a close friend of the famous actress Gloria Swanson. Besides being a Hollywood beauty, she was a legendary

¹⁶⁷ Barnard, Neal D. (1998) Foods That Fight Pain: Revolutionary New Strategies for Maximum Pain Relief. New York: Random House.

¹⁶⁸ Carter JP, Saxe GP, Newbold V, Peres CE, Campeau RJ, Bernal- Green L. Hypothesis: dietary management may improve survival from nutritionally linked cancers based on analysis of representative cases. *J Am Coll Nutr* 1993 Jun;12(3):209-26.

¹⁶⁹ Scholz, Mark M.D. Blum, Ralph (2006) "Can Diet Really Control Prostate Cancer?" PCRI Insights, February. vol. 9

proponent of the macrobiotic eating plan. Gloria told Dirk to go "macrobiotic" and to quit eating meat, poultry, eggs, dairy and sugar.¹⁷⁰

He immediately went on a macrobiotic diet of whole grains, beans and vegetables. Seven months later, he was well — <u>the aggressive</u> <u>prostate cancer WAS GONE.</u>

Now 64, Dirk is the father of two sons. And he's continued working as an actor and director in TV and film.

As prostate expert Roger Mason put it so aptly in his book *The Natural Prostate Cure*, Dirk is happy and healthy, but "if he had listened to the doctors, he would have died many years ago as a sexless eunuch in diapers, without testicles." ¹⁷¹

Roger Mason is another ardent proponent of the macrobiotic diet for men with ANY kind of prostate problem. As he writes in Chapter Eight of his book, *The Natural Prostate Cure*:

"The most important thing in curing prostate, or any other cancer, is to <u>change your diet and lifestyle</u> and stop eating fats, oils, dairy, poultry, eggs, red meat, sugar and other sweeteners (even honey and maple syrup), tropical foods, hydrogenated oils, preservatives, chemicals, coffee, cigarettes, prescription drugs, and alcohol.

"A diet based on whole grains, beans, most vegetables, some local fruit, and small amounts of seafood (if you are compatible with it), is the way to cure yourself and get well...

"All long-lived people eat a diet based on whole grains, beans, vegetables, local fruits and very little, if any, meat or dairy products. They also eat very low-calorie meals with a fat intake of about 15 percent, generally." ¹⁷² [Emphasis added]

You can read more about Roger's specific diet

for prostate problems in his book, *The Natural Prostate Cure*.

The legendary Dr. Dean Ornish watched cancer patients' PSAs decline

Even Dr. Dean Ornish, who's famous for developing the diet that promotes a healthy heart, now believes diet can *ALSO* treat prostate cancer effectively.

In the September, 2005, issue of *The Journal of Urology*, he published the results of his study on diet and lifestyle in 93 prostate cancer patients. ¹⁷³

Dr. Ornish gave half of the men a vegetarian, non-dairy diet similar to the macrobiotic diet. He also gave them supplements of antioxidants such as lycopene, selenium and vitamin E. Then he prescribed moderate aerobic exercise and stress management. The other half of the men went untreated.

At the end of one year, the PSAs of the dietand-lifestyle group had <u>dropped an average of 4</u> <u>percent</u>, or 0.25 ng/ml, while the PSAs of the nontreated group <u>increased an average of 6 percent</u>, or 0.38 ng/ml.

Even more telling were Ornish's lab results. He put blood from both groups of men in a Petri dish with prostate cancer cell lines. The blood from the untreated men caused the cancer cells to grow EIGHT TIMES FASTER than did the blood from the diet-and-lifestyle men!

Macrobiotics as a prostate cancer "preventative"

Eating macrobiotically might also help you PREVENT prostate cancer. There's significant research in humans and animals showing that many of the foods in the modern macrobiotic diet are powerful cancer fighters.

¹⁷⁰ Benedict, Dirk (1991) Confessions of a Kamikaze Cowboy. Dirk Benedict

¹⁷¹ Mason, Roger (2000) The Natural Prostate Cure: A Practical Guide To Using Diet And Supplements. Roger Mason

¹⁷² Mason, Roger (2000) The Natural Prostate Cure: A Practical Guide To Using Diet And Supplements. Roger Mason.

¹⁷³ Ornish, Dean, et al: Intensive lifestyle changes may affect the progression of prostate cancer. *The Journal of Urology* Vol. 174:1065, 2005.

For instance, several studies comparing women who eat vegetarian meals with those who eat traditional western meals show that estrogen metabolism is IMPROVED in the vegetarian group. This reduces the risk of hormone-dependent cancers such as breast and prostate cancer.¹⁷⁴

Even the American Institute for Cancer Research and the World Cancer Research Fund have reported that eating MORE vegetables and fruit could save MILLIONS of people from getting cancer. In 1997 the two organizations found that simply by improving daily vegetable and fruit consumption from 250g to 400g, an estimated 20 PERCENT *FEWER* PEOPLE would be diagnosed with cancer annually.¹⁷⁵

Here's a vital point: You don't need to go to a doctor to take advantage of the healing power of macrobiotic food. There are many books and resources available to help you get started on a macrobiotic diet. If you want more help, you can go to a macrobiotic center or find a macrobiotic counselor to help you craft a macrobiotic diet that suits your specific needs.

174 Goldin BR, et al. Effect of diet on excretion of estrogens in pre- and postmenopausal women. *Cancer Res* 1981 Sep;41(9 Pt 2):3771-3.

Goldin BR, et al. Estrogen excretion patterns and plasma levels in vegetarian and omnivorous women. *N Engl J Med* 1982 Dec 16;307(25):1542-7.

Thomas HV, et al. Endogenous estrogen and postmenopausal breast cancer: a quantitative review. *Cancer Causes Control* 1997 Nov;8(6):922-8.

Key TJ, et al. A prospective study of urinary oestrogen excretion and breast cancer risk. *Br J Cancer* 1996 Jun;73 (12):1615-9. Adlercreutz H, et al. Determination of urinary lignans and phytoestrogen metabolites, potential antiestrogens and anticarcinogens, in urine of women on various habitual diets. *J Steroid Biochem* 1986 Nov;25(5B):791-7.

Adlercreutz H, et al. Effect of dietary components, including lignans and phytoestrogens, on enterohepatic circulation and liver metabolism of estrogens and on sex hormone binding globulin (SHBG). *J Steroid Biochem* 1987;27(4-6):1135-44.

Ingram D, et al. Case-control study of phyto-oestrogens and breast cancer. *Lancet* 1997 Oct 4;350 (9083):990-4.

175 World Cancer Research Fund [and] American Institute for Cancer Research. Food, nutrition, and the prevention of cancer: a global perspective. Washington (DC): American Institute for Cancer Research; 1997.

For more information:

To find a macrobiotic counselor or center near you, contact:

Kushi Institute 198 Leland Road Becket, MA 01223 Tel: 1-800-975-8744

Fax: 413-623-8827

Web site: http://www.kushiinstitute.org E-mail: programs@kushiinstitute.org

The George Ohsawa Macrobiotic Foundation Web site: http://www.ohsawamacrobiotics.com

Here you can order many macrobiotic books dealing with cancer, including:

Macrobiotic Approach to Cancer — Michio Kushi; 1991; 177 pp.; \$13.95. Expanded edition of this health best-seller that aims to prevent and control cancer.

My Beautiful Life: How I Conquered Cancer Naturally — Mina Dobic; 2007; 178 pp.; \$15.95. A personal story of insight, courage, and healing from Los Angeles's most expert macrobiotic health consultant.

Recovery from Cancer — Elaine Nussman; 2004; 178 pp.; \$14.95.

Basic Macrobiotic Cooking, Revised Edition — Julia Ferré; 2007; 288 pp.; \$17.95.

To read excerpts from Dirk Benedict's book, *Confessions of a Kamikaze Cowboy*, or to buy a copy, log onto his Web site: http://www.dirkbenedictcentral.com.

To get Roger Mason's *The Natural Prostate Cure* or *Zen Macrobiotics for Americans*, visit his Web site: www.youngagain.com.

Chapter Fifteen

Prostate Cancer Treatment No. 3

The Amazing Non-Toxic Liquid that Killed Virtually 100% of Cancer Cells Within 48 Hours at the National Cancer Institute!

he power of this next alternative cancer treatment is simply astonishing, especially when you consider how simple and safe it is to use on your own, at home.

You see, this treatment doesn't require dramatically changing your diet, or taking several different supplements. This treatment is nothing more than one amazing liquid that's so easy and safe you can give it to a baby, yet it's such a potent cancer killer that the author of one best-selling book on alternative cancer treatments believes it's the *very best* cancer treatment available.

Tanya Harter Pierce, author of Outsmart Your Cancer, admitted, "I could find more complete recoveries from cancer with this treatment called Protocel® than I could find on any other cancer treatment."

Even more exciting, a good number of these recoveries are from prostate cancer. And these recoveries aren't just from early prostate cancer either, but advanced cases where aggressive cancer has spread throughout the body. One of the most impressive late-stage recoveries is the story of Herb N.

Herb thought he whipped prostate cancer, but then it came back!

Like many men diagnosed with prostate cancer, Herb¹⁷⁶ underwent a radical

prostatectomy (prostate removal surgery). He felt he was in very good hands since the operation was performed by one of the country's foremost prostate doctors at Stanford University Medical Center. After his prostate was removed, Herb was relieved the cancer was gone for good.

Unfortunately, 13 years after the radical operation, Herb's prostate cancer returned. And it came back with a vengeance. His PSA shot up to 135 and he felt pain throughout his body. It's no wonder, his PET scan showed, as he put it, "widespread bone metastases in my spine, ribs, pelvis and right femur."

Herb refused conventional chemotherapy and radiation offered at Stanford. Instead, he decided to seek treatment at an alternative cancer clinic in the U.S. The treatment was natural but expensive (and it wasn't covered by his health insurance). Still, Herb was certain that treating the cancer naturally was the only way he could survive.

Six months later, Herb had a second PET scan. For some reason, the cancer had progressed *even more!* The scan showed "significant increases" in the number of metastases. Herb was disappointed, but not ready to give up. He had recently read Tanya Harter Pierce's book *Outsmart Your Cancer* and decided to try Protocel®.

176 Harter Pierce, Tanya, M.A., MFCC (2009) *Outsmart Your Cancer* (2nd Edition). Nevada: Thoughtworks Publishing

Recurrent, metastasized cancer vanishes!

Herb began taking Protocel® at home on his own. Within two weeks, he reported that his pain had diminished and he no longer needed pain killing drugs. He also felt more energetic than he had in months!

After six months on Protocel®, Herb had another PET scan. This time, the results were fantastic. They read "Marked improvement on the previous pattern of widespread [bone] metastatic disease. No new bone lesions are seen and the previous have nearly resolved."

Another scan ten months later revealed the news Herb and his family had been waiting for: *There was no evidence of cancer.*

Protocel[®]: The formula based on a remarkable Nobel Prize winning discovery!

After reviewing reports, it appears to me that Protocel® is entirely unique among alternative cancer treatments. And not just for its simplicity. There are two more important reasons. First of all, Protocel® does not rely on any herbs, vitamins or minerals for anti-cancer activity. Second and most surprising, Protocel® does not rely on boosting the immune system to kill cancer cells.

What does Protocel® do? Something that's even more effective for many patients who have been failed by other treatments.

Protocel® is a non-toxic liquid that targets cancer cells biologically, forcing them to shut down, die and disintegrate, according to research published in *Outsmart Your Cancer*. Best of all, the research shows it leaves healthy cells unharmed.

The simplest explanation for Protocel's® cancer-killing success is that cancer cells grow by eating *sugar* while healthy cells eat oxygen. You may recall this idea from earlier, in Chapter

13, when you discovered Dr. Brodie's insulin treatment. Now I want to tell you another important fact about cancer and sugar.

The scientist who discovered what different cells "eat" was Otto Warburg, a German cellular biologist who was born in 1883. The discovery was the breakthrough of his life! In 1931, Warburg won the Nobel Prize! Five years later, another scientist using Warburg's award-winning research into cellular behavior developed Protocel's" unique cancer killing formula.

Jim Sheridan, who was once a researcher at the Detroit Cancer Institute, discovered this amazing formula in his home laboratory. Here's how it works: Protocel® simply blocks cells' ability to feed on sugar. Cancer cells literally starve to death!

American Cancer Society derails safe, cancer-fighting breakthrough

Jim Sheridan was getting amazing results using Protocel® to treat mice with cancer. His studies confirmed Protocel® cured cancer in up to 80 PERCENT of mice without any side effects. Soon, other scientists were interested. Everyone agreed there was enough solid research to begin clinical trials in humans. And that's when the proverbial roof came down.

When the American Cancer Society heard the news, they blocked the clinical program. A few months later, Jim Sheridan was suspiciously fired from the Detroit Institute of Cancer Research and all of his research on Protocel® was reportedly burned!

You have to wonder, why on earth would the American Cancer Society (ACS) do such a thing? Was it pressure by the cancer industry? Fear that Protocel's® success would turn conventional cancer treatment upside down? Probably. Because the only statement the American Cancer Society would make is that they did not approve of the

program because "Jim Sheridan had not proved that he owned the idea." (Clearly, a ridiculous reason. And if there was such an omission, it could easily be righted with further investigation into Jim Sheridan's research.)

Then, the National Cancer Institute examined Protocel® with astonishing results!

Even though clinical studies never moved forward, all hope was not lost. Studies of Protocel® in cancer cell *lines* would eventually occur years later, at the Natural Cancer Institute (NCI) in 1990. The results were remarkable...

NCI researchers found Protocel® <u>killed</u> <u>virtually 100% of cancer cells within 48 hours.</u> The researchers tested lung cancer cells, melanoma cells, colon cancer cells and ovarian cancer cells. Yet, despite Protocel's® success, the National Cancer Institute has never moved forward with additional research of any kind.

It's important to note that while prostate cancer cells were not among those tested in the National Cancer Institute study, there have been numerous reports of cures from patients with prostate cancer. Those reports include patients who never had surgery, radiation or chemotherapy for their prostate cancer and are cancer-free to this day! Patients like Albert...

Albert's prostate cancer disappears!

When Albert was 68 years old he was diagnosed with prostate cancer, confirmed by a needle biopsy and five or six prostate tissue samples.¹⁷⁸ Luckily, Albert already knew about Protocel®. He refused surgery, radiation and any other conventional treatment for his cancer. His doctors thought he was nuts to treat his cancer at home, by himself!

177 Harter Pierce, Tanya, M.A., MFCC (2009) *Outsmart Your Cancer* (2nd Edition). Nevada: Thoughtworks Publishing

178 Harter Pierce, Tanya, M.A., MFCC (2009) Outsmart Your Cancer (2^{nd} Edition). Nevada: Thoughtworks Publishing.

Today, five years later, Albert's PSA is stable. He still has his prostate and the cancer is gone. His great results have been proven by his doctor with PSA tests, CT and bone scans, blood work and an MRI.

Alan's prostate cancer is gone, too!

Alan's prostate cancer was also confirmed by a needle biopsy. ¹⁷⁹ However, the biopsy caused a serious infection that made Alan severely ill. It took him weeks to recover and reinforced his inclination to avoid conventional treatments. Instead he took Protocel® at home to fight his prostate tumor.

One year after he started taking Protocel, tests revealed he was cancer-free. His PSA has dropped from 11.1 to 2.5 and all diagnostic tests indicate "no clinical signs" of cancer.

How to take Protocel® for prostate cancer

Protocel appears effective in both advanced and early prostate cancers. Interestingly, it's proving effective against breast cancer too. As with most alternative therapies, the earlier you begin treatment the higher your chances of success.

There are two different Protocel® formulas, Protocel® Formula 50 and Protocel® Formula 23. Each formula works better for certain kinds of cancer. For prostate and breast cancer, Protocel® Formula 23 is recommended. It is readily available today and costs about \$110 a bottle for a month and a half's supply.

Protocel® Formula 23 is very easy to take, and very little is required. Regular dosing instructions are generally between ¼ and ½ a teaspoon. This dose is taken five times a day with each dose spaced out over a 24 hour period.

The idea, says Tanya Harter Pierce, is never

¹⁷⁹ Harter Pierce, Tanya, M.A., MFCC (2009) *Outsmart Your Cancer (2nd Edition)*. Nevada: Thoughtworks Publishing.

to go more than six hours between any two doses so you block cancer cells from getting any nourishment. For example, you could take the formula at 7 a.m., 11:30 a.m., 4 p.m., 8:30 p.m., and 2 a.m. (yes, you have to set an alarm and wake up for that middle of the night dose!)

Important: Protocel® is not compatible with other natural treatments

As you can see, taking Protocel® is relatively simple. However, the formula's biological effects on cancer cells are quite complex. Therefore, Protocel® should not be taken with any other natural treatments, not even ordinary vitamins and minerals in a multi-vitamin!

In her book, *Outsmart Your Cancer*, Tanya Harter Pierce provides a long list of therapies to avoid while using Protocel®. Among the most common: Vitamin C, Vitamin E, Selenium, Fish Oil, CoQ10, and Ginseng. Essentially, you don't want to take anything "extra" while you're taking Protocel®.

It's also important, says Tanya, to drink plenty of water (at least a half gallon a day) and stay regular, using laxatives if necessary. Both will help your body process and eliminate dead cancer cells.

Editorial note: After reading the available research on Protocel® and hearing from men who have taken Protocel® for prostate cancer and other cancers, I've come to the conclusion that Protocel® works very well for certain men and not very well for others.

From what I've learned, if Protocel® is going to work to cure your prostate cancer (or a loved one's breast cancer), then it will work relatively quickly — within a matter of months. You can get regular diagnostic testing after starting Protocel® or any other treatment to monitor your progress. Also, I discovered that many men with prostate cancer have reported an increase in their PSA

after they begin taking Protocel*. This is believed to be a "healing crisis" and results from cancer cells quickly dying off.

Something else to consider: While many patients who report success with Protocel® do not change their diets substantially, if I was battling prostate cancer I would increase my intake of vegetables and fruit and decrease my intake of meat and dairy products to help my body fight the disease.

For more information:

Tanya Harter Pierce's book, *Outsmart Your Cancer*, is considered the definitive guide to using Protocel® to treat cancer. It is recommended by Jim Sheridan's family and licensed Protocel® distributors. I strongly encourage picking up a copy should you choose to take Protocel® for your prostate cancer. You can purchase a copy for \$26.95 from our website: http://www.cancerdefeated.com/OYC/.

Protocel® is sold through licensed distributors in the United States and internationally. For U.S. purchases contact:

Vitamin Depot

Tel: 330-634-0008

Web: www.yourvitamindepot.com

For questions ask for Dr. Kimberly Cassidy (Doctor of Naturopathy)

Renewal and Wellness, LLC

Tel: 888-581-4442

Web: http://www.webnd.com

For international purchases contact:

Go-Global Health Marketing, Inc. Customer Service

email: sales@Protocelglobal.com Web: www.Protocelglobal.com

Chapter Sixteen

Prostate Cancer Treatment No. 4

Flood Your Body with Oxygen and Cancer Cells Will Die On Contact: The Budwig Protocol

hen "Bill" (not his real name) was diagnosed with prostate cancer, he learned it had spread outside his prostate and into his *spine*. Sadly, Bill's doctors told him his disease was so advanced that he should get his affairs in order and prepare for the end. But Bill's wife refused to give up hope and began investigating alternative treatments.

She learned about a simple nutritional protocol developed by a German biochemist that has worked wonders for probably thousands of prostate cancer patients. And she persuaded Bill to try it. Lo and behold, he started feeling better *every day*.

In six months, Bill's "hopeless" prostate cancer was gone!

Bill went back to his doctor's office six months later. The doctor couldn't believe he was still alive, much less looking so good! The doctor immediately examined Bill's prostate and put him through all the ordinary diagnostic tests for cancer. EVERY SINGLE TEST CAME BACK NEGATIVE! That's right, the advanced prostate cancer that had spread throughout Bill's body had simply vanished.

Bill is *still* cancer-free, three years and counting. He's such a believer in this nutritional protocol that he uses it *every day* to make sure the cancer doesn't come back. Thank goodness this protocol is easy to stick with. It doesn't require

overhauling your diet — you just add two "foods" you can get at any natural health food store.

The incredible cancer-killing power of flaxseed oil and cottage cheese

That's right, flaxseed oil and cottage cheese! That combination might not get your taste buds' attention, but it certainly gets the attention of cancer cells. This unique combination of foods has the *natural power* to KILL THEM!

German biochemist Dr. Johanna Budwig¹⁸⁰ was the first to discover this, after noticing that people with chronic illnesses such as cancer and arthritis have very *low* levels of omega-3 fatty acids in their blood.

Around 1951, she found a simple way to reintroduce these fats into the bloodstream. She discovered that the human body *easily* absorbs the omega-3 fats and protein naturally present in flaxseed oil and cottage cheese. What happened next was amazing:

Cancer cells fell apart and died!

Dr. Budwig noticed that the omega-3 fats and protein from flaxseed oil and cottage cheese easily reached cancer cells, flooding them with oxygen, which attacks them. The result? Cancer cells simply *fell apart and died*. It's a process

^{180 &}quot;The Story and Studies of Johanna Budwig," www.budwig-flax.com

called "oxidation."

Modern medicine has known about the power of oxidation since the 1930's. That's when science first discovered that oxidation can make *normal* cells healthier and wipe out cancer cells.

But Dr. Budwig is one of only a few doctors who've actually taken advantage of this simple process to cure cancer! And her brilliant discoveries haven't gone unnoticed: She's been nominated for the Nobel Prize seven times.

Of course, conventional medicine still laughs off her simple cancer cure as sheer quackery. But patients who've tried it are happily getting the last laugh! Many of them have gotten incredible results in just *days* or *weeks* when NOTHING ELSE worked to stop their cancers — especially prostate cancer.

David's advanced prostate cancer disappears!

In my research I uncovered several reports from a German naturopath who has set up a Web Site to inform others on the Budwig Protocol. That's where I learned about "Bill" and also "David" (not his real name). David was stricken with advanced prostate cancer. He was in terrible pain, a common symptom for men in the late stages of the disease. Even worse, his doctors could no longer help him. All he could do was lie on the couch and *suffer*. His daughter could hardly stand it.

She'd heard about the flaxseed oil and started giving it to him. In a few weeks, this once-dying man was out driving his truck again. He was feeling worlds better. He was even calling his friends to report his amazing recovery with this strange natural treatment.

From this naturopath I also discovered "Frank" (not his real name), who was 75 when he learned his PSA was almost as high as his age — a horrific 73. He decided to try the flaxseed-oil-and-cottage-cheese cure.

For the next three months he used it every day, while also eating mostly raw fruits and vegetables. At the end of three months, Frank's PSA had dropped to an unbelievable $13 - a\ 60$ -point drop in just 90 days!

There are many more stories of prostate cancer recoveries like Bill's, David's and Frank's. One of the most famous is Cliff Beckwith's. According to a web site Cliff began, he lived an active life with advanced prostate cancer for an incredible <u>17</u> years after doctors said he'd die.

Cliff always maintained that the Budwig Protocol saved his life. He was such an advocate that he started making audio tapes, and eventually launched his web site to help other men discover the flaxseed-oil-and-cottage-cheese treatment.

Sadly, Cliff passed away in April, 2007, nearly two decades after his "hopeless" diagnosis. His family has kept his web site intact to help other men struggling with prostate cancer. You can find it at http://www.beckwithfamily.com. There, you'll discover other testimonials from men who had prostate cancer and used the Budwig Protocol to send it into remission.

Besides numerous prostate cancer patients, many renowned cancer experts also believe in the curative powers of the Budwig Protocol.

Natural health M.D. praises the Budwig Protocol for cancer!

In a 1990 issue of the *Townsend Letter for Doctors & Patients*, Dr. Dan C. Roehm, M.D., F.A.C.P., an oncologist and former cardiologist,

Frank's PSA drops 60 points in 90 days!

^{181 &}quot;Budwig Protocol." www.healingcancernaturally.com

raved about the "immediate" curative effects of the Budwig Protocol:

"This diet is far and away the most successful anti-cancer diet in the world. What she [Dr. Johanna Budwig] has demonstrated to my initial disbelief, but lately to my complete satisfaction in my practice, is: <u>CANCER IS EASILY CURABLE</u>.

"The treatment is dietary/lifestyle, the response is immediate; the cancer cell is weak and vulnerable; the precise biochemical breakdown point was identified by her in 1951 and is specifically correctable, in vitro (test tube) as well as in vivo (real). I only wish that all my patients had a PhD in Biochemistry and Quantum Physics to enable them to see how with such consummate skill this diet was put together. It is a wonder." [Emphasis added]

Another leading advocate of the Budwig Protocol is cancer author and radio commentator Bill Henderson.

Bill has written repeatedly about how he himself takes flaxseed oil and cottage cheese every single day to prevent prostate cancer (or any other cancer) from growing in his body.

In his book *Cancer-Free*, Bill points out that when people use it correctly, the Budwig Protocol has shown a SUCCESS RATE OF 90 PERCENT in clinical research. And this research included patients who'd tried radiation and surgery, and their doctors couldn't help them.¹⁸³

How to use the Budwig Protocol the right way

One thing that's clear in all the articles and books I've read on the Budwig Protocol is that you must use the EXACT ingredients in the EXACT WAY that Dr. Budwig recommends in order for the treatment to work.

Her protocol calls for using quark (a dairy food readily available in Europe, but less so in the USA), cottage cheese or yogurt. Most Americans use cottage cheese. Choose an organic, preservative-free brand with one or two percent fat. Mix two-thirds of a cup with six tablespoons of high-quality flaxseed oil (stored in your refrigerator). This is your daily dose.

If you choose yogurt, Dr. Budwig recommends *tripling* the amount. In other words, you've got to eat *two* cups of yogurt with six tablespoons of flaxseed oil.

Though some patients say the cottage cheese/ oil mixture is an acquired taste, others enjoy it. Many have their cottage cheese and flaxseed oil for breakfast.

For example, Bill Henderson makes a fruit smoothie with it every day. If you choose to make a smoothie like he does, make sure you add the flaxseed oil, *blending it only by hand*, AFTER you've mixed all the other ingredients in your blender. In other words, NEVER blend the oil in the blender! Here's why:

Dr. Budwig and others report that ANY type of heat (even from the blender motor) can destroy the flaxseed oil's omega-3 content and render it useless. This is one reason why it's imperative that you buy a fresh, high-quality oil (experts often recommend Barleans brand) and store it properly in your refrigerator.

Editorial note: The Budwig Protocol does not require changing your diet, other than adding the necessary flaxseed oil and cottage cheese combination. However, as I've mentioned in previous chapters, if it were me I would adopt elements of proven cancer fighting diets which include high amounts of fresh vegetables and fruits and less meat and dairy products.

¹⁸² Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

¹⁸³ Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

For more information:

Flax Oil As a True Aid Against Arthritis, Heart Infarction, Cancer and Other Diseases by Dr. Johanna Budwig (available on Amazon)

The Oil-Protein Diet Cookbook by Dr. Johanna Budwig (available on Amazon)

The Budwig Cancer & Coronary Heart Disease Prevention Diet: The Revolutionary Diet from Dr. Johanna Budwig, the Woman Who Discovered Omega-3s by Dr. Johanna Budwig (available on Amazon)

Online chat group for the Budwig Protocol: FlaxSeedOil2@yahoogroups.com

High-quality flaxseed oil is available from Barleans: http://www.barleans.com/

Cliff Beckwith Web site: http://www.beckwithfamily.com

Chapter Seventeen

Prostate Cancer Treatment No. 5

Cutting-Edge Sound Treatment Melts Away Prostate Cancer! High-Intensity Focused Ultrasound — HIFU

any men, when they hear the dreaded "C-word," just want to get the cancer cut out as soon as possible — no matter what. And, of course, plenty of conventional doctors are willing to tell them that it's a good idea. That can be a mistake, in my view.

Surgery ISN'T necessarily your best option (see Chapter 20), but if you decide it is, I've got a much gentler, kinder "surgery" for you. In fact, some patients don't consider this breakthrough surgery at all, but a simple procedure that gets rid of the cancer without getting rid of the prostate!

This breakthrough is a new treatment for prostate cancer called *High-Intensity Focused Ultrasound* or HIFU (pronounced HIGH-foo).

Instead of a scalpel, this treatment uses acoustic *sound waves* to generate thermal (heat) energy that melts away prostate cancer. Yes, I said *melts*: The acoustic sound waves super-heat the prostate to a whopping 194 degrees Fahrenheit, killing prostate cancer cells.

How sound kills cancer cells

This treatment is based on the same principle as hyperthermia (heat) treatments. Cancer clinics throughout Germany use those treatments to treat all sorts of cancers. The principle is that *heat kills cancer cells*.

German doctors using hyperthermia heat

regions of the patient's body where cancer exists to temperatures upwards of 109 degrees Fahrenheit. But HIFU is much more specific. It heats ONLY the prostate with pinpoint accuracy, so doctors can safely use much, much higher temperatures, giving cancer an even slimmer chance of surviving.

Researchers have found that HIFU kills prostate cancer WITHOUT causing the common side effects that conventional surgery and radiation cause, such as impotence and urinary incontinence. The reason is that, unlike prostate surgery and radiation, the nerves necessary for erection and bladder control are not affected by HIFU in any way. More on this in a minute, but first I want to tell you what men experience during HIFU.

The entire HIFU treatment is scalpel-less. It takes about two to three-and-a-half hours, and is done on an outpatient basis. You will undergo general anesthesia during the procedure and you'll need a catheter for a week or so after treatment. However, most patients usually resume their normal, active lives within two days, and sometimes sooner. Just ask Gary Crissman.

HIFU is a pain-free "breeze"

Gary Crissman was 54 when he was diagnosed with prostate cancer. Worried that prostate surgery would leave him impotent and in diapers for the rest of his life, he opted for HIFU.

"I didn't want to have the problem of potentially leaking, and I didn't want to have the problem of erectile dysfunction," Gary told a New York Times reporter in 2008. 184 Calling the painless procedure a "breeze," Gary recounted how he "celebrated" getting rid of his prostate cancer that very SAME NIGHT with a buffet dinner at his hotel.

"Procedure is very easy" says Greg

Another patient named Greg said having HIFU was much, much easier than any kind of prostate surgery. He posted a report of his experience on an online blog:

"The procedure is very easy. You can arrive the day before the procedure and travel home the next day if you want. Just four hours after the procedure, we walked to the marina for dinner. The day after the procedure, my wife and I did a walking tour of [the city], and we probably walked three miles. Other than a catheter, you don't feel any different after the procedure than before, other than relieved... All my functions are normal...I have no urinary function issues at all. I have no impotency issues, either." 185

Sound breakthrough discovered at Indiana University

HIFU is a relatively new procedure, but the breakthrough behind it is more than 50 years old. Research began at Indiana University in Bloomington in the 1950's. They studied a special ultrasound device to see if it could deliver enough thermal energy to destroy cancer. Results showed that it could in fact kill cancer cells. And the sound treatment was *safe* and doctors could *repeat* it if cancer recurred.

In 1995, a study on modern-day HIFU at the university revealed something even more

spectacular: Researchers discovered they could treat the WHOLE PROSTATE *without* damaging the prostate capsule (the membrane that surrounds the prostate). ¹⁸⁶

This is a tremendous advantage over traditional prostate surgeries that damage the prostate membrane. When the membrane is damaged, often the nerves necessary for erection and the urinary sphincter necessary for bladder control are damaged too. That's why so many men are becoming impotent and incontinent after conventional prostate treatments!

Not only that, urologists say damaging the prostate membrane can "spill" cancer cells into the patient's bloodstream and spread the disease!

"The ability to treat the prostate with virtually no disruption of the capsule avoids unnecessary spillage of cancer cells that is common to radical prostatectomy," says Dr. Ronald Wheeler, a urologist and HIFU practitioner at the Diagnostic Center for Disease in Sarasota, Florida. 187

The 1995 study also found another wonderful benefit. HIFU *doesn't* damage the patient's rectal wall. Damaging it can cause fecal incontinence. This is a tragic and little-known side effect of conventional IMRT and brachytherapy, with or without External Beam or Proton Beam. These amazing benefits of the HIFU approach bear repeating...

Men Keep Their Sexual Function, Bladder and Bowel Control

At first it was hard for me to understand how HIFU could destroy cancerous prostate cells and tissue without at least diminishing sexual function. But then I heard Dr. Wheeler's explanation (and learned a lot more about male anatomy) and it all made sense.

¹⁸⁴ Saul, Stephanie "Despite Doubts, Cancer Therapy Draws Patients." *The New York Times* January 18, 2008

¹⁸⁵ Greg, Personal Blog Post. http://www.cancercompass.com/messages/Greg1961, Dec 29, 2007

¹⁸⁶ HIFU Care Center. www.hifucarecenter.com

¹⁸⁷ Wheeler, Ronald M.D. (1998-2010) "Sexual Potency Is Maintained by Design As the Neurovascular Bundles Are Mapped out of the Treatment Plan." Florida: Diagnostic Center for Disease.

The tissues SURROUNDING your prostate are what's important to erectile function and bladder control — not the prostate itself. Right outside the prostate membrane are nerves necessary to achieve erection. This is also where the urinary sphincter for bladder control is located.

According to Dr. Wheeler, surgery and radiation can damage these areas but the HIFU procedure is far more precise than any kind of radiation or surgical treatment — even more precise than those brand new robotic surgeries, guided by the Da Vinci Robot. HIFU never reaches outside the prostate membrane so these nerves and the urinary sphincter remain untouched. 189

Men have the exact same sexual and bladder function *after* HIFU as they had *before*. The only difference is that you may have less ejaculatory fluid. This is due to cell death within the prostate. Regardless, you'll likely maintain your fertility. Dr. Wheeler's office reports that his patients' ejaculatory fluids *still* contain live sperm. Tests they've done on the fluid of post-HIFU men in their 70's have proven it.

Clinical study results: HIFU safe and effective

Independent clinical studies performed in Germany and Japan reveal that HIFU *is a safe and effective* treatment for prostate cancer.

In Germany, 146 men with Gleason scores of 7 or lower and PSAs of 15 ng/ml or lower were treated with HIFU. Two years later, 93.4 PERCENT HAD NEGATIVE BIOPSIES and 87

percent had PSA levels <u>under 1.0!</u>¹⁹⁰[A Gleason score is used to evaluate the aggressiveness of prostate cancer.]

Japanese researchers performed their own study and concluded that "High-intensity focused ultrasound therapy appears to be a safe and efficacious minimally invasive therapy for patients with localized prostate cancer."¹⁹¹

"Localized" prostate cancer means prostate cancer that hasn't spread. Japanese researchers found that men with PSA levels under 10 *before* the procedure had a 94 PERCENT chance of surviving at least three years after treatment.

HIFU: A wonderful new option for early prostate cancer

There are many success stories of men who appear to have cured their prostate cancers completely, with no debilitating side effects, using HIFU. The best results are in men with *early-stage* prostate cancer. Unfortunately, men who have more advanced cases aren't faring as well.

The same research in Germany and Japan shows that when the cancer has spread *outside* the man's prostate, or he has a higher PSA or Gleason score, HIFU treatment isn't as successful. *Why?*

Dr. Wheeler reports that as prostate cancer advances, calcified stones form in your prostate. These stones can "prevent the focused energy from getting to tissue on the other side" or worse, the sound energy can be reflected back toward the

¹⁸⁸ Wheeler, Ronald M.D. (1998-2010) "Sexual Potency Is Maintained by Design As the Neurovascular Bundles Are Mapped out of the Treatment Plan." Florida: Diagnostic Center for Disease.

¹⁸⁹ Wheeler, Ronald M.D. (1998-2010) "Sexual Potency Is Maintained by Design As the Neurovascular Bundles Are Mapped out of the Treatment Plan." Florida: Diagnostic Center for Disease.

¹⁹⁰ Blana A, Walter B, Rogenhofer S, Wieland WF. Department of Urology, University of Regensburg, St. Josef Hospital, Regensburg, Germany. High-intensity focused ultrasound for the treatment of localized prostate cancer: 5-year experience. *Urology.* 2004 Feb;63(2):297-300.

¹⁹¹ Uchida T, Shoji S, Nakano M, Hongo S, Nitta M, Murota A, Nagata Y. *Department of Urology*, Tokai University Hachioji Hospital, Hachioji, Tokyo, Japan. Transrectal high-intensity focused ultrasound for the treatment of localized prostate cancer: eight-year experience. *Int J Urol.* 2009 Nov;16(11):881-6.

rectal wall. 192 In other words, the sound energy is diffused and parts of the prostate never reach the temperature necessary for cancer cells to die.

The other interesting part of the story is what happens when you DO send HIFU's energy outside the prostate. Remember, that's where nerves for erectile function and bladder control are located. It seems that in some men with more advanced cancers, HIFU is resulting in the SAME side effects as traditional prostate therapies such as incontinence and sexual dysfunction!

We might conclude that when HIFU is used to treat cancer that lies *OUTSIDE* the prostate capsule, as it often does in advanced cases, HIFU's heat destroys healthy tissues right along with cancerous ones. From the research it's clear to me that HIFU may not be for everyone.

"We must not use the one-size-fits-all mentality with HIFU, as often times occurs with radical prostatectomy," Dr. Wheeler cautions. "As skilled surgeons, we must be able to accept that all men with prostate cancer will not be viable candidates for HIFU for a variety of reasons, and therefore, must encourage them to treat their disease with an alternative." 193

Who should get HIFU — and who shouldn't

Dr. Thomas Gardner, M.D., agrees with Dr. Wheeler. Dr. Gardner is a professor of urology and one of the researchers at Indiana University School Medicine who was involved in FDA clinical trials of HIFU.

In an interview in Bottom Line's *Daily Health* newsletter, Dr. Gardner says HIFU can be an amazing treatment "in the right hands, among

appropriate patients."¹⁹⁴ He recommends HIFU *only* for men who have:

- early-stage (T1 or T2) prostate cancer
- localized tumors that haven't spread outside the prostate
- a Gleason score of six or lower
- a PSA level under 10 ng/ml
- a prostate that's no larger than 40cc in volume

Is HIFU a long-term cure for early prostate cancer?

HIFU is still a very new treatment and much of the research in prostate cancer patients is little more than 10 years old, so no long-term cure rates are available.

Some experts caution that HIFU may not completely cure prostate cancer, because there've been some cases of recurrence. Dr. Wheeler believes the explanation is simple: Prostate cancer recurs when HIFU isn't used on "carefully selected" patients. His office reports that when men are properly qualified the cancer DOES NOT RETURN.

Other experts point to the simplicity of the treatment and how you can receive it again and again to safely melt away recurring prostate cancers. In fact, research suggests that some men might *need* more than one treatment to get rid of their prostate cancer completely.

Current FDA clinical trials

HIFU is currently undergoing two different FDA-approved clinical trials in the USA. The first trial is of *primary organ-confined* or localized prostate cancer in 466 men being treated at 24 different treatment centers. A second trial will

¹⁹² Wheeler, Ronald M.D. (1998-2010) "Why HIFU Fails to Cure Prostate Cancer. Florida: Diagnostic Center for Disease." Reprinted with permission.

¹⁹³ Wheeler, Ronald M.D. (1998-2010) "Sexual Potency Is Maintained by Design As the Neurovascular Bundles Are Mapped out of the Treatment Plan." Florida: Diagnostic Center for Disease. Reprinted with permission.

^{194 &}quot;Ultrasound Treatment for Prostate Cancer." *Bottom Line's: Daily Health News.* Tuesday, May 6, 2008.

¹⁹⁵ Wheeler, Ronald M.D. (1998-2010) "Why HIFU Fails to Cure Prostate Cancer. Florida: Diagnostic Center for Disease." Reprinted with permission.

look at men suffering *recurrent* prostate cancer who've already tried conventional external-beam radiation therapy that didn't help them.

Though no results of these trials have been released, the medical monitor of the trials, Dr. Herbert Lepor, Chairman of Urology at NYU School of Medicine, has been quoted as saying, "I have personally reviewed the preliminary data and observed the Sonablate 500 [HIFU] in action and I am impressed with this advanced technology." 196

How to get HIFU

Currently, the U.S. Government approves HIFU only for "investigational" use. So to get it in the USA you must enroll in a clinical trial, such as those being performed by the FDA.

Fortunately, U.S. HIFU, the company that owns the Sonablate® 500 HIFU technology, has 100 treatment centers worldwide, including centers in Mexico, Canada, Costa Rica, South Africa and the Caribbean.

Gary and Greg, whom I mentioned earlier, both visited the center in Puerto Vallarta, Mexico, where Board Certified Urologist Dr. Stephen Scionti regularly travels from his practice in South Carolina to perform the procedure.

Other Americans such as Richard Brightmire have traveled to the Cancun, Mexico center. He told his story on ABC's "Nightline" in June, 2008. According to the broadcast, four months after *his* HIFU treatment, his PSA had plummeted to *zero* and his quality of life was perfectly "normal."

"I'm doing fine since the HIFU procedure. Everything is back to normal," Brightmire said. "For me, I went with the procedure because of the results outside the U.S. that show it to be non-invasive and show a lower risk of long-term hospitalization, and a lower risk of incontinence as well as impotence, especially compared to surgery and other treatments available today." 197

With a price tag of \$25,000-\$30,000, HIFU treatment certainly isn't cheap. And because it's not approved by the FDA, your insurance company won't automatically cover the cost.

But according to the U.S. HIFU's Web site, "Several patients have been able to receive full reimbursement from their insurance company. People have been successful by filing a claim through an independent claims filing service. Patients are given a detailed receipt after the procedure to assist in filing and for tax purposes... You may be able to deduct HIFU as a medical expense on your taxes..." 198

For more information:

Watch a 3-D animation of the HIFU procedure here:

http://www.panamhifu.com

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¹⁹⁶ United States HIFU, www.ushifu.com

¹⁹⁷ United States HIFU, www.ushifu.com

To read more of what Dr. Wheeler says about HIFU, see his article "Sexual Potency is Maintained by Design as the Neurovascular Bundles are Mapped Out of the Treatment Plan" online at http://www.panamhifu.com/why_hifu_fails.asp#FDA_approval

U. S. HIFU

Web site: www.ushifu.com

If patients meet the enrollment criteria, they might qualify to enroll in the U.S. HIFU clinical trials. For more information about the clinical trials' eligibility criteria, call toll-free 1-888-874-4389.

Chapter Eighteen

Early Detection of Prostate Cancer

The Problem with PSAs and the Test That's Working Better

octors have recommended the Prostate-Specific Antigen (PSA) test for all men 40 and older since 1988. When the test was first introduced, doctors were thrilled. They had high hopes that early detection of prostate cancer would save more lives.

But it's become clear that the PSA test has a MAJOR drawback: *Too many false positives* — *i.e., erroneous test results that say patients have cancer*. And men are being put through needless, painful biopsies — sometimes six or more — plus much emotional trauma, when they don't even *have* prostate cancer!

Up to 70 percent of men without prostate cancer are getting positive PSA test results!

Research proves that having a high or positive PSA test result by no means proves you have cancer. Many other non-cancerous prostate conditions can raise your prostate-specific antigen. For example, an enlarged prostate (BPH) or inflammation and infection of the prostate (prostatitis) can send your PSA through the roof.

In his book *Cancer-Free*, Bill Henderson reports that up to 70 PERCENT OF MEN with elevated PSA levels turn out NOT to have prostate cancer (i.e., false positives.) Bill himself has reported that he's had high PSA levels, but he

doesn't have prostate cancer. 199

Researchers at the Dana-Farber Cancer Institute at Harvard Medical School recently studied the problem. In a review of years of research, they documented that 50 percent of ALL MEN with high PSAs don't have prostate cancer.²⁰⁰

So what *do* these men have? Usually, *prostatitis*.

Prostatitis: Often misdiagnosed as prostate cancer

Urologist Dr. Ronald Wheeler has written extensively on the problem of men with high PSAs being treated for prostate cancer, when in fact they might have a prostate infection or prostatitis. In his article, "PSA: A Barometer to Prostate Health or a License to Biopsy," he writes:

"For the most part, we lack the ability to judge which patients [with high PSAs] are truly at risk [for prostate cancer] and which ones are not. My belief is that there is a means to differentiate patients at risk with an elevated PSA from the group that has little or no risk. Recognition that PSA is driven primarily by prostatitis [inflammation/infection] will allow for

¹⁹⁹ Henderson, Bill (2008) Cancer-Free (Third Edition) Booklocker, Inc.

²⁰⁰ Garnick MB.The dilemmas of prostate cancer. Dana Farber Cancer Institute, Harvard Medical School *Sci Am.* 1994 Apr;270(4):72-81. Review. No abstract available.

a more conservative approach [in prostate cancer treatment]."²⁰¹ [Emphasis added]

If you discover you have a high PSA, the first thing to rule out is prostatitis, Dr. Wheeler advises. Your doctor does this with a simple manual test called an "expressed prostatic secretion" or EPS. It's commonly known as "milking" the prostate. Your doctor will test your prostate secretion for bacterial infection. If it turns out you DO have prostatitis, you'll certainly breathe a sigh of relief that it's not cancer.

But, adds Dr. Wheeler, you shouldn't take prostatitis lightly. It's a warning sign of possible FUTURE cancer. He writes:

"Prostatitis is also an epidemic disease and associated with <u>virtually all cases of prostate</u> <u>cancer.</u> To state further, we must recognize that antibiotics have limitations and work minimally to ameliorate chronic prostatitis as noted in Campbell's Urology, the reference text... Physicians must also be willing to decrease the number of prescriptions written for antibiotics, thereby providing impetus for the use of nontraditional, complementary alternative treatment methodologies."²⁰²

Treating prostatitis naturally

Dr. Wheeler believes doctors can treat most cases of prostatitis without antibiotics, using natural nutritional therapies. He recommends that patients with prostatitis take a blend of nutritional anti-inflammatories, immune-boosters, herbs, vitamins, minerals and antioxidants. The nutrients include:

- vitamin C
- vitamin E

- vitamin B6
- zinc
- selenium
- saw palmetto
- pygeum
- pumpkin seeds
- stinging nettle

Dr. Wheeler has reported such success with this nutritional approach that he's patented a formula with these nutrients called Peenuts*. Several clinical studies have shown wonderful results in men with prostatitis and BPH.

Patented Peenuts[®] improves urinary symptoms

In one randomized, double-blind, placebocontrolled study, Peenuts[®] "improved ability to decrease the signs and symptoms associated with an enlarged prostate or prostatitis." ²⁰³

More specifically, ALL the men in the Peenuts® study experienced improved urinary symptoms, such as less frequency, less pain and less dribbling. A whopping 69 percent of them improved in either six or seven of the seven categories measured — in other words, most men's symptoms improved across the board! By the way, these "categories" are based on the IPSS-Index or AUA Symptom Index that doctors use to diagnose prostate problems.

But it's not just one study. In a clinical followup to the study, more than 300 men got similar results. The average improvement in their urinary-symptoms scores was a dramatic 11 points. But that's not all...

²⁰¹ Wheeler, Ronald M.D. (1998-2010) "PSA — A Barometer of Prostate Health Or a License to Biopsy." Florida: Diagnostic Center for Disease. Reprinted with permission.

²⁰² Wheeler, Ronald M.D. (1998-2010) "PSA — A Barometer of Prostate Health Or a License to Biopsy." Florida: Diagnostic Center for Disease. Reprinted with permission.

²⁰³ Peenuts®, http://www.peenuts.com/peenuts.asp

Patented Peenuts® reduces inflammation

The PSAs of ALL patients studied improved an average of 49 PERCENT! Meanwhile, the EPS, the most sensitive "marker" for prostatitis, showed a 66 percent drop in white blood cells — a GOOD thing, because it means a drop in inflammation. Best of all, there were "no side effects or drug interactions noted during testing or clinical follow-up." ²⁰⁴

If you want to learn more about Peenuts® or the ingredients in the formula, visit the Web site: www.peenuts.com.

Here's something else that's important to note: In his articles, Dr. Wheeler calls the PSA "the barometer of prostate health" and NOT a diagnostic test for prostate cancer. The research shows he's onto something. Urgent new studies reveal that when it comes to prostate cancer, the PSA test has made *little or no difference* in saving men's lives.

Brand-new studies reveal PSA testing not saving lives!

Two large, long-term, multi-center studies just published in the *New England Journal of Medicine* show the PSA test provides LITTLE IF ANY reduction in the number of deaths from prostate cancer. That's right, the PSA test has made almost NO DIFFERENCE at all in saving men's lives! And these studies were *massive*.

The first study involved 182,000 men in seven European countries.²⁰⁵ The second was done by the NCI on 77,000 men in the USA.

In the studies, scientists randomly assigned men to receive either (1) no screening or (2) screening with the PSA. Then they monitored the men for 10 years. After seven years, the U.S. researchers made a shocking discovery: The *unscreened group* had a death rate 13 PERCENT LOWER than the screened group!

Almost three years later, after they'd followed most of the men for 10 years, the U.S. researchers concluded there was no *real* reduction in deaths from prostate cancer with PSA screening.

In Europe, the men in the study fared little better.

PSA tests saved only seven lives for every 10,000 men screened!

The PSA-screened groups had a 20 PERCENT REDUCTION in death rate. This sounds somewhat significant, but when you look at the actual numbers, only *seven* men's lives were saved for every 10,000 men screened!

Dr. Otis Brawley, the chief medical officer of the American Cancer Society, told the *New York Times* the studies were "some of the most important studies in the history of men's health"!

And then he drove the final nail into the PSA's coffin, exclaiming that benefits of screening are "modest at best and with a greater downside than any other cancer we screen for." ²⁰⁶ And this from a mainstream doctor!

But there's *another* problem with the PSA test that conventional doctors aren't talking about at all.

PSA test *MISSES* 15 percent or more of prostate cancers!

Ironically, although the PSA appears to be *overly sensitive* in some cases, in others it's *not sensitive enough* to detect prostate cancer!

In his book *Cancer-Free*, Bill Henderson reveals an interesting study he came across in Dr.

²⁰⁴ Peenuts®, http://www.peenuts.com/peenuts.asp

²⁰⁵ Schröder FH, et al. Department of Urology , Erasmus Medical Center, Rotterdam, The Netherlands. Screening and prostate-cancer mortality in a randomized European study. *N Engl J Med.* 2009 Mar 26;360(13):1320-8. Epub 2009 Mar 18.

²⁰⁶ Kolata, Gina (2009) "Review of prostate cancer screening, Prostate Test Found to Save Few Lives." *The New York Times*

Robert Rowen's Second Opinion newsletter:

"Researchers followed 9,459 men who had annual PSA tests. Of this group, 2,950 had test results showing very healthy prostates," said Dr. Rowen. "But when these 'healthy' men underwent biopsies, a whopping 15 percent tested positive for cancer! Many had high-grade cancer. And the PSA test missed it in all of them!

"And the incidence of false negatives may be even higher. You see, prostate biopsies are taken by random needle jabs into the gland. No matter how many sticks are made, there's no way to know if cancer lurks outside the needle track. Bottom line: Don't rely on PSA to tell you whether or not you have cancer. Focus instead on other diagnostic tests." ²⁰⁷

I agree with Dr. Rowen and Bill Henderson. If your PSA is higher than normal and you've ruled out prostatitis, you might want to consider *other* diagnostic tests for prostate cancer. In fact, there's one VERY IMPORTANT test that you'll *never* hear about from your conventional doctor.

AMAS detects prostate cancer 19 months earlier than PSA test!

When you walk into the doctor's office, they can tell almost anything about your health just by looking at your *blood*. They can detect viral and bacterial infections and monitor your cholesterol levels, blood pressure, and even your liver and heart function.

So why not test your blood for cancer?

Now it's *finally* possible, thanks to a Harvard-trained biochemist and M.D. named Sam Bogoch.

Dr. Bogoch spent 20 years studying how to detect cancer in people's blood. And he developed a blood test called the AMAS, or Anti-Malignin Antibody in Serum. This incredible test is overlooked by conventional medicine even

207 Henderson, Bill (2008) Cancer-Free (Third Edition) Book-

locker, Inc.

though it has been around for over three decades!

FDA-approved for more than 30 years!

The AMAS test first received FDA approval in 1977. And for the next 17 years the test went through a rigorous clinical study in 4,278 patients that proved its effectiveness. Today the AMAS test is possibly the MOST ACCURATE WAY to test the human body for *any type of cancer*.

Here's how it works: The AMAS test analyzes a blood sample for *anti-malignin antibodies*. Your body naturally produces these in response to cancer cells — any kind of cancer cells.

The best part about the AMAS test is that it detects cancer anywhere in your body UP TO 19 MONTHS before any other conventional medical test! Talk about early detection!

This kind of early detection is especially useful for prostate cancer, which, like breast and many other cancers, can take *decades* to develop into a tumor that a doctor can feel manually or detect through a PSA test. By that time, the cancer might already have spread and become far more serious and far more difficult to treat.

Cancer detection that's 95 percent accurate!

The AMAS test is also far more accurate than the PSA test. Remember, the PSA detects *prostate-specific antigen*, which your prostate produces as it grows larger. The PSA test has a cancer specificity of *only 60 percent*.

But the AMAS tests *specifically* for cancer, and has a cancer specificity of *95 percent*.²⁰⁸ That means there's far less chance that you'll get either a false positive *or* a false negative result. According to Dr. Bogoch's research, the AMAS

²⁰⁸ McDonagh, E.W. "Detecting Cancer." *Townsend Letter for Doctors and Patients* (February/March, 1996), 108-110.

test is 95 to 99 percent accurate.²⁰⁹

Of course, a positive AMAS test result does *not* necessarily mean you have prostate cancer. It indicates you have cancer *somewhere*, but it doesn't tell you *where*. However, with a positive AMAS result, you know you need to have other tests to locate the cancer and treat it.

Surprisingly, the AMAS test isn't routinely offered in doctors offices. And that's not because it's too expensive: It costs only \$165.

For more information:

To get an AMAS test, call Oncolab Inc. and ask for a free testing kit. You take the kit to the doctor's office for your blood draw, and then your blood is packed in dry ice and sent overnight by FedEx, along with your \$165 payment, back to Oncolab for analysis.

Oncolab Inc. 36 The Fenway Boston, Massachusetts 02215 Toll-free: 1-800-9CA-TEST

Tel: 617-536-0850 Fax: 617-536-0657

Web site: www.oncolabinc.com

If you'd like to read Dr. Ronald Wheeler's entire article, "PSA — A Barometer to Prostate Health or a License to Biopsy," you can find it online at: http://www.ronaldwheeler.com/psa.shtml

²⁰⁹ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 98.

Chapter Nineteen

Diagnosing Prostate Cancer

The Biggest Problem with "the Gold Standard"— Ultrasound and Biopsy

conventional medicine, if you have a high PSA, your doctor might do an ultrasound and then a biopsy to determine whether you have prostate cancer. Conventional doctors call these tests the "gold standard" in prostate cancer detection. Sadly, this process is far from being worth its weight in gold!

According to published research, an ultrasound followed by a biopsy has a detection rate of a mere 30 percent.

In other words, if 10 men with suspected prostate cancer underwent an ultrasound and biopsy, only *three prostate cancers* would be discovered. Why the dismal success rate? There are two reasons. You discovered the first and most important reason in the last chapter:

REASON No.1: Many of these 10 men NEVER had prostate cancer in the first place!

REASON No. 2 is even MORE disturbing: I'm talking about *missed cancers*.

Though experts haven't clinically studied the issue of missed cancers, many alternative doctors have long believed that the rate of cancers missed during biopsy is significant. Their belief is based on experience with patients and on simple logic.

You see, biopsies are taken *only* by random jabs of a small needle. But cancer can be hiding ANYWHERE outside the tiny needle "tracks."

An even bigger problem with conventional medicine's "gold standard" for prostate cancer

diagnosis is *damage to your prostate*. And the consequences are far more serious.

How prostate biopsies spread cancer

A wealth of research suggests that prostate biopsies, like breast cancer biopsies, can "spill" cancer cells and send them spreading throughout your prostate and even your whole body.

In a study at the University of California at San Diego, Dr. Michael Karin found that prostate biopsies *encourage tissue inflammation*, which FEEDS CANCER CELLS! In his study, Dr. Karin examined cancerous mouse prostates *before* and *after* prostate biopsies.

"We have shown that proteins produced by inflammatory cells," says Dr. Karin, "Are the 'smoking gun' behind prostate cancer metastasis [spreading]."²¹⁰

Besides spreading prostate cancer, prostate biopsies also INCREASE your risk of infection.

Painful prostate biopsy damages tiny prostate ducts

To understand how a prostate biopsy can damage your prostate, you need to know what happens during the biopsy procedure.

The doctor sticks a device with a needle up through your rectum (not a pleasant experience.)

210 Wheeler, Ronald M.D. (1998-2010) "Dangers of Prostate Biopsies." Florida: Diagnostic Center for Disease.

The needle is shot through the thin lining that separates your prostate from your colon, and into the prostate gland. Then your doctor retracts it, bringing out a small sample of your prostate tissue. He or she might do this multiple times. Many patients say it's very painful.

Alternative doctors believe that *every time* a needle enters a patient's prostate, tiny prostate ducts suffer damage, then become covered with scar tissue. This can cause <u>infection</u> and <u>tissue inflammation</u> — a real danger, especially if you're already suffering from prostatitis or BPH!²¹¹

In fact, there are reports of some men suffering infection, ejaculation and impotency problems after prostate biopsies. There are even documented cases of Peyronie's Disease — an awful condition in which a lump causes the patient's penis to bend permanently. I don't know about you, but I wouldn't want to risk getting this deformity for the sake of a dubious test.

The dangers of biopsy are all the more tragic when you realize that it's now possible to detect prostate cancer WITHOUT a risky needle biopsy.

Now available: "The "Ultimate Prostate Scan" — with NO needle!

Finally doctors can use cutting-edge technology to detect a prostate tumor *without a biopsy*. What's more, they can detect the tumor with such accuracy that they can tell whether it's *localized* — i.e., it's within your prostate — or whether it's spread to surrounding tissue!

Best of all, this high-tech test is safe and non-invasive. It's called Magnetic Resonance Spectroscopy (MRS).

You'll remember the MRS test from Chapter Nine, where you learned how it's successfully detecting *breast tumors* without biopsies. Now Dr. Ronald Wheeler and other leading urologists are recommending it for diagnosing prostate

cancer, too.

The MR spectroscopy uses HIGHER magnetic fields than a traditional MRI does. These fields reveal the chemical makeup of a tissue mass or tumor. The radiologist usually can tell whether it's cancerous with the MR spectroscopy alone, without a biopsy.

"As I like to tell my patients," writes Dr. Wheeler in his article "Revolutionary Prostate Cancer Diagnostic Scan Avoids Biopsies," "the difference in scan technique is all about the 'S'. To restate, the 'S' stands for Spectroscopy, or the evaluation of cellular metabolic by-products or metabolites, including Citrate, Choline, Creatine, and Polyamines. The pattern of presentation, including ratios of the component metabolites, yields a 'fingerprint' or cellular identity that predicts normalcy or lack of normalcy consistent with cancer."²¹²

There is *no other known test* that can determine the chemical makeup of a tissue mass or tumor — not even the Positron Emitting Tomography (PET) scan! In fact, the PET scan often can't reveal whether the prostate tumor is localized or has spread.

So it's no surprise that Dr. Wheeler calls the MRS the most "sensitive and specific diagnostic test available" and the "Ultimate Prostate Scan." And he's not the only one raving about this new technology.

The Chairman of Urology and Surgery at Sloan-Kettering, Peter Scardino, M.D., calls the MRS <u>"the greatest diagnostic test that we have ever had for prostate cancer."</u>²¹³

²¹¹ Wheeler, Ronald M.D. (1998-2010) "Dangers of Prostate Biopsies." Florida: Diagnostic Center for Disease.

²¹² Wheeler, Ronald M.D. (1998-2010) "Revolutionary Prostate Cancer Diagnostic Scan Avoids Biopsies." Florida: Diagnostic Center for Disease. Reprinted with permission.

²¹³ Wheeler, Ronald M.D. (1998-2010) "Revolutionary Prostate Cancer Diagnostic Scan Avoids Biopsies." Florida: Diagnostic Center for Disease. Reprinted with permission.

What happens during an MR Spectroscopy test

To have an MRS test, you'll first put on a hospital gown. Then you'll lie on your back on a moveable examination table. The table slides into a large tube surrounded by a circular magnet that takes the magnetic images of your prostate. Your head will be outside the machine.

Before the images are taken, a technician will perform a basic digital rectal exam and determine where to place a tiny rectal probe that helps capture the images. The test lasts about 45 minutes to an hour.

MR Spectroscopies are available at diagnostic centers nationwide, including Dr. Wheeler's center (see the "For more information" section at the end of this chapter). An MRS costs about \$2,000. Your insurance might cover it depending on your situation. If your doctor orders the MRS, your chances of getting coverage are much better.

The biggest mistake doctors make with the digital rectal exam

How frequently should you get a digital rectal exam? Many doctors recommend that all men over 50 get them once a year (starting at 45 if you're at high risk for prostate cancer).

If you're having prostate symptoms such as urinary frequency or urgency, once a year might not be often enough; you might want to have this exam every six months.

You should also have it if you test positive on the AMAS test or you have a PSA above four. If your PSA is high, you should also ask your doctor to do a repeat PSA screening.

BUT PLEASE REMEMBER THIS: Any time your doctor does a PSA test, make sure he *always* does it BEFORE your digital rectal exam. A digital exam can *raise* your PSA — but many doctors don't tell their patients this!

Are you in danger of advanced prostate cancer? A simple new blood test can tell you

If an MR Spectroscopy or biopsy shows that you have prostate cancer, the next question is "How serious is it?"

Unfortunately, if your cancer is in the early stages and is still confined to your prostate, it's very difficult for doctors to know *if* and *when* the cancer will grow and spread. But there's a brandnew test that can help.

This simple blood test can tell you whether your prostate cancer is inclined to grow, spread and become advanced. The test is for *simple Insulin-like growth factor-1* or *IGF-1*. This is a natural compound found in your body. But in some men it's "unbound," which means the compound isn't bound to a protein. That's bad news.

Brand-new research from Harvard Medical School suggests that unbound IGF-1 is a *potent stimulator of prostate cancer cell growth.*²¹⁴

In a study of 1,064 men, researchers found that those with the *highest* levels of IGF-1 had a FIVE TIMES greater danger of developing advanced prostate cancer than men with the *lowest* levels.

They found that IGF-1 not only *stimulates tumor growth*, but might also promote *metastasis* (spreading). Most important, the Harvard researchers concluded that testing for IGF-1 might "predict the risk of advanced stage prostate cancer years before the cancer is actually diagnosed."

Though your doctor probably isn't familiar with the IGF-1 test, it's a simple blood test

²¹⁴ Chan, June M., et al. Insulin-like growth factor-1 (IGF-1) and IGF binding protein-3 as predictors of advanced-stage prostate cancer. *Journal of the National Cancer Institute*, Vol. 94, July 17, 2002, pp. 1099-1106

Chan, June M. Insulin-like growth factor-1 (IGF-1) and IGF binding protein-3 as predictors of advanced- stage prostate cancer. *Journal of the National Cancer Institute*, Vol. 94, December 18, 2002, pp. 1893-94

that any doctor's office should be able to do on request. If you have early prostate cancer and you can't get the test from your doctor, go to any diagnostic lab near you and get it on your own.

For more information:

You can watch a video explanation of an MR Spectroscopy at this Web site: http://mrisusa.com/

If you'd like to read more of Dr. Ronald Wheeler's article, "Revolutionary Prostate Cancer Diagnostic Scan Avoids Biopsies," you can find it on the Web: http://mrisusa.com/articles_mris_avoids_biopsies.asp

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Chapter Twenty

The Hidden Dangers of Conventional Prostate Cancer Treatments

The Truth about Prostatectomy, Radiation and Hormone Therapy...

onventional medicine's <u>number one</u> treatment for localized prostate cancer (cancer in the prostate gland only) is radical prostatectomy, or surgical removal of the entire prostate gland. Most urologists will tell you that radical prostatectomy is a "curative" for localized prostate cancer.

In fact, in a recent survey of urologists, *90 percent* recommended a radical prostatectomy for men with early-stage prostate cancer (specifically, 65-year-old men with PSAs under 10 ng/ml).²¹⁵

But before you let a doctor cut out your prostate, there are some very important medical facts you *must know*.

Prostatectomy increases your chance of survival by <u>ONLY 23 PERCENT!</u>

There's *very little proof* that getting a radical prostatectomy improves your chances of surviving prostate cancer, much less that it *cures* the disease.

A study published in the *Journal of the National Cancer Institute* in 2000 revealed that men who underwent prostate surgery survived their prostate cancers at a rate only *23 percent higher* than the rate for men who did ABSOLUTELY NOTHING!²¹⁶

Leading prostate expert Dr. Ronald Wheeler agrees:

"If 10 men with prostate cancer are lined up and evaluated, doctors cannot predict accurately who will be cured and who will fail [with conventional treatment] regardless of who presents with the best disease characteristics.

"Equally unsettling is that all 10 men must receive the most aggressive and traumatic treatment [radical prostatectomy] to yield a 60-70 percent success rate at 5 years, regardless of the choice of Operating Physician or Medical Center selected for the surgery.

"10-year data is another story of limited success and will never be as good as the number of successes at 5 years. In effect, regardless of our surgical skill, the outcome from major surgery is reduced to a guessing game where the outcome always remains in question." (From Men at Risk, a Rush to Judgment by Dr. Ronald Wheeler.) 217

In other words, for many men with prostate cancer it comes back even after radical surgery! What are your chances of suffering a recurrence? The research is shocking...

After a prostatectomy, up to 60 percent of cancers return!

In his book, Dr. Wheeler reports on shocking

~ 98 ~

²¹⁵ Wheeler, Ronald M.D. (1998-2010) "Men at Risk, a Rush to Judgment." Florida: Diagnostic Center for Disease.

²¹⁶ Newschaffer, Craig J., et al. Causes of death in elderly prostate cancer patients and in a comparison nonprostate cancer cohort. *Journal of the National Cancer Institute*, Vol. 92, April 19, 2000, pp. 613- 21

²¹⁷ Wheeler, Ronald M.D. (1998-2010) "Men at Risk, a Rush to Judgment." Florida: Diagnostic Center for Disease. Reprinted with permission.

research suggesting that even 10 years after a radical prostatectomy, you face UP TO A 60 PERCENT CHANCE of prostate cancer coming back!²¹⁸ That's hardly a cure.

And it may leave you wondering, how can my prostate cancer come back when I no longer have a prostate? Prostate cancer returns in tissues NEAR the prostate, or in another part of the body such as the bones. Even though it recurs somewhere else it is still called "prostate cancer" because it started in the prostate.

Why such a dismal success rate for the most common conventional treatment for prostate cancer?

One reason for the failure of prostate removal surgery might be that operating on a cancerous prostate causes cancer cells to leak into your bloodstream, where they can latch onto nearby tissues or even onto other organs such as your colon, liver or lungs. In other words, prostate surgery MAY CAUSE LOCALIZED PROSTATE CANCER <u>TO SPREAD</u>.

Research published in *The Lancet* in 1995 indicates a very real danger. Researchers monitored the blood of 14 prostate cancer patients *before* and *after* prostatectomies. The results were shocking.

Before the operations, only three patients had prostate cells in their bloodstreams. But after the prostatectomies, 12 patients had prostate cells in their blood.²¹⁹ It's clear that surgery releases prostate cells into the blood stream, and if your prostate is cancerous, some of those cells will be too.

Worse, common side effects can ruin your quality of life

One of the biggest drawbacks of radical

prostatectomy is that it can ruin a man's sexual function, bladder control even bowel control.

In an editorial in a 2004 edition of the *Journal* of the National Cancer Institute, leading prostate cancer experts pointed to growing evidence showing the "substantial and long-lasting side effects from prostate cancer treatment."²²⁰

Worst of all, horrible side effects are happening far more often than you're led to believe.

Researchers at the Fred Hutchinson Cancer Research Center revealed disturbing results of a study of 1,291 men who'd undergone radical prostatectomies.²²¹ Eighteen or more months after the surgeries, an alarming 59.9 PERCENT complained that they were *impotent* and 38.9 PERCENT said they suffered *urinary incontinence* at least once every single day.

Sadly, according to prostate cancer experts at the University of Texas Medical Center, these side effects often don't improve with time.²²² In the case of impotence, the problem usually gets *worse*.

In the Texas study, five years after radical prostatectomies, an astounding 80 PERCENT

²¹⁸ Wheeler, Ronald M.D. (1998-2010) "Men at Risk, a Rush to Judgment." Florida: Diagnostic Center for Disease.

²¹⁹ McTaggart, Lynne (1997) *The Cancer Handbook: What's Really Working.* Illinois: Vital Health Publishing. P. 104.

²²⁰ Carlos Bermejo, Alan R. Kristal, Steven B. Zeliadt, Scott Ramsey, Ian M. Thompson Localized Prostate Cancer: Quality of Life Meets Whitmore's Legacy Affiliations of authors: Division of Urology, University of Texas Health Science Center, San Antonio (CB, IMT); Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA (ARK, SBZ, SR) *JNCI Journal of the National Cancer Institute* 2004 96(18):1348-1349; doi:10.1093/jnci/djh282

²²¹ Stanford JL, Feng Z, Hamilton AS, Gilliland FD, Stephenson RA, Eley JW, Albertsen PC, Harlan LC, Potosky AL. Fred Hutchinson Cancer Research Center, Department of Epidemiology, University of Washington, Seattle 98109-1024, USA. Urinary and sexual function after radical prostatectomy for clinically localized prostate cancer: the Prostate Cancer Outcomes Study. *JAMA*. 2000 Jan 19;283(3):354-60.

²²² Carlos Bermejo, Alan R. Kristal, Steven B. Zeliadt, Scott Ramsey, Ian M. Thompson Localized Prostate Cancer: Quality of Life Meets Whitmore's Legacy Affiliations of authors: Division of Urology, University of Texas Health Science Center, San Antonio (CB, IMT); Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA (ARK, SBZ, SR) *JNCI Journal of the National Cancer Institute* 2004 96(18):1348-1349; doi:10.1093/jnci/djh282

of men were <u>impotent</u>. Up to 29 PERCENT were wearing diapers for <u>urinary incontinence</u> and 20 PERCENT suffered <u>regular bowel urgency</u> — the need to urgently or frequently move your bowels.

That's a great deal of suffering to go through after a painful surgery that might not even cure your prostate cancer!

Radiation treatments are no better. Many men who undergo prostate radiation fare *even worse* than those who have surgery! In fact, recent research suggests that radiation INCREASES your chances of dying from prostate cancer.

Prostate radiation increases your danger of dying from prostate cancer by 81 percent!

A study done at the famous Johns Hopkins School of Hygiene and Public Health found that men who underwent radiation therapy had an 81 PERCENT HIGHER DANGER of dying from prostate cancer than men who received *no treatment.*²²³

This is no surprise to health experts who've studied medical radiation for decades. John Cairns, a professor at the Harvard University School of Public Health, believes radiation is *too toxic* to cure cancer.

In Options: The Alternative Cancer Therapy Book, author Richard Walters quotes John Cairns as saying, "The majority of cancers cannot be cured by radiation because the dose of X-rays required to kill all the cancer cells would also kill the patient."²²⁴

One of the dangers of radiation is that it causes cancer, especially prostate cancer.

Radiation is like fertilizer for prostate cancer cells

John Diamond, M.D., and Lee Cowden, M.D., have reported on evidence that radiation can *fuel* the growth of prostate cancer cells. In her book *Outsmart Your Cancer*, Tanya Harter Pierce quotes the two doctors as saying:

"Radiation therapy — implanting radiation seeds in the prostate gland — routinely given for early signs of prostate cancer, can actually hasten the development of that cancer. Prostate cells can double in as little as 1.2 months after radiation treatment, while unradiated prostate cancer cells may take an average of 4 years to double." ²²⁵

Radiation treatments for cancer not only don't improve your chances of surviving prostate cancer, a growing body of clinical data shows that they also cause *NEW*, *SECONDARY CANCERS*.

But before I tell you about the alarming research, you need to understand that doctors commonly use two <u>special kinds</u> of radiation treatments for prostate cancer.

Two common radiation treatments for prostate cancer

You can get *radioactive seeds* implanted into your prostate gland in a technique called *brachytherapy*. You can also get *external beam irradiation*. As the name suggests, the radiation comes from an external machine that concentrates radiation onto your prostate gland.

Though these two radiation delivery systems are far more precise than the radiation treatments of 50 years ago, it's still impossible to confine the radiation to your prostate. Surrounding organs and tissues such as your bladder, rectum and testicles are still very much exposed to radiation. And that's why research shows that any radiation to your prostate is dangerous.

²²³ Barry, Michael J., et al. Outcomes for men with clinically nonmetastatic prostate carcinoma managed with radical prostatectomy, external beam radiotherapy, or expectant management: a retrospective analysis. *Cancer*, Vol. 91, June 15, 2001, pp. 2302-14

²²⁴ Walters, Richard. (1993) *Options: The Alternative Cancer Therapy Book.* Pennsylvania: Paragon Press. P. 103-104.

²²⁵ Harter Pierce, Tanya, M.A., MFCC (2009) *Outsmart Your Cancer (2nd Edition)*. Nevada: Thoughtworks Publishing. P. 339.

Brachytherapy and external beam radiation cause new cancers

In a gigantic study published in the journal *Urology* in 2008, researchers at Columbia University and the Mount Sinai Medical Center examined the medical records of 243,082 men who'd received treatment for prostate cancer between 1988 and 2003.²²⁶ They found a "statistically significant" increase in both *bladder* and *rectal* cancer in men who'd received external beam radiotherapy or external beam radiotherapy with brachytherapy.

Researchers concluded that men who'd had external beam radiotherapy had an 88 PERCENT GREATER DANGER of developing bladder cancer and a 26 PERCENT GREATER DANGER of developing rectal cancer, compared with men who'd had the whole prostate removed surgically.

Men who received BOTH external beam radiotherapy and brachytherapy ran an 85 PERCENT GREATER DANGER of bladder cancer and a 21 PERCENT GREATER DANGER of rectal cancer, compared with men who'd had the whole prostate removed.

Though these numbers are alarming in and of themselves, they're *really* frightening when you realize they could still climb higher. Most research on the dangers of radiation looks at a span of *15 to 20 years between exposure and cancer*. This study was done within as little as *five years*. The number of cancers in these patients could skyrocket over the next decade or two – and it's ALREADY 21 percent greater based on the results as of 2008.

Advanced prostate cancer: The castration "solution"

In advanced prostate cancers, such as Stage D

226 *Urology*. 2008. Quoted on Wascher, Robert A. MD, FACS. (2008) Health Report: Radiation Treatment of Prostate Cancer & Risk of Second Cancers. Dr. Wascher is an oncologic surgeon and the Director of the Division of Surgical Oncology at Newark Beth Israel Medical Center. www.doctorwascher.com

and late Stage C cancers that have spread to other organs and tissues in your body, doctors often recommend a "*Total Androgen Blockade*". This means blocking testosterone, the male "androgen" hormone, from entering your bloodstream where doctors believe it fuels the growth of prostate cancer.

The hormone therapy that doctors most commonly recommend is an *orchiectomy*, or surgical castration. During the operation, a surgeon removes your testicles (where you make the bulk of your testosterone), but leaves your scrotum and penis intact.

As you can imagine, men suffer many terrible side effects from this painful surgery, including sterility, loss of sexual desire, impotence, intolerable hot flashes, weight gain, brittle bones and even breast enlargement.²²⁷ Not to mention the emotional pain!

And now there's a newer kind of hormone therapy called "chemical castration." In this approach, doctors inject or surgically implant drugs to lower or completely block your body's ability to produce testosterone.

Many men are choosing this over surgery. And who can blame them. But sadly, chemical castration's side effects are almost the same as those of regular castration: loss of sexual desire, impotence, loss of muscle mass and strength, intolerable hot flashes, weight gain, brittle bones and personality changes.²²⁸

Abarelix: "Chemical castration" drug fast-tracked by the FDA, only to be quietly yanked off the market!

One of the chemical castration drugs, Abarelix (Plenaxis), was fast-tracked through the FDA

²²⁷ WebMd.com

²²⁸ Stephan L. Werner, M.D., F.A.C.S. http://www.wmfurology.com/pcahormone.htm.

review process in 2001.²²⁹ But in 2005, the maker abruptly took the drug off the market without any explanation.²³⁰ There are no published reports on Abarelix's dangers, other than some severe allergic reactions. We can only assume the drug's maker knows something the rest of us don't. And usually that's not good news.

Whether these drugs are safe or not, what's most important for you to understand is that neither chemical castration nor surgical castration can cure your prostate cancer!

In fact, doctors — even the American Cancer Society — admit that years down the road, prostate cancer cells become "hormone-resistant" and start growing again. ²³¹ At best, these painful, misery-causing procedures only buy you some time.

So what happens when castration — surgical or chemical — fails? Doctors go back to their old standby: *chemotherapy*.

Chemotherapy: ZERO survivors of prostate cancer in clinical study

Chemotherapy has long proven a failure in treating patients with cancers of the breast, lung, colon and prostate. In fact, a comprehensive review of these cancers done at the Heidelberg Tumor Center in Germany found ONLY THREE PERCENT OF ALL PATIENTS got any help from chemotherapy drugs.²³²

Another study here in the USA found chemo *even less effective!* The study, published in the

journal *Clinical Oncology* in December, 2004, said chemotherapy *has an average five-year survival rate of barely more than two percent for all cancers.*²³³ And for prostate cancer it was 0 PERCENT. That's right, there were NO SURVIVORS WHATSOEVER attributed to chemotherapy.

The study tracked 23,242 patients with prostate cancer who underwent chemotherapy. At the end of five years, not one of the 23,242 men was still alive. Of course, these were likely late-stage cancer patients. Still, it's an astonishing failure.

More research confirms the dismal statistics. It seems that chemotherapy drugs for prostate cancer are *not successful*. Two large, randomized, phase III clinical trials of the chemotherapy drug mitoxantrone in advanced prostate cancer patients between 1996 and 1999 found "no evidence of a survival benefit." However, a third of the patients did experience pain-relief.

Further research on another drug called docetaxel showed that compared with mitoxantrone, median survival time in advanced prostate cancer patients increased by only TWO TO TWO-AND-A-HALF MONTHS.²³⁵

Some men in this study also experienced pain relief as well as improved bowel and urinary function. Of course, in this study and in the one mentioned earlier, some men suffered the usual sickening side effects, including fever, nausea and vomiting from treatment.

²²⁹ Article, Urological Sciences Research Foundation web repository, January 25, 2001. http://www.usrf.org/breakingnews/bn_010125_abarelix.html

^{230 &}quot;Hormone (Androgen Deprivation) Therapy." American Cancer Society. www.cancer.org.

²³¹ Article, Urological Sciences Research Foundation web repository, January 25, 2001. http://www.usrf.org/breakingnews/bn_010125_abarelix.html

²³² Diamond, W. John., M.D., W. Lee Cowden, M.D., and Burton Goldberg. *An Alternative Medicine Definitive Guide to Cancer*. Tiburon, California: Future Medicine Publishing, Inc., 1997.

²³³ Morgan G, Ward R, Barton M. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clin Oncol (R Coll Radiol)*. 2004 Dec;16(8):549-60.

²³⁴ Tannock IF, et al. Chemotherapy with mitoxantrone plus prednisone or prednisone alone for symptomatic hormone- resistant prostate cancer: A Canadian randomized trial with palliative endpoint. *J Clin Oncol* 14:1756-1764, 1996. Kantoff PW, et al. Hydrocortisone with or without mitoxantrone in hormone-refractory prostate cancer: results of the Cancer and Leukemia Group B 9182 study. *J Clin Oncol* 17:2506-2513,1999.

²³⁵ Petrylak DP, et al. Docetaxel and estramustine compared with mitoxantrone and prednisone for advanced refractory prostate cancer. *N Engl J Med* 351:1513-1520,2004.

Chemotherapy for prostate cancer — patients say, "Why bother?"

The Prostate Cancer Research Institute (PCRI), founded in 1996 by medical oncologists Stephen B. Strum and Mark C. Scholz, with support from the Daniel Freeman Hospital Foundation in Southern California, issued a newsletter in May, 2006, with an article entitled "Chemotherapy for Prostate Cancer — Why Bother?" 236

The article quotes an 11-year advanced prostate cancer survivor and patient advocate who attended a prostate cancer support meeting where people were discussing this research. The man said, "I speak to guys with advanced disease every day. They read these studies, and they say to me, 'You've gotta be kidding me; if I do chemotherapy I'm going to live 2 to 2 1/2 months longer. Why bother?"

His sentiments were echoed in an editorial by leading prostate cancer experts at the University of Texas Medical Center, who publicly asked, "How many men would accept these risks [of surgery, radiation, chemotherapy] if they knew that often, definitive treatment will not affect the risk of prostate cancer death?" ²³⁷

I, for one, would not. But I certainly don't want to get sick and die of advanced prostate cancer, either. And that fear of sickness and death is the reason why so many men are willing to listen to their doctors and undergo torturous prostate "treatments." The prevailing attitude is "Do something – ANYTHING!" Even if the treatment is useless.

But it doesn't have to be that way. As you've seen in this Special Report, there are many safe, alternative treatments for prostate cancer. These treatments will NOT leave you impotent and in diapers, suffering from weight gain or breast enlargement, or discovering a second cancer five years down the road.

But how do you choose the one that's right for you? Besides the resources I've suggested in this Special Report, you'll find help in the Bonus Reports you received. Turn to the Report entitled **Your Prostate Cancer Action Plan** for more details.

²³⁶ Guess, Brad PA-C, Executive Director, PCRI "Chemotherapy for Prostate Cancer: "Why Bother?" *PCRI Insights*, May, 2006, vol. 9 no.2

²³⁷ Carlos Bermejo, Alan R. Kristal, Steven B. Zeliadt, Scott Ramsey, Ian M. Thompson Localized Prostate Cancer: Quality of Life Meets Whitmore's Legacy Affiliations of authors: Division of Urology, University of Texas Health Science Center, San Antonio (CB, IMT); Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, Seattle, WA (ARK, SBZ, SR) *JNCI Journal of the National Cancer Institute* 2004 96(18):1348-1349; doi:10.1093/jnci/djh282

Chapter Twenty One

Preventing Prostate Cancer

What to Do to Lower Your Risk of the Disease

ought to be the duty of the medical profession in [the] future to find means of preventing to a much higher degree than now, instead of attempting to cure later on." Kristine Nolfi, M.D., wrote these words 50 years ago. But tragically, little has changed.

Mainstream medicine is *still* not educating the public about cancer prevention. In fact, when it comes to prostate cancer, the American Cancer Society says, "*it is not possible to prevent most cases of the disease.*" ²³⁸

Sorry, I don't agree. Though most men might have cancer cells growing in their prostates, that doesn't mean prostate cancer has to *take hold*, *grow and spread!*

The research shows overwhelmingly that eating a healthful diet, getting regular exercise, managing your stress level and limiting your exposure to toxic chemicals such as pesticides and herbicides goes *a long way* toward preventing the growth and spread of prostate cancer. But you can do *EVEN MORE!* Here are some of the most powerful ways you can *stop* cancer from taking over your prostate.

Lower your estrogen levels

If you recall from Chapter One, estrogens are one of the leading causes of prostate and breast cancers.

A study from Germany found that estrogen levels in prostate tissue INCREASE DRAMATICALLY in aging men, especially those who suffer from BPH.

Happily, you can help lower your estrogen levels by using *healthful compounds from vegetables*.

One of the most effective of all is *indole-3 carbinol (I3C)*, found in Brussels sprouts. Studies suggest that I3C can SIGNIFICANTLY LOWER YOUR ESTROGEN LEVELS.²³⁹ You can get I3C at health food stores. A common starting dose is 200mg.

Another important vegetable compound is *diindolylmethane* (*DIM*). DIM is actually a compound found in I3C. Studies show it INCREASES levels of beneficial cancer fighters in your body while LOWERING YOUR ESTROGEN.²⁴⁰ DIM, too, is available at health food stores. A common starting dose is 100mg.

IMPORTANT NOTE: Many leafy green vegetables are rich in I3C and DIM. Here are some to add to your diet:

- Brussels sprouts
- Chinese cabbage
- turnip greens

²³⁹ Dach, Jeffrey M.D. "Testosterone Therapy." TrueMedMD.

²⁴⁰ Blaylock, Russell M.D. (2007) The Blaylock Wellness Report, vol. 4. No. 3

²³⁸ American Cancer Society. www.cancer.org

- parsley
- bok choy
- cauliflower
- spinach
- kale
- broccoli (especially broccoli sprouts)

The way you cook leafy green vegetables is important. Eat them raw, cover and steam them, or briefly stir-fry them. Never boil these vegetables, because the heat destroys the anticancer molecules.

Improve your testosterone — yes, testosterone!

You heard me right: I said BOOST your testosterone. Contrary to popular belief, testosterone DOES NOT cause prostate cancer. The research is very clear on this point.

For instance, the January, 2004, issue of the *New England Journal of Medicine* published a review of 72 medical studies that found NO EVIDENCE that testosterone therapy causes prostate cancer.²⁴¹ In fact, the doctor who led the review noted that prostate cancer becomes MORE prevalent at exactly the time in your life when your testosterone levels *decline*.

Even more interesting, men who received testosterone treatment showed lower PSAs, had less urinary frequency, urgency and dribbling, and their prostates even shrank!

Fortunately, you can support your testosterone levels easily and naturally. One way is to take *DHEA* (dehydroepiandrosterone).

In your body, DHEA converts into testosterone. Many alternative doctors have long suspected that DHEA might prevent prostate cancer and exciting new laboratory research confirms it!

241 Schaeffer EM, Walsh PC. Risks of testosterone replacement. *N Engl J Med.* 2004 May 6;350(19):2004-6; author reply 2004-6.

A team of researchers from the National Cancer Institute and the New York University School of Medicine found that <u>DHEA protects</u> <u>against the progression of prostate cancer</u> in laboratory animals.²⁴²

More research is needed, but clinical evidence *already* shows that DHEA supplements offer many other health benefits, including greater physical strength and mental sharpness.

You can find DHEA, too, in health food stores. Al Sears, M.D., who operates an integrated medicine anti-aging clinic in Florida, recommends a starting dose of 10mg a day to his patients. He also recommends taking DHEA first thing in the morning, for maximum absorption.²⁴³

Get some sun daily

Did you know Vitamin D is a powerful prostate cancer preventive? And of course, the best way to get vitamin D is to spend 10 to 20 minutes in the sun every day — with no sunscreen on your skin.

The exact amount of time depends on your skin type, the time of day, and the time of year. The sun is more intense in the summer than in the winter, and at noon than at 4 PM. Use good judgment – the idea here isn't to get a deep tan, it's to get a brief exposure that enables your body to make plenty of vitamin D.

Studies show Vitamin D blocks the growth of cancer cells, especially in your prostate. In fact, one study showed that men with HIGHER levels of vitamin D in their bloodstreams had a 50 PERCENT LOWER DANGER of prostate cancer.²⁴⁴

²⁴² Rao, K.V.N., et al. Chemoprevention of rat prostate carcinogenesis by early and delayed administration of dehydroepi-androsterone. *Cancer Research*, Vol. 59, No. 13, July 1, 1999, pp. 3084-89

²⁴³ Al Sears, M.D., www.alsearsmd.com

²⁴⁴ Mercola, Joseph M.D. "Fats and Meats are Not the Cause of Prostate Cancer" October 27 2007 . www.mercola.com

Of course you can take vitamin D supplements. But make sure they're vitamin D3. My research indicates it's perfectly safe for an adult to take from 1,000 to 2,000 mg. per day.

Supplement with lycopene

Lycopene is the "most effective nutrient" of all in the fight against prostate cancer, according to *Disease Prevention and Treatment*.

You can easily get more lycopene in your daily diet by eating grapefruit, watermelon and, especially, cooked tomatoes in sauces or tomato juice. Some reports suggest lycopene from tomatoes is easiest to absorb when you cook the tomatoes with olive oil.

In a study in the *Journal of the National Cancer Institute* in December, 1995, researchers reported that men who ate 10 or more servings of tomato products a week cut their danger of prostate cancer by an incredible 45 PERCENT!²⁴⁵

Admittedly, that's a lot of tomatoes. But research shows lycopene *supplements* can help, too. In one study, just 30 mg of lycopene a day slowed the growth of prostate cancer and lowered men's PSAs by 20 percent.²⁴⁶ Since it's impractical for most men to eat the huge amount of tomato products required to benefit, the supplements may be the best option.

Supplement with saw palmetto

Saw palmetto is one of the most thoroughly researched herbs available. It's been shown to improve the symptoms of urinary frequency, urgency and prostate swelling. According to the publication *Herbal Medicine for Curing Cancer*, studies also suggest that saw palmetto might block an enzyme that fuels the growth of prostate cancer.²⁴⁷

245 Adams, Mike (2008) *How to Prevent and Reverse Prostate Cancer.* Taiwan: Truth Publishing.

246 Adams, Mike (2008) *How to Prevent and Reverse Prostate Cancer.* Taiwan: Truth Publishing.

247 Adams, Mike (2008) *How to Prevent and Reverse Prostate Cancer*. Taiwan: Truth Publishing.

Many men suffering from BPH report that saw palmetto helps. In fact, a study in the journal *Prostate* in 1996 compared saw palmetto to the popular BPH drug finasteride and found them to be *EQUALLY EFFECTIVE* — and saw palmetto had *no side effects!*²⁴⁸

Unfortunately, that's not saying much, because neither finasteride nor saw palmetto racked up a very impressive record. Both of them just edged out a placebo (or sugar pill) in comparison tests.

For a better natural alternative to treat enlarged prostate, consider beta sitosterol, a compound that occurs naturally in plant foods such as rice bran, wheat germ, corn oil, soybeans and peanuts. Another natural treatment is Pygeum Africanum, an extract from the bark of the African plum tree. As far as I know, neither beta sitosterol nor Pygeum Africanum has a proven anti-cancer benefit, but they may help relieve BPH.

Supplement with modified citrus pectin (MCP)

Research in Finland suggests that modified citrus pectin (MCP), a compound from citrus fruits, can *prevent the growth of prostate cancer*.

The International Conference on Diet and Prevention of Cancer in that country said <u>15</u> grams of MCP every day slowed the development of the disease.²⁴⁹ Several laboratory studies in animals back up these findings.

There are many more nutrients that can help stop prostate cancer from growing in your prostate. Here are some additional vitamins, minerals and natural compounds that research has shown to promote good prostate health in human and/or laboratory studies:

²⁴⁸ Wilt TJ, et al. Phytotherapy for Benign Prostatic Hyperplasia. *Public Health Nutr* 2000 Dec; 3(4A): 459-72

²⁴⁹ Adams, Mike (2008) *How to Prevent and Reverse Prostate Cancer.* Taiwan: Truth Publishing.

- zinc
- omega-3 fatty acids
- selenium
- ginseng
- green tea
- beta carotene
- flower pollen
- fiber
- vitamin E
- garlic
- vitamin C
- ginger
- curcumin
- pumpkin seeds

Fight cancer — spice up your meals!

One of the biggest complaints I've heard about eating more vegetables is that they taste "bland." But healthful veggies don't have to be boring! Try adding some turmeric, a traditional Indian spice often used in curries.

Research shows turmeric CAUSES CANCER CELL DEATH and BLOCKS CANCER CELLS' ABILITY TO GROW AND SPREAD. But to get all the benefits, you must use it properly.

In Anticancer, a New Way of Life, cancer survivor David Servan-Schreiber, M.D. writes, "To be assimilated by the body, turmeric must be mixed with black pepper (not simply peppers). Ideally, it must be dissolved in oil (olive, canola, or linseed oil, preferably.)" 250

You can also take supplements of curcumin, the active anticancer ingredient in turmeric.

Live the cancer-free life you deserve!

Whether you're in danger of prostate cancer or

250 Servan-Schreiber, David M.D. Ph.D. (2008) *Anti-Cancer A new Way of Life*. Viking Penguin Publishing.

you're already fighting it, you can and should live your life WITHOUT the threat of this disease. I hope the information in this chapter and this Special Report will help you do just that.

As you've seen, you *CAN* prevent, stop, slow, even *CURE* prostate cancer safely, without all the suffering — and without losing your prostate or your manhood — using today's leading alternative therapies. You'll probably save a great deal of money, too.

I urge you to share the urgent, life-saving information in this Special Report with any relatives or friends who worry about prostate cancer or who are fighting their own battles against this disease.

Wishing you a cancer-free life always,

Lee Euler