

A Cancer Primer

*A sneak peek at Dr. Conners
Integrative Approach*

Dr. Kevin Conners, D.C.



a primer series

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Dr. Kevin Conners

Preface: I wrote this booklet to introduce what may be a new topic to some: Integrative Cancer Therapy. I recently completed my Fellowship in this subject and desire to share a smidgen of information. This is in no way a 'complete work', it is a primer; I am not an Oncologist, I am a chiropractor with advanced training in neurology, integrative cancer, anti-aging and functional medicine, nutrition, etc. I am simply attempting to convey information and opinion; this is not a substitute for medical care. Please see the disclaimer at the end.

Chapter 1

Our Current State of Affairs

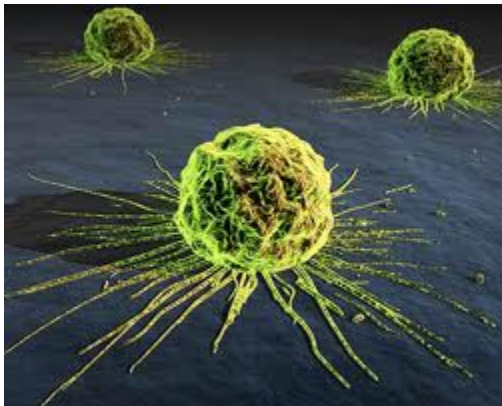
“Miracles are a retelling in small letters of the very same story which is written across the whole world in letters too large for some of us to see.”

C. S. Lewis

What is CANCER? The American Cancer Society states:

“Cancer starts when cells in a part of the body start to grow out of control. There are many kinds of cancer, but they all start because of out-of-control growth of abnormal cells.

Cancer cell growth is different from normal cell growth. Instead of dying, cancer cells continue to grow and form new, abnormal cells. Cancer cells can also invade (grow into) other tissues, something that normal cells cannot do. Growing out of control and invading other tissues are what makes a cell a cancer cell.



Cells become cancer cells because of damage to DNA. DNA is in every cell and directs all its actions. In a normal cell, when DNA gets damaged the cell either repairs the damage or the cell dies. In cancer cells, the damaged DNA is not repaired, but the cell doesn't die like it should. Instead, this cell goes on making new cells that the body does not need. These new cells will all have the same damaged DNA as the first cell does.

People can inherit damaged DNA, but most DNA damage is caused by mistakes that happen while the normal cell is reproducing or by something in our environment. Sometimes the cause of the DNA damage is something obvious, like cigarette smoking.”

What does one do?

For the past several decades, the freedom of choice has not existed when it comes to treatment of cancer. Patients have been herded into the medical machine of surgery, chemotherapy, and radiation. Patients were shamed if they even thought about alternative care. The Marcus Welby generation idolized medicine and the demi-gods in white coats. Anyone daring to attempt a natural alternative was quickly labeled a quack and money-monger. Thank goodness for the information age; people can seek out answers once reserved for those with multiple letters behind their names. A new movement is beginning to take hold; it's a new horizon for those desiring to take a greater degree of responsibility for their health, and it couldn't have come too soon.

As public awareness of alternative cancer treatments increases, doctors have had to improve their skills of talking patients *out* of the safer, more reasonable alternative treatments. “Losing” the ‘cancer patient’ to an alternative doctor would cost the hospital nearly \$300,000 according to Oncology Today as it listed out the average cost of conventional cancer treatment.



Remember, when a conventional doctor talks about alternative cancer treatments, they are usually repeating the lies that they have been told. For example, read the NCI Test Summary* for Cancell (sold as Protocol in the US, a powerful, alternative cancer therapy). NCI said Cancell showed ‘no biological activity’ in the test, ‘but Cancell performed amazingly well’ against all cancers tested. It should have been front page news but since they couldn’t isolate the activity of its success, it was disregarded! It was another, “it works great but since we can’t make any money with it we’ll slam it”.

Desperate Doctors Avoid Losing Their License

Even if conventional doctors learn the truth about cancer or any other disease, clinic policies, hospital protocols, and pharmaceutical companies must be placated. There are rules from state medical boards and even laws passed (thanks to pharmaceutical lobbyists) to prevent doctors from even talking about alternative cancer treatments. Yes, believe it or not, it may be a felony for a medical doctor to even talk about something as safe and well tested as Paw Paw, Essiac, Hoxsey or Gerson Therapies.

FDA Treatment Blockade

It takes \$800 million (not a typo) and six to ten years to get FDA approval of a cancer drug. The best alternative cancer treatments cost a few hundred dollars a month and cannot be patented. That’s the problem. If a natural substance cannot be patented, then it must be squashed. Natural treatments are plant based so they don't need FDA approval. There is a systematic, carefully executed propaganda campaign against natural care of all disease. This is not a ‘conspiracy theory’, it’s just plain economics; if you owned a drug company, you might make the same decisions. It’s easy to justify actions to benefit stockholders and employees.

We aren’t ‘winning the war’ on cancer. Despite the yearly fanfare regarding new cancer drugs, the percentage of Americans dying from cancer in 2003 was about the same as it was in 1970. But, still conventional doctors can’t prescribe alternative cancer treatments. Six hundred lobbyists paid by

pharmaceutical companies are doing their best to make sure that conventional doctors can never prescribe alternative cancer treatments. In 1971, when President Richard Nixon proclaimed the official "War on Cancer", 1 out of every 21 Americans got cancer. Now we have a 1 out of 2.5 chance of developing cancer! Hello!!!

After 2003, the number of new cancer cases became artificially reduced which allowed agencies like the American Cancer Society to claim that progress is being made. In 2004 the Centers for Disease Control (CDC) reported that VA hospitals in at least 13 states are no longer reporting cancer cases and that reporting has been inconsistent in 14 additional states. Therefore, as many as 70,000 new cancer cases (about 5% of the national total) were not reported. Any improvement in the number of cancer cases is therefore in doubt. This is called 'manipulation of statistics'.

Conventional Tactics

Conventional doctors may try and get you to immediately "move forward" and schedule chemotherapy and/or radiation. Understand, taking their conventional treatments first may NOT be your best decision because:

- Alternative cancer treatments have a higher success rate than conventional treatments.
- Conventional treatments ravage your body so severely, that it will be difficult for alternative treatments to work if alternatives are taken after the conventional treatments.
- Chemo and radiation can cause cancer to spread, knock down original cancer but leave stronger stem cells behind. Surgery may also spread cancer.

The smart patient says, "I want to know all the side effects and the success rates of the different treatments that can be used in my case and I will call your office for an appointment when I decide which treatment I want."

A Different Approach, The New Paradigm

Smart cancer patients ask 'tough' questions. They want to know WHY the cancer started growing in their body. They want to know WHY the environment around the cancer cells 'allowed' it to 'take hold'. They want to know if there are UNDERLINING CAUSES. They want to FIX the underlining causes so their body can cure itself. Alternative treatment does NOT kill cancer, only your body can do that. From an integrative perspective, we want to correct the environment that allowed the disease. "Integrative" doesn't mean "anti-medical", it means "to sanely work together for the betterment of the patient". Chemo and radiation may be the best option! However, if not coupled with correction of the *cause*, it doesn't take a rocket scientist to figure out that the cancer has a pretty good chance of re-appearing. After ANY treatment choice is attempted, medical re-assessment is necessary. The reexamination will show one of three things:

- The cancer has diminished and the patient will know that he/she is on the right course.

- The cancer has remained the same and the patient will know that they still have time to try other alternatives.
- The cancer has advanced and the patient will know that the treatment they took didn't work. At this point the patient can either abandon the current course or add other alternatives.

If something IS working, DON'T STOP. If it is NOT working, try something else! One needs no advanced degrees to understand this logic. I particularly don't care to know, nor am I intelligent enough to understand, all the mechanisms of HOW a specific treatment works; I just care that it DOES!

A few months ago a patient entered my office with a diagnosis of B-cell chronic lymphocytic leukemia (B-CLL), also known as chronic lymphoid leukemia (CLL), scheduled at Mayo for treatment postponed for 30 days at the patient's request to "try" an alternative therapy. We had 30 days to make a difference; I had little hope. Conservative care proved miraculous when she went back to her oncologist to hear, "whatever you've been doing, don't stop." The cancer was undetectable. These types of stories are claimed antidotal, unbelievable, false, or simply the result of the placebo effect. I don't care! If my patients get better from the placebo effect – at least they got better! Heck, most my patients would let me throw angel dust on them if they thought it would help. Call me crazy but I think people just want to get better at a fair price.

People often ask me how the Rife (a light frequency generator we highly recommend) works. Though I share my theories, I tell them honestly, "I have no idea." Does that discount its validity? Everyone has a liver, but few could explain its functions, yet their liver still work. They don't care, as long as it's working. I don't (nor does anyone else) know exactly how every vitamin, mineral or enzyme works. No one yet has figured out exactly how aspirin works! Disease treatment is no different; I am most interested in *what* works and *that it works*; it is only my inquisitive mind that desires to know how.

The Foundation of Conventional Medicine is Sand

One of the most important theories of conventional medicine is known as monomorphism. It is based on the work of Louis Pasteur. On his deathbed he admitted that he was wrong and Bechamp (Pierre Antione) who promoted pleomorphism was right. Never the less conventional medicine had clung to monomorphism to the detriment of patients everywhere.

Monomorphism vs Pleomorphism

Under **pleomorphism**, bacteria and other microorganism are not seen as dangerous, invasive or pathogenic, nor infectious in most instances. They are seen as performing simple, necessary cleanup functions in response to cues from the local body tissues. Thus, it would make sense that one would treat an infectious illness by simply adjusting the inner terrain of the body to allow it to become more healthful, thus eliminating the need for the presence of the "infectious" organisms. Any attempt to treat an infectious illness with antibiotics or other "aggressive" means (monomorphism) would be seen, in most cases, as short-sighted and would be attempting to treat a *symptom* of a deep imbalance, rather than addressing the deep imbalance. Further antibiotics and other aggressive antimicrobial means

would actually further imbalance and disrupt the inner terrain, thus eventually leading to further degeneration.

So it is with cancer; though we want to destroy the growing cancer, we do it by improving the body's ability to heal, change the internal environment, and the cancer has no foothold.

Those Great New Cancer Drugs

In 2003 and 2004, there was a lot of publicity about the "great new cancer drugs." In March 2004, the Executive Editor of Fortune Magazine wrote an extensive article about these new drugs. The title of the article was all revealing, "Why We're Losing the War on Cancer."

Leaf reports that the two new blockbuster drugs, Avastin and Erbitux, aren't effective. He reports that Avastin, "managed to extend the lives of some 400 patients with terminal colorectal cancer by 4.7 months" considering the possible side effects, that is not really worth the risk when there are safe effective alternative treatments available. And Leaf reported that Erbitux did even worse, "has not been shown to prolong patients' lives at all" and it costs \$2,400 a week. It is typical for the Cancer industry and mainstream media to pump up any of the new therapies. Leaf admits, Fortune magazine ran a cover article on Interleukin-2 with a "Cancer Breakthrough" headline. As any oncologist will tell you, it wasn't.

The article goes on to report that Europe seems to have the same problems. The twelve new anticancer drugs approved in Europe between 1995 and 2000 did not improve survival or quality of life nor were they safer than the older drugs. However, they were several times more expensive.

In 2005 Herceptin was hyped as "astonishingly effective, wonder drug." However, the truth is far different. *Ralph W. Moss, Ph.D.* has written a report on the Herceptin deception. Here is what Michael Janson, MD, past president of both the American College for Advancement in Medicine (ACAM) and the American Preventive Medical Association (APMA) has to say about this special report:

"Dr. Moss has once again cut through the hype of medical research and media reports with a keen, objective analysis that presents the true picture of scientific results regarding the latest 'miracle' in cancer therapy. He reveals the hollow core of the recent medical reports on Herceptin, showing that it is not what has been claimed, and that the statistics were manipulated to make it seem far better than it is, while underplaying the potential risks. The conflict of interest among the authors that he notes is a danger to honest researchers and to the public who might mistakenly take this drug (and many others) in inappropriate situations. Let's hope that his analysis gets wide attention."

IN 2008 to 2009 a colon cancer trial was run to see if using Avastin soon after surgery would prevent reoccurrence. 2,700 colon cancer patients were involved:

- One group received six months of chemotherapy.
- The other group received six months of the same chemotherapy and a year of Avastin.

The results showed no significant difference between the survival rates of the groups. Still sales of Avastin remain in the two billion dollar range. It will be interesting to see if the manufacturer's marketing campaign (smoozing doctors and giving lucrative charge backs) will be able to keep sales in the neighborhood. In July 2010 the New York Times reported that a drug advisory board voted 12 to 1 to revoke the previous approval of Avastin - This for a drug that, "has at times been hailed as a near miracle" (Pollack 2010). The only miracle is the amount of money it made. Avastin has become the world's best-selling cancer drug, with worldwide sales of around \$6 billion. Praise God it was finally pulled!

Lung Cancer Drug Iressa?

From a Newsday article of December 18, 2004, "Shocking the medical and financial worlds, a highly touted lung cancer drug, Iressa, failed to help patients live longer in a major clinical trial." How can these hyped-up drugs get all the way to clinical trials? The promise of tremendous profits is the only explanation.

Why Doctors Prescribe the Newest Drugs

Doctors do not prescribe the newest drugs because they are better for you. Everyone's body chemistry is different; a treatment that worked for some people may not *work for you*. Conventional doctors do nothing to determine which of the available treatments for your cancer will work for you. They just prescribe the newest pharmaceutical drug. Pharmaceutical companies love this because the newest drug is usually the most expensive. Doctors do this because:

- They do not want to appear to be behind the times.
- The new cancer drugs appear to be better because of the hype that accompanies their release
- The side effects of new drugs are not well-known in the beginning.

The Wrong Approach

Cancer cells obtain their energy from fermentation. Normal cells obtain their energy from oxygenation (except muscle cells when they are completely exhausted). This is a tremendous difference. Alternative cancer treatments such as Protocol and Paw Paw target this difference. Conventional cancer research ignores this tremendous difference and continues to seek methods to destroy fast growing cells. Our immune system contains mostly fast-growing cells and is destroyed in the chemotherapy process. The worst thing to do when you are sick is to attack your immune system.

Conventional "Truth"

In an Independent (UK) news article of 08 December 2003, Allen Rosesl, a vice-president of GlaxoSmithKline(a large international pharmaceutical company) was quoted as saying, "most drugs work in 30 to 50 per cent of people" (who take them). This is in stark contrast to a 2007 study published by the journal Clinical Oncology. The study was based on an analysis of the results of all the randomized, controlled clinical trials (RCTs) performed in Australia and the US that reported a statistically significant

increase in 5-year survival due to the use of chemotherapy in adult malignancies. Survival data were drawn from the Australian cancer registries and the US National Cancer Institute's Surveillance Epidemiology and End Results (SEER) registry spanning the period January 1990 until January 2004. The authors found that the contribution of chemotherapy to 5-year survival in adults was:

- 2.3 percent in Australia
- 2.1 percent in the USA

They emphasize that, for reasons explained in detail in the study, these figures "should be regarded as the upper limit of effectiveness" (i.e., they are an optimistic rather than a pessimistic estimate).

A study of over 10,000 patients shows clearly that chemo's supposedly strong track record with Hodgkin's disease (lymphoma) is actually a lie. Patients who underwent chemo were 14 times more likely to develop leukemia and 6 times more likely to develop cancers of the bones, joints, and soft tissues than those patients who did not undergo chemotherapy (NCI Journal 87:10).

Safe and effective plant based treatments cannot produce large profits because they cannot be patented. Large profits are needed to pay for the expensive FDA approved clinical trials, so plant based treatments never get FDA approved to treat a disease. From the 12th December 2002 issue of Journal of the American Medical Association, in a review with James Spencer Malpas, M.D., D.Phil. St. Bartholomew's Hospital London, United Kingdom:

"A recent randomized trial of treatment for stage one Multiple Myeloma by Riccardi and colleagues (British Journal of Cancer 2000; 82:1254-60) showed no advantage of conventional chemotherapy over no treatment."

The above statement is in direct contrast to popular belief that chemo is likely to help you. The reason for this belief is statements like this:

"1998 was truly one of the most exciting years for cancer research," said Harmon Eyre, MD, executive vice president for research and medical affairs for the American Cancer Society (ACS). "While we are closer than ever to finding answers..." followed by a pitch for more donations.

Another popular belief that is repeated in movies and TV shows is that not taking chemo is dumb or cowardice. Nothing could be further from the truth. It is the smart cancer patient who does enough research to learn the fraud of conventional cancer treatment and only the brave who stand up against the pressures of oncologists.

Who is telling the truth?

In 1986 McGill Cancer Center scientists surveyed 118 oncologists who specialized in lung cancer. They were asked if they would take chemo if they developed lung cancer. Three-quarters replied that they **WOULD NOT TAKE CHEMO**. (From "Reclaiming Our Health" by John Robbins, 1996. Published by HJ

Kramer, Box 1082, Tiburon, CA 94920). Although 1986 seems like a long time ago, chemo drugs have changed very little since then, if at all.

In 1984 an unusual convention of doctors was held in Chicago. Nine eminent physicians from all over the United States spoke to an auditorium packed with their colleagues. The name of the conference was Dissent in Medicine. The theme at the conference was the propensity of the nation's medical hierarchy to lie to the public. Among the speakers was Alan S. Levin, M.D., professor of immunology at the University of California, San Francisco, Medical School, who stated that "Practicing physicians are intimidated into using regimes which they know do not work. One of the most glaring examples is chemotherapy, which does not work for the majority of cancers."

Tamoxifen and Breast Cancer

Another example of distortion is an Oxford University study published in The Lancet which touts the effectiveness of today's conventional cancer treatments. It supports the use of chemotherapy and states that women who used tamoxifen for five years reduced the breast cancer death rate by one-third. This story was picked up by many newspapers and got wide distribution. However, if you look closely at the statistics, you find that your odds of getting breast cancer without using tamoxifen is 1.3%, and with tamoxifen it drops to .68%. That represents a 49% difference between the two numbers (as cited), but just a little over one-half of one-percent difference (.62%) in real terms. A half percent in real world terms is vastly different from the 49% improvement "stated" in the studies - and hardly worth this risk:

- Tamoxifen can cause cancer of the uterus, ovaries, and gastrointestinal tract while it reduces the risk by .62% (that's POINT 62 percent!!!). Talk about quackery.
- A study at Johns Hopkins found that tamoxifen promotes liver cancer.
- In 1996, a division of the World Health Organization, the International Agency for Research on Cancer, declared tamoxifen a Group I carcinogen.
- In an abruptly curtailed NCI study, 33 women that took tamoxifen developed endometrial cancer, 17 suffered blood clots in the lungs, 130 developed deep vein thrombosis (blood clots in major blood vessels) and many experienced confusion, depression, and memory loss.

Taxol Spreads Breast Cancer

Taxol is often called the "gold standard of chemo." The following report gives you a good idea of the dangers of even the best chemo.

As reported at the 27th Annual San Antonio Breast Cancer Symposium, Dec 2004, (abstract 6014), using a technique that quantifies circulating tumor cells, German investigators from Friedrich-Schiller University in Jena, have shown that neoadjuvant chemotherapy with paclitaxel (taxol) causes a massive release of tumor cells into the circulation (measured as 'circulating tumor cells'), while at the same time reducing the size of the tumor. The finding could help explain the fact that complete pathologic responses do not correlate well with improvements in survival.

In the study, according to Katharina Pachmann, M.D., professor of experimental oncology and hematology, breast cancer patients undergoing neoadjuvant chemotherapy gave blood samples in which epithelial antigen-positive cells were isolated. Such cells are detected in most breast cancer patients but are rarely found in normal subjects. The investigators measured the levels of circulating tumor cells before and during primary chemotherapy with several different cytotoxic agents.

Paclitaxel (taxol) produces the greatest degree of tumor shrinkage but also the greatest release of circulating tumor cells. In three different paclitaxel-containing regimens, circulating cell numbers massively increased, whereas tumor size decreased. These cells remained in the circulation for at least five months after surgery.

The tumor shrinks, but more cells are found in the circulation. This corresponds with a high pathologic complete response during paclitaxel treatment, but in the end, this is not reflected in improved survival. These cells are alive in the circulation. The results indicate that monitoring of circulating tumor cells can contribute to understanding of tumor-blood interactions and may provide a valuable tool for therapy monitoring in solid tumors.

Laetrile Instead?

Laetrile has been used for 100 years to prevent stray cancer cells from starting a new cancer site. Will your doctor tell you about it? Nope. The pharmaceutical company thugs (make no mistake pharmaceutical companies make the oil companies look like angels) are so scared of Laetrile that they bribed the FDA to make it illegal. This is incredible because Laetrile is found in foods that the FDA knows are safe.

Although Laetrile can suppress the spread of cancer and is a good preventative, it is often ineffective on tumors. The reason for this lack of success on tumors may be due to the fact that tumors are beyond the size that Laetrile can deal with. Still it is used by many aware cancer patients to prevent the spread of their cancer. Cancer is spread by small groups of cells moving to another part of the body so Laetrile can be effective against them.

Something as Simple as Vitamin D?

The indication that vitamin D and its derivatives have a protective effect against various types of cancer is not new. In the field of colon cancer, numerous experimental and epidemiological studies show that vitamin D3 (or cholecalciferol) and some of its derivatives inhibit the growth of cancerous cells. Researchers at the Vall d'Hebron Institute of Oncology (VHIO), in collaboration with the Alberto Sols Institute of Biomedical Research (CSIC-UAB), have confirmed the pivotal role of vitamin D, specifically its receptor (VDR), in slowing down the action of a key protein in the carcinogenic transformation process of colon cancer cells. These results are being published in the journal *PLoS One*.

This protein, known as beta-catenin, which is normally found in intestinal epithelial cells where it facilitates their cohesion, builds up in large quantities in other areas of the cells when the tumor transformation begins. As a result of these changes, the protein is retained in the cell nucleus, where it

facilitate the carcinogenic process, and this is the point at which vitamin D intervenes, or rather, the vitamin D receptor (VDR). "Our study has confirmed the pivotal role of the VDR in controlling the anomalous signal that sparks off the growth and uncontrolled proliferation of colon cells which, in the final instance, ends up causing a tumor to emerge", says Héctor Palmer, the coordinator of this study and head of the VHIO's Stem Cells and Cancer laboratory. He continues, "The stimulation of this receptor suppresses the action of the beta-catenin protein, intercepting the series of events that change the intestinal cell into a malignant tumor cell".

The study was conducted on mice and human colon cancer cells. The mice were used as a model to replicate the initial phases of colon cancer. "These findings show that mice of this kind, which also lack the VDR and hence do not respond to vitamin D, present larger and more aggressive tumors than mice with the VDR", explains Dr. Palmer, and concludes: "The number of tumors is not influenced by the absence of VDR, which would indicate that this factor does not protect against the appearance of the tumor but does intervene in its growth phase, reducing its aggressiveness".

The researchers then analyzed the effect of the VDR on **human colon cancer** cell cultures and observed that the concentration of the altered protein, beta-catenin, increased in cells without the VDR. These findings were repeated in the three types of colon cancer cells studied, and confirmed the results observed in the mice.

In two-thirds of advanced colon cancer tumors there was a lack of VDR in the cancer cells, and this circumstance leads us to believe that this loss may contribute to speeding up the growth of the tumor. The findings of this study confirm this supposition.

Vitamin D: essential in the prevention and treatment of colon cancer, and ALL cancer for that matter.

Chronic vitamin D deficiency, seen more readily in colder climates, represents a major risk factor in the development of more aggressive cancers. Patients in the initial stages of colon cancer, the time when the VDR still has a substantial presence in the cells, could benefit from being treated with vitamin D3.

The body not only obtains vitamin D from food, especially raw milk and fish oils, but also manufactures it from exposure to sunlight, given the person has adequate cholesterol levels!

Here's another 'kicker': we need cholesterol for many reasons; one purpose of cholesterol is its conversion to the Vitamin D precursor in the skin. When sunlight hits your skin, it converts this cholesterol to Vitamin D. Our obsession with low cholesterol levels and addiction to statin drugs has left us deficient in Vitamin D because of an impaired production! Oh brother!

5-FU and Colon Cancer

The conclusion of a long-term research project by the National Surgical Adjuvant Breast and Bowel Project (NSABP) was published in the August 4, 2004 edition of the Journal of the National Cancer Institute. The new study throws doubt on the value the MOF regimen which uses 5-FU, the most common anti-colon cancer agent used by conventional medicine. 5-FU is 'moderately effective at shrinking existing tumors, but the effect is almost always temporary'.

Our Medicare System Encourages Fraud

From "Cure Your Cancer" by Bill Henderson:

Our government's Medicare system encourages the fraud and abuse that is rampant among oncologists. For example, the chemotherapy drug Etoposide is sold wholesale to oncologists for \$7.50 for a 100mg dose. The allowable Medicare reimbursement, however, is \$129.34 per dose. The consumer (you and I) pay a co-payment of \$25.87 - almost three and a half times the doctor's cost! Medicare pays the rest from our tax dollars.

According to the Journal of the American Medical Association (JAMA), the average oncologist makes \$253,000 a year. Of this, 75% is profit on chemotherapy drugs administered in his or her office. All of these drugs, like Tamoxifen and Etoposide, treat the symptoms of cancer, not its causes.

A recent survey of the 64 oncologists working at the McGill Cancer Therapy Center in Montreal, Canada found that 58 of them (91%) said they would not take chemotherapy or allow their family members to take it for cancer treatment. Why? Too toxic and not effective.

People are Waking Up

In the Seattle Post-Intelligencer article of 5 Sept 02, entitled, "Many cancer patients getting relief from alternative treatments, study shows," Carol Smith reported that, "Seven out of 10 adult cancer patients in Western Washington are using alternative therapies...." The survey, done in conjunction with Bastyr University in Kenmore and the Oregon Health & Science University in Portland, was based on interviews with 356 patients who had breast, prostate or colon cancer.

From Physician and Author Dr. Cynthia Foster MD:

"Cytotoxic chemotherapy kills cancer cells by way of a certain mechanism called "First Order Kinetics." This simply means that the drug does not kill a constant number of cells, but a constant proportion of cells. So, for example, a certain drug will kill 1/2 of all the cancer cells, then 1/2 of what is left, and then 1/2 of that, and so on. So, we can see that not every cancer cell necessarily is going to be killed. This is important because chemotherapy is not going to kill every cancer cell in the body. The body has to kill the cancer cells that are left over after the chemotherapy is finished. This fact is well known by oncologists. Now, how can cancer patients possibly fight even a few cancer cells when their immune systems have been disabled and this is yet another stress on the body, and they're bleeding because they have hardly any platelets left from the toxic effects of the chemotherapy? This is usually why, when chemotherapy is stopped, the cancer grows again and gets out of control. We have now created a vicious cycle, where doctors are trying to kill the cancer cells, and the patient is not able to fight the rest, so the doctors have to give the chemotherapy again, and then the patient can't fight the rest of the cancer cell, and then the doctors give the chemotherapy again, and so on."

A patient using 'Protocol', one of our alternative cancer therapies wrote, "The radiologist who read my recent breast ultrasound says 'it' (my original 'grape-size' tumor) is shrinking, seeing only a 'distal

acoustic shadowing' as opposed to the original 'organized mass'. The technician commented to me, "How do they expect us to get images of something we can't see (anymore)?"

Cancer is scary, make no bones about it. Hearing the "C" word can send chills down your spine. But take heart! There is ALWAYS time to make rational, not emotional decisions about your care. There are ALWAYS choices other than chemo or radiation for those willing to search and do a little study.

Integrative Cancer Therapy is what we are all about; this means a collaborative approach where we work alongside your oncologist to give the cancer patient the greatest hope. Check out our website on cancer/detoxification and the testimonials of cancer patients. You'll find that we care for people, we don't treat cancer; we search for causes, we don't treat symptoms; we don't kill cancer, we help your body heal itself. Dr. Conners' AMA Fellowship in Integrative Cancer Therapy gives him connections with the country's best minds in alternative solutions.

There is hope; never give up!

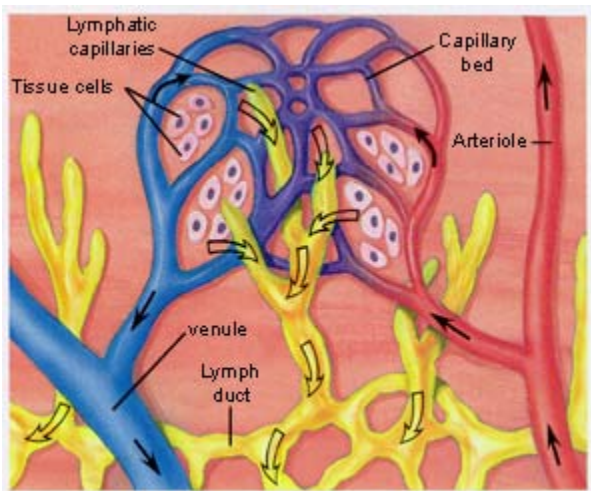
Chapter 2
Importance of the Lymph System
And How Rife Began

*“I cannot and will not recant anything, for to go
against conscience is neither right nor safe.
Here I stand; I can do no other, so help me God.
Amen.”*

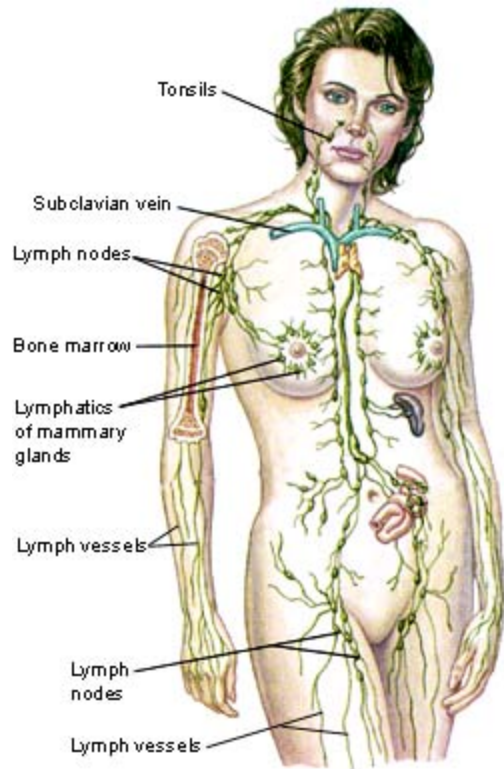
Martin Luther

The movement of fluid through the lymphatic system is essential in detoxifying the body, supporting the immune system and maintaining homeostasis. The fluid carried by the lymphatic system largely consists of wastes disposed of by the cells. Think of the lymph as the body's garbage collection system. Normally the lymph is pumped through the vessels by the contraction of muscles squeezing the fluid through the vessels that contain check-valves that only allow the waste to flow in one direction. Our body's electromagnetic field and even breathing also aid the motion of waste. A clogged or sluggish lymphatic system prevents the body from circulating vital fluids and eliminating toxic waste and dulls the immune system's response. This makes us vulnerable to swelling, infection, pain and a whole host of diseases.

In order to be healthy it is essential to keep the energy and fluids moving so that the body's own natural intelligence may operate in its full healing capacity. In addition, each cell must be enlivened with its own unique frequency and ideal energy-state and be fully connected to the electrical impulses that flow through and are kept balanced by lymph. Lymph is much more than waste; it is the intracellular matrix of enzymes, nutrients, sugars, cytokines, and hundreds of necessary chemicals that make up a healthy slurry that bathes the cells. It's like a healthy river, needing a constant flow of fresh nourishment or it becomes a stagnant pond.



Stimulating the lymphatic system by the use of electrical fields is a well-established and recognized therapy in Canada, Mexico, Europe and Asia as an effective aid in detoxifying the body while opening and cleansing the lymphatic and circulatory systems.



Lymphatic capillaries converge to form lymph vessels that ultimately return lymph fluid back to the circulatory system via the subclavian vein. The presence of one-way valves in the lymph vessels ensures unidirectional flow of lymph fluid toward the subclavian vein.

If excess fluid cannot be returned to the blood stream then interstitial fluid builds up, leading to swelling of the tissues with fluid, this is called edema – a sick, stagnant pond..

Lymph nodes are the filters along the lymphatic system. Their job is to filter out and trap bacteria, viruses, cancer cells, and other unwanted substances, and to make sure they are safely eliminated from the body. One can start to understand how important it is to keep the lymph system healthy.

Rife Technology

Imagine, for a moment, that you have spent more than two decades in painfully laborious research-- that you have discovered an incredibly simple, electronic approach to curing literally every disease on the planet caused by viruses and bacteria. Indeed, it is a discovery that would end the pain and suffering of countless millions and change life on Earth forever. Certainly, the medical world would rush to embrace you with every imaginable accolade and financial reward imaginable. You would think so, wouldn't you?

Unfortunately, arguably the greatest medical genius in all recorded history suffered a fate literally the opposite of the foregoing logical scenario. In fact, the history of medicine is replete with stories of genius betrayed by backward thought and jealousy, but most pathetically, by greed and money.

In the nineteenth century, Semmelweiss struggled mightily to convince surgeons that it was a good idea to sterilize their instruments and use sterile surgical procedures. Pasteur was ridiculed for years for his theory that germs could cause disease. Scores of other medical visionaries went through horrible ridicule and even losing their ability to practice for simply challenging the medical status quo of day, including such legends as Roentgen and his X-rays, Morton for promoting the 'absurd' idea of anesthesia, Harvey for his theory of the circulation of blood, and many others in recent decades including: W.F. Koch, Revici, Burzynski, Naessens, Priore, Livingston-Wheeler, and Hoxsey.

Orthodox big-money medicine resents and seeks to neutralize and/or destroy those who challenge its beliefs. Often, the visionary who challenges it pays a heavy price for his 'heresy.'

So, you have just discovered a new therapy, which can eradicate any microbial disease but, so far, you, and your amazing cure isn't very popular. What do you do next? Well, certainly the research foundations and teaching institutions would welcome news of your astounding discovery. Won't they be thrilled to learn you have a possible cure for the very same diseases they are receiving hundreds of millions of dollars per year to investigate? Maybe not, if it means the end of the 'gravy train'. These people have mortgages to pay and families to support. A friend of mine, a cancer researcher at a major university recently told me that when he questioned his authority about their purpose he was told, "We're not here to find a cure for cancer, we're here to get our next grant."

Regardless of what you may believe, all the 'Walk-for-a-Cure' and cancer fund-raising does is feed countless organizations with voracious appetites and no desire to solve the problem that feeds them. Let's get real for a moment, if you owned a drug company and your researchers came to you with a discovery that a new rain-forest herb cured lung cancer, an Indian spice that cured brain cancer, a common herb mixture that cures most cancers, and an electrical frequency device that cures all cancers, you'd have a choice: 1) declare it to the world and bankrupt the corporation putting thousands of individuals with families out of work turning the entire pharmaceutical industry into an unnecessary hoax, or 2) tell them to figure out a way they can synthesize a byproduct that can be patented and thereby make the company extremely profitable and destroy any evidence that may reveal the simplicity of the cure.

I can understand that we live in a capitalistic culture; I understand that profits must be made and people need to feed their families. I do NOT understand the evil conspiracies to forcefully shutdown and shut-up anything and anyone revealing the truth. Hollywood couldn't write a better story.

What follows, now, is the story of exactly such a sensational therapy and what happened to it. In one of the blackest episodes in recorded history, this remarkable electronic therapy was sabotaged and buried by a ruthless group of men. It has re-emerged in the underground medical/alternative health world only since the mid-80's. This is the story of Royal Raymond Rife and his fabulous discoveries and electronic instruments.

If you have never heard of Rife before, prepare to be angered and incredulous at what this great man achieved for all of us only to have it practically driven from the face of the planet. But, reserve your final judgment and decision until after you have read this.



Of course, some may regard this as just an amusing piece of fiction. However, for those who are willing to do some investigating on their own, there will be mentioned several highly-respected doctors and medical authorities who worked with Rife as well as some of the remarkable technical aspects of his creation. In the final analysis, the only real way to determine if such a revolutionary therapy exists is to experience it yourself. The medical literature is full of rigged 'double-blind' clinical research tests, the results of which are often determined in advance by the vested corporate interests involved. .

Royal Raymond Rife was a brilliant scientist born in 1888 and died in 1971. After studying at Johns Hopkins, Rife developed technology which is still commonly used today in the fields of optics, electronics, radiochemistry, biochemistry, ballistics, and aviation. It is a fair statement that Rife practically developed bioelectric medicine himself. He received 14 major awards and honors and was given an honorary Doctorate by the University of Heidelberg for his work. During the 66 years that Rife spent designing and building medical instruments, he worked for Zeiss Optics, the U.S. Government, and several private benefactors. Most notable was millionaire Henry Timkin, of Timkin roller bearing fame.

Because Rife was self-educated in so many different fields, he intuitively looked for his answers in areas beyond the rigid scientific structure of his day. He had mastered so many different disciplines that he literally had, at his intellectual disposal, the skills and knowledge of an entire team of scientists and technicians from a number of different scientific fields. So, whenever new technology was needed to perform a new task, Rife simply invented and then built it himself as was necessary for many scientists of his day.

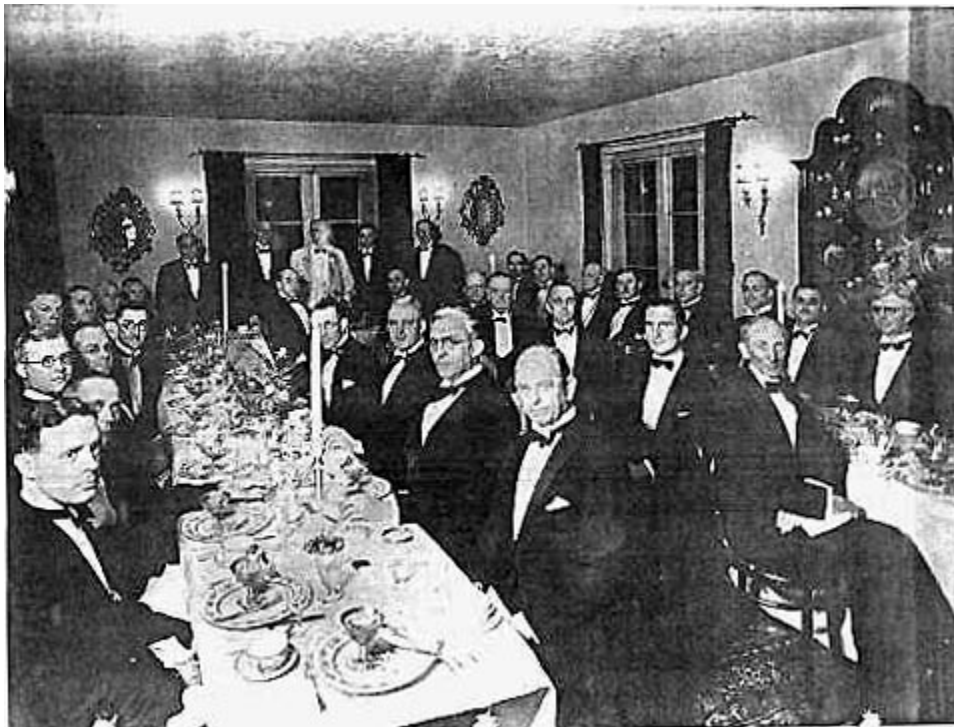
Rife's inventions include a heterodyning ultraviolet microscope, a microdissector, and a micromanipulator. When you thoroughly understand Rife's achievements, you may well decide that he had one of the most gifted, versatile, scientific minds in human history. By 1920, Rife had finished building the world's first virus microscope. By 1933, he had perfected that technology and had constructed the incredibly complex Universal Microscope, which had nearly 6,000 different parts and was capable of magnifying objects 60,000 times their normal size. With this incredible microscope, Rife became the first human being to actually see a live virus, and until quite recently, the Universal Microscope was the only one which was able view live viruses.

Modern electron microscopes instantly kill everything beneath them, viewing only the mummified remains and debris. What the Rife microscope can see is the bustling activity of living viruses as they change form to accommodate changes in environment, replicate rapidly in response to carcinogens, and transform normal cells into tumor cells.

But how was Rife able to accomplish this, in an age when electronics and medicine were still just evolving? Here are a few technical details to placate the skeptics...

Rife painstakingly identified the individual spectroscopic signature of each microbe, using a slit spectroscope attachment. Then, he slowly rotated block quartz prisms to focus light of a single wavelength upon the microorganism he was examining. This wavelength was selected because it resonated with the spectroscopic signature frequency of the microbe based on the now-established fact that every molecule oscillates at its own distinct frequency.

The atoms that come together to form a molecule are held together in that molecular configuration with a covalent energy bond which both emits and absorbs its own specific electromagnetic frequency. No two species of molecule have the same electromagnetic oscillations or energetic signature. Resonance amplifies light in the same way two ocean waves intensify each other when they merge together.



On November 20, 1931, forty-four of the nation's most respected medical authorities honored Royal Rife with a banquet billed as "The End To All Diseases" at the Pasadena estate of Dr. Milbank Johnson.

The result of using a resonant wavelength is that micro-organisms which are invisible in white light suddenly become visible in a brilliant flash of light when they are exposed to the color frequency that resonates with their own distinct spectroscopic signature. Rife was thus able to see these otherwise invisible organisms and watch them actively invading tissues cultures. Rife's discovery enabled him to view organisms that no one else could see with ordinary microscopes.

More than 75% of the organisms Rife could see with his Universal Microscope are only visible with ultraviolet light. But ultraviolet light is outside the range of human vision; it is 'invisible' to us. Rife's brilliance allowed him to overcome this limitation by heterodyning, a technique which became popular in early radio broadcasting. He illuminated the microbe (usually a virus or bacteria) with two different wavelengths of the same ultraviolet light frequency which resonated with the spectral signature of the microbe. These two wavelengths produced interference where they merged. This interference was, in effect, a third, longer wave which fell into the visible portion of the electromagnetic spectrum. This was how Rife made invisible microbes visible without killing them, a feat which today's electron microscopes cannot duplicate.

By this time, Rife was so far ahead of his colleagues of the 1930's, that they could not comprehend what he was doing without actually traveling to San Diego to visit Rife's laboratory to look through his Virus Microscope for themselves. And many did exactly that.

One was Virginia Livingston. She eventually moved from New Jersey to Rife's Point Loma (San Diego) neighborhood and became a frequent visitor to his lab. Virginia Livingston is now often given the credit for identifying the organism which causes human cancer, beginning with research papers she began publishing in 1948.

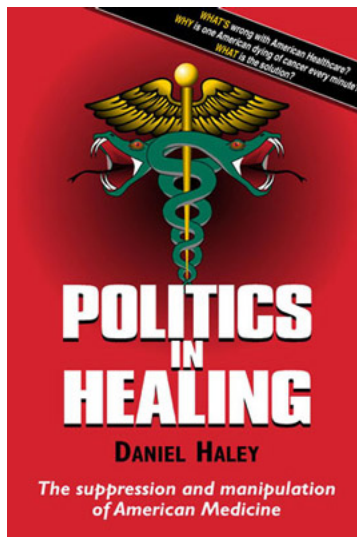
In reality, Royal Rife had identified the human cancer virus first...in 1920! Rife then made over 20,000 unsuccessful attempts to transform normal cells into tumor cells. He finally succeeded when he irradiated the cancer virus, passed it through a cell-catching ultra-fine porcelain filter, and injected it into lab animals. Not content to prove this virus would cause one tumor, Rife then created 400 tumors in succession from the same culture. He documented everything with film, photographs, and meticulous records. He named the cancer virus 'Cryptocides primordiales.'

Virginia Livingston, in her papers, renamed it Progenitor Cryptocides. Royal Rife was never even mentioned in her papers. In fact, Rife seldom got credit for his monumental discoveries. He was a quiet, unassuming scientist, dedicated to expanding his discoveries rather than to ambition, fame, and glory. His distaste for medical politics (which he could afford to ignore thanks to generous trusts set up by private benefactors) left him at a disadvantage later, when powerful forces attacked him. Coupled with the influence of the pharmaceutical industry in purging his papers from medical journals, it is hardly surprising that few have heard of Rife today.

Meanwhile, debate raged between those who had seen viruses changing into different forms beneath Rife's microscopes, and those who had not. Those who condemned without investigation, such as the

influential Dr. Thomas Rivers, claimed these forms didn't exist. Because his microscope did not reveal them, Rivers argued that there was "no logical basis for belief in this theory." The same argument is used today in evaluating many other 'alternative' medical treatments; if there is no precedent, then it must not be valid. Nothing can convince a closed mind. Most had never actually looked through the San Diego microscopes...air travel in the 1930's was uncomfortable, primitive, and rather risky. So, the debate about the life cycle of viruses was resolved in favor of those who never saw it (even modern electron microscopes show frozen images, not the life cycle of viruses in process).

Nevertheless, many scientists and doctors have since confirmed Rife's discovery of the cancer virus and its pleomorphic nature, using darkfield techniques, the Naessens microscope, and laboratory experiments. Rife also worked with the top scientists and doctors of his day who also confirmed or endorsed various areas of his work. They included: E.C. Rosenow, Sr. (longtime Chief of Bacteriology, Mayo Clinic); Arthur Kendall (Director, Northwestern Medical School); Dr. George Dock (internationally-renowned); Alvin Foord (famous pathologist); Rufus Klein-Schmidt (President of USC); R.T. Hamer (Superintendent, Paradise Valley Sanitarium; Dr. Milbank Johnson (Director of the Southern California AMA); Whalen Morrison (Chief Surgeon, Santa Fe Railway); George Fischer (Childrens Hospital, N.Y.); Edward Kopps (Metabolic Clinic, La Jolla); Karl Meyer (Hooper Foundation, S.F.); M. Zite (Chicago University); and many others.



Rife ignored the debate, preferring to concentrate on refining his method of destroying these tiny killer viruses. He used the same principle to kill them, which made them visible: resonance. By increasing the intensity of a frequency which resonated naturally with these microbes, Rife increased their natural oscillations until they distorted and disintegrated from structural stresses. Rife called this frequency 'the mortal oscillatory rate,' or 'MOR', and it did no harm whatsoever to the surrounding tissues.

This principle can be illustrated by using an intense musical note to shatter a wine glass: the molecules

of the glass are already oscillating at some harmonic (multiple) of that musical note; they are in resonance with it, vibrate, and can no longer remain in configuration. Because everything else has a different resonant frequency, nothing but the glass's molecular configuration is destroyed. There are literally hundreds of trillions of different resonant frequencies, and every species and molecule has its very own.

It took Rife many years, working 48 hours at a time, until he discovered the frequencies which specifically destroyed herpes, polio, spinal meningitis, tetanus, influenza, and an immense number of other dangerous disease organisms. In 1934, the University of Southern California appointed a Special Medical Research Committee to bring terminal cancer patients from Pasadena County Hospital to Rife's San Diego Laboratory and clinic for treatment. The team included doctors and pathologists assigned to examine the patients - if still alive - in 90 days. This was obviously a *different age!* I don't believe I'll be seeing the University of Minnesota bringing any patients my way anytime soon. Remember, 1934 was PRE-big-money-chemo!

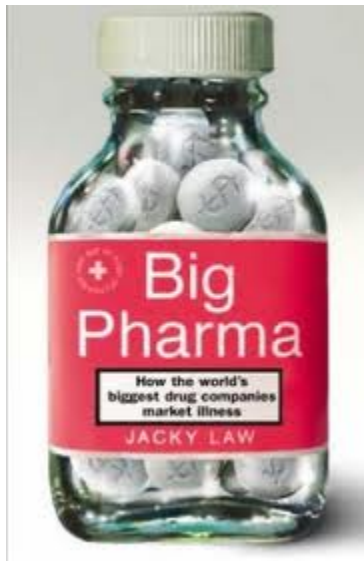
After the 90 days of treatment, the Committee concluded that 86.5% of the patients had been completely cured. The treatment was then adjusted and the remaining 13.5% of the patients also responded within the next four weeks. The total recovery rate using Rife's technology was 100%. On November 20, 1934, forty-four of the nation's most respected medical authorities honored Royal Rife with a banquet billed as The End To All Diseases at the Pasadena estate of Dr. Milbank Johnson.

But by 1939, almost all of these distinguished doctors and scientists were denying that they had ever met Rife. What happened to make so many brilliant men have complete memory lapses? It seems that news of Rife's miracles with terminal patients had reached other ears. Remember our hypothetical question at the beginning of this report: What would happen if you discovered a cure for everything? You are now about to find out....

At first, a token attempt was made to buy-out Rife. Morris Fishbein, who had acquired the entire stock of the American Medical Association by 1934, sent an attorney to Rife with 'an offer you can't refuse.' Rife refused. We many never know the exact terms of this offer. But we do know the terms of the offer Fishbein made to Harry Hoxsey for control of his herbal cancer remedy. Fishbein's associates would receive all profits for nine years and Hoxsey would receive nothing. Then, if they were satisfied that it worked, Hoxsey would begin to receive 10% of the profits. Hoxsey decided that he would rather continue to make all the profits himself. When Hoxsey turned Fishbein down, Fishbein used his immensely powerful political connections to have Hoxsey arrested 125 times in a period of 16 months. The charges (based on practicing without a license) were always thrown out of court, but the harassment drove Hoxsey insane.

Fishbein must have realized that this strategy would backfire with Rife. First, Rife could not be arrested like Hoxsey for practicing without a license since he had a license. A trial on trumped-up charges would mean that prominent medical authorities working with Rife would introduce testimony-supporting Rife, and the defense would undoubtedly take the opportunity to introduce evidence such as the 1934

medical study done with USC. The last thing in the world that the pharmaceutical industry wanted was a public trial about a painless therapy that cured 100% of the terminal cancer patients and cost nothing to use but a little electricity. It might give people the idea that they didn't need drugs and though the drug industry was in its infancy in 1934, it was becoming a very naughty teenager by 1939.



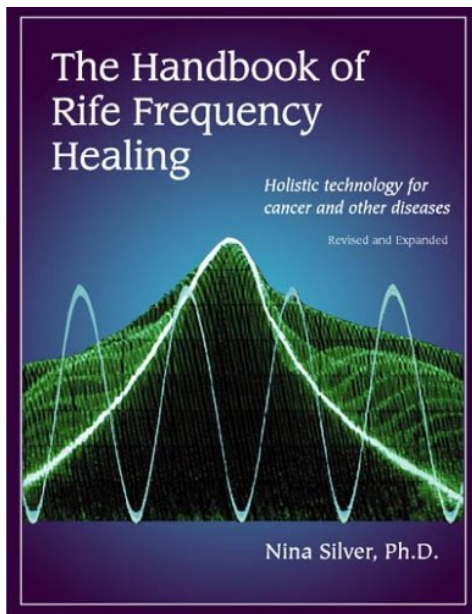
In 1939, a mysterious lawsuit against Beam Ray Corporation, the only company manufacturing Rife's frequency instruments (Rife was not a partner) tied the company up in court and legal expenses in the middle of the Great Depression bankrupted the company. Fishbein and the AMA had won, commercial production of Rife's frequency instruments ceased completely.

On the other hand, big money was spent ensuring that doctors who had seen Rife's therapy would forget what they saw. Almost no price was too much to suppress it. Remember that, today, treatment of a single cancer patient averages over \$300,000. It's BIG business.

Thus, Arthur Kendall, the Director of the Northwestern School of Medicine who worked with Rife on the cancer virus, accepted almost a quarter of a million dollars to suddenly 'retire' in Mexico. That was an exorbitant amount of money in the Depression. Dr. George Dock, another prominent figure who collaborated with Rife, was silenced with an enormous grant, along with the highest honors the AMA could bestow. Between the carrots and the sticks, everyone except Dr. Couche and Dr. Milbank Johnson gave up Rife's work and went back to prescribing drugs.

To finish the job, the medical journals, supported almost entirely by drug company revenues and controlled by the AMA, refused to publish any paper by anyone on Rife's therapy. Therefore, an entire generation of medical students graduated into practice without ever once hearing of Rife's breakthroughs in medicine. The magnitude of such an insane crime eclipses every mass murder in history. Cancer picks us off quietly...but by 1960 the casualties from this tiny virus exceeded the carnage of all the wars America ever fought. In 1989, it was estimated that 40% of us will experience cancer at

some time in our lives.



In Rife's lifetime, he had witnessed the progress of civilization from horse-and-buggy travel to jet planes. In that same time, he saw the epidemic of cancer increase from 1 in 24 Americans in 1905 to, partially because his work was squashed 1 in 2.5 today.

He also witnessed the phenomenal growth of the American Cancer Society, the Salk Foundation, and many others collecting hundreds of millions of dollars for diseases that were cured long before in his own San Diego laboratories. In one period, 176,500 cancer drugs were submitted for approval. Any that showed 'favorable' results in only one-sixth of one percent of the cases being studied could be licensed. Some of these drugs had a mortality rate of 14-17%. When death came from the drug, not the cancer, the case was recorded as a 'complete' or 'partial remission' because the patient didn't actually die from the cancer. It's just absurd!!! In reality, it was a race to see which would kill the patient first: the drug or the disease.

The inevitable conclusion reached by Rife was that his life-long labor and discoveries had not only been ignored but probably would be buried with him. At that point, he ceased to produce much of anything and spent the last third of his life seeking oblivion in alcohol. It dulled the pain and his acute awareness of half a century of wasted effort - ignored - while the unnecessary suffering of millions continued so that a vested few might profit. And profit they did, and profit they do.

Fortunately, his death was not the end of his electronic therapy. A few humanitarian doctors and engineers reconstructed his frequency instruments and kept his genius alive. Rife technology became public knowledge again in 1986 with the publication of *The Cancer Cure That Worked*, by Barry Lynes, and other material about Royal Rife and his monumental work.

There is wide variation in the cost, design, and quality of the modern portable Rife frequency research instruments available. Costs vary from about \$3600 to \$26,000 with price being no legitimate indicator of the technical competence in the design of the instrument or performance of the instrument. Some of the most expensive units have serious technical limitations and are essentially a waste of money. At the other extreme, some researchers do get crude results from inexpensive simple, unmodified frequency generators, but this is just as misguided as spending too much money. Without the proper modifications, the basic frequency generator gives only minimal and inconsistent results. Rife's work was always with LIGHT FREQUENCY. A REAL Rife unit must use a Tesla bulb.

One day, the name of Royal Raymond Rife may ascend to its rightful place as the giant of modern medical science. Until that time, his fabulous technology remains available only to the people who have the interest to seek it out. While perfectly legal for veterinarians to use to save the lives of animals, Rife's brilliant frequency therapy remains taboo to orthodox mainstream medicine because of the continuing threat it poses to the international pharmaceutical medical monopoly that controls the lives - and deaths - of the vast majority of the people on this planet.

Chapter 3

Nutrition and Cancer

“Rarely do we find men who willingly engage in hard, solid thinking. There is an almost universal quest for easy answers and half-baked solutions. Nothing pains some people more than having to think.”

Martin Luther King, Jr.

What do cancer cells feed on?

Anaerobic (without oxygen) metabolism primarily consumes glucose as a fuel source. Cancer cells respire anaerobically, consuming 7-8 times more glucose than normal cells. Since it is so inefficient compared to aerobic metabolism, cancers have a voracious appetite for glucose to sustain them. This is why excess consumption of sugars tends to promote cancer growth.

It is less well known that cancers have an equally voracious appetite for glutamine, an amino acid. Briefly, glutamine is the most important "nitrogen shuttle" in the blood. It brings the organic nitrogen to the cancer cells so they can use it to make the essential amino acids and thus proteins required to make more cancer cells. As the glutamine supply goes to zero, tumor growth goes to zero.

In order for cancer cells to survive they basically require three conditions:

- Availability of glucose
- Anaerobic surroundings - less oxygen
- Availability of glutamine

One avenue to reduce the growth of cancer cells is simply to starve their food sources such as glucose and glutamine-rich foods, and then increase the amount of oxygen in the blood, which they hate.

A rich dietary source of glutamine is red meats. This is why excess consumption of red meats and other concentrated sources of animal protein tend to promote tumor growth. Since normal cells also require both glucose and glutamine, reducing the intake of either to zero would have an undesirable outcome. Consumption in moderation (small quantities), along with fruits and vegetables seems to be the best approach.

FOODS THAT SHOULD BE AVOIDED IN CANCER:

GLUTAMINE-RICH FOODS SUCH AS:

- Red meats (fish and eggs is better in small quantities)
- All dairy products except cottage cheese
- Wheat (which is rich in glutamine)

SUGAR-RICH FOODS SUCH AS:

- All refined sugar products
- All refined foods (white flour products, white rice)
- Fruit juices (homemade vegetable juices are fine and highly encouraged in the Gerson Therapy program which we highly recommend!)

FOODS THAT ARE DISEASE-CAUSING IN GENERAL:

- High saturated fats (animal fats)
- Trans fats from fried foods and hydrogenated fats in margarine

- All food additives, coloring agents and preservatives

With regards to a cancer treatment, every food that we eat or drink can be categorized into several different categories:

1) Foods that feed and strengthen the cancer cells and/or the microbes in the cancer cells and body. Examples would be: refined sugar, refined flour, soda pop, dairy products, etc.

2) Foods that cause cancer (e.g. trans fatty acids [margarine, French fries and virtually every other processed food you buy], aspartame [Diet Coke, NutraSweet, Equal, etc.], MSG, polyunsaturated oils [e.g. corn oil], etc.)

3) Foods that directly interfere with alternative treatments for cancer (e.g. chlorine, fluoride, alcohol, coffee, etc.)

4) Foods that occupy and distract the immunity system from focusing on killing the cancer cells (e.g. beef, turkey, etc.)

5) Foods that contain nutrients that kill the cancer cells, stop the spread of cancer, or in some other way help treat the cancer (e.g. purple grapes with seeds and skin, red raspberries with seeds, strawberries with seeds, broccoli, cauliflower, several herbs, carrots, pineapples, almonds, etc.)

Other Integrative Therapies I Recommend

First, let me again make one thing perfectly clear – I do not treat cancer! In truth, I don't treat anything. My 'scope of practice' allows me to 'treat subluxations', the interferences in nerve conduction that can disrupt homeostasis. I do not treat diseases, don't diagnosis, nor do I desire to give any patient a label of any disorder. My feeling is this – if more doctors looked a patient with wonder and curiosity, seeking desperately to figure out WHY they are manifesting such symptoms, worked vigilantly to trace back and correct the mechanisms that brought them to such a state – I think we'd get more sick people well. That's my goal!

Cancer is a disease that sick people get; I take sick people and do everything I can to help them get better and sometimes the cancer, or MS, or seizures, or headaches, or Autism – goes away. It's kind of like the farmer who had a horrible problem with rats that were infiltrating his barn from a giant trash heap near the south pasture. He would spend all afternoon sitting on his tractor with his 22-gage rifle waiting for the little buggers to present themselves and he would gun them down. Several weeks and dozens of hours 'hunting' later, he asked a young man at the feed mill if he wanted to earn some extra money sitting on his tractor shooting rats. The next day the young man paid a visit and accessed the situation. After about 15 minutes he gave the farmer a proposition, "If I can get rid of all the rats, will you pay me \$100?" The farmer agreed and the young man took the farmer's tractor, dug a big hole and buried all the garbage, destroying the very environment that 'fed' and nourished the rat population. The rats were gone forever.

So it is with every disease. We can chase the illusion of destruction or create a healthy environment that promotes self-healing. Cancer is no different. The purpose of care is to detoxify the body, create a healthy environment, and stimulate the body's immune function. Is cancer 'curable'? Only you can answer that. My job is to help access the dysfunctions that promoted/allowed the disease (whatever name your previous doctors have given to it) and to assist the correction of that. I am currently enrolled in a Fellowship in Integrative Cancer Therapy through The American Academy of Anti-Aging Medicine and South Florida School of Medicine where I am privileged to crunch ideas with the brightest minds in oncology.



Learning to ask better questions is your first step to success. Once a patient receives the dreaded diagnosis, there is a fearful stigma that seems almost stamped on the brain that causes many to follow traditional approaches and surrender all responsibility to a profession that has been less than successful in their treatment. Again, the truth is: according to *Oncology*, a peer reviewed medical journal, the average cancer patient is worth nearly \$300,000 to the hospital and doctors who land the big fish. I hate to paint such a grim picture and must make it perfectly clear that I am NOT against all chemotherapy or radiation, but to ignore and often negate approaches that promote changing the patient's internal environment is malpractice.

My heart cries to hear young and old dying from cancer that have never even attempted alternative approaches. Surely we all will die, some of cancer. God's sovereignty does not preclude the need to seek for knowledge you may not possess. There is wisdom in a multitude of counselors.

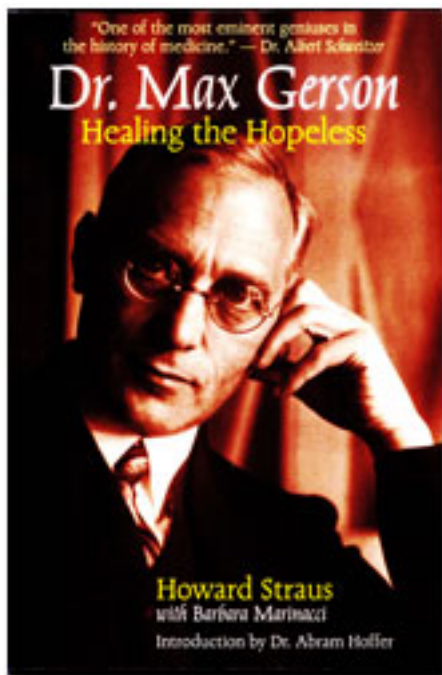
Below are brief descriptions of some alternative approaches for patients diagnosed with cancer that we use in our office. I do NOT suggest a 'shotgun' approach to cancer or any disease! I test patients out with a technique called Applied Kinesiology, that, although not perfect, has been a God-send to find the exact nutritional approach that a person's body will best respond to. I commonly hear patients say that they are 'so confused' with the information out there and they don't know who to believe. The truth is that all these approaches DO work for SOME people. Which approach is going to be best for YOU? That's the question you want to answer; that's the question we try to help you find peace with. I have test kits and supplies for these and many more 'cancer cures'. Usually a person may test out positive on just one or two; you do not want to guess at the best treatment. There's too much at stake to be playing that game.

Gerson Therapy

Dr. Max Gerson fled Germany in the early 20th century to bring his natural method of treatment to the United States. He treated many hundreds of patients and continued to develop and refine his therapy up until his death in 1959, at the age of 78. His most famous patient was Dr. Albert Schweitzer, whom Gerson cured of advanced diabetes when Schweitzer was 75. Schweitzer later returned to his African hospital, won the Nobel Prize, and worked past age 90. Schweitzer wrote, "I see in Dr. Gerson one of the most eminent geniuses in the history of medicine."

More recently, Dr. Gerson was recognized as a pioneer in his field when he was inducted into the Orthomolecular Medicine Hall of Fame in Ottawa, Canada on May 14, 2005. He joined seven other giants of medicine whose seminal work has been influential in the medical and scientific worlds, and are considered pioneers in their respective fields.

One fact always haunted Gerson: It is rare to find cancer, arthritis, or other degenerative diseases in cultures considered "primitive" by Western civilization. Is it because of diet? The fact that degenerative diseases appear in these cultures only when modern packaged foods and additives are introduced would certainly support that idea. Max Gerson said, "Stay close to nature and its eternal laws will protect you." He considered that degenerative diseases were brought on by toxic, degraded food, water and air.



Gerson Therapy seeks to regenerate the body to health, supporting each important metabolic requirement by flooding the body with nutrients from almost 20 pounds of organically grown fruits and vegetables daily. Most is used to make fresh raw juice, one glass every hour, 13 times per day. Raw and cooked solid foods are generously consumed. Oxygenation is usually more than doubled, as oxygen deficiency in the blood contributes to many degenerative diseases (and obviously cancer). The metabolism is also stimulated through the addition of thyroid, potassium and other supplements, and

by avoiding heavy animal fats, excess protein, sodium and other toxins.

Degenerative diseases render the body increasingly unable to excrete waste materials adequately, commonly resulting in liver and kidney failure. To prevent this, the Gerson Therapy uses intensive detoxification to eliminate wastes, regenerate the liver, reactivate the immune system and restore the body's essential defenses - enzyme, mineral and hormone systems. With generous, high-quality nutrition, increased oxygen availability, detoxification, and improved metabolism, the cells - and the body - can regenerate, become healthy and prevent future illness.

I do not recommend a complete Gerson protocol for many of my patients. The intensity of juicing 13 glasses of juice each day is daunting for most and not always necessary. We recommend a 'modified Gerson Therapy' which Gerson die-hards might call heresy. But remember, this is a Cancer Primer, meant to give you a flavor of different techniques and what I usually recommend. I never want an ill patient to become so consumed in their healing that they then make healing an idol and destroy their relationships and quality of life they ironically seek to retain. Balance in everything is the key!

Rife Light Frequency Technology

Possibly the most impressive method of detoxification ever developed, this technology was developed in the 1920s and 1930s by one of the true geniuses of the 20th Century, a microbiologist named Dr. Royal Rife. It involved aiming specific sound frequencies (piggy-backed onto a particular carrier wave for deep penetration) at cancer patients to kill their cancer. The treatment was so easy and non-toxic, it merely involved lying or sitting in front of the light. Documented cancer recoveries that resulted were phenomenal. However, this approach was finally suppressed to the point where it became virtually impossible to find a true Rife Machine that used the exact same technology and specifications of the original creator. Since many machines are being produced today that claim to be authentic, yet are not truly effective, it is important for cancer patients to know about the history and issues revolving around this particular treatment approach (believe me, I tried many!).

The reason why Rife had his clinics shutdown by the AMA and the FDA was because he was claiming that the light frequency "killed cancer cells". Though this was his belief at the time (and no one could deny his success rate) it is NOT the current understanding of how light frequency works. We believe that since light is a photon, a particle on a waveform, it has different characteristics than other waveforms. Everything, on a quantum physics level, is made up of energy vibrating at a specific frequency. Bombarding cancer or any other particle (toxins, virus, etc.) with its own frequency simply vibrates it, making it recognizable to one's own immune system for destruction. RIFE technology does not kill cancer, it allows your body to recognize it and do its job in bringing you back to health.



The Hoxsey Therapy

Currently, this herbal approach to cancer therapy, involving an internal tonic, a topical salve, and a topical powder, can be obtained in its original form from Mexico. But for decades it was a thriving cancer therapy in the U.S. It was the first widely used non-toxic cancer approach, but was so heavily opposed by the American Medical Association that it was finally forced out of the United States in the 1950's. Melanomas and lymphomas are considered the best responders to this herbal approach.



Essiac

A cold herbal tea, Essiac was first obtained from a Native American healer in Canada. Based on age-old traditions, this combination of herbs has proven successful for thousands of people with cancer over many decades. It was eventually rigorously tested and endorsed in the United States by President Kennedy's personal physician, Dr. Charles A. Brusch. Essiac is currently mass-produced in a variety of forms and by a variety of companies. Many people have continued to experience success with it for cancer, but as with any mass-produced herbal treatment, finding a good quality product is extremely important. Combining Essiac with some other alternative cancer approaches has also proven helpful for many cancer patients. (However, it cannot be combined with Protocol.)



Laetrile

This alternative treatment for cancer is possibly the most misunderstood by the public, as a result of massive misinformation propagated by the cancer industry and press decades ago. However, it is still being successfully used to treat cancer in Mexico as well as in a few places in the U.S. Intravenous treatments along with other nutritional supplementation (and sometimes other adjunctive treatments) is usually combined for best results.



IP-6

IP-6 works by increasing your body's Natural Killer Cell activity. These NK cells have two primary roles: They target cells that have made significant change and become cancerous as well as targeting enemy invaders like virus, bacteria, fungus and molds. The NK cells are a part of the Th1 immune system, which is commonly depressed in cancer patients.

Dr. Paul Eggleton of Oxford University demonstrated the IP6 also assists our immune system in our battle against enemies by increasing the oxidizing agents within neutrophils to aid in destruction of cancer and disease. Below are a few Powerpoint slides from one of my talks:

Pathways of Malignancy Affected
by IP6 (in vitro and in vivo)

- Inhibits cell proliferation
- Inhibits cell cycle progression
- Inhibits metastasis
 - Interferes with adhesion, migration, and invasion (inhibits secretion of MMP-9)

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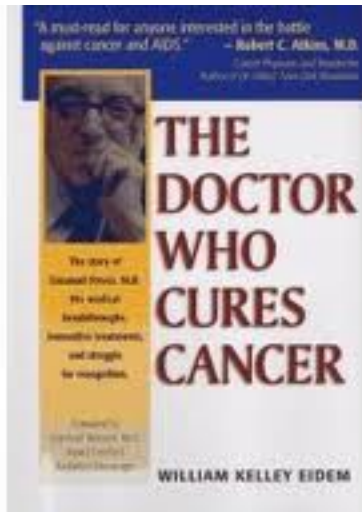
Pathways of Malignancy Affected by IP6 cont.

- Inhibits angiogenesis
 - Inhibits growth and differentiation of endothelial cells
 - Inhibits secretion of VEGF
 - Antagonist of fibroblast growth factor
- Induces apoptosis in many cancer cell lines

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Dr. Kelley's Enzyme Therapy

Dr. Kelley made most of his discoveries when he cured himself of metastatic pancreatic cancer after he was given two months to live. He studied Dr. Bard's work (published in the early 1900's) and discovered the benefits of high dose enzyme therapy. The wonderful thing about this type of therapy is that, not only does it WORK but also it has neither side affects nor contraindications. Two physicians in New York (who have been some of MY teachers in the Integrative Cancer Therapy Fellowship program), Dr. Gonzalez and Dr. Isaacs, are working together to treat cancer patients with this approach and are having great results. The treatment centers around taking high doses of special enzymes that could once only be gotten from these physicians - we now have full access to this approach! Though I do NOT advocate all of Dr. Gonzalez's work, the enzyme portion of his therapy derived from Dr. Kelley's work is one that we readily incorporate, involving strict diet based on Sympathetic or Parasympathetic dominance, high-dose enzymes, and regular coffee enemas. While we do not adhere to Dr. González' 'mega-vitamin' approach, we do believe enzyme therapy has proven itself clinically.



Understand, if we have the ability to test the patient on the correct supplementation and dosage, we can greatly reduce the amount of supplements and thereby the cost of the care. It is common to see our patients with previously diagnosed cancer to be on no more than a few supplements!

Burzynski's Antineoplastons

At his professional clinic in Houston, Texas, Dr. Stanislaw Burzynski heads an impressive team of physicians where they treat cancer patients with an innovative non-toxic approach called "antineoplaston therapy." This treatment is unique and can only be obtained at this clinic and one other location in Mexico. It is the most expensive alternative cancer treatment (averaging around \$9,000 per month), but boasts a good track record for many types of cancer. For a number of years now, the FDA has been supervising clinical trials at the Burzynski Clinic, and this restricts the administration of antineoplaston therapy to only certain cases. However, anyone with cancer can call the clinic, set up a consultation, and find out if they qualify for entering a trial. If not, Burzynski's group offers some other innovative methods for treating cancer as well. I recently heard him speak at a seminar and was impressed with his passion to help people.

I have met Dr. B at my Integrative Cancer Therapy fellowship meetings and though I am convinced that his approach has proven beneficial in some cases, NO therapy is an 'end-all' or 'perfect fit' for everyone.

Protocol

This unique, liquid formula is one of the easiest and least expensive alternative approaches to cancer, yet may be one of the most successful. Protocol is non-toxic and, because it is so easy to use, is often ideal for administering to small children or elderly with cancer. It was developed by a chemist to interfere with the anaerobic (without oxygen) function of cancer cells. The fact that cancer cells obtain

their energy primarily through anaerobic means (glycolysis) was proven in the 1930s and 1940s by two-time Nobel Prize-winner, Otto Warburg. Since all healthy cells in the body use aerobic functioning, Protocol leaves healthy cells unharmed. In 1990, the National Cancer Institute tested this formula (under its previous name of Cancell®), and the results showed it to work better than chemotherapy on a large variety of cancer cells lines. A great book to help understand Protocol is *Outsmart Your Cancer*, the only source in print to present the history, theory, and correct usage of Protocol, and it also presents 16 inspiring testimonials from cancer patients who used it successfully to fight their cancer.

We sell and recommend the book below about a patient who used Protocol with great success:



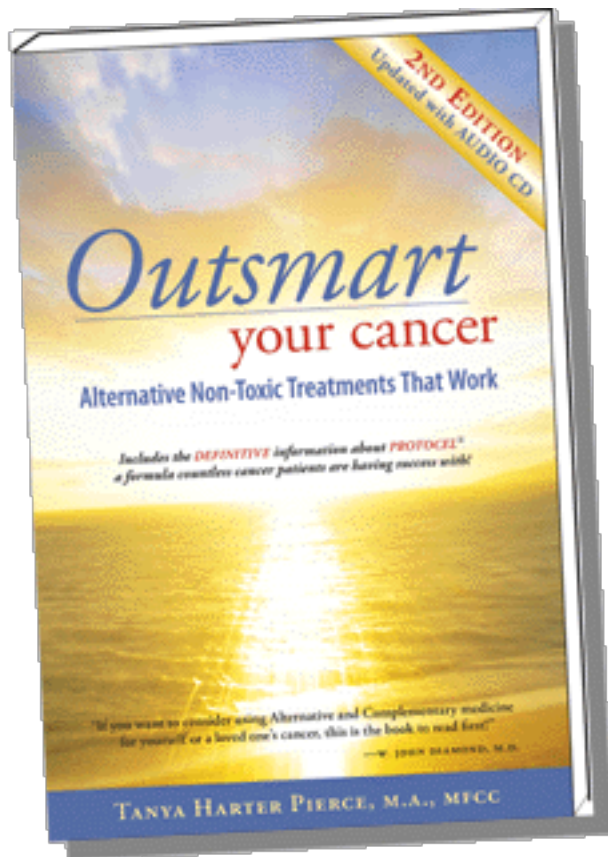
Budwig Detox

Flaxseed oil and cottage cheese, combined in the right way, is the mainstay of this dietary approach to cancer. Developed by the brilliant German biochemist, Dr. Johanna Budwig, it has been used very successfully by thousands of cancer patients. This approach is based on the fact that flaxseed oil is one of the highest sources of omega-3 and omega-6 fatty acids and cottage cheese is one of the highest sources of sulfur-based proteins. Taken together, the fatty acids bind to the sulfur-based proteins, which results in optimum transport of the fatty acids to cancer cells. The underlying concept is that the omega-3 and omega-6 fatty acids repair the damaged cell walls and chemical communication of the cancer cells to the point where they normalize. Dietary restrictions and extra supplementation is also recommended. People with many different types of cancer have responded well to this method, but prostate cancer appears to show a particularly good response to this approach.

Cesium High pH Therapy

A truly impressive approach to killing cancer, Cesium High pH Therapy was originally developed by a brilliant American physicist named Keith Aubrey Brewer. Like Protocol, it targets the anaerobic aspect of

cancer cells, but in a different way. Cesium is the most alkalizing, common mineral, and is also readily taken up by cancer cells. The correct usage of cesium results in “alkalizing cancer cells to death,” so-to-speak. Using cesium alone, however, will create a potentially dangerous potassium deficiency in the body, so sufficient potassium must always be supplemented along with cesium. Originally, a powdered form of cesium, that was difficult for the body to process out, was used. Recently, a liquid ionic form of cesium and potassium has been developed. This new development provides for even more effective and safe usage of this powerful cancer treatment approach.



Haelin 951

Dietary influence on disease and tumor growth has been the subject of scientific investigations for years. Lifestyle habits affect hormones and immune system function and it is widely recognized that breast, ovarian and prostate cancers are hormonally driven. The reality is all cancers are hormonally driven; and the hormonal effect on autoimmune disorders cannot be ignored. As I have stated in other writings, the fluctuations in Th1/Th2 dominance that is a normal and protective during pregnancy and breastfeeding flows evenly with changes in hormone levels that sharply define both an increase or decrease in symptom patterns women may experience during pregnancy should they be autoimmune.

Though there are different types of estrogens, a buildup of what is commonly known as ‘bad’ estrogens

are classified as carcinogens and can cause and promote cancer in both men and women under certain conditions. Therefore it is important to recognize the relationship and interaction between estrogens, phytoestrogens, estrogen receptors, cellular immunity and cancers. Armed with this knowledge the physician can better manage and help prevent both and inflammatory autoimmune disorders.



Hormone replacement therapy (HRT) with NON-bio-identical hormones increased both cancer occurrence and death rates. To understand this, we need to recognize that both HRT and the exposure to xenoestrogens (bad estrogens from our environment), of which none of us can escape, increase the gene expression of the estrogen receptors-alpha (ER-a) on cells. This is the receptor site, or 'docking port' where estrogens attach to enter through the cell membrane to get into the cell.

Cancers are always involved with the ER-a receptors. The Gene Alteration chart (Figure 1) shows the gene expressions of ER-a and estrogen receptor-beta (ER-b) in healthy 20-year-old females (left side) and the gene expressions in four classes of postmenopausal women (right side). Postmenopausal women can have increased ER-a sites (red) and decreased ER-b sites (blue) in their cells. This is not considered normal.

As women age and move towards perimenopause, ovarian secretion of estrogen slowly decreases and adrenal secretion of estrogen should 'take up the slack'. Here lies a major problem; women entering perimenopause with adrenal insufficiency and hypothalamus-pituitary axis lesions are exposed to have extreme fluctuations in estrogen levels that lead to the problem of having an increase in the amount of ER-a sites on their cell membranes with a concurrent decrease in another receptor site called ER-b (Estrogen receptor beta). To further the problem – the greater the exposure to xenoestrogens, the greater the disparity between the numbers of ER-a and ER-b occurs. This is neither normal nor healthy.

To make things worse, we see that use of non-bio-identical HRT, the increase exposure to

xenoestrogens, and use of progesterone creams that aromatize to free (bad) estrogens cause increases in the ER-a receptor sites, which increases cancer risk and up-regulates the ER-a receptor sites. The ER-b sites on cells play a role in immunity and killing of cancer in the cells. Call them the 'good guys'.

I know this all sounds mighty confusing, but stick with me for a minute. Research has shown that fermented soy phytoestrogens (fermented soy products) reduce the ER-a sites in these patients – that's GOOD! Reducing ER-a on the cells and up-regulating your ER-b sites reduces your cancer risks of all types and allows your Th1 (immune killer cells) system to kill cancer cells!

In summary, cells have two different named estrogen receptor sites, ER-a and ER-b. ER-a receptor sites are the ones that receive and 'process' estrogens. If these sites are up-regulated and increased in number, estrogen toxicity begins and the risk of cancer in both men and women increases dramatically. The ER-b sites (good guys) are actually sites where another hormone, 3-beta adiol (adiol), attaches which then up-regulates immunity and kills cancer; you do not want this site down-regulated, which is what happens in HRT and exogenous exposure. Compounds that occupy the ER-b receptor site are anti-estrogenic, regulate immunity and kill cancer in the cell. Compounds that go to the ER-a site are carcinogenic, estrogenic, and involved with increased cancer risks.

I said all the above to introduce Haelin-951, a fermented soy product that up-regulates the ER-b (good guys) and down-regulates ER-a (the bad guys). It's a great product!

We need to understand that fermented soy phytoestrogens are not estrogens, nor do they act like estrogens. Fermentation improves bioavailability and eliminates undesirable compounds found in non-fermented soy. All soy products are not created equal, and results presented herein may not be achieved with unfermented or lower-quality, GMO soy products. Though there are several products on the market, it must be emphasized that self-medicating is never a good idea. We suggest one be tested for the efficacy and necessity of this type of supplementation. More may be understood from my book, "Help, My Body is Killing Me – Solving the connections of autoimmune disease to thyroid problems, fibromyalgia, infertility, anxiety, depression, ADD/ADHD and more," available as a free download on our website or at Amazon.com.

Other Basic Th1 Stimulants

It is very important that one does not incorporate any nutritional supplementation program until they are tested on several fronts. First, as stated in my book, "Help, My Body's Killing Me", inflammation from an autoimmune disorder may be either a Th1 or Th2 dominant process – they are treated VERY differently. Cancer is typically a Th2 dominant disorder at the site of the cancer. In our office, one of the first things we may do is to take patients off all their supplements. They typically enter with a bag full of vitamins, minerals and magic potions that they heard would be the cure for their ailment. They are disappointed, discouraged and have spent a small fortune 'guessing' at what might work. I can't blame

them, they've been to multiple doctors and most have begun in-depth investigations for themselves, searching for anything that would bring them relief.

I hesitate giving a list of any nutrition in this book since I know that most reading it will, once again, 'try' to do this on their own. This is not meant to be a self-help book or a cookbook for treating ANY disease. I desire that you seek care from a qualified doctor trained in Carrick Neurology, Applied Kinesiology and Functional Medicine. Sometimes a little knowledge can be dangerous; you want to do this correctly. So, I will give you guidelines, not a template. In our office we test patients on everything with blood work, urine, saliva, and Kinesiology so we don't 'waste' the patient's money with useless supplements or waste time with things that won't work. It is my belief that too many supplements can be more harmful than too little. Understand, just because I list the below supplements in certain categories depending on the cause of inflammation, I do not practice cookbook nutrition and this book does not advocate it. Seek a professional's help!

Th1 Dominant Disorders

A Th1 dominant autoimmune disorder and a Th1 dominant acute infection are also treated differently. An acute infection will be a Th1 response and the Th1 response should be supported nutritionally – meaning you would take Th1 stimulants to aid the body's attempt to kill a pathogen. There are some variations, so let me give you a few examples:

If I get a nasty cold or flu, I want to support my immune system with Th1 stimulants. If I step off of a curb and sprain my ankle, my body responds with a prophylactic Th1 response to kill any secondary infection and heal the site of injury, my ankle swells because of it and I may even have a fever. In this case, the Th1 response is less than necessary, assuming I didn't break my skin barrier and had no exposure to an antigen. Taking Th1 stimulants may be inappropriate and cause further inflammation; ice, a physical anti-inflammatory would be the best choice. Even a chronic problem like Lyme disease that has now turned into a Th1 autoimmune disorder may be treated with Th1 stimulants during the proliferation phases. It gets a bit complicated with Th1 dominant autoimmune diseases that are driven by a bio-toxin. Yes, even cancer MAY have a bio-toxin as a cause. Again, everyone is different and not all cancers are caused by one thing; it is usually an accumulation of 'punches' that knock the body out, a bio-toxin may be one of the punches.

In general, patients with Th1 dominant disorders should not be taking Th1 stimulants. Understand also that just because I list something in one category or another, every patient is different and their particular body type may react in opposite ways. No approach or expensive research study will be perfect for YOU. You are a unique individual; that is why I rely on appropriate testing. Below is a list of common Th1 stimulants that I test for in patients that are Th2 dominant, have an acute Th1 infection, or may be Th1 dominant autoimmune with a bio-toxin as the antigen and it is in its multiplication/proliferation phase:

Typical Th1 stimulants:

Garlic – The benefits of garlic are too great to mention here.

Vitamin C – Let's clarify some nutritional principles first: Vitamins are not individual molecular compounds, they are biological complexes. The beneficial activity of vitamins only takes place when all conditions are met within the environment, and when all co-factors and components of the entire vitamin complex (found in nature) are present and working together.

Vitamins cannot be synthesized and/or isolated from their complexes and still perform their specific life functions within our body. Royal Lee, a genius in his time, wrote:

A vitamin is: "... a working process consisting of the nutrient, enzymes, coenzymes, antioxidants, and trace minerals activators."

- Royal Lee "What Is a Vitamin?" Applied Trophology, Aug. 1956

Legally, vitamin C is ascorbic acid, because when it was discovered, that was all that was seen in the microscope of the day. Reality is different. Ascorbic acid is an isolate, a fraction, a distillate of naturally occurring, whole form vitamin C. In addition to ascorbic acid, vitamin C must include rutin, bioflavonoids, Factor K, Factor J, Factor P, Tyrosinase, Ascorbinogen, and other components that it is found with in nature.

If any of these parts are missing, as in the vitamin C capsules you most commonly purchase, little to no real vitamin activity takes place in your body. When some of them are present, the body will draw on its own stores to make up the differences, so that the whole vitamin may be present. Ascorbic acid is described merely as the "antioxidant wrapper" portion of vitamin C; ascorbic acid protects the functional parts of the vitamin from rapid oxidation or breakdown. (Sommer p 58 "Vitamin C: A Lesson in Keeping An Open Mind" The Nutrition Report)

Most of the ascorbic acid in this country is manufactured at a facility in Nutley, New Jersey, owned by Hoffman-LaRoche, one of the world's biggest drug manufacturers where ascorbic acid is made from a process involving cornstarch and volatile acids. Most vitamin companies buy the bulk ascorbic acid from this single facility and create their own labels, combinations, claims, formulations, and unique 'twists' to claim to have the superior form of vitamin C, even though it all came from the same place, and it's really not really vitamin C at all.

This is really the story of all the vitamins. Most are synthetic, manmade, created in a laboratory and yet legally labeled as the real vitamin. By contrast, "whole-food vitamins" are created from the entire food that contains the nutrient in abundance. They typically contain far less of the nutrient on the label but they are much more 'active' and really work in your body. Again, I'm not even saying that there is no

benefit in ascorbic acid; I've seen high-dose, intravenous ascorbic acid therapy work for some cancer patients. What I am say is that ascorbic acid is NOT the whole vitamin found in nature and may NOT be the best choice in daily or therapeutic use. We use whole-food nutrients as often as possible and suggest the same.

Cat's Claw (*Uncaria tomentosa*, *Uncaria guianensis*, Una de Gato, Samento, Saventaro) is an herb traditionally used by the Asháninka Indians of Peru. The tribe recognized two different types of this plant (one was used therapeutically, the other was rarely used). This difference has been verified phytochemically and two chemotypes have been identified: the preferred chemotype contains predominantly only pentacyclic oxindole alkaloids (POAs) speciophylline, mitraphylline, pteropodine, isomitraphylline and isopteropodine; the other chemotype, which was never used, contains predominantly the tetracyclic oxindole alkaloids (TOAs) rhynchophylline and isorhynchophylline in addition to the POAs. The preference for the POA chemotype Cat's Claw has been backed up by scientific research even though there has been more than enough puff made about TOAs, we still must point out that all Cat's Claw contains some. I like to use a product that utilizes the synergistic benefits of Cat's Claw with a few other herbs. Coriolus, Green Tea and Olive Leaf extract blend well with Cat's Claw.

Cat's Claw acts as an immune stimulant, it aids the Th1 response. It also has some anti-inflammatory actions as well and is therefore a great benefit to a bio-toxin generated autoimmune disorder in the brain. Because of its anti-inflammatory benefits, it can help brain issues like depression, anxiety, ADD/ADHD and the like.

Cat's Claw is particularly beneficial in treating Lyme disease. Lyme just may be the most misdiagnosed problem in America leading to many autoimmune disorders. Doctors are inclined to rule out Lyme disease based on the negative result of a laboratory test that are just plain poor! Since there has been no reliable laboratory test for Lyme, most clinicians are ill-equipped to diagnose chronic Lyme disease and I have had scores of patients that were refused treatment of acute Lyme due to a false negative test. These are the patients who have suffered needlessly for years, hopelessly lost in the maze of the health care system, looking for answers and enduring the skepticism of practitioners inexperienced with autoimmune disease.

What has been needed for years has been a better Lyme test or some other objective measure to persuade practitioners to consider the diagnosis of chronic Lyme disease.

Recently, researchers Dr. Raphael Stricker and Dr. Edward Winger discovered that chronic Lyme patients exhibit a decrease in a specific marker called CD57+. White blood cells (a.k.a. eukocytes) are the components of blood that help the body fight infections and other diseases. White blood cells are categorized as either granulocytes or mononuclear leukocytes. Mononuclear leukocytes are further sub-grouped into monocytes and lymphocytes.

The main lymphocyte sub-types are B-cells, T-cells and natural killer (NK) cells. B-cells (part of the Th2 response) make antibodies after the T-cells in the Th1 response fail to destroy the antigen in 'round one'. T-cells and NK cells are the initial cellular aggressors in the immune system and are the sub-group that the CD57 markers are a piece of.

CD markers are a part of the chemical slurry making up an immune response. CD, which stands for "cluster designation", is a glycoprotein molecule on the cell surface that acts as an identifying marker. Cells have thousands of different identifying markers, or CDs, expressed on their surfaces, and about 200 or so have been recognized and named so far.

Natural Killer cells have their own specific surface markers; the predominant NK cell marker is CD56. The percentage of CD56 NK cells is often measured in patients with chronic diseases as a marker of immune status, i.e., the lower the CD56 level, the weaker that particular portion of the immune system. With chronic Lyme disease, Dr. Raphael Stricker and Dr. Edward Winger discovered, CD57 NK cells are lower than individuals that are healthy and lower than patients suffering from other chronic, autoimmune disorders. This makes measuring CD57 counts a great marker for these chronic patients who often think they are going crazy. Believe it or not, these chronic and often hidden disorders like chronic Lyme can be responsible for lowering the Th1 response enough to 'set-up' cancer!

The reason I bore you with the details is that Cat's Claw has been shown to be a tremendous help to increase CD57 values. Who knows what other diseases may be helped with increased CD57 markers.

Other Th1 stimulants to consider:

Echinacea

Immune stimulants

Licorice root (Glycyrrhizin)

Astragalus

Beta-glucan mushroom

Maitake mushroom (Grifola frondosa)

Lemon Balm (Melissa officinalis)

Olive Leaf extract

Typical Th2 stimulants:

Typically one does NOT want to take Th2 stimulants with cancer; however, I would consider making an exception with Green Tea Extracts and Resveratrol, two nutrients with countless studies proving their effectiveness on cancer. Balanced with enough Th1 stimulants, inflammation will not be a problem.

Other Th2 stimulants one may want to avoid:

Grape Seed Extract

Herbal barks (Cramp Bark, Pine Bark, and White Willow Bark)

Lycopene

Pycnogenol

Caffeine

Immune modulators – things that should be tested to help balance either side:

Andrographis (*Andrographis paniculata*, green chiretta, chua xin lian, senshinren) – Andrographis readily crosses the blood-brain barrier so it can be very effective in modulating immune responses in the brain. It is a great antispirochetal agent so can be extremely beneficial for a chronic Lyme patient. Its benefits to reduce neuro-inflammation may be one of its greatest aids, but it has been used for centuries by various cultures to treat everything from malaria to pandemic flu. It is very effective for a variety of parasitic infections and was a primary treatment for syphilis prior to antibiotic use.

I believe that the primary function of Andrographis is in down regulating iNOS (cytokine inducible nitric oxide synthase – the pro-inflammatory or ‘bad’ NOS that gets ‘revved up’ in autoimmune disorders). When iNOS increases, the ‘good’, anti-inflammatory, epithelial nitric oxide synthase (eNOS) gets reduced. eNOS is necessary for vessel wall health and essential to keep healthy barriers like the blood-brain barrier, gut barrier, as well as arteriole wall integrity in heart disease and strokes. This, I believe, is why Andrographis has been proven to help heal patients following heart surgery, angioplasty, and myocardial infarction. It is really one of the ‘good guys’ in healing the brain and other tissues.

Japanese Knotweed (*Polygonum cuspidatum*, Chinese knotweed, Hu Zhang, Kojo, Itadori, Hojang) – Though this can act as a Th1 stimulator and must be tested in individual patients, Japanese knotweed can work well to modulate the immune response. Studies have revealed antiparasitic, antibacterial, antifungal, anticancer properties as well as central nervous system calming properties. It also protects the body against endotoxin damage from ‘die-off’ of bio-toxins killed through other sources. Other studies have shown it to be anti-inflammatory and may be extremely useful in calming Th17 inflammation in the brain as it crosses the blood-brain barrier readily.

Some bio-toxins (living organisms invading the body) can release compounds called matrix metalloproteinases (MMPs, of which there are several different types) that destroy our body’s tissue. Many anti-inflammatories that I highly recommend in this group have shown to help clear the body of these MMPs, but only one, Japanese knotweed, has proven to block several types of MMP production. It also contains Resveratrol, by itself a Th2 stimulant, but in combination with the whole herb, it acts to

inhibit MMP levels as well. Other research has shown that it inhibits arachidonic acid metabolites that force the COX inflammatory pathways as well as iNOS (the 'bad' nitric oxide that causes inflammation in the brain). It has also been proven to interfere with nuclear factor-kappaB, a chemical linked to inflammation, autoimmune disorders and cancer. It helps regulate normal cell death (apoptosis) where that has been altered (in cancer), and just modulates the immune response, especially in the brain and spinal cord.

Knotweed has also show to increase circulation to the small vessels of the eye, ear, joints, heart and skin. I test all Lyme, Hepatitis C, and other bio-toxic patients on knotweed. It can also work well for acute infections.

Alpha Lipoic Acid – the studies on this nutrient are abundant; it helps too many pathways to be left out of nearly any nutritional regimen.

Omega 3 Fatty Acids – fish oils are essential for cell membrane health, balancing good/bad nitric oxide levels, improving insulin sensitivity in healthy cells, increasing mitochondrial health, improving endothelial healing, and the list goes on and on.

Curcumin (turmeric) – This is perhaps one of the most important nutrients in cancer. The very process of rapid cell division in cancer causes an enormous amount of cellular wastes to be dumped into the matrix outside of the growing cancer. This extracellular 'slime' is highly acidic and protects the growing diseased cells from your immune system's attempt to kill them. Many believe that this acidic slime is really what needs to be defeated for the cancer patient to improve. I believe it is a huge part of helping your body's immune system to kill the cancer cells.

This is where Curcumin comes in! High doses of Curcumin, pre-dissolved in a fat, act as the strongest anti-inflammatory compound in the process of 'clearing' this slime layer. This is the same mechanism in Dr. Kelley's 'high dose enzyme therapy' – the enzymes literally digest the acidic slime layer enabling the anti-inflammatories like Curcumin to carry it away and your immune system to kill the cancer!

You need to use about 2-5 grams of Curcumin each day, split into several smaller doses. It also must be used either with a fat (coconut oil) or already emulsified in a fat (we use a product like this).

Other Nutrients:

There are just too many other nutrients to mention here; this is just a "Primer", remember? Besides, I was trying to keep this book under 25 pages so people would read it and I just keep babbling on. I could go into detail about vitamins, minerals, homeopathies, acupuncture, and other detox, but time doesn't permit.

Integrative Cancer Treatment FAQ

What is the definition of an "integrative treatment" for cancer?

A: The definition for "integrative cancer treatment" that most practitioners use is "the attempt to 'marry' alternative, non-mainstream treatment to the patient's current medical care FOR THE BEST INTEREST OF THE PATIENT." Generally, these are treatments which are NOT taught to doctors in medical schools (thus not understood by most traditional doctors), NOT advertised in medical journals, and NOT recommended by most physicians to their patients. They are also generally NOT covered by health insurance policies. None of this, however, means they are not effective. In fact, they often have a much higher documented efficacy than conventional treatments.

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

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

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

In other words, when a cancer patient needs a few days or weeks for their body to recover from the toxic treatment being given them, the MDR cancer cells and cancer stem cells may also start to recover during this time. The cancer may even start to grow faster than before due to the body's immune system having been weakened by the toxic treatment. Eventually, a person's body may not be able to recover at all because the immune system and vital organs have been too weakened by the treatment itself.

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

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

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

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

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

1) That alternative treatments are unscientific and are developed or administered by quacks. I for one would rather be a 'quack' and a 'medical heretic' than binding myself to the pharmaceutical machine that deems it necessary to destroy its perceived competition while it 'owns' the right to kill people for money.

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

3) That, if alternative treatments really worked, all doctors and cancer clinics would be using them. I think we've addressed what I feel about this.

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

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

The Fellowship program that I just graduated from is taught by leading MD's and cancer researchers from MD Anderson and Yale. Regardless of the criticism out there against conventional medical treatment, there are plenty of great MD's who really care about their patients and are willing to learn and try 'new' things because they truly desire to see the patient succeed.

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

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

cancers; whatever they are claiming may actually be the cause of SOME cancer, but 'all' is a pretty strong word. There are many reasons one 'gets cancer' and everyone is different; care is never a 'one size fits all' approach.

Be careful of anyone claiming the ability to CURE anything, not just cancer!

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

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

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

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

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

Here's a really sad stat: The main reason the medical establishment is pushing for early detection is that the chance of the patient living for five years increases and they can boast of their treatment 'cure'. How can they be so evil? Most people will disbelieve me on this point because they just cannot grasp that an establishment would operate solely to manipulate statistics for financial gain. There is a fitting quote that states, "I love capitalism, but certainly not every capitalist."

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

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

I've stated over and over that we do not treat cancer. I legally can't! My medical doctor friends that I graduated with from the Integrative Cancer Therapy Fellowship can't treat cancer either! We are all confined by the FDA and state boards to leave cancer treatment to Oncologists. That's perfectly okay with me; I have NO desire to treat cancer, it's futile! I will gladly remain solidly at my post to point people in the right direction. There is little success in treating cancer; there is great success in cleaning the environment that allowed it to grow.

Q#8: If alternative treatments for cancer are so successful, why aren't oncologists and cancer clinics recommending them?

A: Most conventional doctors and cancer clinics do not recommend alternative treatments for cancer for a variety of reasons. The primary reason is that, in most U.S. states, doctors are not legally allowed to recommend any treatments for cancer that the FDA has not approved. Since the FDA refuses to even consider approving any treatment that does not bring big profits to the pharmaceutical companies and other large industries they are associated with, then any treatment not approved by the FDA is

automatically called "alternative". It can be a very serious legal transgression for most doctors if they try to recommend an alternative cancer treatment, even if they know that treatment could give their patient the best possible chance for recovery. Many highly respected doctors have tried to practice alternative approaches and lost their medical licenses as a result, or were even thrown in jail. Two of the most liberal states in the U.S., where many of the alternative therapies are being practiced today, are Nevada and Arizona. Numerous physicians who wish to practice alternative cancer medicine have moved to one of these states.

Another reason is that most conventional doctors don't have an adequate understanding of alternative treatments for cancer because they have never been educated about them and there are virtually no references to alternative medicine in their medical school training or their medical journals. These, too, are controlled by pharmaceutical companies. Things are changing though; I currently train with many other like-minded MD's wishing to add alternative therapies to their practices.

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

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

Q#9: Why can alternative treatments for cancer have better track records than conventional cancer treatments?

A: To be honest, not all do. Understand, I have my foot in alternative and traditional therapies but I am not against ALL types of chemotherapy. Some alternative therapies DO have documented cure rates that are better than conventional treatments, and others offer multiple case stories of people who had conventional treatment fail them and then went on to use that alternative approach to achieve a complete recovery or at least some help. We are never legally speaking of a cure; we speak of treating

the patient to allow the body to heal itself.

The simple answer is that alternative treatments, in general, deal with the true causes of sickness and with the cancer patient's whole body in a non-toxic way. This can be a much more effective way to completely rid a person of cancer than conventional medical treatments, which involve toxic approaches and only target the "symptoms" of cancer (the tumors themselves).

Q#10: What causes cancer?

A: This question is really too big to answer here. Please refer to my book on Autoimmune Disease, "Help. My Body is Killing Me," and one of my favorite books on Cancer, "Outsmart Your Cancer," in which will address this question in depth. Chapter 2 gives an overview of this issue, but each treatment chapter provides an even more in-depth understanding of what causes cancer on the cellular level.

Q#11: Some people think that by the time they get cancer the medical establishment will have found a cure. Is this a reasonable expectation?

A: I cannot predict the future, but I would say to those people, "Don't hold your breath!" The mainstream medical establishment has been claiming to be actively searching for a cure since the 1940's or so, and they have been predicting a cure right around the corner ever since while they've successfully squashed real success. The problem is that conventional medicine has been looking for a cure in the wrong places. They're looking for things that can be patented and therefore financially marketed; therefore they focus on drugs that are toxic to tumors and, since these drugs are also toxic to the rest of the body, it is impossible to use enough of the drug to get rid of every last cancer cell in a patient without killing them first. It is well-known that, in most cases, if a doctor were to prescribe enough chemotherapy or radiation to a patient to kill every cancer cell in a person's body, the cancer would be gone but so would the patient.

The biggest problem is that organized medicine is governed by the power of the big pharmaceutical companies. The pharmaceutical companies fund most of the cancer research being done, even that performed at universities, yet they will only fund the type of research that could possibly result in patented drugs that can bring them huge profits. Their goal is to make money, NOT to test whatever works, and sad to say, NOT to cure cancer. Since the FDA is intricately involved with and controlled by the pharmaceutical companies, it has now become a watchdog and strong arm of Big Pharma, rather than a protector of the American public as it was intended to be. So, while the pharmaceutical industry

searches for profitable "silver bullets" to treat cancer, they are actively and knowingly ignoring the arsenal of alternative cancer treatments that already exist and have been proven effective because they CAN'T MAKE ANY MONEY FROM THEM.

Q#12: Is there a "conspiracy" to suppress alternative cancer treatments?

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

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

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

Q#13: If the mainstream cancer industry has effectively suppressed alternative cancer treatments before, what will keep them from continuing to do so?

A: There is no doubt that they are certainly still trying to suppress effective alternative cancer

treatments. Read the book, "The Burzynski Breakthrough," to find out just how recently the FDA has tried to stop non-toxic anti-neoplaston therapy for cancer. But I do believe that the Internet, which has only been available to the public in a widespread way for a little over a decade, will save us. As long as nothing can stop people from sharing information through the World Wide Web, we now have a chance to stop this deadly suppression by sharing information among ourselves!

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

Q#14: If I want to use an alternative cancer treatment approach, should I still consult with a conventional oncologist first?

A: Yes. You should always consult with a qualified oncologist, in my opinion. Not for the purpose of asking the oncologist what he or she thinks of the alternative treatment you are considering, but for other reasons – I'm not an Oncologist. As already mentioned, conventional surgery alone may be curative for some cases and that might be an attractive option for certain people. And, in some cases where a person's cancer is already very advanced when they are first diagnosed, sometimes short-term radiation or short-term chemotherapy may be necessary to give the patient time for an alternative approach to work.

In consulting with a conventional oncologist, it is also very important to ask as many questions as possible. In Chapter 21 of the book, "Outsmart Your Cancer," the author presents a list of important questions you can ask to clarify your chances for recovery using the treatment course your oncologist is recommending. By doing so, you are giving yourself the best chance for understanding your options. In all cases, a combination of conventional AND alternative treatment may be your best choice.

Last but not least, establishing a relationship with a conventional doctor is generally necessary at some point for assessing your progress. Even people using alternative approaches need diagnostic tests at various intervals for the purpose of assessing how they are doing or for any related problems that may occur.

Thus, conventional medical experts should always be consulted. And every cancer patient should be as

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

Q#15: Can I use a conventional approach along with an alternative approach at the same time?

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

Chapter 4
Never Give Up
BUT
Always Give In

“Then I heard what sounded like a great multitude, like the roar of rushing waters and like loud peals of thunder, shouting: “Hallelujah! For our Lord God Almighty reigns.”

Revelation 19:5-7

I make no apologies for my spiritual belief, for this is my book. You do not need to agree with everything I say, but no book on such grave a subject as cancer should omit the eternal perspective. I come from a Christian background, with a strong belief that there is only one way to heaven as well as any true joy in this life, and that is through Jesus Christ.

I believe that God is sovereign; that means He allows things in my life for reasons I may never understand this side of heaven. He is my heavenly father who loves me beyond my understanding and sent His Son to die in place of what I deserved. He called me, made me His son, and I have given myself to him and in so doing, should He allow me to 'get cancer', I must logically seek possible reasons He did so.

Does He desire for me to be healed and be a witness of His power? Does He desire me to find answers that may help thousands of other to suffer less? Does He desire me to be a witness of His grace and mercy throughout my struggles? Does He desire me to be healed to minister to others who suffer? Does He desire me to die and be in heaven sooner? There are a million possible questions and He may entrust me with the answers He desires me to know.

Every person, sick with cancer or seemingly springing with health should ask such questions. It's only human to ask, "Why me, why do I have to get cancer," when the more appropriate question may be, "Why not me?" I want *all* that God has for me and I am mature enough in my faith to understand that it's NOT the temporal things He's concerned about. He desires me, He loves me, He wants me by His side forever and ever and I give Him permission (though He doesn't need it) to mold me and shape me, be it ever so painful, more into the image of His Son. The temporal sliver of time we spend on earth pales in comparison to eternity.

I am not a doctor who believes that God desires to heal all my wounds or cure every cancer patient. We all will die, some of car accidents, some of old age, and others of cancer. Where we go after we die is of most concern. We must surrender to the fact that God is God and we are not. This doesn't mean that we are to passively allow the world and its evils to beat us down; we are to keep fighting the fight while surrendering to God.

Should you desire to read more on this subject, dare to read my book, "Is Hell the Only Difference...Demanding Sanctification in the Pretentious Church" through Westbow Press, available at Amazon.com

Know that I'll pray for you always!

Final Remarks

Regardless of what you choose about healthcare, I pray that you make wise, rational decisions based on facts (though often hidden) and not fear. You need to take responsibility and not hand it over to any practitioner, conventional or alternative. Get advice from many, weigh it all against their biases, and pray for peace about your decisions.

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