ALTERNATIVE CANCER TREATMENT

SHOULD YOU CHOOSE IT?

Cancer is a mysterious and frightening disease, and can feel almost impossible to treat. While significant progress has been made in treating coronary heart disease, high blood pressure and peptic ulcers, there has been almost no progress made in treating cancer.

ONE WOMAN'S STORY

It started with a tiny lump in her breast—so tiny, this woman in her early 40's wasn't particularly scared. Besides, she had followed all the cancer screening recommendations. She was doing regular mammograms, as well as regular breast self-exams.

She made plans to have the tiny lump removed as soon as possible. She also made plans to go on vacation with her beloved husband and daughter, as well as continue her career.

For a while, things looked hopeful; the tumor was small, and had shown no signs of spreading. Surgery went well, as did radiation and chemotherapy. But two years later, the tumor came back, and a year after that, she died. Should she have chosen alternative cancer treatment?

CANCER: ALL TOO COMMON

The statistics on cancer are anything but encouraging:

- Almost 40,000 women are expected to die of breast cancer in 2011 (1). Even though there has been a slight decline in breast cancer deaths, it's far from a significant downward trend. A small number of men are expected to die from breast cancer as well.

- Approximately 13.9 billion dollars were spent in the US yearly for breast cancer treatment (2).

- This problem was so huge, that National Cancer Institute alone spent 631.2 million dollars on breast cancer research in 2010 (2).

- In 2007, cancer was responsible for 13% of the total death rate -- about 7.9 million people.

- Cancer rates are going up so fast that they expect cancer to become the number one killer, surpassing heart disease.

THE FIRST STEP TO STOPPING IT: FINDING IT

The current strategy to fight breast cancer, as well as most other cancers, is simple: detect it early, remove the tumor before it spreads, and you have a good chance of surviving. I think of it as the 'snake' strategy: if you see a poisonous snake, you grab something heavy and kill it before it kills you. Simple, but it can be effective—*if* your aim is good.

THE TOOLS OF THE TRADE

There are several tools for breast cancer screening: Breast self-exams and mammograms. Screening tools for other cancers include colonoscopies, PAP smears, physical exams. If anything is found on and exam or while screening, then further investigations are required.

Mammogram is a screening as well as diagnostic tool, using x-rays to detect breast masses or abnormal calcifications. To examine a breast, it is squeezed between plates. X-rays go through the breast tissue, the image is recorded, then read by a radiologist. If a mammogram looks suspicious for cancer, further imaging studies are required.

A sonogram is usually the second imaging tool, used after mammogram. Sonogram uses ultrasound to evaluate the lesion. Ultrasound works by detecting tissue density changes, so it is very useful for determining whether a lump is actually a breast cyst. Cysts are fluid-filled sacs that feel like round, smooth lumps. They are usually benign, but not always. They may require fluid aspiration, or even removal, to rule out cancer. If you're prone to cysts, there are things you can do to help prevent or lessen their severity, such as avoiding chocolate and caffeine, and working to balance your hormones.

Breast fibro adenomas can also feel like breast lumps. They usually feel like firm, round lumps. They are benign and not related to breast cancer. Fatty lumps like lipomas can manifest as a breast lump. They are also benign. If an ultrasound result cannot rule out cancer, an MRI of the breast or a biopsy is needed.

MRI imaging is a very sophisticated imaging technique that uses a strong magnet to align the magnetic fields of the body's molecules, and then disturb them with radio frequency waves. As a result, body particles generate changes in their magnetic field, which are detected by the scanner. Two-dimensional and even three-dimensional images are generated by the computer. Because of its excellent sensitivity, MRI is very good at detecting soft tissue lesions like breast, brain, heart and tumors.

If the lesion is suggestive of cancer on an MRI, a breast biopsy is warranted.

Breast biopsy can be a fine needle aspiration, or a core needle biopsy.
Fine needle aspiration is a relative simple procedure, where a fine needle is inserted into the breast lesion through the skin. It is very good for aspirating cystic, fluid-filled, lesions. This fluid is then studied under a microscope to look for cancer cells.

Core needle biopsy is designed for solid lesions. It still uses a needle, inserted through the skin into the breast lesion. But because the needle is hollow, it can extract a sample piece of tissue. The tissue is then examined under a microscope to look for cancer cells. Biopsy is pretty accurate, making it easy to diagnose cancer. Both fine needle and core needle biopsies can be done either manually or with ultrasound or X-ray guidance.

In a fair amount of breast lumps, no dangerous lesions can be found. But about 10% of the all breast lumps are caused by breast cancer (3).

DIAGNOSIS

A breast cancer diagnosis is made by either taking a small piece of the lump by a needle biopsy, or removing the lump surgically and then examining its tissues under a microscope. If a cancer

diagnosis is confirmed, the next step is to find out if it has spread. It is usually done by checking lymph nodes in your armpits by palpation and/or by biopsy while surgery. Sometimes a bone scan, CAT scan or MRI is necessary to rule out bone metastases.

Recently, a novel and very sophisticated nuclear medicine imaging technique called PET scan has gained recognition and popularity. PET stands for Positron Emission Tomography.

PET uses positron-emitting radionuclide—think of it as a “tracer” atom--incorporated into glucose analog FDG (fluorodeoxyglucose)--a radioactive pharmaceutical. Glucose analog FDG is then injected into a patient. Glucose analog means that the compound closely resembles natural glucose, which is taken in by the cells--including cancer cells. The PET scanner makes images of the FDG wherever it appears in the body. That’s why PET scan is used to detect cancer spread.

If a PET scan is negative and the cancer hasn’t spread, the tumor is removed surgically to prevent its spread in the future. The tissues around can be treated with radiotherapy to kill any cancer cells that remain in the vicinity of the tumor.

The same detection principles are applied for other cancers. For colon and stomach cancer, biopsy is done most of the time during endoscopy. Lung cancer biopsy is done with the help of bronchoscopy or via chest wall, using a CT scan for guidance.

CANCER THERAPIES

The two most common forms of traditional treatment (as opposed to alternative cancer treatment), are radiation and chemotherapy.

Radiation therapy releases an ionizing radiation that kills tumor cells. It damages the DNA of the tumor, causing tumor cell death.

Chemotherapy is used for the same purpose: to kill cancer cells. It targets rapidly dividing cells, including cancer cells. Newer chemotherapy drugs target specific kinds of cancer cells. These are sometimes called "smart drugs."

So how did it happen, that despite all these advances in detection and treatment, that people are still dying in huge numbers? Why, despite all medical research and sophisticated treatments, did that young woman die about 2 years after finding a tiny lump in her breast? Could it be that a disaster started many years before?

ONE STEP FORWARD…

1971. The United States of America. Because of a high mortality rate, lack of progress in cancer treatments, and growing public concern, President Nixon declared a “War on cancer." He signed the National Cancer Act. Since then, trillions of dollars have been spent on cancer research, development of new imaging techniques, and drugs for cancer treatments. They even created a special audit organization – the National Cancer Institute (NCI) – to collect and

coordinate efforts to fight cancer. We also have another huge organization – the American Cancer Society, with a huge budget as well. The budget of the NCI was about 4.9 billion dollars a year from 2005 to 2010 (4). With this huge budget, you might expect something would be done about cancer. You might even expect *big* results for such big sums of money. It didn't happen.

…TWO STEPS BACK.

The cancer mortality rate now is only slightly lower than it was in 1971 when the war on cancer was declared. So where did all that money go? It went to research, development of new strategies and new drugs, and on treatment itself. So why isn't it paying off with a healthier population? One possibility: the strategies and drugs don't work. But how could that be? Doesn't the Food and Drug Administration test drugs to be sure they're safe and effective? They do or they don't?

Even though the FDA has requested a 2013-year budget of over 4 billion dollars (5), this money is for supervision purposes only! The FDA is supposed to make sure that Americans are getting real and safe treatments, and are not deceived by quackery. Just monitoring the cancer drug companies is a big job, because the total cancer care cost in the US in 2010 topped 124 billion a year (6)! For this astronomical sum can we get something in return? All we've gotten so far is a slight decrease of cancer mortality rates (7) -- only about 5% since 1950. In contrast, the death rates for cardiovascular diseases dropped 28% since 1990 (8). Huge difference! Overall, the results of the war on cancer have been disappointing (9,10). In fact, nobody even mentions the war on cancer, declared many years ago by president Nixon. Is it a kind of silent war? Or is there a war at all? Have we lost it? What's going on here?

CANCER HITS HOME

I still remember that evening when I received the call: my dad was dead. He had prostate cancer. Even though I had expected him to die, I still was in denial. It's very difficult to accept the death of a parent. But there was also another concern: now I had a family history of prostate cancer, meaning that my risk for eventually dying of prostate cancer was increased. But at that time, I didn't worry too much about it because I believed in medical progress. I believed then that cancer survival rates would rise dramatically as I got older. So I thought that by the time I may get prostate cancer, they would find a cure for it. Besides, I am in New York—and NYC is home to the world's leading medical institutions. Why did I think like that? I was sure that cancer was not going to kill me. Until now.

THE NUMBERS LIE

After I started digging into the statistics of survival rates, I was puzzled by the obvious inconsistency between a supposedly huge increase in survival rates, and only a slight decrease in mortality rates. It doesn't make sense. If a lot of people with cancer survive, why would mortality rates go down only insignificantly? Shouldn't they go down as survival rates go up?

Then I asked myself the question: was a real increased survival rate due to medical advances and treatment, or is it a statistics trick? I was desperately looking for answers because it was *my* health, it was *my* survival rate, and I had to find the right answer.

And then I made a startling discovery. While sifting through the literature about cancer survival rates, I learned that increased survival rates may have nothing to do with treatment advances. They could be explained by early detection. Here's an example. Suppose a woman develops a breast cancer at age 45, didn't get it diagnosed until age 58, and died at age 60 from breast cancer. That's considered a treatment failure, since she was only treated for 2 years before she died.

But what if the same woman develops breast cancer at the same age of 45, but is diagnosed at age 53, gets treated, and dies at the same age of 60? In this case she is considered a cancer survivor, because she survived more than 5 years after the cancer discovery. But it's still the same woman who developed cancer at age 45 and died at age 60. Same numbers. Different conclusions.

Could incorrect mortality rates be explained by incorrect reporting? As a practicing physician, I know that cancer patients rarely die from cancer itself. They usually die because of complications, like pneumonia or sepsis. Could it be that in this case, the death is reported as a death from infection and not cancer?

WHAT NOW?

As a practicing physician, I have seen many patients receiving chemotherapy treatments--even though I'm not an oncologist. I had to admit chemotherapy patients for inpatient treatments almost every day I was on call. When looking at their exhausted faces and sunken eyes and examining their almost dead bodies I would ask myself: would I agree for chemotherapy if I had cancer? Would I agree to suffer like they do? To get an extra month of life? Could it even be called life? I doubt it.

I decided to do more research on the so-called smart drugs I've mentioned.

SMART DRUGS, NOT SO SMART?

Smart drugs are chemicals that target specific cells, in this case cancer cells, instead of every cell in a patient's body. Because of their selective action, their efficacy should go up tremendously. It's the difference between shooting in the dark and just hoping to hit the target, and using night vision to hit the target precisely. Sounds marvelous, right?

That is how the anti-cancer drug Avastin is supposed to work for breast cancer. When it was made and then approved by the FDA, it was called a "Miracle Drug." Breast cancer patients were asking for it. And they got it, even though its cost is astronomical. The "Miracle Drug" Avastin became increasingly popular. That's why I couldn't believe it when I saw the headlines

that the FDA had removed its approval for Avastin as a breast cancer drug because of its lack of effectiveness. Wait a second! Why did the same FDA approve it in the first place? And if a smart drug is not effective, what about regular drugs?

It looked like the "Miracle Drug" was a dead end.

EARLY DETECTION

So maybe a pharmaceutical solution won't be what saves us from the fates our loved ones have suffered. Can we count on early detection? After all, isn't early detection so advanced now, due to modern imaging techniques, that a tumor can be detected early and removed safely before it spreads? And aren't MRIs really good in detecting soft tissue lesions? Sounds perfect: just find the tumor early, remove and you are safe! Besides imaging, we also have blood tests like PSA for prostate. Is this what I'm looking for with my family history of prostate cancer? Maybe not.

Now we've been hit with another reality: PSA screening for prostate cancer was no longer recommended as a screening procedure because of too many false positive results. And another widely-used screening tool for breast cancer, the mammogram, came under fire because of its lack of effectiveness (11). How could this be?

The explanation is simple: slow growing cancers, detected by mammogram or self exam, are removed with a high rate of success because it is a slow-growing tumor. In contrast, fast-growing cancers, detected by mammogram, have often already spread at the time of detection. This makes the prognosis poor since the beginning, making mammogram ineffective for aggressive types of cancer.

FIRST STEP: FIND THE CAUSE

I was desperately looking for solutions. I knew there should be a solution, because primitive societies do not have cancer at all, nor do they have heart disease, diabetes, high blood pressure and strokes (12). But to find a cancer solution, I needed to find out what causes it, because if the root cause is eliminated, then the body would be able to fix the cancer problem itself. To bring up another reptile analogy: if you see a snake in your house, shouldn't you find out how it came into your house in the first place? To do that, I started looking for known causes for cancer, that we can modify. I discarded factors that cannot be corrected like hereditary, age and heredity. Here are some of the substances that are known to cause cancer:

1. Esophageal cancer: tobacco, alcohol, dietary substrates like nitrosamines, obesity, hot beverages.
2. Stomach cancer: tobacco, alcohol, bacteria Helicobacter pylory, iodine deficiency.
3. Colon cancer: tobacco, alcohol, too much red meat and fat, obesity.
4. Lung cancer: tobacco, radiation, pollutants.
5. Breast cancer: alcohol, obesity, fat intake, iodine deficiency.
6. Bladder cancer: tobacco.
7. Ovarian cancer: alcohol, milk.

8. Skin cancer: tobacco.
9. Pancreatic cancer: smoking, obesity, a diet high in meats and sugars and low in fruits and vegetables, alcohol.

Could there be other causes, like bad genes, or too much radiation because of ozone layer thinning?

Maybe. But even nowadays, primitive societies have much more sun exposure -- they are mostly outdoors while we are indoors – and they do not have cancers.

Also, lung cancer in women who are mostly nonsmokers is on the rise. How does a nonsmoking female get lung cancer?

They say that bad genes cause cancer. So if the incidence of cancer is on the rise, then is it some kind of bad genes epidemic? Are cancer genes contagious? Not that I'm aware of.

IS CANCER OUR OWN FAULT?

Could it be human nature to blame anything except ourselves? Possibly. Let's take infections, for example. Since Louis Pasteur developed the germ theory of disease, the guilty party is bacteria. But there was another theory: we ourselves are responsible for infections because we allow germs to grow due to a weak immune system. Pasteur's theory of germs won out. Was it because humans tend to blame others rather than ourselves? But is disease actually our fault?

If we are, in fact, responsible for infections, could we be responsible for cancer? Could our weak immune system and broken repair mechanisms be responsible? Or maybe our immune system is too busy with other things, so it cannot take care of cancer cells? Could it be a lack of nutrients that leads to our ineffective repair mechanisms?

A GUT FEELING ABOUT CANCER'S ORIGINS

So what can damage our immune system, or make it so busy that it cannot take care of cancer any more?

The first place to look for answers is in the immune system itself. And then I had a big "aha!" moment—the majority of our immune system is in the gut. Is it because that is where the action is? Why would Mother Nature put its main protection forces in the gut? Is it because the main danger of cancer comes from food?

AN ANTHROPOLOGY LESSON

Let's take another approach. If you want to figure out why cancer is so prevalent now, find what has changed since the time when humans were free of such diseases like cancer. When they say that humans' diseases are as old as humans, based on finding an atherosclerotic plaque in an artery of a mummy, they're not correct, because a hunter-gatherer's body is not going to be mummified. So when humans were hunter-gatherers, they ate fresh, unprocessed food such as

fruits, vegetables, eggs, honey, raw meats and fish. What they ate was raw. Unprocessed. And full of nutrients because food was not processed and soil wasn't depleted. And they were getting plenty of sunlight.

But as the human population grew, there was not enough food for everybody. So humans didn't have a choice but to start doing agriculture, which depletes the soil of macro and micro nutrients. Fertilizing soil doesn't make up for this depletion. Also, people began to move to colder areas of the world, where they started wearing clothes, so they didn't get as much sunlight on their skin. They had to eat foods that humans are not designed to eat, like grains and milk, and they did not get enough nutrients because of soil fertilization. They also started to process foods, altering its original structure and making it impossible for humans' digestive systems to digest it properly.

So which system took the major hit? The gastrointestinal system. And where is the majority of the immune system? In the gastrointestinal system. Could that explain why we have cancer, strokes, heart disease and diabetes?

All of the above convinced me that the root cause of cancer could be eating processed foods with not enough nutrients. I also believe there might be other offenders like antibiotics, stress that weakens the immune system, and toxins like parabens, plastics, heavy metals, etc. Toxins have been suspects in disease for centuries. Remember the fall of the Roman Empire? Why would highly organized, very well-armed and wealthy Romans be defeated by the poorly armed and disorganized barbarians? Is it because Romans drank water that came from lead pipes? Could they have been poisoned by lead?

What always strikes me is that when a tumor is discovered, it is studied for cells, receptors, and so on. But it isn't checked for toxins! Why is nobody checking for toxins in tumors in everyday life? Could it be because too many chemicals would be found?

In fact, there are only a few studies that check toxins in tumors. For example, a recent study found parabens in breast cancer tissue (13, 14). Parabens are a class of chemical used as a preservative by pharamaceutical and cosmetics companies. What about other tumors and other chemicals? Are other studies coming or planned? I'm not aware of any.

SHEDDING LIGHT ON CANCER PREVENTION — IS ALTERNATIVE CANCER TREATMENT THE ANSWER?

What are some factors involved in cancer prevention?

We already talked about the benefits of raw, unprocessed food.

The number 2 player is vitamin D and sunlight. Surprised? This vitamin, sometimes called the "sunshine vitamin" could be one of the most important factors in cancer defense. Why? It regulates genes' expression (15). It's actually considered a pro-hormone. Its role in cancer defense is well studied. For example, the recent study confirmed that an adequate level of

vitamin D is linked to reduced risk for breast cancer (16). They also found that you need actual sun exposure besides vitamin D supplements to get anti-cancer benefits.

Number 3 in prevention is your sleep and the sleep-related hormone, Melatonin. While sleeping, you repair your body. When you don't get enough sleep, you don't get adequate repair. There was a study in Israel that found a correlation between artificial night lighting and increased risk for prostate and breast cancers. In other words, where there is more artificial light at night, it interferes with sleep, and the risk for cancer goes up (17). There was another study that found that women who have the brightest bedrooms have the highest incidence of breast cancer (18). Why? Not enough sleep. When there's not enough sleep, there's not enough Melatonin.

Melatonin, sometimes called the "Hormone of Darkness," is important in maintaining such vital functions as sleep, memory, weight control, mood control, and protection from radiation (19). Also its role in cancer protection was studied intensely. What was found was that taking melatonin decreases cancer death rates (20). How exactly does melatonin do that? Could it be because melatonin protects DNA from damage (21)?

The number 4 factor is maintaining the lowest possible level of inflammation in your body. Why? It could be that unnecessary inflammation keeps your immune system too busy to take care of cancer protection. Inflammation was linked to increased cancer risk. Infection with inflammation as a cause of cancer is very well known. Obesity, linked to inflammation, is also linked to cancer. Inflammation in the gut related to gluten is also linked to cancer (22). Inflammation related to root canals is now linked to cancer (23). Enough?

Other preventive measures are stress reduction and adequate physical activity. Why is stress reduction so important? To cope with stress, you need a lot of the stress hormone cortisol, which suppresses your immune system. So if you are under chronic severe stress, you cannot fight infections—or cancer. Why does natural exercise help prevent cancer? Because it helps maintain your weight and mood, helps to reduce your stress.

WHEN CANCER STRIKES: SHOULD YOU STRIKE BACK?

What if the cancer is already in a patient's body? How about surgery and chemotherapy? Are they better than alternative cancer treatment?

Removing cancer could be a good idea, because reducing cancer cell burden makes it easier for the immune system to fight cancer. However, there might be a problem there: after surgery, the body tries to heal the wound as quickly as possible. Therefore it produces various substances that simulate cell proliferation. Could it be that they might act on normal cells as well as cancer cells, therefore promoting cancer growth?

Apparently there is no perfect solution. But I believe that removing tumor if possible may be beneficial for a cancer patient.

What about chemotherapy? What about smart drugs?

Medical textbooks say chemotherapy may prolong life in cancer patients for only a few months, with a few exceptions like testicular cancer, some blood cancers etc. But at what price? Besides cancer cells, chemotherapy harms the bone marrow you need to make blood cells, the gastrointestinal tract you need to digest food to get nutrients, and more. Side effects of chemotherapy are infections, sometimes fatal, bleeding, fatigue, nausea and vomiting with resulting malnutrition and dehydration. The list is long. Please keep in mind, that these drugs sometimes can cause cancer themselves! Can you imagine that some drugs to treat cancer can cause cancer themselves! Should we even take these drugs? What would doctors do for themselves if they had cancer?

Doctors know best what chemotherapy is. Read the article by Ken Murray, MD, "How doctors choose to die". It is about a doctor who was diagnosed with pancreatic cancer. Did he have surgery, chemo and radiotherapy? No. He closed his practice and died without treatment a few months later. Because he knew what kind of treatment chemotherapy is. If I had cancer, would I agree to chemotherapy? I doubt it. Because its effect is marginal, according to published studies. But can we trust these studies? Let's look deeper.

STUDYING THE STUDIES

2008. The respected US medical publication, the New England Journal of Medicine, publishes an article stating that they published favorable articles about antidepressant drugs while trying to hide unfavorable ones. This makes the efficacy of antidepressant drugs questionable.

2009. New York Times magazine reporter Natasha Singer is looking into hormone replacement therapy drugs. But she is not interested in how those drugs were approved. After the scandals with Troglitazone or Trovan, nobody is excited about it. She was interested in a much more important thing: how it happened that doctors recommended harmful drugs. They found that were ghostwritten medical papers, signed by doctors, which created medical "consensus" (25).

2011. CNN publishes an article (26), based on a Wall Street Journal article (27), stating that the number of retracted medical scientific articles soared recently. The question is, why? Is it because scientists are becoming crazy, or it is because Big Pharma is increasing its influence on scientific studies?

But who are these scientists that lead cancer drug research and implementation? Let's take a look.

On the east coast, the major cancer center is Memorial Sloan Kettering Cancer Center (MSKCC) in New York. Some cancer patients dream about being accepted to this institution in NYC. But who leads this center?

Richard Lee Gelb was a vice chairman of the Board of Overseers and Board of Managers of MSKCC, but he also was a director of Bristol-Myers Squibb pharmaceutical Company (28).

Paul A Marks, MD was a President of MSKCC, but he also was a director of the Pfizer pharmaceutical company (29).

Do you think it's a coincidence?

WHO'S GOT OUR BACKS?

What about the FDA -- our watchdog to prevent fraud?

According to an article published in the journal Nature in 2005, 70% of guideline-writing panels had at least one member linked financially to Big Pharma (30,31).

How about safety? Many FDA-approved drugs were proven unsafe and later removed from the market: Rezulin, Vioxx, Posicor, Trovan, Baycol, Raxar…the list is long (32). Enough?

BIG PHARMA, BIG PROFITS

What about pharmaceutical companies?

They are thriving. According to a Fortune 500 survey, the pharmaceutical business is one of the most profitable industries in the world (33, 34). But how big are the profits? From one drug alone, Lipitor, Pfizer earns 12.9 billion in sales (33) and the return is roughly 17% (33). You can do the math yourself. By the way, total Pfizer income in 2006 was 19,337 million dollars (33)! Sound like a lot of money? According to the US Treasury, the weight of 1 million dollars in 100 dollar bills is 22 pounds, or about 10 kilograms (35). So the weight of 19,337 million dollars would be 425,414 pounds, or 193 370 kilograms. Almost 200 tons of money. If we assume that an average truck can transport about 8 tons of load, that you would need about 24 big trucks to deliver this income to the owners. This is Pfizer only. What about others? How many trucks you would need to get that money?

How about anti-cancer chemotherapy drugs? Are they profitable? The annual sales of the best-selling chemotherapy drug Avastin is 2.686 billion dollars (36). Herceptin brought in 1.382 billion dollars (36) in 2008. And here's a fact that the medical community doesn't want to publicize: Contrary to other doctors, oncologists are allowed to buy cancer drugs at wholesale prices and then sell them to patients of insurance companies at market price. Could it be the substantial source of their income (37)?

But who should know best about these issues? Shouldn't it be the most informed part of our society -- doctors? Makes sense to me. So what do doctors think?

One doctor, Marcia Angell, MD, has a very strong opinion on Pharma companies. She was named by Time magazine as one of the 25 most influential Americans in 1997. She wrote a book, "The Truth about the Drug Companies: How They Deceive Us and What to Do about It". Was she advocating alternative medicine? No, she was against alternative medicine. But she was on the editorial staff and later the Editor in Chief of the highly respected New England Journal of Medicine -- from 1979 till 2000. Can you find a better person to know and talk about Big Pharma?

So it looks like the chance that Big Pharma will give us effective and safe drugs to cure cancer are slim. Period.

But is only Big Pharma working on new treatments of cancer? Not at all.

ALTERNATIVE CANCER TREATMENT: THINKING OUTSIDE THE PILL BOX

There are countless scientists and doctors working on alternative cures for cancer. The trouble is, the mainstream medical community doesn't want to hear about it…

DIET FOR CANCER?

A scientist who just made a possible major discovery should be praised and given everything need to continue work, right? So when in 1952, German scientist Dr. Johanna Budwig, expert in oils and fats, discovered the detrimental effect of processed fats and other processed foods on human's body and then suggested a diet to treat cancer, she probably expected to be able to continue her research. Didn't happen. Instead of support, she was attacked by the processed food industry, as well as medical society (38, 39). Instead of continuing her research, she had to spend her time defending herself in numerous lawsuits—about 30 of them. She won them all, but at what expense? She lost her job, her lab and her home. Was she right in her statements? I don't know, but the fact that she won, makes me think that at least something she discovered makes sense. So what was her main idea?

According to Dr. Budwig, the cause of cancer is simple: processed foods and toxins. Processed fats change the electrical charge between cell structures, causing damage. She discovered that if you mix flax seed oil, which is an unprocessed, unsaturated oil without toxins, with cottage cheese, rich in proteins with sulfur, this oil becomes easily absorbable and hence therapeutic (40). The proportion is: 1 tbsp of flaxseed oil to 1/4 cup of cottage cheese or yogurt . She also recommended a diet high in fruits and vegetables. Isn't it simple? Even if this regimen may not cure all cancers, did she deserve to be sued?

I don't know how effective Dr. Budwig's diet is. What I do know is that even the experimental data in mice suggests that flax seed oil may help with cancer. Nobody did a controlled randomized study to prove or disprove Dr. Budwig's statements. Is it because nobody was actually interested to find out the cancer cure? She could not do it either, because she lost her lab and her job-and she was busy with numerous lawsuits! And even now in the Wikipedia section about alternative cancer treatments, Dr. Budwig's Protocol is in the "Unknown efficiency" section (the others are "Under Investigation", "Mixed Results" and "Disproven or Scientifically impossible") (41). Don't you think that idea for cancer cure deserves at least to be checked?

She was not alone.

COULD ANTINEOPLASTONES CURE CANCER?

The United States is considered a classic example of a free country. That's why people who long for freedom come to the US. They come to find freedom of information, religion, and speech. They also come for the freedom to do research, and freedom to cure people. That's what a young Polish scientist, Dr. Stanislav Burzynski thought, when he came to the US with chromatographic signatures of newly identified peptides, the absence of which was linked to cancer--and 15 dollars in his pocket (42). While in Poland and working in the anti-aging area of medicine, he noticed that cancer patients have significantly less of certain peptides -- short chains of amino acids linked to form a small string, than their healthy counterparts. That gave him an idea: what if we could use missing peptides as a weapon against cancer? In Poland, he did not have either freedom or equipment. So he came to the US, hoping that he would find both. In the beginning, everything looked okay: he got a faculty position and was allowed to continue his research. But this didn't last long: as soon as he claimed that he had discovered that peptides named antineoplastones (ANP) can cure cancer, problems started. In 1983, an FDA lawsuit against Dr. Burzynski was filed. That time he was lucky enough to be allowed by a federal judge to continue his work and research. But in 1985, the FDA struck again: his medical and private records were seized. But he still had his license to practice medicine. In 1988, the Texas State Board of Medical Examiners tried to revoke Dr. Burzinsky's license, but failed that time (39). They tried again in 1994 (43) and again in 2010 (44).

Dr. Burzynski is still practicing medicine. He believes that his ANP treatment is superior to traditional chemotherapy, including "smart" drugs because they, like Avastin, can target only one gene while ANP can target hundreds of genes. Does he publish the proof of his research? Sure. And what are his opponents, not friends, saying about his results? The National Cancer Institute (NCI), which is not a friend of Dr. Burzynski, says, "The evidence for use of Antineoplaston therapy as a treatment for cancer is inconclusive. Controlled clinical trials are necessary to assess the value of this therapy"(44). Are any of them planned by NCI? Not that I know of. But Dr. Burzynsky's Antineoplaston therapy is listed as disproven in Wikipedia's Alternative Cancer Treatments section. Disproven already? Based on what?

ARE ENZYMES IN CHARGE?

In 1962, an orthodontist named William Donald Kelly developed some novel ideas about cancer's causes and cures. Dr. Kelly had a personal reason to find a cancer cure; he had been diagnosed with pancreatic cancer. According to his doctor, he would die in a few months. He started looking for a cure and came to the conclusion that poor diet is the main reason people have cancer. He decided to use Max Gerson's principles to stay alive. Max Gerson was a German doctor who developed an alternative dietary therapy which he claimed cured cancer. Do you know how many months Dr. Kelly lived? One? Two? Three? He lived 43 more years and died in 2005 (45)!

Dr. Kelly's history impressed Dr. Nicholas Gonzalez, who had graduated from the prestigious NYC-based Cornell Medical School. Working with Dr. Kelly's ideas,
Dr. Nicholas Gonzalez developed a regimen that included pancreatic enzymes, supplements, coffee enemas and special diet. According to Dr. Gonzalez, his regimen was quite effective for

cancer treatment. He even published his study in Nutrition and Cancer in 1999, but it was criticized by oncology experts.

Eventually he got funds to do a study comparing his regimen with a gemcitabine-based regimen of chemotherapy. The results were astonishing: patients on the Gonzalez regimen lived almost 10 months less than chemotherapy patients (46). So it appeared that diet and enzymes with coffee enemas do not work. But when I saw the study, I was surprised by this 10-month difference. To my knowledge, not a single chemotherapy regimen prolonged the lives of advanced pancreatic cancer patients that much. According to studies, gemcitabine prolongs life only for 5 months, not 10 (47)! This is in comparison with no-treatment patients. So how could it be that gemcitabine prolongs life by almost 10 months in comparison with Gonzalez regimen patients? By the way, the study experienced difficulties from the beginning: most eligible patients did not want to enroll and the study was changed to observational (48). Can we trust this study, which could be flawed from the beginning?

I don't know if Drs. Budwig's, Burzynski's and Gonzalez's regimens are working. I've never tested them. Are they quacks? I don't know. But do you think the National Cancer Institute, the FDA, or any other medical organization seriously looked into the ideas and treatments these doctors suggested? No. Does it mean that mainstream medicine isn't serious about finding the cure for cancer? Does it mean that the chances of getting a cancer cure from mainstream medicine are slim? It feels that way to me.

VITAMINS—DO OR DIE?

What about treatments under investigation (not to be confused with experimental drug treatments and alternative cancer treatments)?

Did you know that the US government treats humans worse than they'd treat a goat? Think about this: You cannot live without vitamins, especially an important vitamin like vitamin C. You need vitamin C to build collagen and fight free radicals. But your body can't make vitamin C internally, like most creatures in the animal world can. The plausible explanation for this is that because prehistoric humans had plenty vitamin C from citrus, Mother Nature decided that it is not necessary to produce vitamin C internally. But as soon as people changed their diet to the Standard American Diet -- SAD -- they were not able to get enough vitamin C. So the World Health Organization, recommended a daily dose of vitamin C of 45 mg. In the US -- up to 90 mg. But in my opinion, that's too little for optimal functioning. Even a goat makes 145 times more vitamin C than that -- about 13 gram, but even more under stress! So the government is basically saying you're not as important as a goat.

Why is vitamin C so important in regard to cancer?

A vitamin C deficiency could mean insufficient protection from free radicals that damage your genes. Low vitamin C intake is linked to increased incidence of various cancers: stomach cancer -- the most important one, then lung, breast, rectum, esophagus etc. (52). That is why the intravenous cancer treatment with megadoses of vitamin C was proposed and found effective (oral vitamin C was found ineffective) (50, 51, 52, 53, 54). The funny thing is, they say

that even though studies in the 1970s found vitamin C effective, recent controlled studies didn't find any vitamin C benefit. How could it be? Simple. In studies from the '70s, vitamin C was given intravenously, while in the latest studies it was given orally, resulting in much lower blood concentrations. Are they aware of it? Yes (51,52). But intravenous vitamin C has still not been studied appropriately by mainstream medicine and is still not part of standard cancer treatment. Why not? Is it because vitamin C is natural and cannot be patented? No patent -- no money?

(Be aware that sometimes vitamin C can cause a severe adverse reaction if your body has a lack of an enzyme called G6PD. So don't take vitamin C unless you are sure you have enough of this enzyme. Check with your doctor.)

Intravenous vitamin C is rather complicated and cannot be done outside the medical office or hospital. But what about things around us that we can get in everyday life? Will they help protect us?

PROTECTION FROM NATURE?

What do green tea, capers, apples, red onion, red grapes, tomato and broccoli have in common? They all contain a pretty high concentration of the natural plant-derived flavonoid known as quercetin. What is special about it? It was found to be protective for pancreatic cancer in smokers, along with two other compounds -- kaempferol and myricetin (55). The best way to get enough quercetin is to eat a plant-based diet such as apples, onions, tomato and broccoli.

Usually when we talk about cancer, we assume that to fight it, you have to use complicated tools or/and compounds. But the recent study from Spain showed, that even a simple micro-element like selenium may be protective (56). They found that taking selenium cuts down the risk of bladder cancer by 39%. Another study (57) showed that selenium supplements can decrease cancer mortality and total cancer incidence. Isn't it impressive?

These finding are quite recent. What about old remedies?

A SPICY STORY

3,000 years ago, people were writing about the healing power of the spice turmeric in the Indian practice of Ayurvedic medicine.

Later it was found that curcumin -- natural polyphenol -- is the component that gives turmeric its healing power. But the fact that they knew about its healing power thousands of years ago doesn't mean curcumin has been extensively investigated. Yes, they tested curcumin in the labs, but not on humans to treat such cancers like breast cancer, pancreatic cancer, lung cancer, prostate cancer (they only used it in conjunction with drugs)(58,59). Safety concerns? Could be. But what safety are we talking about here? Concerns about a spice that people have used for thousands of years and found healing? Or concerns about the revenue of Big Pharma?

But if curcumin does have anti-cancer properties, how does it work? It might reduce inflammation. It might help to kill cancer cells. It could make it difficult for cancer cells to get blood supply. It could shut down bad genes (58). What it means is that you aren't programmed

to have cancer. People who live in primitive societies, even now, don't have cancer! So it's up to you: to use and keep your good genes active, or to activate your bad genes. It's like a human's personality. Everybody has good parts and bad parts. There is no absolutely good person or completely bad person. Real people have good and bad elements. It's up to you to decide which one to use.

CAUSE AND EFFECT

So what leads to good genes being suppressed and bad genes being activated? What might be the main causes of cancer?

1. Nutritional deficiencies. It's like a building or a bridge: With no maintenance, it will eventually break down and fall. It's extremely important now because we're getting 7 to 10 times less nutrients from food than we are supposed to, due to soil exhaustion.

2. Toxins around us. Mercury, lead, parabens, pesticides…the list is very long. Many toxins are found to be carcinogenic.

3. Chronic infection. It might keep your immune system too busy to fight cancer.

4. Chronic inflammation. It may also keep your immune system too busy. Moreover, chronic inflammation may force your body to produce the anti-inflammatory hormone cortisol, which suppresses your immune system, that could make it impossible for you to fight cancer.

5. Stress. As hunter-gatherers, humans were designed to work only 2–3 hours a day, not 8. How many hours do we work? 8? 10? 14? That means we're getting much more stress than we were designed to handle. Too much stress makes our bodies produce the stress hormone cortisol, which may shut down the immune system, preventing it from fighting cancer.

PREVENTION STRATEGIES

Based on the reasons above, here are my thoughts about what might help support your body's immune system to prevent cancer:

Nutritional deficiencies are very difficult to overcome. What would I do for myself? First, I'd make sure the food I eat is mostly raw, provided that the digestive system is really healthy. Why? Because we shouldn't eat food we weren't designed to eat. When man was created, there was no cooking. There was no agriculture. There was no processed food, no grains and no milk. Therefore, I would stay away from processed food as much as possible, including cooked food as well as grains and milk and milk products (except fermented milk like yogurt) if the digestive system is healthy.

Here's why:

- As soon as we heat food, we destroy temperature-sensitive nutrients like vitamins, denaturate proteins, etc. (But stay on the safe side, and cook foods that are not safe to eat raw.)

- Also keep in mind that food would be chewed properly. If I had dental problems like missing teeth that made it hard to chew, I would make most of my food soft mechanically, by using blender or some other device.

- A lot of grains like wheat contain gluten, which may cause inflammation in your gut, an inflammation that's almost impossible to detect. Gluten consumption was linked to multiple diseases including heart disease and cancer.

- After age 1, we start losing the digestive enzyme lactase, which we need to digest lactose – sugar from milk. If lactose isn't digested, it becomes a perfect food for bad bacteria in the gut. That's not what we want to happen.

- Due to soil exhaustion, you're not getting enough nutrients even if you're eating organic foods. Therefore supplementation with certain vitamins and micro and macro-elements maybe necessary. But you can't just take multivitamins. You need to know exactly what you're missing, and what dosage you need to take. You also need to monitor the results, otherwise how would you know if what you're taking works?

- You may not be able to digest and absorb nutrients from food, due to a lack of hydrochloric acid and/or digestive enzymes, or because you have too much bad bacteria and/or parasites. This is very difficult to fix. You need to know exactly what you're missing or exactly what you need to get rid of. If you suspect that something is wrong with your digestive system, you should consult a professional. Warning symptoms might be heartburn, constipation, bloating, too much foul-smelling gases, etc.

- Toxins are probably worse than nutritional deficiencies. For one thing, toxins might alter the way we think, preventing us from taking care of ourselves. A classic example: mercury. Have you ever heard the expression *mad as a hatter*? It was coined in the years when people used mercury to make hats, and hatters were often poisoned by mercury. That made them mad. Do you think a mad man can recognize his problem and treat himself? Highly unlikely. Also, toxins are very difficult to spot. You may go to a restaurant and eat sushi, thinking that you are eating healthy raw food. But the tuna you're eating may be poisonous because of high mercury content. Or you may use cosmetics because you want to look good. But it may contain parabens, which might be linked to cancer.

NAME YOUR POISON (THEN STAY AWAY FROM IT!)

There are a wide range of toxins, including drugs, that you might think about avoiding:

Antibiotics

Avoid antibiotics for long-term use, unless it's really necessary. Some antibiotics can kill the good bacteria in your stomach, creating living space for bad bugs. You may end up with severe

gut problems. Of course, take antibiotics if it is really necessary. Get your doctor's approval of your health decisions.

Drugs

Avoid drugs that bring down your secretion of hydrochloric acid, or interfere with its actions, like Prilosec, Prevacid, Pepcid, Mylanta, etc. Take them only if really necessary, and avoid taking them for extended periods time. Consult your doctor before making any health decision. These medications decrease your hydrochloric acid (HCl) production, which might prevent you from absorbing micro-elements like magnesium, iron, calcium, etc. Studies suggest that people who suffer from sudden cardiac deaths have low magnesium levels. Also, HCl kills bad bugs where they try to enter your stomach. If you don't have enough HCl, they waltz right in. HCl is also necessary for digestion and the activation of digestive enzymes. No HCl, no digestion -- and no absorption, which means your body gets less of the nutrition you need. Also, HCl closes the upper esophageal sphincter, preventing heartburn.

Medication that may be toxic for your liver, such as Tylenol. No normal liver function means no detoxification, because the liver plays the first role in the detoxification process.

Anti-inflammatory medications like Motrin and Celebrex. Motrin may cause stomach ulcers and severe bleeding. Celebrex might be linked to heart disease.

Diabetic medications except Glucophage. They bring your sugar levels down, stimulating your appetite and making you eat more. This results in weight gain, which makes your diabetes worse. Of course, you should take them if it is really necessary. (Don't stop any of your medications without approval of your doctor.)

Statins, a type of drug that lowers cholesterol, like Lipitor, Pravachol, Zocor and others. They may decrease your cholesterol to the point that you can't produce enough s.e.x. hormones, and bring up your lipoprotein A level, which can be more dangerous than having high cholesterol. They may also bring down your CoQ10 level. This is dangerous if you have heart failure, because without CoQ 10, your heart cannot generate enough power to push the blood through your blood vessels. Of course, take statins if it is really necessary. Keep in mind that sometimes fish oil can do the same job. Don't make any health decisions or change your medication regimen without your doctor's approval.

LET'S CLEAR THE AIR ABOUT SOMETHING.

It's important to clean up the air you breathe. Here are some simple tips:

Clean your house or apartment regularly. Wet cleaning and/or vacuuming is a must.

Make sure your bedroom is properly ventilated, especially at night. You can use an air purifier, but make sure it's shielded (especially at night) to protect you from its electromagnetic field. You can use plants as natural air purifiers, especially in your bedroom.

Keep your clothing and bed linens clean and free of chemicals: use natural soap like liquid castile soap. If you can't avoid using conventional detergents, make sure you wash your sheets with plenty of water.

Avoid a house or apartment with mold, too many rugs, excess moisture, or too many pets.

Perfumes are known to have many toxic chemicals, from benzyl alcohol, which is a possible carcinogen, to camphor, which is known to be a possible cause of convulsions. You can see an interesting list here: http://www.ecomall.com/greenshopping/hrfragrance.htm.

Other things to avoid if possible: Living close to manufacturing plants that produce toxic waste (like chemical plants), sewage utilization plants, etc. Avoid places with too much traffic. Airplanes are a big source of toxic air because of jet exhaust.

DON'T LET THIS GET UNDER YOUR SKIN

Harmful chemicals can be absorbed through your skin, so be aware of what you put on your body—because it can end up *in* your body.

-- Use natural oils instead of perfumes, and as little deodorant as possible. The smell of a woman's or man's body is one of the most potent libido stimulators. The reason our society is odorless might be because the vast majority of the US population have allergic inflammation in their noses, where the smell receptors are. The mucosa around them is inflamed, so receptors are over-stimulated. Therefore, even a natural, good odor can be perceived as offensive.

-- Use mineral cosmetics instead of conventional.

-- Use hats with wide brims, umbrellas or clothes for sun protection instead of sunscreen.

--Create your own nontoxic cleansing products, using baking soda, vinegar, hydrogen peroxide, Borax, liquid castile soap (you can do it yourself--see eHow.com).

-- Avoid bed bugs by never sharing sheets or clothing with anyone except your spouse.

--Avoid sun exposure from about 9 AM till 6 PM, when you get the most UV rays. Avoid sun bathing even with sunscreen at this time, but you can do it in moderation before 9 AM and after 6 PM. You can get sun exposure at about noon to produce vitamin D, but it should only be for about 15 minutes only.

HIGH TECH, HIGH RISK?

The convenience of modern technology does come with some risks…

-- Avoid using cell phones unless really necessary: in emergencies, etc. Use either the speaker or Bluetooth. Turn off your cell when you don't need it. Check out this site to see more information: http://www.cancer.gov/cancertopics/factsheet/Risk/cellphones

-- Avoid living close to radio towers, cell phone towers, high voltage electric current lines etc.

-- Avoid using microwaves (see: http://www.huffingtonpost.com/dr-mercola/microwave-cancer_b_684662.html for the full story on how typical appliances can harm your health).

-- Shield yourself from harmful electromagnetic fields-- "electromagnetic smog."

--Turn off fuses at night if possible, turn off unnecessary electric devices, use an electromagnetic shield canopy, put aluminum foil under your mattress, etc.

-- Avoid the toxic person next to you: his electromagnetic field can be toxic to you.

-- Protect your skin from being exposed to light at nighttime: it may interfere with your melatonin production and hence, your sleep. Turn off any lights in your bedroom: alarm clocks, computer lights, power on or off lights, and install light-blocking window shades. This last point is especially important if you live somewhere like NYC, which has a lot of light pollution.

--Protect your eyes by avoiding too much light, and too much visual stimulation when you drive.

--Protect your ears from loud noises. Make sure your bedroom is free of noise: no devices running, ideally walls in your bedroom should be made from noise absorbing material. Consider special noise absorbing shutters.

--Don't leave the TV or radio on unless you're actively watching or listening. Especially don't leave them on when you sleep.

HOW TO DETOXIFY

--Go to a doctor who specializes in detoxification, because you need to have tests performed to see what the problem is. You can't detox on your own.

--Drink enough water, which about 8 to 10 cups a day (about 2 – 2.5 liters) for men older than 18, and about 6 to 8 cups for women older than 18 (about 1.5 – 2 liters). This amount of water includes juices, soups etc. Consult your doctor before deciding how much water you should drink a day. Be careful, because drinking too much water can bring your sodium down too low, causing seizures and even death (6).

--Fix your stomach:

-- Avoid milk, wheat, carbs, alcohol, caffeine and sugar cereals. Limit other dairy products.

-- Eat organic.

-- Consult a holistic physician to see if you need any antibiotics for your stomach.

--The same goes for probiotics: you need to figure out which probiotics you need. Go to a holistic doctor to check your stomach, because you need specific intervention. You cannot do it blindly.

--Eat plenty of fiber -- soluble and insoluble.

Soluble: Readily digested, soluble fiber binds to bile, brings cholesterol down, decreases sugar absorption, and helps with diabetes. It may be used as a food for beneficial bacteria. Examples: apples, pears, plums, broccoli, sweet potatoes, carrots, legumes etc.

Insoluble: Insoluble fiber increases food passage through the stomach. Examples: zucchini, green beans, cauliflower, dark green leafy vegetables, fruit skins, etc.

Chronic infection is the next thing you'd rather avoid. Infection can be difficult to detect.

Here are some common sites of chronic infection:

- Your gums. When they become inflamed, they may create pouches, where bad bacteria can flourish undisturbed. This may create inflammation that's hard to detect. Make sure that you floss your teeth regularly. Also you don't want to feed bad bacteria the foods they like. What do they like? Sugar! That means stay away from carbs.

- Your teeth. What I mean is mostly root canals. Every tooth naturally has a small canal inside of it. The tooth gets its nutrition through this canal. When a root canal is done, this canal is sealed, thus depriving the tooth of nutrients. So the tooth becomes a dead body inside your mouth. You know what happens to a dead body; it starts decaying, creating food for bad bacteria. These bacteria create inflammation near the bone of the jaw, which may lead to such dangerous disease as osteomyelitis of the jaw. This condition is very difficult to detect. Talk to your dentist if you have root canals.

- Your sinuses. As soon as you have an allergic inflammation in your nose, your nasal mucous membranes swell, preventing drainage. That leaves your sinuses with plenty of exudate (fluid) due to allergic inflammation -- excellent food for bacteria. By the way, sinus infection can be the result of a root canal in the upper jaw because the root of the tooth may be only a few millimeters away from your maxillary sinus cavity.

- Your stomach and gut. Helicobacter pylori, a bacteria found in the stomach, is notoriously known for causing problems such as peptic ulcer disease. There's also yeast, as well as multiple parasites and bad bugs, that might also be the reason for chronic inflammation in the gut. This is very difficult to detect (except Helicobacter pylori), because the detection process is complicated. Keep in mind that not all laboratories are created equal. Yeast infection in my opinion can be reliably detected only in a few labs in the United States. You need to see a professional if you suspect that you have an inflammation in your stomach or gut.

- Chronic inflammation is very closely related to chronic infection, but it isn't necessarily caused by infective agents. It could be allergic, or it could be related to autoimmune process.

- Chronic inflammation could also be a metabolic problem, like too much fat in your body. Why is obesity linked to cancer? Because obesity is linked to inflammation.

STRESS: GO FOR LESS

Stress can wreak havoc on your health. Reason: we're not designed to work as much as we do, and we're not designed to sustain a high level of stress. So what can we do about stress?

Get enough rest.

Have as much s.e.x. as possible (I do not mean promiscuity).

Take a vacation.

Use stress reduction techniques like yoga, meditation and emotional freedom technique (EMF).

Get rid of everything unnecessary in your life. The great artist Michelangelo was asked how he could do such wonderful statues, full of life, from a formless dead granite rock. He answered: "I just removed everything that was not necessary." Is bread necessary? Is grilled steak necessary? Is perfume or dishwashing liquid necessary? Is it necessary to watch a TV show from 11 PM to 12 AM when humans are supposed to sleep?

Instead of doing everything yourself, see if you can create systems that will do it for you. If you're a storeowner and spend a lot of time standing in your store and selling to your customers, you could create a website that will sell your products. If you teach, you could try writing a book about what you're teaching, and sell it online. Have you ever read the book, "Automatic Millionaire," by David Bach? Same idea. Read this book to get a better idea of what I'm talking about.

ALTERNATIVE CANCER TREATMENT OPTIONS

All of the above may be good ideas for cancer prevention. But what about cancer treatment?

There are several alternative cancer treatments worth exploring. (Alternative treatments are not to be confused with complementary cancer treatments -- the treatments used along with traditional cancer treatments):

Insulin Potentiation Therapy (IPT)

This alternative cancer treatment is based on the hypothesis that using insulin before chemotherapy can significantly increase its efficacy (60). The main problem with traditional chemotherapy is that it can't distinguish between cancer cells and normal cells. It's well known that cancer cells use sugar – glucose-- to spread. That means cancer cells have many more insulin receptors on their cell membranes, which let sugar into the cells. So the idea behind IPT is to give insulin to the cells, making their membranes more permeable than normal cells, and then give chemotherapy. This allows chemotherapy to target cancer cells specifically. This allows much lower doses of chemotherapy to be used than usual, which helps avoid chemotherapy side effects.

How effective is this alternative therapy? Good question. The interesting thing is, even though Drs. Perez and Ayre were invited to the National Cancer Institute (NIC) to present IPT (61), no further steps to prove or disprove IPT's efficacy was made by the NIC as well as other US research or regulating institutions. Same story with other alternative cancer treatments.

Ozone therapy

This proposed alternative treatment is based on the theory that normal cells become cancerous because of lack of oxygen. It's known that cancer cells don't use oxygen that much. They rely on energy production from glucose breakdown. That's why they're glucose hungry. The hypothesis is that if there isn't enough oxygen, normal cells have to mutate into cancer cells that aren't dependent on oxygen to survive. Therefore the treatment is an oxygen-active form--which is ozone. The proposed way to treat with ozone is to take a patient's blood from a vein, mix it with medical-grade ozone, and then infuse it back into patient's vein. Results? According to Dr. Velio Bocci, "most of the patients with metastatic cancer resistant to radiotherapy and chemotherapy report a striking improvement in quality of life with prolonged (twice-weekly for months) O3 -- AHT treatments" (62, 63, 64). However, no cancer cure has been reported.

Enzymes for cancer treatment

The idea is simple: Because cancer is caused by poor nutrition and toxins, it can be treated by detoxification, proper nutrition and enzymes to digest food properly. Detoxification is done with controversial coffee enemas, olive oil and salts as well as other foods and supplements. Enzymes are given to improve digestion and nutrition, in the belief that enzymes play a major role in cancer defense (65, 66). It was hypothesized that different types of tumors respond to different diets. Solid tumors like breast cancer and pancreatic cancer have sympathetic nervous system dominance. They respond to vegetarian diet and magnesium supplements. In contrast, people with cancers related to the immune system, like leukemia, tend to be parasympathetic system dominant with a preference to eat meat. They respond to a carbohydrate-free diet (65) and calcium supplements. This regimen is designed for cancer patients who can eat.

How effective is this treatment? A study from Memorial Sloan-Kettering Cancer Center found that this regimen was ineffective for pancreatic cancer treatment. They found that chemotherapy

with gemcitabine was much more effective. The median survival for patients treated with the enzyme regimen was 4.3 months, while gemcitabine treatment patients lived on average 14 months. But the problem with the study started from the beginning: they couldn't find patients because patients refused random assignment (67). So instead of a blind study they switched to the study in which patients can chose the regimen. In other words, patients knew what regimen they were on. Think about it: do patients that come to Memorial Sloan-Kettering cancer center believe in alternative treatments? Or do they come to this center to get chemotherapy? Of course, they come to get chemotherapy. Could it mean that patients who agreed to the alternative Dr. Gonzalez regimen were too sick for chemotherapy, and had no choice but to take alternative treatments? If so, no wonder the outcome was so poor! Could this be a fundamental flaw in the study?

Can this regimen cure cancer? I don't know for sure, but the idea looks attractive to me because using enzymes to ensure nutrients' delivery to the target organs may be of great value. Looks like further studies are needed.

Antineoplaston therapy

This highly controversial treatment was proposed by Dr. Burzynski, who believes antineoplastons may be curative for several cancers. However, more studies are needed to confirm his regimen's efficacy. Also, using antineoplastons alone doesn't address the root cause of the cancer. In my understanding, you can't receive antineoplastons for life. What will happen as soon as treatment is stopped? Another cancer? On the other hand, antineoplaston therapy may be very beneficial, because by attacking cancer fast, it may buy time for the patient to implement profound changes in his diet and lifestyle--changes that work slowly. Once again, further studies are needed.

Diet therapies

The idea to use diet to fight cancer isn't new. To name just a few examples, there's Dr. Budwig's diet, Gerson therapy, the Beverly Hills diet, Macrobiotic diet, Juice fasting, the Grape Cure diet, Edgar Cayce's diet, and on and on. They all have the same basic idea: to fight cancer, you need to eat food you're designed to eat. To me, it sounds reasonable to eat foods that aren't altered by cooking, and not poisoned by chemicals. Good food may probably play a role in cancer prevention. But can these foods cure cancer? In my opinion, it's highly unlikely because cancer is already there, and might be spreading. At this time, you may need something to work really fast to save your life. Also, cancer may prevent you from digesting food properly no matter how healthy the food is. You can eat the best food in the world, and take the best supplements, but if you can't digest and absorb them and deliver to the target–it's a waste of time and money.

Amygdalin (Laetrile, Vitamin B17)

Amygdalin is a glycoside, isolated from the seeds of different plants like apricots, black cherries and bitter almonds. They started using it for cancer treatment in Russia in1845, and in the

United States in 1920. However, it was considered too toxic because its byproduct is hydrogen cyanide -- a very potent poison. In 1972 Benno Schmidt, a board member of Memorial Sloan-Kettering Cancer Center, convinced the Board of Directors to look into amygdalin. The scientist who did the initial study, Kanematsu Sugiura, became convinced that amygdalin may be beneficial for cancer treatment because it inhibited secondary tumors but not primary. These results were not published. I wonder why? But they created a different experiment that proved the initial results were not valid. Based on that, they declared that amygdalin is ineffective for cancer treatment. Does it look like if they're not satisfied with the results, they have to design another study that will bring them the result they want? Even the Memorial Sloan-Kettering Cancer Center public relations official Ralph Moss believed that there is an amygdalin story cover-up. Of course, he was fired from MSKCC.

No wonder that further studies from the National Institute of Health showed that amygdalin is inefficient for cancer treatment. Of course, the FDA did not approve amygdalin for cancer treatment.

Shark cartilage

The proponents of this cancer treatment believe that because sharks don't get cancer, their cartilage is a cancer treatment. In some experiments, they show that shark cartilage may suppress the growth of new blood vessels. Because cancer growth is dependent on new vessels' formation, its inhibition may be beneficial for cancer treatment. But the study, done by the Mayo Clinic for advanced breast cancer patients, did not show any benefits of shark cartilage. They argued that because it is a protein that is really working, it is destroyed in the digestive tract because of digestive enzymes' action. Could it be given intravenously? If it is a protein, it may create a life-threatening allergic reaction. By the way, people from primitive societies even now do not have cancer. Should we use their cartilage too?

Essiac Tea

A Canadian nurse, Rene Caisse, has claimed this controversial cancer remedy secret was given to her by Canadian Ojibway Indians' medicine man. It consists of Burdock root, Slippery Elm Inner Bark, Sheep Sorrel and Indian Rhubarb root. Other recipes may also include watercress, kelp, blessed thistle and red clover. Rene Caisse opened a clinic in Bracebridge, Ontario Canada, to treat cancer patients. Reportedly she's never accepted payments from her patients. Needless to say, the FDA and National Cancer Institute never found any benefits of Essiac Tea. But did they really look into it?

There are many other alternative cancer treatments that are not that well known like homeopathy, hydrazine sulfate, magnet therapy, etc.

MY THOUGHTS ABOUT CANCER TREATMENT

As a practicing physician with more than 30 years' experience, I have never seen a miracle drug for any disease (possible exceptions are antibiotics, a few chemotherapy treatments, and a few other treatments). To think that you can go to the health store, buy a supplement, take it and get cured for cancer the next day just isn't reasonable. In my experience, the main problem in any treatment is a patient's compliance and persistence. Most of the time, patients looking for alternative treatments don't stick to one regimen. They usually switch from one to another without giving any one treatment enough time to develop any results. According to Dr. Klinghardt, patients tend to choose any treatment and any healthcare provider except one – the one they really need. Sound counter-intuitive? No. It's human behavior. Here's an example.

Suppose I have high cholesterol. I have a choice: I can go to a doctor number 1 who will give me the cholesterol-lowering drug Lipitor and won't challenge me to change my diet. Number 2 is a doctor who will tell me to stop eating junk food and won't give me drugs. I know that my cholesterol is high because I'm eating junk food. By I love junk food. Subconsciously I would like to continue eating junk food and bring my cholesterol down at the same time. So which doctor would I chose-- number 1 with his pill or number 2 with his diet? Most of the time it's number 1—the doctor who gives you the pill. I may not even realize my mistake, because the real reason for my decisions is my emotional side, not my rational side. That's why I don't condemn pharmaceutical companies with their drugs. It is much easier to take a pill, than to start eating a raw food. Only a few people can change a steak to an apple or nuts. Do we know any of them?

Seeing is believing. Have you ever seen a person who looks twice as young as her real age? I have. She had beautiful skin and bright eyes. Her dress could not conceal the gorgeous curves of her body, and her voice was going to the bottom of everybody's heart. She looked like she was in her early 30s, but she was in fact in her 60s. Her name is Suzanne Somers -- a breast cancer survivor. Is this because she went through chemotherapy? Or it is because she got radiotherapy? Is it because she obeyed standard oncology recommendations? She did exactly the opposite. Is her choice to use an alternate approach the reason she is a breast cancer survivor?

In my opinion the reason she survived is because she was persistent and rational. She survived because she killed the traditional thinking in the first place. She was thinking outside the box. That's why she survived. She killed the real cancer -- in her brain and heart.

What do you think?

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