

# **The Cancer Survivor's Bible**

## **New introduction**

**This new introduction was written for a proposed updating of the book. For various reasons that new edition will not now appear. That being the case I am now offering the updated part of Section 1 as a free pdf. I hope you find it useful and that it leads you on to making sensible decisions**

### **Cancer: What You Need to Know Now**

#### **Kick-starting your Journey**

This is a new introduction to my book The Cancer Survivor's Bible. I wanted to have that book republished with this new introduction and some amendments to the information and some updatings. However, although publishers loved the book, they didn't think there was a market for it. Here are some of the things they said: "This is excellent - there should be a copy in every home. It's well written using reader friendly language and a touch of humour. Sadly, the fact it's been published in different forms with additional information but essentially covering the same bases goes against it. It's also very long and therefore costly to produce and very reluctantly I'm afraid it has to be a pass. I do wish the author the very best with it." and again: "Wonderfully written. Sadly, this would be difficult to re-introduce as something new plus the size would increase the RRP making it difficult to sell to the numbers we would require. ...Fantastically written though and I wish the author the very best for the future." So, reluctantly I am publishing this book separately from the main book where you will find the facts, the issues and the options available - both mainstream and alternative - with a critical, independent commentary. This introduction, nevertheless, contains a useful orientation to this world of cancer that you have, almost certainly, been catapulted into by a diagnosis of cancer. This book will make sense of your journey.

## **Overview**

The Cancer Survivor's Bible is the best book on the market for anyone seeking an overview of the world of cancer and cancer treatment. Believe me, this is the book you will want to read if/when you are diagnosed with cancer - or if a loved one is - or if you are wise and wish to know in advance what your options might be should cancer come knocking on your door. It covers conventional, complementary and alternative approaches in a fair-minded way based on what experts say and analysed from the point of view of common sense. This book provides the facts and the options people need to make sensible decisions and provides a grown-up, independent discussion of the issues (there are many issues). It is also written and laid out in a very readable and accessible way. There is no other book quite like it.

## **History of the book**

25 years ago my wife was diagnosed with cancer, underwent surgery, chemotherapy and radiation and died 15 months later. From the moment of her diagnosis I read book after book but could not find the book that I needed - so I set out to write that book. The first version was published by Hodder Headline in 1996 with the title, Fighting Cancer: A Survival Guide. After two print-runs sold out within 18 months, the rights were passed back to me. Some years later, and with a lot more information to include, I self-published the book with the title Cancer: The Complete Recovery Guide. For a couple of years this was the first title on Amazon (UK and USA) for any search for 'cancer'. Then with new ideas and more information I updated the book to its current version: The Cancer Survivor's Bible. In doing so I lost my Amazon ranking - they refused to transfer my previous ranking and as a result I disappeared. I have now set out to produce a final version incorporating some new information, some corrections and some new perspectives. I wish this book to be published by a reputable publisher so that it can, unlike the previous two editions, appear in bookshops. I have updated the first five sections and it should not take long to complete the update.

## **Unique Features**

All other books on cancer start with the subject of cancer, my book starts with the insecurities and dilemmas faced by the person with cancer. It is therefore not information and fact focused,

but focused rather on the need to make sensible decisions. My book recognises we are all different and so will make different decisions.

My book looks at both mainstream medicine and alternative approaches - and does so from an independent and common sense perspective. It also deals with other aspects of cancer: research, politics. It provides a complete overview of the topography of cancer.

It is even-handed but also critical.

My book is written in a personal and informal style from the perspective of someone who has been there.

My book is laid out in a way that is accessible with lots of headings in a college textbook format.

This book contains ideas that you will find in no other book.

My book contains information you will find in no other book.

### **Why Did I Write This book ?**

This book arose out of my own personal encounter with cancer — not as a patient but as the often inadequate husband of a cancer patient. My wife, Bernadette, was diagnosed with cervical cancer in 1993. She underwent surgical investigation, radiation and chemotherapy and was dead almost exactly a year later. Looking back, if I were to summarize my experience, I would say the biggest mistake we made was to do what the doctors advised. Bernadette could not have died sooner if we had done nothing. In addition, that year - the year of her illness and suffering from the impacts of her treatments - caused us a great deal of seemingly unavoidable, painful relationship difficulties as we responded to her illness in very different ways.

Yet, how could we have avoided these difficulties? If only we'd had a book that could lead us through the whole field from an intelligent non-ideological point of view. Eventually I was to read close to two hundred books and still I could not find the book I was looking for. Most of the books were selling single cures. Others talked about a range of alternative cures but gave no rationale for choosing this route over the orthodox route. Many others vilified anyone who suggested anything other than surgery, radiation and chemotherapy, accusing them of being victims of quacks and charlatans. What was the truth?

Throughout my ordeal I found myself reading book after book recommending diets, herbs, supplements and other interventions. But when I raised these ideas with the doctors they poured scorn on them. Vitamin C? They laughed. Coffee enemas? 'What a joke,' they said. And Bernadette too dismissed these suggestions. 'Are you a doctor?' She asked me. 'Do you know more than the doctors?'

This was how I discovered the war of medical ideologies that is out there. What I needed was a sane, personal, intelligent and critical voice that could lead me through these contending beliefs; that could put both sides of the case and point up the limitations of any arguments there might be. But I never found this voice. So, I have taken it upon myself to provide this voice for others. This then is the book I wish I'd had at hand when Bern was diagnosed with cancer.

After Bern died, I nearly despaired. But then I realized that if I did not persevere with my reading then it was likely that the same fate would befall me—for I had discovered that I, along with everyone else in North America and Western Europe, had a 40-50 percent likelihood of

getting cancer myself. If I did get cancer, what would I do? I needed to create for myself a strategy that I would have faith in, based on all the facts. I needed to build up a complete picture of all the therapies that were recommended in the case of cancer and to look at these with a very critical eye: What was the rationale? What was the risk involved? What was the cost? Only when I had a global picture of cancer would I be in a position to make a decision. And what went for me went for everybody. I was writing this book not just for myself but for everyone who did not wish to be panicked into doing what the doctors advised.

It was not my intention to write a book telling people what they should do. There are already too many books screaming propaganda of one sort or another, both the virulently pro-orthodox and the equally virulently pro-alternative. What was needed was a book that took a cool look at the whole world of cancer. I have left it to you, the reader, to make up your own mind as to which strategies you believe will work best for you. In the more than twenty years that I have been running an informal cancer advice website, I have come to realize that we bring very different psychological profiles to the party. What makes sense to you may seem madness to me. But I need to respect your point of view and you need to respect mine.

This book is based very much on what experts have said in their own field for the world of cancer is so large that there are no general cancer experts. But the book I have written is no bland summary. It is deeply engaged and it draws conclusions. I now believe that the search for a cure for cancer is a waste of time. We already have the cure – or rather the cures. There isn't just one cure for cancer, I believe, there are dozens.

## **Am I Qualified to Write This Book?**

This is a good question. But the more I have thought about it the more I have realized that no one is qualified to write this book. When Socrates asked the Oracle at Delphi if he was the wisest person in the world the Oracle replied: "There is no one wiser than you." Socrates was wise enough not to boast for he understood his own ignorance. Although he did not feel that he was wise, he knew only that no one was wiser. That is how I feel. I may not be particularly well qualified, but the truth is that no one is more qualified.

I am not a doctor, but doctors have to placate professional colleagues and bend to powerful professional pressures. They are also subject, as we shall see, to strong temptations placed in their way by the pharmaceutical companies. I am not a complementary therapist so I am not professionally biased in the opposite direction. I am not a cancer patient myself and so I am not obsessed by the specifics of my own particular cancer. I have no particular professional or personal axe to grind and I have no financial interest in any of the therapies mentioned in this book. All these qualifications may, at first sight, appear to be negative but nevertheless they make me almost unique. In this matter I have a pure heart. After all my own life depends on it.

However, I do have one positive qualification. I am powered - as a result of the traumatic experience of my wife's agony - by an urgent need to know the truth. The neurologist, Antonio Damasio, in his book *Descartes' Error* (Putnam 1994), has shown how vital it is to have emotional engagement. Without this engagement, using only objective reason, we will always make profound errors of judgment. To arrive at sensible decisions we need to engage both

intellect and the emotions. And experts, for all their virtues, do not tend to be emotionally engaged.

To those who say only a medical professional should write about cancer, I say this: Do you have to be Portuguese to write a travel guide to Portugal? In some ways, being Portuguese could be seen as a disqualification. Being Portuguese might prevent you from understanding what a non-Portuguese really wants to know. What is needed is an impartial but committed critical mind who sees things from a consumer's perspective. That is what I bring to the party. This book should be seen as a travel guide to the strange country of Cancer.

So, to summarize, my qualification is simply this: I have a powerful need to know the answers. I need the answers for myself so that I will not make the same mistake we made in my wife's case. What I have written I have written for myself first of all. However, I willingly share the fruits of this pursuit with you or anyone else who is interested but, and this is also important, you and they are responsible for making whatever decisions you or they do make on the basis of this information.

## **My journey**

I have been reading and thinking about cancer for over two decades now. What I know and the conclusions I have come to could help you recover. So I am going to try to tell you something of what I know – in as straight forward and impartial manner as I can - and if you truly want to

recover (interestingly, not everybody does) then you will give some serious thought to what I have to say.

When we discovered that Bern had cancer I felt completely impotent. The one thing I could do was to inform myself as far as I was able. I started way back in 1994 when the internet was in its infancy. I can still remember trying to find an article online in those pre-World Wide Web days. It wasn't easy. I can still remember the lines of (to me) gibberish my friend was typing onto the green screen (do you remember green screens?) But mainly my sources of information were the books that I came across randomly. I sucked in information from every source available. And, over 20 years later, I am still informing myself. There is no end to information.

Unfortunately I was not able to read enough, quickly enough to have any impact on my wife's cancer and she died 15 months later. Even after reading over 200 books I still had not found the book I needed. That's why I have written this one. To repeat myself: This is the book I wish I'd had then. This is the book I have written for myself. I am happy to share it with you. Any decisions you make as a result of this book are your own responsibility.

When my wife was battling her cancer, she needed to put all her trust in the doctors. At the same time my reading was leading me to question what the doctors were doing. This was a time of agonising uncertainty for me. I would wake up at 3am in a heavy sweat as I considered what was happening. My reading had led me to an understanding that the doctors were wrong. Could that be possible? Was the world mad? And then, when she died, I nearly despaired. I still didn't have any answers.

My daughter had died six months previously and now my wife had died. Somehow, I survived this double whammy, mainly because I had a young son to bring up. I have written about this personal side of my journey in my book, **Wordjazz for Stevie** (Blacksmith Books 2010) And

I had learnt enough about cancer to understand that my own risk was about 50 percent (Yep. Same as everyone else's – probably a bit higher than most if truth be told) - so I needed to keep reading if I was going to understand enough so that I would be able to say: When I get cancer, this is what I am going to do.

I have now reached that stage. When I get cancer I know more or less what I will do (though the details change from time to time). And I am pretty sure that what I will do will cure me, or at least keep me going longer and with less pain than any of the other routes I might take. I no longer feel anxious.

### ***So what will I do?***

It is at this point that I have to step back a little and realise that what I say might strike you as absurd, or simplistic, or silly, or outrageous, or inadequate because although I could say “I will do X,Y and Z” you will have no idea why I have made that decision. You will only see the end result of a thinking process. But it is the thinking process that counts when it comes to making the decisions – so rather than telling you what I would do, I want you to look at the facts, the issues, the disagreements and the options and make up your own mind what to do.

In the first few years of my mission to inform the world of the arguments and options available to people who have cancer, I was very pushy about what I believed in. I have now come to terms with the realisation that I am not responsible for you and your cancer. You are. I am only responsible for doing what I can to alert you to the fact that there are other directions you can take. It is entirely up to you whether you take them or not.

Also, I think there is great value in you owning whatever decisions you arrive at. And that means you have to make those decisions yourself. So I am not going to tell you the answers I have come to for myself. Instead I am going to lead you on a journey so that you will have all the facts

at your disposal. You will know what the facts are, what the issues and arguments are (there are a great many issues and arguments) – and, most importantly, what the treatment options are. What is out there that could help you? How might it help you? How can you get your hands on it? These are the practical questions – and since cancer is a complex subject I need to lead you slowly along the way so that you can be confident in yourself that you are taking the route that makes most sense to you. Then you won't need me to tell you what to do. You will know for yourself what it is you plan to do. So then all you will have to do is go ahead and do it.

And the answers you go for will very likely not be the same as the ones I do – but that's fine. You have your own fate to deal with, I have mine. We are different in so many ways – gender, age, cultural background, physical dimensions, financially, socially, educationally, politically and so on. And our cancers will be different. There is no end to the ways in which we are different. So naturally the answers you arrive at will be different to the answers I have arrived at. I'm afraid you – and I - are just going to have to live with that. As one reviewer put it:

***“Chamberlain... speaks from the heart, but clearly wants you to use your head. Good combination.”*** - Andrew Saul PhD, Doctor Yourself website

Many of you will nevertheless be shouting inwardly – “ Just tell me what I need to know. Tell me what to do.” Well, let me say this again as clearly as I can: If you really want to know what to do, then read this book to the end. Try to do this in a calm frame of mind. You have time. Your cancer has taken a long time to get where it is. Another week or two will not make much difference. Here you will be able to find all the answers you need. You will find a full, even-handed, discussion of the pros and cons of various diagnostic procedures and conventional treatments. You will also find a near encyclopedic listing of the diets, supplements, herbs and so on that people have suggested over the years. This is the digested summary of 20-plus years of reading, reading, thinking and

more reading. When you have read this book your only problem will be to decide which of these many options you will choose to do.

If you want a bossy voice to tell you exactly what to do, there are people out there who will tell you what to do, if that's what you want. But that is not what I am going to do. This book should be seen as simply the first step, a taster of what is to come, the starting point of your journey. Remember it is *your* journey. The quality of that journey will depend on your understanding of the terrain you are passing through. That is what I wish to achieve with this book.

### **However...**

This is a long book and you may want to be starting something early that will be helpful so I am going to make some suggestions that you can start right now and which will be helpful no matter what else you decide to do.

1. Vitamin C : Read the full discussion on vitamin C (page ). I advise you to start with 5 x 1,000 mg capsules (or a teaspoon of powder) a day. Increase this by 2-5 capsules a day (half to one teaspoon) until you reach a level of intake where you feel that you need to rush to the toilet! Then cut back a little and stay at this level of intake. You cannot overdose on vitamin C. There is no toxic level of vitamin C consumption.
2. Do as much exercise as you can everyday.
3. Choose to eat ONLY organic food.

4. If you feel a herbal approach might be beneficial then I would suggest initially you consider the ESSSIAC formula (see page )

5. Avoid tap water unless it has been filtered. Drink only filtered water or a good bottled water. (For a full discussion of the water issue go to page )

6. Add citric acid powder to your meals: start with a teaspoon each meal and build up to a soup spoonful. Cheaply available as a food preservative. (see page )

***I am going to help you become your own Guru.***

Let me tell you a story. When Stevie, my daughter, was born with Down's syndrome (she was later to suffer brain damage when an open heart operation went wrong, leaving her blind, epileptic and unable to sit or roll over – but that was later) I bottled this news inside me for several days unable to tell friends or family what had happened. Then it occurred to me that there might be someone out there who might be able to help. Somehow I came across a centre for young handicapped/disabled (whatever your preferred word is) children and called them “Hi,” I said. “I wonder if you can help me. My daughter has just been born with Down's syndrome and I am wondering what I should know or what I can do?”

You can see that up till this moment I was trying to operate in a sensible, matter-of-fact way. But the woman at the other end of the line had this rich, deep, caring voice and I still remember what she said: She said: “And how are you coping?” with a subtle emphasis on ‘you’. At that point I just collapsed in tears. Five simple words, not answering the questions I had, but helping me start the journey I was embarked on whether I liked it or not.

*Life is a succession of lessons which must be lived to be understood.*

Helen Keller

I see this book as doing for you what that kind lady did for me. It is my way of taking hold of your hand, or putting my arm around your shoulder and saying to you. I have been there. I know something. I would like to share what I know with you as I think it might be helpful.

And I am pleased to say that my book has been of benefit to many people who have read it. The comment that puts the key point most succinctly is this from a San Diego pastor who had just been told his cancer was terminal:

*“This book tells me everything I want to know. Why didn’t my doctor tell me this?”*

Sadly, for him, the information came too late.

I offer this book to you in the hope that it helps you clarify for yourself how you wish to approach the treating of the cancer you (or perhaps someone close to you) have been diagnosed with or the cancer that you would like to prevent in advance.

*“Love yourself first and everything else falls into line. You really have to love yourself to get anything done in this world.” - Lucille Ball*

## **SECTION ONE: Cancer? What Now?**

**In this section I wish to discuss a number of general themes and to introduce you to some basic ideas and facts about cancer and approaches to responding to a diagnosis of cancer.**

### **Preamble**

**And the first thing I want to say is Don't Panic!**

*The purpose of this book is to provide you with the information you need so that the decisions you make will be the right decisions - for you.*

This book is, among other things, a guide to how we should be thinking about cancer. Until we have gone through this thinking process any specific decisions we might make in relation to treating cancer will be more or less random. Most readers will be hazy on the details of this subject. Many of you will have avoided thinking about it until it became a matter of personal importance. But, cancer is going to hit one in two of us. Look around you. One in two adults in sight will get cancer – that's pretty scary. Imagine eight fully loaded Jumbo Jets crashing into the sea today, another eight tomorrow, another eight the day after that – day in, day out. That's how many people are dying of cancer – and that is just in the west - and the situation is not improving very quickly, if at all. At best there is some “slow incremental progress” as oncologist Siddhartha Mukherjee has expressed it in his book, *The Emperor of All Maladies*. Clearly, for these eight plane loads of people, whatever treatment they received didn't work. But why hasn't it worked? We're spending billions on research so why are the results of this research so inadequate? And it is very likely that

you, the reader, either have cancer yourself or you are helping someone who has, so we need to get to the heart of the subject quickly.

You have perhaps seen that the incidence of cancer is so high that it really makes sense to find out what you can do in the hope that you can in some way avoid this fate. (And those who are wise to take some evasive action will be rewarded. There *are* ways of minimising your cancer risk).

In my wife's case, it just made sense to do what was recommended – doctors are the experts, right? - and we didn't have any idea that there were other options. Let me just say at this stage that there are options – loads of options. And despite the mauling they tend to get in the media many of them do make sense. But, sadly - and crazily - you won't hear about a lot of these options from the doctor. That is because they don't fit into the mainstream frame of thinking. For that reason they are termed 'alternative'.

## **A War of Ideas**

The media, it should be said, are, in general (there are some interesting exceptions) extremely hostile to alternative therapies. They are wedded to the establishment view – to the views of 'experts'. But there is a war of ideas in progress and these 'experts' are all on one side – they can hardly be trusted to be fair about the enemy. If you ask an air force commander how to pacify a country like Afghanistan, for example, he is likely to say "bomb them". If you ask an NGO you may get the answer "give them education, build infrastructure, fund agricultural initiatives". Which expert is right?

I once wrote to Lord Patten, then Chairman of the BBC, asking why there was no fair and balanced discussion of alternative therapies for cancer on the BBC. He responded that discussion was acceptable as long as it did not promote alternative therapies. So only negative opinions are acceptable? I once met a man who claimed to have been thrown off a British TV discussion programme because, when asked if he believed herbs and vitamins could cure cancer, he replied 'yes'. So much for free speech. Also you should be aware that there is a law - the 1939 Cancer Act - that makes it illegal in the UK for anyone apart from an oncologist to offer any form of therapy aimed at curing cancer. There are similar laws elsewhere. I believe it is time to start having adult discussion of these issues.

So, this is as good a place as any for me to state that I am not promoting any of the therapies discussed in this book for any particular person or for any particular cancer. The information and discussion offered here is for educational purposes only.

*“Common sense is the collection of prejudices acquired by age eighteen.”*

*Albert Einstein*

## **The different medical and therapeutic approaches**

Let us now look at the three different categories of treatment.

### **a) Conventional (also called orthodox or mainstream)**

Conventional treatment is what the doctors will give you. This will usually involve a stay in hospital, some form of diagnostic procedure and surgery, radiation and/or chemotherapy .

## **b) Complementary**

***“You can die of the cure before you die of the illness.”***

*Michael Landon (actor who had cancer)*

As Michael Landon commented, the conventional weapons against cancer can themselves be damaging and even lethal. We will be returning to this issue later. They should not be entered into lightly. It is also recognised that there are some non-conventional therapies that can make patients undergoing conventional therapies more comfortable – acupuncture, reiki etc. These are called complementary therapies because they complement the work of the doctors. They provide some relief from the symptoms of the conventional treatments. They can reduce pain or help lessen the damage.

Some people spell this word wrong and so you will find the term ‘*complimentary*’ therapies. I always imagine that this must involve saying nice things to people to make them feel better. “My! You are looking beautiful today!” Could that cure cancer? Who knows but it certainly helps us get through the day.

## **c) Alternative**

***“The art of medicine consists in amusing the patient while nature cures the disease.”***

*Voltaire*

These are therapies that are not recognised by doctors as being useful treatments but which many people do believe will cure them – this includes diet, vitamins, minerals, herbs, and other therapies. And most annoying for doctors is that more and more people are attracted to these approaches, finding them more convincing than the conventional therapies – often because they have already had the conventional treatment and the cancer has returned. Second time round they say ‘No, thank

you.” to further surgery and chemo – and what is even more annoying is that some of them go and become cancer-free again.

Why do alternative therapies make sense? This is a question that seems simple but requires a great deal of discussion. First of all we need to understand what cancer is, then, only then, can we understand how we should best seek to deal with it.

## **CAM**

Complementary and Alternative therapies are often bracketed by the term CAM (Complementary and Alternative Medicine)

“CAM use (both self-medication with products and visits to CAM practitioners) increased significantly from 1998 to 2005. Now that more than 80% of all women with breast cancer report using CAM (41% in a specific attempt to management (sic) their breast cancer), CAM use can no longer be regarded as an "alternative" or unusual approach to managing breast cancer” - Cancer researcher, Heather Boon and colleagues

Now just because there are three different approaches doesn't mean you have to take a black or white or red view of the matter. Sure you can choose to go with only one of these ways, but you can also choose to mix them all up. Some clinics are now offering integrative medicine that combines different approaches. But you don't necessarily need a clinic. You don't necessarily need someone to tell you what to do. You can follow your own head, your own heart, your own knowledge and your own intuition. And, of course, you can choose not to do any of the above. You can choose to do nothing at all.

**"The philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of tomorrow."**

William Osler (Father of modern medicine)

**"If you want something new, you have to stop doing something old"**

Peter F. Drucker

### **Evidence-based medicine?**

Conventional medicine makes a great point of stating that it is evidence based. But how much evidential support for it is there? You would imagine a great deal. But is this in fact the case?

The *British Medical Journal* has an offshoot publication, *BMJ Clinical Evidence*, whose mission is to provide physicians and patients with the best available evidence, garnered wherever possible from randomized, controlled clinical trials, which are considered to be the most reliable and rigorous standard for measuring treatment effectiveness. The journal describes itself as 'the international source of the best available evidence for effective health care'.

'What proportion of commonly-used treatments are supported by good evidence, what proportion should not be used or used only with caution, and how big are the gaps in our knowledge?' asks the publication's website (BMJ, 2007).

Of around 2,500 treatments so far reviewed by the journal's distinguished team of advisors, peer reviewers, experts, information specialists and statisticians, only 13 per cent have been found definitely beneficial. A further 23 per cent are rated as likely to be

beneficial; eight per cent can be classified as a trade-off between benefits and harms; six per cent as clearly unlikely to be beneficial; four per cent are likely to be ineffective or harmful, and a whopping 46 per cent—almost half of all treatments reviewed—are rated as being of unknown effectiveness. That's the word from the horse's mouth.

But what about all the research that is published in the medical journals?

Dr Marcia Angell, author of *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*, issued this statement after leaving *The New England Journal of Medicine* as Editor in Chief: 'It is simply no longer possible to believe much of the clinical research that is published'. Why not? Because it is manipulated by the pharmaceutical companies who pay for it. Often the supposed author of an article has nothing to do with the research discussed in it. This is a problem that has also been admitted by the editors of *The Lancet* who believe that as many as half the articles they publish suffer from some form or other of deceitful practices. So we can see that claiming conventional medicine to be 'proven' or 'evidence based' is to make a claim that is not supported by the facts.

### **Am I anti-medicine?**

As we progress through this book you will see quickly that I am persuaded by many alternative approaches. But please don't get me wrong. I am not anti-doctor or anti-modern medicine. I am aware that for large areas of illness and health, doctors are the people to go to. No-one in their right mind would go to a homeopath if they have been smashed up in a car accident – not for fixing the smashed legs, say. That would be very silly. However, the homeopath might be able to help with other aspects of recovery from trauma. There is, I believe, a place for homeopaths, but dealing with severe physical trauma is not one of them. Indeed I understand very clearly the sense of relief you get when you feel you are in the hands of people in white coats with precise

competences. But just because doctors are good at fixing traumatic injuries, for example, doesn't necessarily mean that we can trust them with our cancers. Cancer is different.

### **Cancer as a metabolic condition**

Cancer is best seen, I would argue, as a metabolic condition – a disease of the whole body - and this is the one area where modern medicine has been notably unsuccessful: There are no cures for such diseases of the whole body as multiple sclerosis, chronic fatigue syndrome, muscular dystrophy and so on. And there are no conventional cures for most cancers. If there were, we wouldn't be so obsessive about raising money for cancer research. Don't get me wrong. Many people do undergo conventional treatments successfully for their cancers but success is not as high as it might be. Certainly there are no guarantees of success. And the treatments are painful and damaging to the body.

But this book is not about doctors or modern medicine, it is about you and what you should do in the face of cancer. If you are caring for someone close to you then realise that you too need support. Do not be too proud or 'heroic'. There will be times when you will need to put your own needs first.

### **Overview**

Here then, before we deal with the facts, the issues and the options, I want to lead you through a number of steps that will, I hope, help you get an overview of your situation.

## **1. You - and you alone - are responsible for your treatment decisions**

That's right. It is your decision what you do. It is not your doctor's. It is not your husband's, your wife's or your daughter's. It is yours. You alone are responsible. I'm sorry but there it is. Some of you will feel liberated by that realisation while others will feel oppressed with anxiety – are you, you might ask, doing the right thing? Are you making the right decisions?

The best decisions are made thoughtfully based on information. Your problem at the beginning of your cancer journey is very likely that you are being rushed into making decisions before you have been able to access any information at all. I would strongly urge you not to take any steps or make any decisions until you have informed yourself. Here is what Dr Eugene D Robin has to say on the subject:

**“The doctor’s opinion is not infallible...you, the patient have the highest stake in the decision - the most to gain and the most to lose. You, the patient, are the one to decide what constitutes a happy and productive life. Don’t let your doctor, however well intentioned, usurp this right.”**

*“The future is not something we enter. It is something we create.”*

Leonard Sweet

## **2. Time**

If you have just been diagnosed, please don't be panicked. Your cancer has taken years to get to where it is today. A few weeks longer is not going to make a lot of difference. Fast decisions are

generally bad decisions. Give yourself time to properly inform yourself of the options. This could help you avoid unnecessary pain and damage.

If you have not (yet) been diagnosed then you are in the fortunate position of being able to relax and form your opinions at leisure. The way you think and the knowledge you have to draw on will determine what you do and how confident you are in making your decisions.

***“Your beliefs are a magnet that create your reality”***

Coach Bobbi

### **3. Stress**

My saying “Don’t panic!” probably hasn’t helped. And I am now going to compound this by telling you that the biochemistry of stress actually promotes the growth of cancer. So the more stressed you are the faster your cancer is growing.

If I stopped there then that would be unforgivable. But there is a flip side to this coin. The less stressed you are the slower the cancer will grow.

So, go out and walk, swim, meditate, sing (yes, join a choir!), sunbathe (no, don’t be afraid of the sun –I’ll tell you more about that later), listen to Javanese gamelan music or to the Indian santoor player Shiv Kumar Sharma, do zumba, dance or whatever else it is you do to release stress. Find and nurture the calm inside you. It will help.

***“I have a new philosophy. I'm only going to dread one day at a time.”***

Charles M. Schulz

***“What have you gained from meditation?” The Buddha was asked. “Nothing,” he replied. “But let me tell you what I have lost: Anger, anxiety, depression, insecurity and fear of old age and death”***

## **4. Hope**

The fourth - and perhaps most important thing you need to know is that there is hope. No matter how far advanced your cancer is.

I have met a man whose bladder cancer had returned, who was considered to be untreatable and whose condition was so serious that he was put into a hospice. We all know that hospices are the end of the road. But not Ian. Everyone expected him to die within days, or at most weeks. That was a few years ago. Today Ian is alive and well and cancer-free. How did he do it? His story, along with others can be found at the end of this book. You can also read the story of a young boy called Connah Broom who suffered through two courses of chemotherapy. In the end, his grandparents (who were his primary carers) were told that the chemo hadn't worked and that he would die very soon. He had at that time eleven tumours in his body. Today, well over fifteen years on, he still has one tumour but is otherwise a robust and active kid who likes dancing and football. You can read Connah's story in **The Amazing Cancer Kid** the book I have written in collaboration with the Broom family. Go to my website at [www.jonathanchamberlain.com](http://www.jonathanchamberlain.com) for further details.

**“Live adventurously.”** - Quaker advice

**“The road that is built in hope is more pleasant to the traveller than the road built in despair, even though they both lead to the same destination.”**

Marion Zimmer Bradley

**“I don't think of all the misery, but of the beauty that still remains.”**

Anne Frank

**“The best way to not feel hopeless is to get up and do something. Don’t wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope.” - Barack Obama**

## **5. There are many routes to recovery**

I am rather tired of people begging money from me for cancer research. Here is a typical conversation when I am asked to donate money:

**Fundraiser:** We’re collecting money for cancer research.

**Me:** OK. (drawn out in a thoughtful way) Why?

**Fundraiser:** So we can find a cure

**Me:** I see. But we already have a cure. In fact we have dozens of cures. I don’t think we need more. We just need to recognise the ones that we already do have.

**Fundraiser:** Ummm. Right. Have a nice day (wonders off thinking I’m a nutter).

And yes, it is true. We do already have dozens of cures for cancer. What else can we call it? At the end of this book you will read the stories of a number of people who have recovered from cancer. Ian did something very different from Connah, Beata did something else again, as did Ruth, Glynn, Felicity, Elonna and all the others whose stories you will read. And they got well. In fact Felicity – who had recovered from terminal stage pancreatic cancer - got a little angry with me when I

wrote that she was now well. “I am not ‘well’,” she wrote to correct me. “I am vibrantly alive...I am fitter now than I have ever been.” She had just won a golf competition – at the age of 70!

These are real stories, real people. We would be silly to ignore this collective experience.

So, to repeat – and this should be repeated again and again until you understand it is really true – many people have done things that their doctors have not recommended or approved of. Many of them were told there was nothing more that could be done . They were told they were terminal. And yet years later they are still here and many of them are completely cancer-free. The cancer has gone. It has disappeared. In some cases this occurred over a matter of only a few weeks. This is not airy-fairy talk. It is real. It is true.

### **What do I mean by the word ‘cure’?**

The word ‘cure’ is a contentious word. Here I will just say I do not believe there is any single treatment - conventional or alternative - that provides a guaranteed cure 100% of the time .

***“My doctor gave me six months to live, but when I couldn't pay the bill, he gave me six months more.”***

*Walter Matthau*

However, there are many options, which, in combination, can certainly boost your chances substantially. So it makes sense to do a number of approaches simultaneously. This way you compound the benefits. Here is an article I wrote making this argument.

**The more negative you are to alternative therapies, the more alternative therapies you have to take. The logic is unassailable.**

An argument is only as good as the assumptions it is based on. So here is the only assumption you have to accept. Alternative therapies – diets, herbs, supplements – have some anti-cancer benefit. How big a benefit is not the issue. You just have to accept that there is some benefit. The alternative is to suggest that there is absolutely no possible benefit. So, if you accept there may be some benefit then the argument follows along mathematical lines.

Let's say you are very gung-ho about the potential of alternative therapies you want to take. You think each of them will have a 75% chance of working. Then you only need to do three such therapies to have a 98% likelihood of beating the cancer. The first therapy will cure 75% of the people taking it, the second therapy will mop up a further 18.75% and the third therapy will cure a further 4.68% ( $75\% + 18.75\% + 4.68\% = 98.43\%$ )

OK. Let's say you think it's a fifty-fifty option. In that case you will need to do five therapies to give you a 97% chance of a cure. I'll leave you to check the maths

Hmm, you might say, I go along with the view that there is some benefit to diets and herbs and supplements but I wouldn't put it anywhere near 50%. My guess is that there may be a 20% potential on average. Well in that case you have to do a dozen or so therapies to give yourself a greater than 90% chance of recovery.

You see? The more negative you are the more therapies you have to do. And you know what? None of us can say what the likelihood is of any therapy working in our particular case. It actually pays to be negative.

The more negative you are, the more therapies you need to do, and therefore the more likely it is that you will recover. It's just plain simple maths.

When I first presented this argument a man responded that if he thought the likely benefit was infinitesimally small then he would have to take an infinitely large number of therapies! I could not fault him on his logic. But for practical purposes I would estimate that 12-20 approaches would be sufficient.

### **Won't they interfere with each other?**

The truth is, generally speaking, we don't know what approaches might interfere with each other. But it is just as likely that there will be a synergistic effect. This means that separately two or three approaches might have individual benefits of, say, 10% each - but together their combined impact is increased to say 70%.

### **You might say: I am only interested in doing something that is scientifically proven**

This is a common position many people take. The doctors foster this by referring to conventional treatments as 'proven', and alternative therapies as 'unproven'. The truth is that very few conventional treatments are proven by any standard (I discuss this at greater length later on in the book) and the word 'unproven', generally speaking, is used to stigmatise unapproved approaches. Note that 'unproven' does not mean 'disproven'. It generally means the approaches have not been scientifically tested. The world of science does not provide a level playing field for the comparative evaluation of therapies. It would be nice if it did.

### **An alternative decision-making tool: Risk-Benefit-Cost Analysis**

I would argue in favour of a different approach to decision making. I call it the Risk-Benefit-Cost analysis. Of any therapy you simply ask:

1. What is the risk? What are the potential negatives in terms of pain and damage?
2. What are the potential benefits?
3. How much does it cost?

I personally will be happy to do anything that is inexpensive and which is unlikely to have negative consequences even though the potential benefits may be based on very flimsy evidence. But that's me.

### **Pascal's Conclusion**

Blaise Pascal, a French mathematician and philosopher, believed that even though God's existence might be 99.99 percent unlikely, we would be foolish not to believe in him. Why? Because if he doesn't exist, it makes no difference whether we believe or not; but if God exists then our belief or non-belief might be the difference between going to Heaven or not. Cynical? Very. But the logic is impeccable.

Applying this theorem to vitamin C, we can argue thus: If taking 20, 30 or 40 grams a day of vitamin C doesn't work it makes no difference whether we take it or not, but if it does work then the only way to benefit is by taking it. There is no obvious danger involved and the cost of exploring this option is not excessive. So the sensible thing is to take vitamin C in large doses.

## **6. We are all different – so one size cannot fit all.**

It was Linus Pauling, possibly the greatest biochemist of the last century, who made the point (I believe it was in his book **How to Live Longer and Feel Better**) that we are all weird. He didn't use that word but that is what he meant.

His argument is this: for any random characteristic there is a normal distribution within a population. Imagine a rainbow that has been squished in at the sides so that it is no longer semi-circular – this is the shape of what statisticians call a Bell Curve. At the centre of the curve – at the top point - we have the average, which is also called 'the norm'. Imagine a line down this average separating the curve into two symmetrical halves left and right. Statisticians then do their magic and show the first level of 'deviation from the norm' – which they call the first standard deviation – round about 30 percent on either side of this average line. Everybody inside that area can be considered 'normal' – So if we take intelligence then average IQ is given the random number 100 and normal intelligence is IQ70-130 – that is thirty percent above and below the norm.

Then, returning to the Bell Curve we go to the next level – the second standard deviation - where we generally find around 95 percent of the population is included (forgive me if you are a mathematician or statistician, this is pretty rough and ready) – so, going back to our example relating to IQ, between the first and second standard deviation we have those who are termed, on the one hand, slow, challenged, mentally handicapped or intellectually disabled and on the other side we get those who are very intelligent.

And then we have the final five percent, 2.5 percent at the left hand side of the curve and 2.5 percent at the right. Here we find the people who have extremely restricted intelligence, on the left and, on the right, we have the geniuses.

***“The difference between stupidity and genius is that genius has its limits.”***

*Albert Einstein*

In our bodies we have literally hundreds of thousands, if not millions of processes, going on. For each of these processes we can do what we did with intelligence – we can measure the normal distribution. Pauling argued that statistically it was impossible for someone to be ‘normal’ or close to the average for every single one of these processes. Every one of us is at that extreme final 5 percent of the population for at least one of these processes, most likely for several. So we are all very, very weird in some way.

***“Always remember that you are absolutely unique. Just like everyone else.”***

*Margaret Mead*

And so, for that reason, it makes sense for us to assess for ourselves how we wish to proceed because no-one knows you better than you yourself. You may not know it consciously but some deep part of you knows and it will tell you if you let it.

## **7. Trust your intuitions**

The unconscious is a powerful but generally neglected force. Unfortunately, people have a tendency to place too much value on cold rationality, on logic, on authority (the doctor says...) and too little value on their own feelings and intuitions. It is not too much to say they reject their intuitions.

Don't get me wrong. I am certainly not in favour of irrationality. However, we do know that the unconscious exists. We know that it is a powerful force capable of expressing itself in any number of ways. Our conscious lives are like the surface of a deep ocean. Those who insist on putting all their trust in conscious rationality are, in doing so, repressing the urges that come from the deep, that are informed by the deep. We also know that intellectual rigor divorced from feelings and emotions will generally lead to disastrous decisions.

As a writer, I have learnt to paddle in the waters of the unconscious and my conclusion – based on my own experience - is that, if you let it, if you trust your intuitions, your unconscious will generally prompt you in the right direction. If you have dreams, desires, intrusive thoughts, these might be ways the unconscious is seeking to communicate with you, telling you its preferences.

You know how it is that you find yourself thinking about someone and then the phone rings and it is that person. There is knowledge, of this I am sure, that comes from subconscious layers of being about which we know nothing. Of course we have to weigh up these feelings, their strength and so on. But just as we don't need to be ruled by them, similarly we shouldn't ignore them either.

Don't underestimate the power of the unconscious to know. I have often had the experience of waking up at three in the morning with the sudden recognition that a specific sentence I had written perhaps six months previously contains a fact that should be checked, or a phrasing that could be improved. One morning I woke and suddenly understood how I could make a novel work – this was a novel that I had left aside five years previously not knowing what to do with the mess of words I had created. As I emerged from sleep I found myself thinking of this book. A voice said “Cut everything in half.” Six weeks later I had a taut novel that I was very pleased with. That novel

was **The Alphabet of Vietnam**. The unconscious is always working and reviewing experience. Trust it.

**“I always have my reasons, even when I don't know what they are.”**

— Eric Micha'el Leventhal

**“Trust the subconscious mind to heal you. It made your body, and it knows all of its processes and functions. It knows much more than your conscious mind about healing and restoring you to perfect balance.”**

Joseph Murphy

**If we listened to our intellect, we'd never have a love affair. We'd never have a friendship. We'd never go into business, because we'd be cynical. Well, that's nonsense. You've got to jump off cliffs all the time and build your wings on the way down.**

Ray Bradbury

## **8. How can I listen to my intuition when I am so anxious?**

Anxiety is a real problem. If you have recently been diagnosed with cancer, you have just had what is probably your worst fear realised. How can you not be off-balance? And the desire to just do what the doctor says is for many people the answer to this bad feeling. It appears to be a concrete island of safety. You are putting yourself in the hands of the experts. How could that not be the right decision?

If that is how you feel then let no-one stand in your way. But, if I could delay you I would. I would ask you to meditate, to go somewhere where you can be calm - a favourite holiday place,

a Buddhist retreat – take a tent and spend a night or two in nature. Listen to your heart. Consider the facts and meditate on them.

Let me tell you a story. Recently I had an experience that taught me a lot about how many - if not most - people feel once they learn they have cancer.

I had arranged with a radio station about 6,000 miles away to do an interview. I was looking forward to it and so I prepared myself and made notes and arranged all my books around me so they would be at hand if necessary. I had arranged that I would phone into the show. So, finally, feeling slightly anxious because I had not done a radio interview for some time, I dialled the number I had been given. And waited. And waited. With growing horror I realised I wasn't getting a dial tone. I raced round the house checking the other extensions and they were all the same. What could I do? I had of course to get through to the interviewer as quickly as I could so I raced up four flights of stairs to my office and sent an email. Then I tried again, and again. I could just imagine the poor man, expecting to talk to me for an hour stuck with himself and a microphone with an hour to fill on his own. I was locked into the horror of the situation. But try as I might I couldn't get through. It was only an hour later, when the show had finished that it occurred to me to check the phone input plug. It had been pulled out. I pushed it back in and the phone was fine.

It was so simple and so obvious – and yet I didn't think of it when I should have done. I was just frozen emotionally in a dance of horror at the situation I found myself in.

When you are told you have cancer you must inevitably have this feeling of horror. This is not a time to make decisions – certainly not decisions about treatments that have very powerful and potentially negative implications. Resist the doctors who may be trying to rush you. Take the time to inform yourself and also to quieten the heart so you are in touch, or more in touch, with your own sense of being.

L-theanine is an amino acid that has a reputation for being a strong easer of anxiety. CBD oil (Cannabis oil without the THC component that makes you high) is another. Exercising to the point of exhaustion is another effective way of changing mood.

**“Our anxiety does not empty tomorrow of its sorrows, but only empties today of its strengths.”**

Charles H. Spurgeon

**“Anxiety's like a rocking chair. It gives you something to do, but it doesn't get you very far.”**

Jodi Picoult

**“A positive attitude may not solve all our problems but that is the only option we have if we want to get out of problems.”**

Subodh Gupta

## **9. But my husband/wife/mother says...**

Disagreement about what to do is common. You might even say it is the norm. You may want to do diets while someone who loves you wants you to undergo radiation, chemo etc. Or it may be the other way round. If you are the person with cancer you have the right to approach this the way you want to. Tell everybody else to shut up and support you.

***“I don't know the key to success, but the key to failure is trying to please everybody”***

Bill Cosby

If you are supporting the person who has cancer you need to let that person go the way they want to. In the end it is their life not yours. As I know only too well myself, this can be powerfully painful but there is no way around it. Yes, I know this from experience. My relationship with my wife was very negatively impacted by our fundamental disagreement as to how we should proceed. She put all her trust in the doctors, I found myself increasingly questioning what we were doing. So, on top of all the other negatives was the fact that our relationship was becoming increasingly difficult. But it is this relationship that you both need - so nurture this relationship.

Here then is my conclusion: The person with cancer is the one whose decision counts. He or she needs your support. Make sure you are giving the right kind of support, based on the right kind of information. Absolutely do not pressure someone to do what you think is good if you are aware that they do not share that view. That doesn't mean you shouldn't share information or argue your case but it does mean that once you have done this once or twice then it is time to shut up and play the game the way the person who has the cancer wants to play it.

I know women who have felt coerced by their families to undergo punishing anti-cancer regimes that they themselves did not wholly support – but which they did because this is what their families wanted them to do. They did it just to show their families they were trying. I feel very sad for those women – but that was, in the end, their choice.

**“It’s your road and yours alone.**

**Others can walk it with you. But no-one can walk it for you.”**

Anon

**“Different roads sometimes lead to the same castle.”**

— George R.R. Martin

**“Argument need not be heated; it can be punctuated with courteous smiles - or sympathetic tears.”**

J. Sidlow Baxter

## **10. The need for information**

Continuing on from the previous point we have the issue of information.

Why do I say it is an issue? Because people differ in their need for information and they differ in their ability to take in information, to process it, and indeed they differ in the way they respond to the facts.

You and I might read the same information and you might come away enthused by what you have read while I may have been depressed.

Let us say that we both read the following sentence: “Only 5% of pancreatic cancer patients survive for 5 years.” I might think: there it is. I’m a goner. Whereas you might think: Hey. It is possible to live five years. Here’s the proof. How did these people do it? Clearly they must have done something different from everyone else – and since everyone else probably did what their doctors told them, maybe I should look beyond the doctors and find other therapies.

And information read before a decision is taken is viewed very differently from information received after that decision has been made. In fact information that contradicts the decision taken may be violently rejected. That is why it is best to do your research before deciding which way to go.

So do make sure that you share and discuss all information – but only to the extent that this is helpful. Ideally everybody would want information, but in fact many people, once they have made up their minds, do not want to be continually revisiting that decision. They want to have

faith that it will work. In that case you just have to accept it. And that, as I know from my own personal experience, can be very tough.

**There is only one way to happiness and that is to cease worrying about things which are beyond the power of our will.”**

Epictetus

**“Live as if you were to die tomorrow. Learn as if you were to live forever.”**

Mahatma Gandhi

**“The more that you read, the more things you will know. The more that you learn, the more places you'll go.”**

Dr. Seuss

## **11. People are different**

Here is a Chinese saying based on the thoughts of the ancient Chinese military strategist, Sun Tzu:

Know yourself

Know your enemy

100 fights

100 victories

Note that the first injunction is to know yourself.

When we find ourselves in dispute with someone else it is usually not because we know different facts, it is more likely because we react to the same facts in different ways. Key aspects of our character are established and reinforced very early in our lives – perhaps in our DNA. If we

do not seek to become aware of ourselves we may find ourselves hitting our heads against the same wall again and again. “Because it’s just obvious that’s the best thing to do,” you might shout at someone who doesn’t share your views. Or “That’s the only way to understand that sentence.” There are very few sentences that can be understood in only one way. It is very rare that any group of people will be in absolute agreement as to ‘the obvious best thing to do’

I have formulated a short questionnaire (see page ) in order to help you decide which of four character-types you most resemble. The purpose of this exercise is not to disabuse you of whatever opinions you might hold but rather to make it clear to you and your closest supporters what these opinions – yours and theirs - are so that you can evaluate them and either change them or confirm them. It is entirely up to you how you think on these matters. However it is extremely useful to be aware of any differences between you and those who are close to you. You can then take these differences into account– either in relation to your decision making, or as part of your relationship. So make everyone do the questionnaire and use the results as a basis for discussion.

**We cling to our own point of view, as though everything depended on it. Yet our opinions have no permanence; like autumn and winter, they gradually pass away.**

Zhuangzi

**“He who establishes his argument by noise and command, shows that his reason is weak.”**

Michel de Montaigne

**Learn to get in touch with the silence within yourself, and know that everything in life has purpose. There are no mistakes, no coincidences, all events are blessings given to us to learn from.**

Elisabeth Kubler-Ross

## **12. Know your enemy**

Imagine you are in a narrow street and there is a car hurtling towards you. Which strategy do you think would be wiser? To keep your eyes on the car firmly so that you will know which way to jump when the time comes? Or to close your eyes, cross your fingers and hope it doesn't hit you?

I think we all know which is best. OK. Cancer is that hurtling car. We know that it will hit fifty percent of us, more or less. This cancer incidence is growing all the time. We also all know that the doctors don't have the cure for cancer. Unless we are completely deaf we also know that there is a world of other ideas. Now it may be you are favourably attracted to these other ideas or you are completely unsympathetic to them. That doesn't matter. If you are wise you will inform yourself. You will find out what the other side of the argument is, what the other options are, what their rationales are.

Yet virtually no-one seeks to inform themselves of these options before they are diagnosed. And even then most people are not interested. So we can say they prefer the strategy of crossing fingers, averting eyes and hoping for the best.

And then they complain afterwards that no-one told them about the long term consequences, the radiation damage, the chemo brain, etc.

Let me just say this clearly. The information is there. You just need to have the will to seek it out. When I was diagnosed with high blood pressure I bought the first six books on the subject I could find. And they were all different and not all of them were useful. But you don't know in advance which books are going to be useful.

Towards the end of this section I give you my own book suggestions but, just following your nose will lead you to others that you might find interesting. There will be some wastage – some

books will be less useful to you than others - but that just means you are exercising your judgement. You are deciding which books are interesting.

**The supreme art of war is to subdue the enemy without fighting.**

Sun Tzu

**“There is nothing like looking, if you want to see something.”**

J.R.R. Tolkien

**“How you look at it is pretty much how you'll see it”**

Rasheed Ogunlaru

### **13. He/she just won't talk about it. What can I do to help?**

“I've tried telling him about herbs and supplements but he just won't listen. Any advice as to what I can do?”

This was the query I recently came across in a discussion forum. The doctors had given up on the man, the writer's father, and he had taken up smoking again and was just refusing to talk.

I have heard of this exact same scenario many times over the years. Usually it is men who are hunkering down and blocking their ears as part of their coping strategy.

A very good friend of mine, Mike, was diagnosed a few years ago with colon cancer that had spread. I tried to interest him in herbs and vitamins – and he knew very well I had written books on the subject. “I must be a big disappointment to you,” he said. And indeed I did find it odd that he refused even to try these approaches. But all he would say was that the vitamin C was outrageously overpriced and the herbs were a rip off.

I took him to see Ian (whose story you can find later in this book). Ian has an entire room given over to his books and supplements and machines. He also has a separate fridge for all his supplements and medications. Mike very quickly made it clear he wanted to go home. He simply couldn't cope with the pro-active attitude that Ian had demonstrated. In fact, he never did anything. Despite the fact that I had done years of research into the subject, he didn't come to me and ask me what he should do. Instead he told me his daughters were doing the research. I could easily have felt insulted or shown my irritation but I honestly didn't think it was any of my business what he chose to do. It was his life. All I could do was to keep visiting him and show him I was happy to talk to him about whatever he wanted to talk about – football, my career prospects, whatever came up. That's what friends do.

So that leads me to the advice that if your friend or relative has hunkered down into this bleak place it is a waste of breath to keep harping on about herbs, diet, supplements or whatever. The best thing to do is to sit in silence and to let him or her talk about the things they want to talk about. Or not talk at all if that is what they prefer. A little friendly silence goes a long way.

**Self-pity is our worst enemy and if we yield to it, we can never do anything wise in this world.**

Helen Keller

**“There is nothing better than a friend, unless it is a friend with chocolate.”**

Linda Grayson

**‘We'll be Friends Forever, won't we, Pooh?’ asked Piglet.**

**‘Even longer,’ Pooh answered.**

A.A. Milne,

## 14. Support Groups

Many people are familiar with the idea of support groups for cancer. These may be organised by a local church, or it may be part of the outreach provided by a hospital or there may be some independently organised group.

I have provided later on in this book a very detailed description of how support groups should be organised and what their purposes are. Here I would like to focus on the conclusion of the discussion, which is: make sure the support group does not have any agendas that you do not know about.

Recently, I sent an email to a support group telling them about my book and got the response that they wished to be removed from my mailing list. It is of course every person's right not to receive email they do not wish to receive but since I am not pushing anything except the idea that there should be discussion of issues and sharing of information, I found it odd to be told this was not desired. If I was running a cancer support centre I would want to have a library of all the books that were available. I would not shut myself off from books that had a different viewpoint.

Actually, this is not quite true. I once hurled a book with great force into the waste-paper basket (all my other books get recycled to second-hand book shops but this one contained an idea that was so polluting it had to be put down. This disgusting idea? That when conventional methods have failed it is not a good idea to explore the alternatives because they get in the way of you getting used to the idea that you are going to die. Utter repudiation is not quite sufficient for an idea as odious as this.)

But to return to my story, the support service that did not wish to be tainted by the information in my book – a book which is I believe balanced and looks at both conventional and alternative therapies - says this of itself on its website:

“We offer a safe confidential, neutral place, where service users, carers and families and friends can meet to support each other's cultural and emotional needs. As every family is unique, our service is committed to the interest of our service users and their families. We aim to enhance the quality of life by reducing fears, tensions, bitterness and misunderstanding. We assist and encourage individuals to discuss and reach important decisions, which affect them and their families.”

Sounds good, doesn't it? But they don't provide information? Or they don't have a library? Or they have an information resource but it is restricted to exclude any information about alternative therapies? Hmmm! I'm not sure that would be a support group that I would wish to have contact with. And here's a warning: Most well-funded support group and patients' interest groups receive a big proportion of their funding from Big Pharma. Does that influence their views? Is the Pope Catholic?

My view is this. If you have breast cancer and there is a support group for breast cancer patients and you find that they won't let you discuss alternative therapies, or they steer the conversation away from topics you want to discuss, then you have a choice. If you want to explore the world of alternatives – and in my view you would be foolish not to – then this clearly is not an environment you want to stay in. However, if you are yourself hostile to alternative methods then this would be a very appropriate group to join as they share your values.

Not long ago, I was at a conference for people affected by cancer organised by Macmillan, a large UK charity devoted to the care of people with cancer. They are, I am sure, a very good organisation and do a great deal of worthwhile work. However, on this occasion, they did not impress me. The conference was entitled The Patient's Voice. I went along and distributed leaflets

for this book, only to find that someone else was picking them up again. When I challenged the woman who was doing this, she said: “We do not wish people to think we have approved this.” I laughed and said: “This is a talk entitled The Patient’s Voice. Don’t you think it is a bit ironic that you are stopping me expressing an opinion at a talk supposedly dedicated to encouraging me to express an opinion? Are you saying that patients are only welcome to voice opinions that you agree with?”

The point is to be sure that the underlying agendas implicit in the discussions you are invited to take part in are agendas that you feel comfortable with.

And, of course, not everyone needs a support group. Many people prefer to deal with things on their own.

One suggestion that I have is this: ask two or three friends to be part of your own personal support group. They can help you do the reading and help you discuss ideas. In this way you will know that the support group revolves around your values. If you do decide to do this, then choose those friends wisely. Not only will this group help you talk about things, it will help strengthen the ties you have with those friends.

And of course this doesn’t mean that you are delegating any of the responsibility for making whatever decisions you do make. Your support group must never see itself as overseeing your care, it is simply a discussion group, a hugging group, a group that does what you want it to do.

**“The conventional view serves to protect us from the painful job of thinking.”**

John Kenneth Galbraith

**The human race is a herd. Here we are, unique, eternal aspects of consciousness with an infinity of potential, and we have allowed ourselves to become an unthinking,**

**unquestioning blob of conformity and uniformity. A herd. Once we concede to the herd mentality, we can be controlled and directed by a tiny few. And we are.**

David Icke

## **15. Many people don't want to talk about cancer**

Many people are extremely uncomfortable talking about cancer, in large part because they equate it with death. But the simple truth is this: We are all going to die sometime. For billions of years in the past we didn't exist and for billions of years to come we won't exist. This is true for ourselves individually as well as for the human species as a whole. For a very brief time we have been given the blessing of existence. But this will come to an end. Once you reach the age of 60 you will find mortality staring you in the face. If you are wise you will contemplate that fact and become used to it. Do not shy away from the truth of it.

If your best friend is dying, it is not OK to disappear from their life simply because the subject of death is distasteful for you or makes you uncomfortable. Face up to it. That's what friends do.

At my wife's funeral one neighbour came up to me and said that his wife sent her apologies but that the religious aspect of the funeral was against her beliefs. Another friend overhearing this said "Even if it had been against my most fervently held beliefs, I would still have come." It is when belief systems take priority over simple, human respect and caring that bad stuff happens.

Many years ago, when my first cancer book (Fighting Cancer: A Survival Guide published by Hodder Headline 1997) had just come out, I wanted to give a copy to a friend. This friend, a great smoker, had done me a favour and so I offered him a copy. "Oh no!" he said. "I don't want that in my house!" His attitude stunned me but I was to find it quite a common one.

So, when you get cancer, one of the great decisions is whether or not you should tell people.

My advice is this: tell everyone and make it clear to them that you want to talk about it (if that is what you want) and that no-one is to be embarrassed by the subject. This of course means that you will have had to come to terms with the idea yourself. In fact telling everyone is part of that process of coming to terms. And the big advantage is that people can then help you. It may be help with the computer or with transport or whatever. If they don't know, they can't help you. If they know, but also know that they are not supposed to know, then everything gets knotted and tangled in a way that isn't helpful.

But it will embarrass them, you might think. I might lose them as friends. Well, here's what I have to say on that subject: if you lose them they weren't friends. If they are really friends they will rally round – because that's what friends do.

One lady detailed to me some of the things that aided her recovery. She got rid of her too big house, she got rid of her no-good husband. She got rid of the job she hated. And she got rid of the friends who turned out not to be friends. Just taking these steps made her feel a thousand percent better.

**Do not fear death so much but rather the inadequate life.**

Bertolt Brecht

## **16. The way of life and the way of death**

As we all know, far too many people equate cancer with death. My friend Pauline was diagnosed with cancer and naturally we discussed it. She resisted all my suggestions that there were alternative options that she might like to consider. Thinking back I came to the conclusion that Pauline had settled into a comfortable narrative. She was going to die. She had come to terms with that. The idea that she might live then became for her extremely threatening.

I mentioned this to Chris Teo who runs a very impressive herb centre for people with cancer in Penang. He told me that he had helped a man recover from his cancer but then a few years later the man told him it was OK now, he was ready to die. And he had then died. It seemed he felt he had cheated fate by going on living. He had had cancer so he should die.

I am not suggesting this narrative is consciously held but I do believe it is there. Contrast this with Ian's story at the end of this book. Here was a man who desperately wanted to live.

Once someone has chosen the way of death then everyone else should just accept that and help ease the passage.

But don't let anyone impose this narrative on your cancer if you don't want it. In Connah Broom's case (see my book *The Amazing Cancer Kid*), the doctors said "Connah is going to die!" Jim and Debbie Broom, Connah's grandparents, said to themselves: "Oh no, he isn't!" And he didn't. At least a dozen years or more down the road - not yet.

**Your time is limited, so don't waste it living someone else's life.**

**Don't be trapped by dogma - which is living with the results of other people's thinking.**

**Don't let the noise of others' opinions drown out your own inner voice.**

**And most important, have the courage to follow your heart and intuition.**

Steve Jobs

**"Reality is a projection of your thoughts ...Success will be within your reach only when you start reaching out for it."**

Stephen Richards

## **17. Not doing anything at all for your cancer**

So far, I have been talking as if there are only two options - do the conventional treatments or do the alternative (or of course do both together) but there is another option: do nothing at all. You may think it is a crazy idea not to do anything for your cancer but in fact there are two good reasons for at least considering this option. I have discussed the second reason in the next section, here I want to focus on the decision as it relates to people who are getting on in years.

The older you are, the stronger the argument for not doing anything becomes. If you're in your 80's you might say to yourself: I have lived a long time. How much longer I have is uncertain. I would like to be comfortable for as much of that time as I can. I am happy with my habits and I recognise the following facts:

1. The older you are the slower cancer grows.
2. The older you are, the stronger the negative impacts of treatment are, and the slower you are to recover. Do not under-estimate the negative impact that just having a general anaesthetic can cause. It has been known to bring on dementia.

***“Elderly patients still have the highest postoperative mortality and morbidity rate in the adult surgical population”***

*(British Journal of Anaesthesia. 2001; 87: 608–24)*

You always have to do a risk-benefit analysis. Are the expected benefits worth the pain? But if you do decide to take the surgical route then load up with high doses of vitamin C, magnesium and trace minerals first.

I was once told a delightful story. I had just given a talk to a Rotary club and in the Q&A session that followed a man told me about his mother. She had been diagnosed, aged 86, with breast cancer. The doctors told her what she could do in terms of treatment but she waved them away and insisted on going on as before. “I have to die sometime and I have to die of something. I am old enough. I have had a good life. When it is time to die, I will die.” And of course she eventually did die – fourteen years later, aged 100.

She is not alone. Another woman wrote to me to thank me for making this suggestion. Her mother was 82 years old and had decided not to undergo burdensome treatment. That had been ten years earlier and her mother was still alive at the age of 92.

Conversely, I once met an 89-year-old man who was complaining that the reason he had a melanoma was the hot sun of the Middle East where he had spent many years. I was stunned. I told him he should thank the sun for keeping him alive and healthy for so long. Did he think he was going to live forever?

**“When we face our fear of death and slow down our busy lives, we come to realize our relationships are precious, a part of life’s foundation. Knowing this fact helps us to understand that death’s true purpose is to teach us how to live.”**

Molly Friedenfeld

**Every breath we take, every step we make, can be filled with peace, joy and serenity.**

Thich Nhat Hanh

## **18. Doing nothing (part 2)**

There is evidence that conventional treatment shortens lives. A medical statistician by the name of Hardin Jones calculated that the average cancer patient was likely to live four times longer if they did nothing for their cancer than if they did something.

"My studies have proved conclusively that untreated cancer victims actually live up to four times longer than treated individuals," Dr. Hardin B. Jones told MIDNIGHT Magazine.

"For a typical type of cancer, people who refused treatment lived for an average of 12 1/2 years. Those who, accepted surgery and other kinds of treatment lived an average of only three years!

"Beyond a shadow of a doubt, radical surgery on cancer patients does more harm than good." (quoted from [www.rethinkingcancer.org](http://www.rethinkingcancer.org))

I certainly know that in the case of my wife, she could not have died faster if she had done nothing. So doing nothing for your cancer is a perfectly reasonable strategy. It may not help you live as much longer as Dr Hardin Jones claims but it will certainly improve the quality of the life remaining by helping you avoid the pain associated with most mainstream treatments.

### **Scare tactics**

However, say to a doctor that you don't intend to do anything for your cancer and you will almost certainly get a response like this: "One of my patients refused to do conventional treatments and a year later she died". And this is very possible. People with cancer do die. But the doctor doesn't

tell you about the patients who have followed his advice to have conventional treatments and have then died. The fact that a patient has died does not invalidate the journey they have travelled whichever way that is. By accepting the inevitability of death – as someone said: no-one gets out alive – then we can take some of the anxiety out of the situation.

So, am I arguing that people diagnosed with cancer should do nothing? Absolutely not. I am merely saying this is a sensible option. I believe that there are some mainstream cancer treatments that can be done without too great an impact on the body - and a great many non-conventional ways of treating even very advanced cancers and that these do not have the burden of damage and pain that conventional therapies generally carry with them.

### **On being ‘a good patient’.**

Robert O. Becker M.D tells the story of two patients diagnosed with similar cancers who were both being treated by the same doctor. One went along with what the doctor said and did all the prescribed chemo. The other patient was a bad patient, an angry man who refused to do anything but instead vented his anger by throwing plates at the wall. The doctor asked the good patient to try and convince the bad patient to change his mind but was unsuccessful. The good patient died after a few years but the bad patient was still alive ten years later.

Of course such a story is not proof of anything – but it does help us realise that being a good patient is no guarantee that the outcome will be better than it otherwise might have been had we been a bad patient.

Interestingly there is research – conducted by Yale university researchers – that has found that ‘bad patients’ have more active immune systems than ‘good patients’ – defined, for the

purposes of the study, according to whether or not the patients fitted in with what the nurses wanted. So, don't die, as so many people do, out of politeness, out of a desire to please. Take control. Do whatever it is *you* want to do.

**“If you don't like something, change it.”**

Maya Angelou

**The greatest day in your life and mine is when we take total responsibility for our attitudes.**

**That's the day we truly grow up.**

John C. Maxwell

## **19. So, What is the right approach to fighting cancer?**

This is a natural question to ask. All of us who have been affected by cancer at some point in our lives have asked it. But I am now going to argue that it is not a good question because it contains a number of implicit assumptions that distort any answers we might formulate.

The first assumption is that there is ‘the right approach’. To talk about ‘the right approach’ is to suggest that there is only one approach that is right – and by implication all the other approaches must therefore be ‘not right’ or ‘wrong’ in some way. This ratchets up the danger involved in making decisions. You need to find the one approach that is going to be right.

In my opinion that is not a helpful way to look at the problem. We need to reframe the question. The question I would propose instead is to ask. What are some good things I can do?

Notice that the singular has become plural and we are assuming there may be many good things even if we decided to do only some of them.

This takes the pressure off enormously. We can do many things and if some of them prove not to be helpful well that doesn't matter so much because you will (hopefully!) be doing other things that are helpful.

The second issue I have with the question in the title is the word 'fighting'. Why do we have to 'fight' it – why can't we just correct it, say, or help it on its way out of the body? Invite it to leave? Why do we have to be so damned aggressive?

## **20. OK. Now the big question: What is cancer?**

Up till now we have been talking about cancer as if we knew what it was we were talking about, as if we had a shared perception of what cancer is.

It may surprise you to know that there are two very different ways of looking at cancer. One way – the way we are most familiar with – is to see cancer as a problem with tumours. The tumours are the disease and therefore the purpose of treatment must be to get rid of the tumours.

This seems so obvious that we overlook the second way of perceiving cancer. According to this other view, the tumours are not the problem – they are simply symptoms of the problem – the problem itself is a generalised state of ill-health that affects the whole body and results in tumours. The tumours therefore are not the disease but only a symptom of the disease.

To see this more clearly, let's take the example of measles. No-one thinks it is a good idea to treat measles by cutting off the itchy red spots. We understand that the spots are symptoms. Perhaps tumours too are symptoms. If so, we can't cure cancer by cutting them out. We need to find some other way to respond to the disease.

**“Everything we hear is an opinion, not a fact.**

**Everything we see is a perspective, not the truth.” –**

Marcus Aurelius

**“The truth is rarely pure and never simple.”**

Oscar Wilde

**“The truth will set you free, but first it will piss you off.”**

Gloria Steinem

## **21. Is cancer an alien enemy attacking the body's defences?**

We are used to visualizing the ‘enemy’ as an alien presence. During the Cold War, Russia was the enemy. Now we have the AIDS virus and various fungal and bacterial assaults: TB, candida and so on.

Imagine you have two baskets. Into one of those baskets you put normal brain cells, normal muscle cells, normal bone cells and into the other basket you put viruses, bacteria, parasites, fungi, yeast. Into which of these baskets will you put cancer cells?

You may initially think that cancer cells have more in common with viruses and bacteria – after all they are attacking the body in some way and cancer too is seen as an enemy attacking the body. And certainly, that is how doctors view the situation.

But all of these agents – viruses, bacteria etc - originated from outside the body. Cancer originates from inside the body. It is a product of the body's own processes. So, the basket we should put it in, I would argue, is the one with the normal cells. Cancer cells and normal cells are cousins. Because of this, the strategy of attacking cancer with aggressive therapeutic weapons will damage our normal healthy cells as well as the cancer cells. As a long term strategy this is unlikely

to work. It will certainly be very punitive and have extremely negative consequences for our health. And we know this is the case.

For some reason when I think of chemotherapy and radiation I hear the echo of that US commander during the Vietnam War who explained why he had napalmed a village: “We had to destroy it to save it!” Does that sound smart to you?

I think that the war in Afghanistan is a good metaphor for the war on cancer. If we ask a senior air-force commander how we should attack the enemy, he will likely suggest bombing from 30,000 feet or the use of attack drones. Ask an army general and he will talk about having enough boots on the ground but ask an engaged civilian you will likely get a variety of suggestions that aim to change the social and economic landscape: improve education for everyone, especially women; help set up agriculture, create jobs etc. On the one side we target the enemy, on the other side we change the context.

Perhaps, we need to think about cancer in a different way, not just as a matter of tumours.

**“We really don’t have enemies. It’s just that some of our best friends are trying to kill us.”**

Anon

**“When you confront a problem you begin to solve it.”**

Rudy Giuliani

## **22. If it's not an alien, where does cancer come from? How did I get it?**

To deal with the second question first - how did *you* get it? – the answer is that we cannot say.

There are a great many ways in which people get cancer – they may have been exposed to toxic chemicals, or radiation, or have a genetic predisposition, or...well there are 1001 possibilities.

**“Sometimes I lie awake at night and ask why me? Then a voice answers: nothing personal,  
your name just happened to come up.”**

Charles M. Schulz

So where does cancer come from? The easiest way to visualize cancer is to see it as a normal cell that has gone wrong in a particular way. And because it is a normal cell that has arisen within our own bodies perhaps it is a mistake to demonize it as an enemy. Perhaps it is a friend

### **How can cancer possibly be a friend?**

Surprisingly, many people come to believe that cancer was the best thing that ever happened to them. It helped them to change their lives around for the better. It made them appreciate their lives more intensely. And the tumours could be viewed as a way of signaling that there were big problems that needed to be dealt with – and that is a good thing, surely.

Nevertheless, it is true that tumours are dangerous in themselves and it may make sense to view them – in part - as enemies – but that is only half the problem. The other part is to look at the environment in which they developed. So, let us look more closely at what it means when we say that a cancer cell is a normal cell that has gone wrong.

**“The wound is the place where the Light enters you.”**

Rumi

**“A healthy outside starts from the inside.”**

Robert Urich

### **23. In what way has a cancer cell ‘gone wrong’?**

All cells start out as stem cells. Each stem cell has the DNA blueprint to be any kind of cell - muscle, brain, bone, blood. How does it know what kind of cell it needs to become? It receives messages from surrounding cells. These messages dictate which bits of DNA get switched on and which are switched off. Cancer cells too, almost certainly, become cancerous cells by the same method, they respond to their environment.

The key difference between a normal cell and a cancer cell is the way it gets its energy. A normal cell uses oxygen as its fuel. The oxygen is carried from the lungs into the blood where it is transported by haemoglobin. Then, at the cell, it passes through the cell wall and is used by structures in the cell called mitochondria.

However, sometimes the cell changes the way it gets its energy from one based on oxygen to a more primitive way using sugar (requiring very little oxygen). It does this not out of bloody-mindedness or intentional evil. It is simply trying to survive in conditions in which the normal means of getting energy have become problematic – because there isn't enough oxygen in the environment. Another way of describing this low-oxygen state is to call it acidic. Acidic is bad, alkaline is good.

To survive in these low oxygen conditions, the cell shuts down the mitochondria and the way of getting energy, using sugar, replaces the normal way.

The problem is that the mitochondria also have another function, they regulate normal cell death. Every cell in our body is replaced at regular, or irregular, intervals. When the cell recognises

it needs to die and be replaced it triggers its own death, a process known as apoptosis. This process is controlled by the mitochondria. Once the mitochondria are inactivated the cell is prevented from dying. So cells divide and multiply and spread. It is this immortality that makes cancer cells so problematic. Eventually they overwhelm the body.

**“Nature does nothing in vain.”**

*Aristotle*

## **24. Why does this happen?**

In order to make sure that the cancer does not return, we have to correct the situation in which the normal cell became a cancer cell. If it happened to one cell it is most likely happening to other cells. This leads us to the conclusion that the bodily terrain in which cancer cells develop is a causative agent. That is: cells become cancerous because of the bodily environment.

One theory as to why this happens is that sometimes, for whatever reason, the oxygen levels in the surrounding bodily terrain are low for an extended period of time. In order to survive in these conditions the cells has to make fundamental changes to the way it gets its energy. Otto Warburg, a Nobel-prize winning scientist explains the situation with extreme clarity:

*“Cancer, above all other diseases, has countless secondary causes, but there is only one prime cause. SUMMARY: The prime cause of cancer is the replacement of the normal oxygen respiration of body cells by an anaerobic cell respiration. ”*

So cells are like every other living creature – they just want to go on living. If the environment changes then they have to adapt in order to survive. Unfortunately for us, this adaptation leads to cells becoming cancerous.

So we can view the body as being an ecology. We need to get that ecology back to a state of health. We can't do that with surgery, chemotherapy and radiation. We need other weapons to achieve that – most likely dietary and involving exercise.

**“What we are doing to the forests of the world is but a mirror reflection of what we are doing to ourselves and to one another.”**

Mahatma Gandhi

**It is never too late to be what you might have been.**

George Eliot

**“I seldom end up where I wanted to go, but almost always end up where I need to be”**

Douglas Adams

## **25. What is normal cell death?**

Apoptosis is a word you will meet time and time again in this book. It means the process of normal cell death. The body is in a permanent state of change. The cells that make up the tissues and organs – muscle, bone, liver etc. – constantly need to be replaced. They wear out. New, more dynamic and vigorous cells are needed.

But how do the old cells know that their time is up and that they have to pass on? The answer to that question is that 'normal cell death' is decided by the mitochondria in the cell. They send a message to the cell.

And then what happens to these old cells? It seems they commit suicide and then are reabsorbed into the body by being ingested. The old cells are dismantled and the usable bits are recycled and the rest is eliminated.

**“Death and Rebirth is one of the most crucial parts of life, without one the other simply cannot exist!”**

Isabella Poretsis

**“I don't measure a man's success by how high he climbs but how high he bounces when he hits bottom.”**

George S. Patton

## **27. If cancer cells have lost the ability to die how can they be killed?**

There are essentially four main approaches to attacking and (hopefully) killing cancer tumours

The first is by attacking the cell with some agent – a toxic chemical or radiation. This causes death by *necrosis*.

The second is by finding a way to switch the mitochondria on again – so provoking the cell to kill itself - the process called *apoptosis*.

“While apoptosis is a tightly controlled procedure that breaks down and disposes of the dying cell in a very orderly way, necrosis is a messier

process in which the cell's membrane ruptures and its contents spill out.”-

[www.mit.edu](http://www.mit.edu)

The third way is by a process called *anti-angiogenesis*. There are times when the body needs to create new blood vessels quickly – one is when something is growing in our body (when you are pregnant for example) – or when you have a wound and the body needs to repair that wound. And the third time is to support the growth of a cancer tumour. This process of creating blood vessels is called angiogenesis (angio = blood vessel, genesis = creation)

Some cancer researchers theorized that they could starve a cancer to death by attacking this process. So this process is called anti-angiogenesis. Unfortunately this has not proved to be a very successful approach. While the primary tumour may be prevented from growing, this appears to promote metastasis – the spread of cancer to other sites – and it is metastasis (meta = beyond, stasis = a stationary state) that kills (usually), not the growth of the primary tumour.

A fourth way is to starve the cancer cells of fuel. As we have seen, the difference between normal cells and cancer cells is the way they get their energy. Cancer cells use a primitive method involving fermentation. This requires sugar. So starving the cells of sugar is another way to control cancer.

## **26. Doctors are powerful**

Another issue that has to be confronted early on is that doctors expect patients to agree with whatever course of action they are suggesting. “I make the treatment decisions,” I heard one

doctor say. In truth, as I said at the beginning, it is really the patient who should be making the treatment decisions, based on an evaluation of the advice of doctors.

Medicine is the new religion and doctors are the new priests guarding the holy chalice – our health. That at least is how things are tending. Very few of us feel comfortable going against, or dare I say it, even arguing with or criticising doctors. I have already described how, when I first started to question the conventional approach to cancer, I would wake up at three in the morning sweating with fear and anxiety as I wondered if I was mad, or the doctors were mad, the whole world was mad. The only thing that calmed my nerves was to go back to first principles, to look at the facts as I saw them and the logic as I saw it. This period when I went from hanging on the doctors' every word to thinking for myself was a deeply uncomfortable time. My wife never lost her reverence for doctors.

Doctors are powerful so we unconsciously – or very consciously – seek their approval. We feel very, very uncomfortable if we find ourselves in disagreement with them. But once we have taken the attitude – truly taken the attitude – that we are responsible for our own health then we can take charge of our health and decisions relating to our health. I was once advised that I should take some medicine for my blood pressure. I really didn't want to take these pills and declined. The doctor then handed me a form.

“Are you taking responsibility for this decision? If so I need your signature here.”

I was rather surprised by this – and indeed I saw it as being a slightly coercive move. Nevertheless, I think I surprised him by saying in a very jaunty manner: “Do I agree to take responsibility for my health? Yes, I am very happy to do so.”

Doctors are also not very good at seeing the big picture, they very often zero in, with a highly intense focus, on a specific point. They might say, to a newly diagnosed cancer patient: “It is only

a small tumour but we can get it out easily enough. It's just a simple operation." If you are 25 years old, you probably won't think twice about having the surgery. But what if you are 85 years old? Or 95? The operation may be easy, but there are other factors to be taken into account and doctors are not always very good at seeing this broader picture. That may be why:

“...the estimated total number of **iatrogenic deaths**—that is, deaths induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures— in the US annually is 783,936.....while 553,251 died of cancer.” - Gary Null.

We may question these figures. I have seen other estimates that put the deaths from properly taking medication that has been properly prescribed at the much lower figure of 100,000 a year (US figure). But either way it is clear that a great many people do die from their treatments. It would be wise to factor this into any equation underlying any decision you wish to make. My mother died at the age of 75 when she could not regain consciousness after a minor ulcer op.

**But doctors know more than I do. How can I go against what the doctor says?**

You have to ask yourself this: Whose life is at stake? Yours. Is your respect for the doctor more powerful than your desire to live for your children? I hope the answer is no. So, if you have come to a conclusion that your doctors do not agree with, then change your doctors. You owe it to yourself and your family.

**“You need a good bedside manner with doctors or you will get nowhere.”**

William S. Burroughs

**“Our self-image, strongly held, essentially determines what we become....Low self-esteem is like driving with the handbrake on.”**

Maxwell Maltz

## **27. Placebo or Nocebo**

Doctors have great psychological power. And this power can be beneficial in its effects and it can be powerfully negative.

The story is told of Sir William Osler, a major figure in medicine's history. He was asked to treat a three year old boy who had a severe case of whooping cough, and who was expected to die very soon. Osler put on all his robes to make himself look more impressive and went in to see the boy. He told the boy he would be fine and he personally cut and fed a peach to him, telling him he would be fine. He repeated this the next day and when the boy was still alive, he repeated it again and again. After 40 days the boy had recovered. This was a classic example of a placebo cure.

Many people think that the placebo effect is a temporary and not very strong effect based on wishful thinking or misperceived hope. This is not true. The placebo effect is a powerful effect and can be long lasting. Yet many doctors think it is cheating to give a sugar pill in the hope of provoking a placebo benefit. It's not scientific they say. We'll talk about science in a minute, but let's look at placebos – and their dark cousins the nocebos.

Placebos can have a powerful effect and in some cases 30-40 percent of the people taking a placebo will report a benefit. Interestingly, placebos are positively related to intelligence and educational attainment – the higher your IQ the more likely it is that you will have a placebo response. Conversely placebos are not related to conscious desires. They don't work because we are urging them to work.

Nocebos are the dark side. My wife was told on January 17<sup>th</sup> that she had three months to live. She died on April 16<sup>th</sup>. The prediction could not have been more accurate. Or was it a hex? She believed him so much – perhaps not consciously but in some deep part of her unconscious – and so she died right on schedule.

You need to resist these negative messages very forcefully. When Jim and Debbie Broom were told that Connah was going to die soon they both said: “Oh no, he isn’t!” – and he didn’t.

*“If you don’t control your mind, someone else will.”*

John Allston

## **28. Pain and Pain Relief**

Patients often find themselves surprised at the lack of doctors’ interest in the question of pain. Oncologists particularly are inured to pain. They see so much pain that they have closed themselves off from it. It would probably not be possible for them to continue working if they were really to feel all the pain that surrounds them day after day. There is also the fact that pain is not a good indicator of the seriousness of a problem. A major problem like cancer might not cause much pain (until the end stage) while a minor problem – a stubbed toe or gout – may be extremely painful.

Both of these issues are evident in this conversation which took place between my wife and her doctor

**Bern:** My back hurts

**Doctor:** No, cancer doesn’t cause pain

**Bern:** But I have a pain in my back

**Doctor:** (irritated) Cancers don’t cause pain

**Bern:** (very confused now) The pain goes right across the lower half of my back.

**Doctor:** Cancer is painless so it's not the cancer

**Me:** She's telling you she's in pain and she wants you to do something about it.

**Doctor:** Ah!

And, in fact, the cancer had caused the pain by pressing against a nerve. Nevertheless, the doctor was correct about one thing. Cancer usually does not hurt until the final stages when it can be extreme. Interestingly, in Linus Pauling's vitamin C experiments, he discovered that patients who took high doses of vitamin C (10 grams a day - actually now considered not a very large dose) tended to die - when they did die, ( they tended to live much longer than patients relying on conventional treatments) - relatively quickly and painlessly.

Actually, apart from end-stage pain, most of the pain associated with cancer is in fact caused by mainstream cancer treatments.

However, cancer does cause pain when it reaches a terminal stage. This pain is extreme and it is managed - if that is the word - usually with morphine. This is when the tumour takes over the body's energy generating system for the purpose of its own energy requirements that the patient feels pain. This is the pain of the body's own tissues dying, a state known as **cachexia**.

There are other ways of managing pain apart from morphine and anyone suffering chronic pain should investigate the books generally available on the subject. On page\_\_\_\_\_ you will find a short list of suggestions.

## **29. But cancer research and science are improving things, right?**

I wish. Since Nixon announced the first massive bundle of cancer research funds, way back in the sixties, when he launched The War on Cancer, billions upon billions have been poured into cancer research. The money that has been spent on cancer research would have been enough to utterly transform the educational lives of every child on the planet for decades. What has it achieved? Virtually nothing.

You may think I am overstating things. Then ask Sir Iain Chalmers, a man who lives very much at the heart of the British health research community, a man of impeccable credentials. He has said:

**“New treatments are as likely to be worse as they are to be better (than the current treatments).”**

So new drugs are not better than the old ones, necessarily.

If we accept this view – and this is the view of a scientist - then science isn't smoothly progressing, and things aren't getting better and better as a result.

Against this, oncologist Siddhartha Mukherjee claims that there has been, and will continue to be, some slow incremental progress.

Maybe Mukherjee is right. Maybe there has been some slow incremental progress, but, all in all, it's not much return for the billions upon billions that have been poured into this enterprise. Maybe there is something wrong with the drug-based approach. Is that possible?

“Typically, a first course of chemotherapy may prove highly beneficial, nearly annihilating a tumor. But a few resistant cancer cells often survive and proliferate. Too often, despite more aggressive second and third courses of

chemotherapy, the remaining drug-defiant cells thrive, displaying increasing resistance to drug therapy and eventually displaying virtual invulnerability to chemotherapy. After the drug's effectiveness fades, the patient relapses.”

(This quote comes from the website, Taconic.com – Taconic is a breeder of animals for scientific research, so this information comes from the very heart of the science community.)

That first word ‘Typically’ is worrying.

Raising money for ‘cancer research’ has become an almost frenetic religious cult. But it doesn’t look as if cancer research is delivering the goods. Any description I have read of the enterprise suggests that the more research that is being done the more it is splitting the big question into a myriad of little questions and each of these smaller questions is similarly being split into a myriad of further, smaller areas of focus. This is not the way the big answer is going to be found. Instead of focusing on the differences between one cancer cell and another, let us focus on the similarities.

Another problem with cancer research is that the focus is all on the cancer and too little on the terrain – the bodily conditions - in which the cancer grows. This is an issue of profound importance but it is not sexy, not cutting edge.

***“The body is a sacred garment.”***

Martha Graham

**“Fortune favors the prepared mind.”**

Louis Pasteur

**“Insanity is doing the same thing over and over again and expecting different results.”**

Albert Einstein

**“Believe that life is worth living and your belief will help create the fact.”**

William James

### **30. Just imagine**

Just imagine that I announced to the world that I had a new treatment. It would cure something like 5-15% of all cancers but that it would cause immense pain, would seriously damage health and would be extremely expensive. Would such a treatment be welcomed? I think not. But this is the situation today with chemotherapy. If it were a new treatment it would be rejected out of hand but because it is an old established treatment it must be persisted with. Does that make sense?

**But if these treatments are so problematic, why do doctors recommend them?**

And that, as Hamlet might have said, is the question. Surely the doctors are the experts. They are doing everything they can to beat the cancer and help you get back to your everyday life. That at least is the theory.

**“In theory there is no difference between theory and practice. In practice there is.”**

Yogi Berra

One answer to the question is this. Medicine is a highly authority-structured enterprise. For every cancer there is a standard protocol. If you are a doctor and you buck the system by doing something

like disagreeing with your medical superiors you will soon find you've been given a one way ticket to one of the remoter reaches of medicine.

Also, because it is such an authority-based enterprise – and because every new move has to be approved by virtual committees (so called 'peer review') – forward movement is slow.

And then there is the simple fact that medicine is about drugs and technology. Doctors don't do herbs or vitamins. So if you don't need drugs or technological intervention, the doctors are not very interested in you. In fact doctors will often not cooperate with you if you do not go along with their protocols. They will refuse scans that might help you track changes if you opt for non-approved therapies. Basically it is do as we tell you or sayonara.

To put this another way, medicine has established itself in people's minds as the complete answer to questions of illness and health. But medicine does not concern itself very much with large areas of health – the use of diet, herbs, supplements and so on. Indeed they are generally opposed to patients making use of these areas as primary sources of healing therapies. And that is a problem. In order to access these other areas you have to deal with the disapproval of the doctors.

**No disease that can be treated by diet should be treated with any other means.**

Maimonides

**“The half-known hinders knowing. Since all our knowing is only half, our knowing always hinders our knowing.”**

- Goethe

**“Fast decisions are usually bad decisions.”**

– Vincent Gammill, Director, Center for the Study of Natural Oncology (CSNO)

### **31. But drugs are better than herbs, aren't they?**

I once heard the comedian Dara O'Briain (whose wife, I understand, is a doctor) say that of course drugs – 'medicines' – are better than herbs because scientists have extracted the 'active ingredient' (ie the molecule that works) from the healing plant and then purified it so you are just getting the real curative stuff in a pure form. This naturally led, on my part, to a great deal of frothing at the mouth and shouting at the television set.

What O'Briain said sounds so reasonable and yet it is wrong in every respect but one: the fact that it is true that some plants have healing properties. Firstly the medicine that results from extracting a single molecule is never the purified natural molecule of what is considered to be the 'active ingredient' of a plant. You cannot patent natural molecules so you have to tinker with them to make them unnatural or artificial in some way – only then can you patent them – and give them a long, complicated name and sell them as drugs. Only then can you make the big bucks that drug companies want to make.

You have to ask yourself whether we evolved, through the aeons that we and our predecessors have lived on this planet, to get benefit from an artificial molecule constructed in a laboratory or from natural molecules in interesting and complex relationships with other molecules such as are found in the plants that we evolved alongside and which make up the natural environment that we have co-evolved with\ and which we are adapted to. If evolution means anything, it means that the environment in which we live is pretty much perfect for us to be healthy in. It is when environments change that we begin to suffer.

But drugs are more powerful than herbs, aren't they? Indeed they can be - if we measure power in terms of impact on the body. But if you are measuring power in terms of effectiveness in terms of healing then it is very doubtful whether drugs are better than herbs. A herb that works but doesn't hurt the body is a great deal more powerful (in therapeutic terms) than a drug that doesn't work that does have a damaging impact on the body. We need to understand what we mean by 'power'.

But drugs are purer than herbs! Well, no. They may be isolated molecules but nature is always pure even if it is not isolated. There is a great deal of evidence that isolated artificial molecules are damaging to the body. That is why, once you start taking any drug you end up taking other drugs to manage the side-effects of the first drug.

But, the scientist might argue, you know what you're getting with a drug, with a herb you don't. One batch of herbs may be different from the next. There is no consistency. This is true, but just because you can be more sure of what is in a tablet than in a spoonful of herbs doesn't make it more effective, or safer or anything else that is useful.

But don't we need toxic drugs to kill cancer tumours?

If this argument had merit we would have had far greater success over the last decades than we have, in fact, had. The lack of success with chemotherapy drugs suggests strongly that scientists are working with the wrong model.

## **The 'active ingredient' theory**

And, following on from the previous section, we can question the validity of the 'active ingredient' theory.

According to this way of thinking, if it is observed that a herb has a particular effect, the scientist will use the following reductionist way of thinking: In this herb, he will say, there are many molecules. One of these molecules must have the effect that the herb is demonstrating. Let us call that molecule the 'active ingredient'. Now, our job is to find that active ingredient and extract it so that we can deliver it in a pure form.

Reductionism is a powerful scientific method but it is not very good when it comes to analysing complex, inter-networked systems (such as the body). Why should we imagine there is only one 'active ingredient' in any particular herb? We can easily imagine that two or three (or twenty or thirty) molecules work together effectively. Or that if one molecule is 'active' that it can be modified in some important way by neighbouring molecules.

To take one simple example, purified nicotine is a very powerful poison. A few small drops on your skin and you are very likely done for. However the herbal variety takes years to kill you. And actually it is not the nicotine in cigarettes that causes cancer, it is just what addicts you. Clearly, in this case, the purified nicotine is more powerful, but also more lethal. It certainly isn't better than the natural herbal nicotine, which must therefore be modified substantially by the effects of neighbouring molecules or it would be just as lethal as the purified version.

To take another example, no-one is known to have died from using cannabis or natural THC, but the artificial version of the THC molecule, Drobinol, sold under the name Marinol, has been cited as a primary cause of death in a number of instances.

In both these cases, the herbal, natural versions have important benefits not shared by the artificial versions. They don't kill you. I would call that a definite benefit.

Remember, we have evolved alongside these herbs. We have not evolved alongside the purified extracts. It doesn't take a genius to understand that we are adapted to gain benefit from

natural herbs. Of course, if you don't believe in evolution, then this argument won't work for you.

If you believe that God created us 6,000 years ago, you surely can't imagine that He would create a disease that could only be cured by drugs that themselves devastate the body.

*“If only God would give me some clear sign! Like making a large deposit in my name at a*

*Swiss bank”*

Woody Allen

In my opinion, drug treatments for cancer are, for the most part (there are a few cases where they are successful), generally to be avoided. This is a failed approach but the doctors are so wedded to it, and medicine as a profession is so top-down in its structures that change comes extremely slowly and of course is impeded by the malign influence of the drug companies – who fund the patient activist groups and cancer charities that distribute information (and misinformation or very one-sided information) to the media. And doctors, as we have discovered, have had to inure themselves to pain (other people's pain!) and so that doesn't get factored into the equation as most of us feel it ought to be.

You can see from all this that the situation is a bit of a mess. Perhaps, the language associated with medicine's approach to cancer is partly to blame.

## **The military model of medicine**

Why is there a 'war' on cancer? Why do we think of cancer as 'the enemy'? Cancer is filled with the vocabulary of war. Perhaps doctors feel empowered by the idea that they have 'weapons'. You won't hear herbalists talking in this way, or dieticians. Isn't our health dependent on diet and

exercise? But we hear more about genes than we do about vitamins. I think there is a strong argument to be made that the way modern medicine has conceptualised cancer is very much to blame for the poor results.

Recently I saw an advertisement that said something like this: “Cancer! Be afraid! We’re coming to get you!”

I object to this way of personalizing (and then demonizing) cancer. As we have seen, cancer arises out of our own cells. Are we supposed to view our own bodies as ‘the enemy’?

It was President Richard Nixon who coined the phrase The War on Cancer. I remember in particular another slogan from that time: “Dick Nixon before Nixon dicks you!” But we are still stuck with this ‘war on cancer’ and raising money for cancer research has now become something of an hysterical cult activity – people die running in marathons to raise funds for cancer research (you couldn’t make this up!). So I guess Nixon dicked us good and proper.

*“Believe nothing just because a so-called wise person said it. Believe nothing just because a belief is generally held. Believe nothing just because it is said in ancient books. Believe nothing just because it is said to be of divine origin. Believe nothing just because someone else believes it. Believe only what you yourself test and judge to be true.”*

Buddha

### **32. Some interesting statistics**

The incidence of cancer is rising inexorably as the following statistics show (Unless otherwise stated, these figures are from Ralph Moss’s excellent book ‘The Cancer Syndrome’ (reprinted as ‘The Cancer Industry’ 1982)

Early 1800s: one in 50

1900: One in 27

1920: One in 10

1930: One in 12

1940: One in nine

1950: One in seven

1960: "According to present government statistics, one out of every six persons in our population will die of cancer. It will not be long before the entire population will have to decide whether we will all die of cancer or change fundamentally all our living and nutritional conditions." (Max Gerson (1958) author of 'A Cancer Therapy')

1980 "If the present trend continues, at least one in four of us will contract cancer. One in five will die of the disease."

1993 *"Cancer may be the most feared disease of our time. It is second only to heart disease as a leading cause of cancer in the United States, and it is estimated that one in*

*every three Americans will develop cancer at some point in their lives.*“ Geoffrey Cooper (1993) author of `The Cancer Book'

2000 *"More than 1 million people in the United States were diagnosed with cancer in 1990. Cancer (in the USA)...claims more than 500,000 lives every year. Basing its estimates on statistics, the American Cancer Society ... predicts that by the year 2000, about 1 out of every 2 people will develop the disease."* (Dr I William Lane & Linda Comac (1992) - authors of `Sharks Don't Get Cancer')

2002 “Today, one of every two men and one of every three women in the United States alone will confront cancer over the course of their lives.” (Andrew von Eschenbach M.D. Director of the National Cancer Institute – preface to Everyone’s Guide to Cancer Therapy, 2002)

I hope those figures got your attention because they certainly got mine. Decade after decade cancer incidence has risen inexorably. For some these figures are merely impersonal abstractions that have little immediate personal relevance. But there are those whose experience of cancer's seemingly insistent onward march is more traumatic

**"Cancer, and cancer, and cancer. My mother, my father, my wife. I wonder  
who is next in the queue?"**

C.S. Lewis

Cancer is now the cause of a third of all deaths in Western industrialised countries - up from about 20 percent not much more than a decade ago. And it is not just because people are living longer - actually they - we - aren't! The life expectancy of a 45 year old person hasn't changed significantly in the last 100 years. In 1870, the 45-year-old person could expect to live to the age of 70 to 75. Now, he or she can expect to live to somewhere to 80+. If average life expectancy appears to have increased by great leaps in that time it is because there are fewer diseases decimating children - and fewer women are dying in childbirth. Several thousand years ago the authors of the Bible were able to estimate a normal life expectancy of 'three score years and ten' (70 years). So the argument that there's more cancer because people are living longer is not a very good one. The fact is, overall cancer incidence is increasing at every age level. In 2000, for example, more women of 40 had breast cancer than they did in 1950. A poster in my local surgery undermines the argument that cancer is a 'disease of old age': It says 'one in three breast cancer patients are over 70' – so clearly two thirds of breast cancer patients are under 70.

### **An epidemic of cancer?**

Yes. These statistics show we are living through a slow-moving epidemic. Almost all epidemics are caused by viral or bacterial factors - and all epidemics can be traced back to environmental changes.

### **If the situation is that bad why isn't everyone panicking?**

I think part of the reason is that it is all happening so slowly.

There is an experiment that went as follows. A number of frogs were put into a shallow pan containing scalding hot water. Without exception they immediately leapt out. A number of other frogs were placed in a similar pan containing water at room temperature. This water was ever so gradually heated. The water heated up but the frogs didn't move. They all eventually died of heat shock.

The moral of this experiment is that when something is gradual, it slips under our genetically primed warning systems that are geared to protect us against sudden or gross changes in our environment. We become habituated. The slow creeping increase in cancer and heart disease has slipped through more or less unannounced. Oh yes, there have been stories in the press. But the sense of urgency is entirely missing. We may be able to perceive it intellectually. But we are not emotionally alerted. Our fight or flight systems are not switched on. There's no adrenalin. There's no panic. We continue to live as we have always lived.

One of the purposes of this book is to trigger a little adrenalin.

### **33: Basic Cancer Terminology**

A *tumour* is a growth that contains both normal and abnormal cells. The abnormal cells divide faster than the normal cells. The rate of division varies. Some tumours grow very slowly while others are more aggressive. Tumours are not always cancerous. The classic division is between tumours that are benign and those that are malignant.

A **benign tumour** generally has limited growth potential and does not destroy normal cells while they are growing. It does not metastasize, (another way of saying: 'spread to other parts of the body') and remains localised in one site. It grows in an orderly fashion and does not produce serious side effects unless it is pressing against an organ like the brain in a limited space.

By contrast, a **malignant tumour** will keep on growing relentlessly and is capable of sending particles away from the main tumour which can then travel to distant parts of the body to develop other tumours. This process is called **metastasis**. Frighteningly, this can happen many years later.

Tumours are classified according to the type of tissue involved:

**Carcinomas:** The most common form of cancer, arising, unsurprisingly, in the tissue that divides most often: the surface cells of organs or the cells that form the linings of the body and its organs: e.g. skin, lung, intestinal, uterine and breast cancers.

**Sarcomas:** These arise in the muscle and connective tissue. They attack bone, and muscle.

**Myelomas:** These attack the blood plasma cells in the bone marrow.

**Lymphomas:** Lymph is a water-like fluid that bathes and cleanses all the cells of the body. It originates in small bean-sized nodes and glands. Lymphomas attack these lymph organs.

**Leukaemia:** Cancer of the blood forming tissue and blood cells characterised by the over-production of white blood cells.

**Cancers are also classed according to the stage of their development.**

**Stage 1:** small tumour with no signs of spread

**Stage 2:** some local spreading has occurred

**Stage 3:** more widespread local metastasis is detected

**Stage 4:** the cancer has spread to different sites

It is also very important that patients understand the words that doctors use to describe the success of treatment and to understand what they mean by these words. Here are the key words and their real meaning.

**Response rate:**

This indicates the number of patients for whom the cancer shrank more than 50 percent after treatment. But tumours that have shrunk can quickly return. This measure is meaningless for patients. There is no connection at all between response rate and survival.

**1-3-5-10 year survival rate:**

This means what it says. That percent of the patients who were treated have survived for the period indicated. Short and medium term survival rates are highly suspect as they are skewed by

improvements in diagnosis. If cancers are found earlier the survival rates will apparently go up without any actual improvement in treatment.

**Disease-free survival:**

How long the patient survives without any signs of the tumour. Length of life may not be increased in any way even with increased disease free survival. The tumour, when it returns, may grow with aggressive speed.

**Regression/Partial Remission:**

The tumour has grown smaller. Again this is meaningless, though it may give rise to some short term hope.

**Complete remission:**

Complete disappearance of cancer tumours for a significant period.

**Cure:**

Doctors rarely use this word. If a doctor uses this word, ask what is meant by it. It may mean no more than five year survival.

**34. What are the symptoms of cancer?**

The development of most tumours usually goes unnoticed. They are painless and do not have an obvious negative impact on health. Generally speaking, only tumours that are located on the surface of the body are likely to be detected by chance or by means of precautionary examination.

Deeply located tumours such as tumours of the brain, stomach, intestines, kidneys or lungs are hardly ever discovered early. So, unfortunately, it is rare for any symptoms to become evident before a cancer has reached a fairly advanced stage. The American Cancer Society issues the following warning signs:

- \* Unusual bleeding or discharge from any orifice.
- \* A solid lump
- \* A sore that doesn't heal.
- \* Changes in bowel or bladder habits
- \* Persistent hoarseness or coughing
- \* Indigestion or difficulty in swallowing
- \* Any change in a wart or mole

Another symptom is sudden unexplained weight loss.

### **35. Cancer doesn't necessarily kill**

It is not inevitable that a cancer left untreated will proceed to a terminal stage – some cancers grow very slowly (e.g. most prostate cancers) and some simply disappear of their own accord or remain in a stable state. This is sometimes associated with some deep seated change in the emotional life of the patient, but may be associated with what doctors would call placebo cures, or dietary changes that are assumed to have no therapeutic effect. Or it may simply be because that is their natural progression.

Other patients appear to be able to live in a static, symbiotic relationship with their cancer – the tumour growing neither bigger nor smaller. One woman with breast lumps describes how they tended to harden when she was stressed and so acted as a warning signal. They would then soften when she was more at ease with herself.

Then there is the fact that some cancers are known not to be fatal. Professor Michael Baum of King's College Hospital, London estimates that thirty percent of all breast cancers are self-limiting - i.e. they need no treatment at all.

## **36. Some common causes of cancer**

### ***Smoking***

We all know that smoking causes lung cancer. This is true but can never be 'proved'. The evidence is statistical: smokers die of lung cancer in much larger numbers than non-smokers. It is also historical: before smoking became a widespread habit lung cancer was an extremely rare disease. However, interestingly, during the Victorian era, the air quality in cities was notoriously bad and men were inveterate smokers (pipes, cigars) and yet lung cancer was not so common. How do we explain that? One argument is that it was the use of phosphate fertilisers in the 1920s that really changed the soil and the tobacco, making it more cancerous. Australian Farmer, Percy Weston is very interesting on this in his book, *Cancer: Cause and Cure*.

### ***Dietary Fats and Sugars***

Not all fats or sugars are unhealthy. The baddies are the saturated and hydrogenated fats and the refined sugars. Although a high intake of fats is implicated in a number of cancers - very low fat diets are also implicated in some forms of cancer. A median fat diet should be attained – but as we shall see in *Cancer: Detox & Diet*, the oils and fats you take in should be vegetable oils mainly. Omega 3 oils are very important for fighting cancers while Omega 6 oils may, it seems, tend to promote cancer. Like much else this conclusion has to be expressed very tentatively.

Sugar in the form of glucose is very directly correlated with tumour growth as it supplies the fuel tumours need for their anaerobic metabolism – as well as stimulating the release of cancer promoting hormones. While simple sugars should be avoided, fruits and vegetables, grains and legumes, which are complex carbohydrates, are important cancer fighters and are very definitely OK. Also OK is the natural sweetener, Stevia. Aspartame on the other hand is not good – it is considered to be carcinogenic by some though most studies, according to the FDA, appear to show it is safe. It has, among other things, been fingered as a trigger for brain cancers, the incidence of which is rising. It is best to avoid it to be on the safe side.

In general, foods that are low on the glycaemic index (which is a measure of sugar content of food) are preferred and are healthier than those that are high on the index.

Juicers that separate juice from fibre are therefore, according to this argument, to be avoided – as the fibre plays an important role in reducing the release of sugars. That said, juicing is for many people the cornerstone to good dietary therapy as you are able to consume higher concentrations of the nutrients in the vegetables and juices consumed.

There are also good sugars – known as glyco-nutrients – which play an important role in fighting cancer. Organic blackstrap molasses and organic syrups (maple, agave) also have a claim to be good foods despite their sweetness.

### ***Dietary Fibre***

Low fibre diets are strongly correlated with high incidences of cancer of the colon and rectum.

### ***Obesity***

Body size, large waist measurements and high body mass index (BMI) are related to an up to 500 percent increase in the risk of developing myeloid leukaemia, a malignant disease of the white blood cells, from which more than 9,000 people die each year in the US alone. It has been suggested that obesity may significantly impair immune function and that the chronic hyperinsulinaemia (the persistent elevation of insulin levels in the blood) that commonly accompanies obesity may be associated with increased levels of insulin-like growth factor (IGF-1). IGF-1, which is also present in dairy products, has been shown to increase the rate of cell division and has been linked to the development of a number of cancers.

### ***Nitrites in Processed Foods***

Pickled, smoked and cured foods are associated with stomach cancer. They contain large amounts of nitrites which can be easily converted to a class of highly potent carcinogenic chemicals called nitrosamines. Vitamin C is known to interfere with the formation of these compounds.

### ***Burnt and chargrilled foods***

Foods that are burnt, especially barbecued foods have been found to be carcinogenic.

### ***Pharmaceutical Drugs***

The following is a Reuters news release dated January 23, 2006 (Reuters Health) –

“Two prescription eczema drugs, pimecrolimus and tacrolimus, will now carry a black box warning about the possible risk of skin cancer, lymphoma and other cancers. Novartis AG's Elidel (pimecrolimus) and Astellas Pharma Inc.'s Protopic (tacrolimus) issued the warning 10 months after the Food and Drug Administration first called for them. FDA officials said that while a clear link between the drugs and cancer risk had not been found, there have been enough cancer reports to warrant the change. A total of 78 cases were reported for both products as of October 2005, they said.”

This is just one example of standard pharmaceutical drugs possibly causing cancer. It is known, for example, that even anti-cancer chemotherapy drugs are implicated in long term cancer risks. One study has found that women who have combined radiation and chemotherapy for their breast cancer have 28 times higher than normal incidence of leukaemia.

### ***Stress and reduced Immunity***

Stress is a well-known precursor of illness, particularly cancer. Stress is known to result in a lowered immune response. If the lowered immunity is allowed to remain for any length of time then the chances of serious illness occurring rise sharply.

However, the connection between cancer incidence and lowered immune systems is not absolutely proven. For example, people with AIDS, whose immune systems have completely collapsed do not have a higher incidence of most cancers. They do have a higher incidence of Kaposi's sarcoma, an otherwise rare cancer, lymphomas and cancers of the anal-genital area which are known to have a viral cause.

Stress is however believed to release corticosteroids which have the effect of making any existing cancer more aggressive and invasive. This may mean that simply receiving a diagnosis of cancer will make a cancer worse. The herb Ginkgo biloba has demonstrated an ability to interfere with this process. Conversely, relaxation and release from stress, especially emotional conflicts (anger, the desire for revenge etc), have been notable parts of many healing stories. Many survivors have stressed that their healing seemed to start with a fit of crying despair or from a sincere act of forgiveness.

Anxiety attacks can be eliminated or reduced with the help of the amino acid L-Theanine. Other useful natural interventions include: lavender essential oil, evening primrose oil, valerian herb, St John's wort, Bach's rescue remedy. If anxiety attacks are acute and continuing it may be useful to have thyroid functioning checked.

### ***Viruses and microbes***

As many as a third of cancers are believed to be caused by viruses of one sort or another. One minority view is that all cancers are caused by microbes which can change shape so that sometimes they appear to be viruses and at other times appear to be bacteria.

*Campylobacter pylori*, recently discovered to be the cause of stomach ulcers, has also been implicated as a cause of colon cancer. Cervical cancers are now known to be caused by Human Papilloma virus (HPV) and a vaccination has now been developed. More recently, researchers at Tulane Medical School have identified a virus that is present in a high percent of breast cancer cases, known as Human Mammary Tumour virus (HMTV). This appears to be present in the blood of 15 percent of otherwise healthy women and men. A vaccination for breast cancer could very well be the next big development.

### ***Fungal Infections***

There is increasing and very much belated recognition that fungal infections may be a major cause of cancer. A number of doctors have noted that in the case of Leukaemia, the co-presence of a severe fungal infection is extremely common. Intriguingly, treatment with an anti-fungal drug has also been associated with a number of remissions from cancer. Patrick Quillan, in his book, *Beating Cancer with Nutrition*, quotes the story of a well-known oil magnate, 'Doc' Pennington, who was diagnosed with advanced colon cancer in 1972. He got his doctor to prescribe Griseofulvin, an anti-fungal drug, and three months later his cancer had disappeared. He went on to live another 22 years, dying aged 92 in 1994. He founded the Pennington Biomedical Centre to study the link between yeast, nutrition and cancer. Research that he funded has shown the Griseofulvin causes cell death in cancer cells in test tubes.

An Italian doctor, Dr Tullio Simoncini, bases his radical approach on this assumption that cancer is caused by fungus (specifically *Candida albicans*) and treats his patients with 5 percent solution of sodium bicarbonate injected close to the site of the tumour.

In 1999 Meinolf Karthaus, MD, reported that he had seen three children with leukaemia suddenly go into remission upon receiving a triple antifungal drug cocktail for their "secondary" fungal infections. This was echoed by the experience of another doctor, Dr. Doug A. Kaufman. "[A] young lady phoned into my syndicated radio talk show. Her three-year-old daughter was diagnosed last year with leukaemia. She believes antifungal drugs and natural immune system therapy has been responsible for saving her daughter's life. She is now telling others with cancer about her daughter's case. After hearing her story, a friend of hers with bone cancer asked her doctor for a prescriptive antifungal drug. To her delight, this medication, meant to eradicate fungus, was also eradicating her cancer. ...When she could no longer get the antifungal medication, the cancer immediately grew back" (Reported by Dr Mark Sircus in an email 2007)

***Chronic viral and bacterial infections and Chronic Inflammation (especially of the gums)***

The body's normal response to inflammation is to flood the area with stem cells and various growth factors to aid healing. Where the inflammation, for whatever reason, persists (perhaps because an irritant persists or because of low immune function) then these growth factors transform the stem cells into malignant cells.

Bacterial and viral infections that cause inflammation that is not speedily resolved can result in cancer. The teeth, for example, have long been seen as a potential source of such problems and some doctors in the past have recommended removal of infected teeth – or teeth with root canals - for this reason. The other side of the coin is that anti-inflammatory drugs and herbs will tend to be useful in the fight against cancer. Note however that pregnancy and cancer are closely

related in metabolic terms and anything that is effective against cancer is likely to lead to a miscarriage of a foetus.

I have personally used lavender essential oil as an anti-inflammatory treatment with great success - and charcoal toothpaste has been useful in treating bleeding gums. A friend of mine who has been complimented by her dentist on the health of her gums swears by a daily regime of using organic coconut oil as a mouthwash for 15-20 minutes a day.

### *Free radicals*

The chemical sign for oxygen is O<sub>2</sub>. Oxygen atoms need to bond with other oxygen atoms before they become stable. Free radicals are highly reactive molecular fragments of oxygen that are hungry to bond with another oxygen atom. They will attack cell walls in their search for this oxygen. If left uncontrolled they would quickly destroy every living creature as they scavenge for oxygen in the cell walls - so damaging the cells. They cause mutations to the cell's DNA and this can result in cancer. Very little, if anything, is mentioned about them in orthodox medical cancer books. One reason for this is that the main orthodox anticancer weapons create free radicals and the best known means of controlling or minimising their effects are through the use of antioxidant vitamins (vitamins A, C and E). Since the use of vitamins has been very generally vilified by proponents of orthodox medicine, the whole area of free radicals was for many years an intellectual 'no go' area in some scientific circles.

It should be noted that there are situations in which free radicals are beneficial – such as when the body is fighting acute bacterial infections.

### *Trauma*

Another cause of cancer appears to be physical or emotional trauma. This is why some people disapprove of mammograms, which require the breasts to be squeezed and therefore traumatised. Some studies have indicated that breast cancer is slightly more common among women who have annual checks than among women who don't.

### *Toxic chemicals*

There are now around 30,000 chemicals in everyday use. The safety of these chemicals on their own has only been established in a rough and ready way. However, what happens when any of these chemicals combines with one or more of the other chemicals? It is impossible to test all the possible combinations. We are living guinea pigs in an enormous experiment.

Rough and ready estimates for safe levels of these compounds assume a simple linear reality in which higher doses always lead to worse results. But the truth is infinitely more complex. Sometimes an organism may be unaffected by relatively high doses but seriously disrupted by low level doses. Also, organisms are not static. At various stages in their life cycle they may be extremely vulnerable to extremely slight biochemical aspects of their environment. It is believed that hormone disruption during the foetal stage is the main cause of testicular cancer and falling sperm counts.

And of course many chemicals do not break down easily. Every one of us is carrying chemical residues in our fat layers. Various studies have found that the average person is carrying residues of 40 or more potentially toxic chemicals – and that even animals in remote habitats –

polar bears and arctic seals – are polluted chemically in the same way. What effects are all these chemicals having? Who knows?

It is well known that sudden exposure to large doses of any pollutant for a limited period of time is unlikely to lead to cancer. But even low doses of a pollutant over a long period of time may result in cancerous growths as the tissue attempts to adapt to the change in its environment. New carpets that have been treated with a variety of chemicals have been implicated as a cancer cause. There are studies that show long term exposure to vehicle exhaust is a definite risk factor. Benzene and vinyl chloride are known to be dangerous to chemical workers. These occupational carcinogens are now found in drinking water!

Almost every pesticide used today is recognised by one or more regulatory agencies in Europe or America as being disruptive to our endocrine system – which controls and regulates every gland and every hormone in the body.

Plastic containers release dioxins, a family of chemicals that are known to be carcinogenic, into the fats of the food it contains – especially when microwaved. This also applies to the plastic wrap used to cover foods that are being microwaved. Also, dioxins are released into water when plastic bottles are put in the freezer

### *EMFs*

Electro-magnetic fields have also been implicated as a major cause of cancer. This link has never been proved - but evidence is mounting. One study conducted by the University of North Carolina School of Public Health found that children of mothers who slept under electric blankets developed

250 percent more brain tumours, 70 percent more leukaemia and 30 percent more cancers than those who didn't.

One of the earliest reports on the dangers of EMFs appeared in the *Journal of Occupational Medicine* in 1985. This article reported that deaths in Maryland from various cancers were up to 3 times higher among electricians, electrical engineers and linesmen than any other occupation. Since World War II, we have filled the air with electromagnetic waves. They beam down on our houses through telephone wires, television satellite dishes, AM and FM radio receivers. Add to this beepers, cell phones, CB radios and other radios. Add to this the overhead power lines and we see how dependent we are on EMF producing equipment. Dr. Robert Becker, a world expert in this field is in no doubt :

*“At this time the scientific evidence is absolutely conclusive: 60 cycle magnetic fields cause human cancer cells to permanently increase their rate of growth by as much as 1600 percent and to develop more malignant characteristics.”*

It's not just cancer. EM fields have now been linked with suicides, nervous system disorders, sexual dysfunction, reproductive hazards, abnormal foetal development and heart disease. Mobile phones are also being investigated as possible causes of brain cancer.

The new vogue for digital phones has also increased the threat of harmful frequencies in the home – the base units in particular are at fault. These frequencies can be detected with an electro-smog detector. For further details see [www.electrosmog.org.uk](http://www.electrosmog.org.uk) and [www.lessemf.com](http://www.lessemf.com). There is growing concern that mobile phone use will precipitate an epidemic of brain cancers.

### ***Estrogen***

Excessive estrogen in the body is a cancer causing factor – as are the intermediary metabolites of estrogen created as estrogen is broken down in order to be eliminated from the body. If there are problems relating to this process so that these metabolites cannot be further broken down then they can remain in the body and are potentially even more carcinogenic than the original estrogen. This is particularly so if we have a high sodium/low magnesium and high glucose levels in the tissues. The combined effect is to cause havoc in normal cells and potentially making them malignant.

This is not just a concern for women. Unfortunately there are a lot of estrogen mimicking chemicals in our environment – the chief of which is Bisphenol A, a chemical used in plastics and food packaging. Bisphenol A has been shown to have biological effects at levels 200,000 times lower than the presumed safety level. The lubricants on condoms are also estrogen mimics.

One of the side effects of excessive estrogen is an increase in body weight. The large size of many Americans may reflect their estrogen levels as much as their food intake.

### ***Over-exposure to the sun's rays***

It has recently become a mantra that the sun's rays are bad for us – certainly it is true that one or two relatively benign forms of skin cancer are associated with over-exposure to the sun. However, the association of over-exposure to sunlight and malignant melanoma is not so clear. Melanomas are often found in parts of the body least exposed to the sun (such as the groin) – and the difference between melanoma rates in Florida and New York is not enormous.

**“The exact nature of the relationship between malignant melanoma and sun light is not completely clear.”** - The Canadian Centre for Occupational Health and Safety

But, more importantly, there is strong evidence that sunlight is good for us – and that people who spend a large part of their lives outdoors under the hot sun, such as naval ratings, have significantly lower incidences of most cancers - though they do have higher rates of skin cancers. But most skin cancers are not fatal, though they can be disfiguring. Most of the vitamin D in our bodies comes from exposure to sunlight – and vitamin D is increasingly being recognised as very powerful medicine.

### *Alcohol*

There appears to be, in excessive quantities, and in association with other pollutants, a measurable tendency for alcohol to exacerbate a cancer risk in cases of cancers of the lips, tongue and other areas in the mouth and throat. Against this, it is now generally accepted that alcohol in smaller quantities has a beneficial effect on health – more so for men than women. The divisive question is this: at what level of intake does alcohol cease to be beneficial? And alcohol's benefits relate not to cancer but to heart disease. So it is possible that a slight cancer risk is outweighed by greater heart disease benefits.

Certainly, rural Greeks who like to drink a glass of red wine with their meals have one of the highest life expectancies in the world. But French men, who are not abstemious, have one of the world's highest cancer rates for men (fifth) - more than double that of French women who have a far lower incidence (35th).

### ***Bras***

Many women wear poorly fitting bras. In fact, some experts have suggested that as many as 85 percent of women are wearing the wrong size bra. This is not just a problem of fashion or even comfort. Bras cause breast cancer according to a Harvard University study. (Hsieh, C.C. and D. Trichopoulos, D. Eur. J. Cancer 27:131-5, 1991)

It's not the fabric of the bras, it seems, but the fact that they constrict lymphatic drainage and, at the same time, have a negative impact on melatonin secretion. The results were that: women who wore their bras 24 hours per day had a 3 out of 4 chance of developing breast cancer; wearing for more than 12 hours a day resulted in a 1 in 7 risk while wearing a bra for less than 12 hours a day brought the risk down to 1 in 152 – very close to the risk factor for women who never wore bras (1 in 168). A number of other studies have supported this conclusion. Go to ([www.breathing.com/articles/brassieres.htm](http://www.breathing.com/articles/brassieres.htm)) for a more detailed discussion on this.

### ***Miscellaneous***

Almost every day it seems that some new cancer cause is announced. Some fear chemicals in shampoos, others talcum powder. The latter certainly does seem to worth avoiding, especially near female genital areas. It has been likened to asbestos. Similarly, fears have been expressed about underarm deodorants – especially in relation to breast cancer. Fingers have also been pointed vociferously at the mercury laden dental amalgams that dentists have used for fillings. Some people are so convinced of this threat that they have all their fillings replaced with non-toxic

materials. However the process of doing this replacement is likely to release large amounts of heavy metals into the bloodstream.

The problem each of us faces is what to do in the face of these suggested threats. Should we maintain a very high level of scrutiny on every product we buy or should we just shrug our shoulders and carry on regardless, taking the view that life cannot be lived entirely without risk? For us, the key question that arises from this is whether we are going to spend our lives examining the external world checking it obsessively for things to avoid – pesticides, chemicals in shampoos and so on – the so-called defensive shopping syndrome – or whether it is enough to focus on our own physical, mental and spiritual health. This is the crux of a scientific schism that split 19<sup>th</sup> Century France - Google “Bechamp versus Pasteur” to find interesting discussions of their disagreement. Are the causes of disease, the alien germs and environmental poisons that attack us or is it the weakened soil of our bodies. Is it the toxin/germ or is it the terrain? Where do we place the emphasis? If poor soil causes diseased plants, can we cure the plants by just looking at the plant, or must we treat the ailments of the plant by focussing on the soil?

A sensible strategy, it seems to me, is to minimise as far as possible the chemical impacts on the body while at the same time not being too over-concerned about occasional lapses. At the same time, we need to make sure that the food we eat, the supplements we take and the daily habits we follow are adequate to maintain good health. *Mens sana in corpore sano*: A healthy mind in a healthy body. This is a well-recognised prescription for happiness and longevity.

### **37. The Evil Gene Theory**

Some genes appear to provoke the onset of cancer. Such genes are referred to as oncogenes. In some cases these oncogenes are triggered by a genetic predisposition. The result is that there are families with high incidences of certain cancers. However, it has been estimated that this genetic cause accounts for less than five percent of cancers. The evil gene theory is implicit in a lot of discussion about cancer cells. In crude terms the theory can be described in this way: cancer cells are cells that have become evil. We therefore need to kill them, blast them, blow them to kingdom come. That's the only way to deal with those evil bastards.

I would respond to this way of looking at the problem in this way. An analogous situation has existed in London for the last decade or more. Kids with knives have killed other kids. We could call these killers evil. We could say that the problem is that there are a lot of evil kids out there so we need to nuke them, kill them. That will solve the problem. Years ago in Brazil police gangs went around killing kids who were causing problems for shopkeepers. Was this a good way to respond to that problem?

I am hoping that you will not think this is a good way to respond to the problem of armed kids (evil cells) who form gangs (tumours) that go round terrorising people and when the gangs get too big they splinter into many different gangs (metastasis), each of which then continue to grow.

I am hoping you will agree with me when I say that simply killing the kids - or taking the kids out of the situation is not going to change anything because they will immediately be replaced by other kids.

The problem is not the kid. The problem is the environment in which the kids are living. Kids just want to survive. To survive in an environment in which lots of kids are carrying knives,

it makes sense to carry a knife. So, if we can change that environment in the right way so that the kids don't carry knives then the kids won't kill the other kids .

We can see that if we shift the focus away from the kid to the environment we change the whole way we respond to the problem. The same goes for cancer. Let's stop focusing on the cancer cells and start focusing on the environment in which they grow and develop. Let's tinker with that environment and see what happens.

Although it is perfectly possible to tinker with the bodily environment with pure molecules in the form of drugs – we are more likely to get benefit by changing our diet.

In one very limited sense of the word all cancers do have a genetic component – as all change to a cell requires DNA involvement. However, in the sense that the cancer is caused by a genetic trigger that we are born with, this is true for only a small number of cancers – less than five percent of breast cancers, for example, have a genetic cause. Far more cancers are caused by diet or other environmental factors. And even if you have the gene it doesn't mean that you cannot escape from this fate. Even if you have the faulty gene it will only express itself if it is triggered – and it is possible by means of diet to avoid triggering that gene.

The reason we hear so much about genes is because they are easy to do research on and a great deal of research funds are given to this kind of research. All of this may explain why there has not been much progress with finding a cure.

***“Success is getting what you want. Happiness is wanting what you get.”***

Dale Carnegie

### **38. Incidence of cancer varies from country to country**

Epidemiological studies show that cancer incidence varies greatly from country to country, being low in the third world and increasingly high in the west. It also varies widely from province to province within China. How can we explain these variations?

“The difference is far too big to be explained by genes. We have to take a look at diet, at excess calories. It may be that diet is linked in a very complicated way.” (Dr Gordon McVie, scientific director of the Cancer Research Campaign in *The Independent* (25 March 1994)

This kind of research reveals that 70-90 percent of cancers relate to life-style and environmental factors (the levels of selenium in the soil for example - a high level being, while only three to five percent is gene related. Such research is clearly valuable because prevention is better than cure. You can't change your genes but you can change your diet and other aspects of your environment.

### **39. Cancer Statistics**

If you want to look on the bright side of things it is possible to conjure up figures that show that there has been significant progress in the battle against cancer. The National Cancer Institute publishes a chart of five-year Relative Survival Rates. These figures show clear improvement. But statistics are only meaningful when they are accurate. One source of inaccuracy is exposed by the following personal testimony: “my husband recently died of pancreatic cancer and he was listed as death by heart attack because he was in the end stages of his cancer and his heart gave out. Statistics can be whatever the people keeping the results want them to be.” (quoted by Ralph Moss in his newsletter 1<sup>st</sup> February 2007)

Another problem is that five-year survival rates, while seeming to represent increased survival may actually only measure improvements in diagnosis.

Incidence statistics for cancer depends upon accurate diagnosis. Improved screening programmes tend to raise incidence figures because they lead to the detection of many 'early cancers' which are either not cancers, or they find cancers which would resolve themselves without treatment, or they find cancers earlier than they would otherwise. Even with no improvement in treatment these will have a major impact on official survival figures as we can see from the following example: Take two identical twins aged 65 both of whom have prostate cancer. One, Man A, is diagnosed as having prostate cancer and starts treatment. The other, Man B, also has prostate cancer but this is not diagnosed till he is 70. Let us imagine that Man B's cancer is now too advanced and so no treatment is given. Now, it is possible that Man A's treatment has no effect and does not help to extend Man A's life. Both men die of their prostate cancer at the age of 72. However, for the statistician, Man A was diagnosed early, received treatment and lived seven years. Man B however, was diagnosed late and only lived two years. Early diagnosis appears to have allowed Man A to have live three and a half times longer than Man B. So, the statistics appear to demonstrate huge benefits for early diagnosis – but in fact these huge benefits are in this case entirely illusory.

It may be that the apparent slight improvement in prognosis for women with breast cancer is not a result of improved chemotherapy but may be a result of improvements in diagnosis and the consequent impact on survival statistics. Or, of course, it may be due to the fact that women are much more aware of the range of alternative therapies and are taking more vitamins etc. while at the same time not discussing this with their doctors.

***Another problem with statistics.***

Statistics also don't tell us what any individual's likelihood of recovery will be. If we discover that we have a cancer for which there is a fifty percent chance that we will die within five years, some people will become very depressed, while others will interpret this to mean that there is a fifty percent chance that they will live longer than five years. Both are correct but the second patient has the better prognosis.

Imagine a group where half the people died before 6 months and the other half lived ten years. The doctors would say you have only a fifty percent chance of living for six months! A much gloomier picture than we would get from saying, equally correctly, you have a fifty percent chance of living ten years.

Even if the five-year survival rate is only ten percent the positive patient will see that ten percent of the population survive somehow. Statistics demonstrate this clearly. How do these people do it? This question cannot be answered yet for the simple reason that very little research is done on survival.

It is also important to know what is meant when you read that the average life expectancy for a particular form of treatment is five years, say. Most people think that this means you add up all the life spans of a particular group and divide by the number in the group. But that is unlikely to be the case. Almost certainly it is the point at which half of the group being measured died. So fifty percent of any group will live longer than the average life expectancy – and how long they live is not factored into the figures at all. The Harvard biologist, Stephen Jay Gould wrote an essay on the subject that is a must-read. You can find it at Steve Dunn's website at [www.cancerguide.org/median\\_not\\_msg.html](http://www.cancerguide.org/median_not_msg.html)

## **Relative Benefit versus Absolute Benefit**

Every so often the newspapers erupt with news of a new wonder drug. The result is cancer patients become desperate to get their hands on this new drug that according to the newspapers will give them a 30 percent or 50 percent or 70 percent better chance of being cured. Sadly, these people are victims of innumerate newspaper reporters who are doing little more than rewriting press releases issued by the pharmaceutical companies. It's not that the drug companies are lying. They are telling a sort of truth – but it is a highly inaccurate truth as you will see.

Let us imagine that out of a group of 100 women with grade 4 cancer, ninety eight are expected to die of their disease within five years. These women are given a drug (drug X) and after five years it is found that ninety six have died. In this case there is a relative benefit of 100 percent (four people survived instead of the expected two). The newspapers will carry headlines saying that drug X doubles your chances of living for five years; they may even say it doubles their chances of being cured.

But we can see that in fact only 2 of the group of 100 women actually benefited. There is, in this case, an absolute benefit of two percent. This is not a figure that will sell many newspapers.

Herceptin is the current new wonder drug that is prompting people to re-mortgage their houses and take on massive debt. It actually has an absolute benefit of only 0.6 percent. That is to say less than one person in 100 will receive the benefit, when measured in this way.

So add the terms 'relative benefit' and 'absolute benefit' to your vocabulary and you are less likely to be taken in by drug company propaganda or newspaper headlines.

## **40. Cures for Cancer?**

The word 'cure' carries with it a lot of implicit baggage that it is worth looking at more closely. First of all, to talk of cures implies a situation where there is a clear-cut opposition between a state of health and a state of illness. You either have cancer or you don't have it - as though cancer is a thing in itself separate from the body in which the cancer is present and that it is there or, preferably, not there. If it was there before and now no longer is there then you say there has been a cure.

But how real is this image? Are there not intermediate stages between not having a cancer and having one? And similarly, if you get rid of a cancer tumour but make no change to the bodily environment that produced the cancer tumour, how long is the state of not having a tumour going to last? What causes a cancer to appear in the first place? What is being done to correct this situation? If these two questions are not addressed, as they usually aren't under an orthodox clinical setting, then to talk of cures, even in the absence of a tumour for an extended period of time is probably inappropriate.

Some cancers are fast growing others are slow growing. Some stop of their own accord. Others stop after some form of treatment and others still resist all forms of treatment.

The hard reality is that between 1930 and 1990, in the USA, for men, only two cancers have actually declined in incidence: stomach cancer has dropped from 38 to 7 per 100,000 men and liver cancer has dropped by 50-65 percent and now only kills about five per 100,000 men per annum.

For women there have been significant improvements in cancer of the uterus, stomach, liver and some improvement in colon & rectal cancer.

The problem for orthodox medicine is that none of these improvements are recent; and for many cancers there has been either no change at all or a slow but steady increase in death rates. Prostate deaths have nearly doubled - as have deaths from cancer of the pancreas and leukaemia. And lung cancer deaths have just gone through the roof. One possible exception is with breast cancer. There does appear to have been a recent improvement in death rate figures. The problem is there has not been any change in treatment to account for this improvement. Could it be that more and more women are following alternative treatments that are having an impact?

But there is another way to look at the subject. Cancers are never cured - even when they appear to have gone. The potential for cancer is always there lurking in the microscopic depths of the body. Hazel Thornton who was diagnosed in 1991 with breast cancer wrote this to me:

“Whilst I believe that attitude is crucially important in coming to terms with a life threatening disease so that one may live one's life fruitfully and in tranquillity, I cannot accept that one can say at any given moment that one has 'beaten' the illness...I hope that I am in a state of truce with my body's inefficiencies, rather than waging war with it.” (Personal communication, Dec. 1995)

We have now looked at a wide range of facts and concepts relating to cancer. It is now time to turn from the disease to the patient.

## **Part 2: Knowing Yourself.**

### **Introduction**

The first thing that has to be said is this: We are all different. We have different cancers, we have different perceptions of how the world is, we have different social responsibilities; we have different budgets and we are of different ages. Each of these factors will impact any decision we make in relation to our cancers. This book is based on the principle that YOU are in charge and that YOU should make any treatment decisions that are made. Obviously it is much better to make decisions that are based on a broad understanding of the whole situation. That is where this book comes in. In this book you will learn the facts, the issues and the options.

You will also find a questionnaire. This is to help you decide what kind of person you are. It is also to help you discover where your partner and the other people helping you arrive at decisions and you agree or disagree. Once you know that you can argue, discuss and proceed. Differences that are not made explicit can seriously harm your relationships - and this at a time when you need their support (I speak from experience).

You will find the questionnaire in the book (The Cancer Survivor's Bible).

Good luck

Jonathan Chamberlain May 2020