

STOP

FIGHTING

CANCER

From the author of
"Help, My Body Is Killing Me" Solving the Connections of Autoimmune Disease.

**&
START TREATING**

the CAUSE

DR. KEVIN CONNERS

Section 6

From 2015 Updated Edition

Dr. Kevin Connors

Fellowship in Integrative Cancer Therapy
Fellowship in Anti-Aging, Regenerative, and Functional Medicine
American Academy of Anti-Aging Medicine
Pastoral Medical Association

CONTACT US: Telephone Consultations are available - Connors Clinic, 651.739.1248

www.ConnorsClinic.com

This is your FINAL section! Enjoy!!

Dealing with Specific Problems

Decreased Platelet Counts

Low blood platelet levels are called thrombocytopenia and can result in excessive bleeding when injury occurs. It is common with cancer patients, especially if they've done some chemotherapy or radiation as their body decreases production. Platelets are the tiny cells in your blood that function to take part in the clotting process. Each platelet contains granules that enhance the platelets' ability to stick to each other and the surface of a damaged blood vessel wall. An adequate number of platelets prevent hemorrhaging from a ruptured blood

vessel. You can naturally increase your platelets to ensure the prevention of a leakage of red blood cells and lessen the chance of hemorrhage through diet.

Things you want to increase:

- Fresh fruits
- Green leafy vegetables
- Cod Liver or flax seed oil
- Tomatoes
- Berries
- Mushroom capsules
- Fresh garlic

As stated in our Cancer Diet section:

1. Avoid refined sugars, saturated fats, processed foods and grains and aerated (carbonated) beverages. These foods cause the platelets to fall.
2. Stay away from all dairy products, alcohol and food additives.
3. Consume only healthy organic foods, fruits and vegetables. This helps to stimulate your internal mechanism, which increases your platelet count. Eat tomatoes and berries, which are loaded with vitamins and minerals with strong anti-oxidant properties that help you to increase your platelets. Add many green leafy vegetables to your daily diet. They tend to increase the hemoglobin level of blood, tackling the underlying cause of low levels of platelets. Red foods like tomatoes, cherries, watermelon, plums and berries are helpful.
4. Wash all raw foods thoroughly to remove any parasites or viruses that could result in lowering your platelet counts. Parasitic antigens are most commonly the cause of low platelet counts. If you can get checked and treated for bio-toxin, parasitic, mycotoxin disorders, do so immediately.
5. Strengthen your immune system using parent omegas (PEOs). These oils will also reduce inflammation, improve your circulation and increase your ratio of high-density lipoprotein to low-density lipoprotein levels.
6. Take a supplemental mushroom extract (not mushrooms). Look for a capsule that has the

extract of shiatake, maritake and other mushroom varieties that help to balance out the immune system.

7. Add plenty of fresh garlic and supplement your diet with vitamins and minerals such as Coenzyme Q10; selenium; zinc; melatonin; vitamins A, B, D and E; Omega-3; and iron supplements. These will enhance your immunity and ability to fight diseases.

8. Papaya leaf powder or papaya leaf tea is a great natural platelet booster. The powder can be mixed into water, juice or any shake and the tea can be used in milder conditions.



Cachexia

Cachexia is the term we use for a 'wasting disorder' seen in cancer patients when their body is literally eating up their muscles in order to produce glucose for the growing tumor.

"Cachexia is the wasting away of the cancer patient's body. The person is reduced to skin and bones, while the cancer continues growing vigorously. What is happening is that the cancer incompletely metabolizes glucose, turning it into lactic acid ... This lactic acid (if it reaches the bloodstream) travels to the liver where it is converted back into glucose by a

procedure that consumes an enormous amount of the body's energy. This happens over and over again as the cancer grows and the rest of the body wastes away. Hydrazine Sulfate blocks a key enzyme in the liver that allows lactic acid to be converted into glucose."

<http://www.alkalizeforhealth.net/cancerpain.htm>

We read something interesting at the end of this quote: *"Hydrazine Sulfate blocks a key enzyme in the liver that allows lactic acid to be converted into glucose."* Hydrazine Sulfate was developed by Dr. Joseph Gold of Syracuse University. It helps metabolize excess lactic acid which causes an imbalance and extreme stress on the system. This imbalance causes the liver to expend enormous amounts of energy to convert the lactic acid back to glucose only to be reconverted back to lactic acid in cancer cell as it uses the glucose for energy. The body's expenditure of energy in this process eventually results in it wasting away and a 'stealing' of muscle protein to keep up with the demand of glucose.

Here is another way of looking at this cycle:

- *"Cachexia: in a chronic infection/chronic disease, the patient's temperature rises, the CD4 count drops below the CD8 count, and the appetite wanes until the patient develops pathological anorexia. The body still needs nourishment, so it begins breaking down its fat stores, the process of glycogenesis, and also begins to break down proteins (muscles) to deliver these sugar precursors, the ones produced by glycogenesis, to the body. The metabolism of tumor/cancer cells is much less efficient than those of normal cells: normal cells metabolize aerobically, using oxygen, which is 15 times more efficient than cancer cells that metabolize anaerobically, through a process of fermentation. Fermentation, being less efficient, requires much more sugar than aerobically metabolizing cells. Additionally, the metabolism rate of a tumor is much higher than that of normal cells, so the amount of sugar needed is still greater. Eventually the patient dies trying to feed the tumor. Starvation is the major cause of death in cancer and AIDS patients."*

<http://www.mnwelldir.org/docs/cancer1/altthrp2.htm>

In short, when the person quits eating, the body starts to eat itself in order to feed the cancer cells.

Questions and Answers About Hydrazine Sulfate from The National Cancer Institute:

1. What is hydrazine sulfate?

Hydrazine sulfate is a compound that has been studied as a treatment for cancer and for cancer-related anorexia (loss of appetite) and cachexia (loss of muscle mass and body weight).

2. What is the history of the discovery and use of hydrazine sulfate as a complementary or alternative treatment for cancer?

It has been known since the early 1900s that hydrazine compounds are toxic to animals and to humans. More than 400 hydrazine-related compounds have been tested for their ability to kill cancer cells. One of these compounds, procarbazine, has been used to treat Hodgkin's disease, melanoma, and lung cancer since the 1960s.

In view of procarbazine's anticancer activity, hydrazine sulfate (a compound similar to procarbazine) was studied for its effectiveness in fighting cancer beginning in the 1970s. Studies of hydrazine sulfate as a treatment for cancer-related cachexia also began during this time.

Hydrazine compounds have also been used to make rocket fuel, as herbicides (chemicals that kill plants), and as chemical agents in boiler and cooling-tower water systems.

Many scientists consider hydrazine sulfate and other similar substances to be cancer-causing agents and are concerned about the safety of using these compounds.

3. What is the theory behind the claim that hydrazine sulfate is useful in treating cancer?

Two theories have been suggested to explain how hydrazine sulfate acts against cancer and cachexia:

- Hydrazine sulfate may prevent the body from making sugar that cancer cells need to grow. It has been suggested that cachexia occurs because the cancer is using too much of the body's sugar, preventing healthy cells from getting what they need to live. This causes tissues to die and muscle to waste away, and the patient loses weight.
- Hydrazine sulfate may block tumor necrosis factor-alpha (TNF-alpha). This is a

substance made by the body's white blood cells to fight infection and tissue damage. High levels of TNF-alpha have been found in cancer patients. These high levels of TNF-alpha may cause loss of appetite, tiredness, and the breakdown of muscle tissue. As muscle breaks down, it makes sugar that the cancer cells use to grow. Blocking the TNF-alpha might stop tumor growth and prevent cachexia.

4. **How is hydrazine sulfate administered?**

Hydrazine sulfate is taken by mouth in pills or capsules. There is no standard dose or length of treatment time.

To read more on what the NCI has to say, go to their website:

http://www.cancer.gov/cancertopics/pdq/cam/hydrazinesulfate/patient/Page2#Section_29

Bottom line: Using hydrazine sulfate is an option if a patient is wasting away. I don't believe that it kills cancer cells or should be a part of a cancer regimen unless the patient is rapidly losing weight and dwindling away. Make sure you see your doctor and talk to them about this as there are some negative effects of hydrazine and it can interfere with some natural approaches as well. Overall, the BEST treatment for cachexia is the Cancer Diet with an increased amount of juicing.

If taking Hydrazine, you must avoid any foods that contain Tyramine, an amino acid Tyrosine, that Hydrazine acts on by limiting its breakdown. Do not consume foods containing tyramine; most of these you shouldn't be consuming anyway!

- Aged, fermented, or pickled foods, such as most cheeses (except cottage cheese, cream cheese, and fresh Mozzarella), lunch meats, hot dogs, yogurt, wines and beers.
- Barleygrass, which would exclude all barley supplements,
- Dry and fermented sausage (bologna, salami, pepperoni, corned beef, and liver), pickled herring and salted dried fish, broad beans and pods (lima, fava beans, lentils, snow peas, and soy beans),
- Meat extracts, yeast extracts/brewer's yeast, beer and ale, red wine (chianti, burgundy,

sherry, vermouth), sauerkraut,

- Fruits such as oranges, tangerines, lemon, grapefruit, bananas, avocados, canned figs, raisins, red plums, raspberries, pineapples,
- Cultured dairy products (buttermilk, yogurt, and sour cream),
- Chocolate,
- Caffeine (coffee, tea, and cola drinks), white wine, port wines, distilled spirits,
- Soy sauce, miso, peanuts, almonds,
- Beef or chicken liver, herring, meat tenderizer, MSG (Accent),
- Pickles, and pumpkin seeds.



Integrative Cancer Treatment FAQ

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

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

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

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

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

In other words, when a cancer patient needs a few days or weeks for their body to recover from the toxic treatment being given them, the MDR cancer cells and cancer stem cells may

also start to recover during this time. The cancer may even start to grow faster than before due to the body's immune system having been weakened by the toxic treatment. Eventually, a person's body may not be able to recover at all because the immune system and vital organs have been too weakened by the treatment itself.

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

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

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

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

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

1) That alternative treatments are unscientific and are developed or administered by quacks. I for one would rather be a 'quack' and a 'medical heretic' than binding myself to the pharmaceutical machine that deems it necessary to destroy its perceived competition while it 'owns' the right to kill people for money. In my mind, a 'quack' that helps people get better beats a 'respected oncologist' who kills people for money anyway!

2) That alternative treatments simply involve eating organic foods and taking lots of immune-boosting supplements from the local health food store. Obviously from this book, you've learned that there is much more.

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

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

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

The Fellowship program that I just graduated from is taught by leading MD's and cancer researchers from MD Anderson and Yale. Regardless of the criticism out there against conventional medical treatment, there are plenty of great MD's who really care about their patients and are willing to learn and try 'new' things because they truly desire to see the patient succeed. This is NOT a battle against your MD or your oncologist – even if they are extremely antagonistic. This is a battle against ignorance and financially biased organizations that have a HUGE financial interest in protecting the status quo.

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

A: There can be unscrupulous practitioners in any area of medicine, conventional or alternative. People should be very discerning when it comes to choosing a cancer treatment approach or practitioner. It is important to be diligent and find a particular method, practitioner, or clinic that has a genuine positive track record. Whenever possible, contacting other cancer patients who succeeded with that particular treatment or doctor is recommended. I know a number of books that claim _____ is the cause of ALL cancers; whatever they are claiming may actually be the cause of SOME cancer, but 'all' is a pretty strong word. There are many reasons one 'gets cancer' and everyone is different; care is never a 'one size fits all' approach.

Be careful of anyone claiming the ability to CURE anything, not just cancer! I would even add that you should be careful of anyone stating that they TREAT cancer – because this very philosophy doesn't make sense. Again, one needs to improve the patient, every aspect, if the disease is ever going to be 'cured' by the patient's own body. I DON'T TREAT CANCER; I DON'T FIGHT CANCER, and I suggest you take the same stance. Work on 'causes'; work on achieving homeostasis; work on balancing the body and I think your outcome will be better!

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

A: Statistics show that approximately 1 in 3 Americans will develop life-threatening cancer some time in their life. (And some researchers believe this reality is closer to 1 in 2 Americans.) Unfortunately, the conventional treatments for cancer (which include surgery, radiation, chemotherapy, hormone therapy, and a handful of other recent drug therapies) offer a dismally low chance for "real" recovery if not coupled with some lifestyle changes. Conventional cancer medicine, on the other hand, defines "cured" as merely "alive 5 years after diagnosis". Thus, in most cases, conventional doctors don't even expect to be able to bring a cancer patient back to a normal state.

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

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

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

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

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

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

I've stated over and over that we do not treat cancer. I legally can't! My medical doctor friends

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

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

A: Most conventional doctors and cancer clinics do not recommend alternative treatments for cancer for a variety of reasons. The primary reason is that, in most U.S. states, doctors are not legally allowed to recommend any treatments for cancer that the FDA has not approved. Since the FDA refuses to even consider approving any treatment that does not bring big profits to the pharmaceutical companies and other large industries they are associated with, then any treatment not approved by the FDA is automatically called "alternative". It can be a very serious legal transgression for most doctors if they try to recommend an alternative cancer treatment, even if they know that treatment could give their patient the best possible chance for recovery. Many highly respected doctors have tried to practice alternative approaches and lost their medical licenses as a result, or were even thrown in jail. Two of the most liberal states in the U.S., where many of the alternative therapies are being practiced today, are Nevada and Arizona. Numerous physicians who wish to practice alternative cancer medicine have moved to one of these states.

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

One more issue that can be problematic is that some doctors might know about alternative treatments but feel emotionally threatened by them. Especially for oncologists, acknowledging that other techniques probably would have worked better for their terminally ill patients than the methods they have been using can be quite painful. It may be easier for an oncologist or

other type of doctor to simply deny this reality than to acknowledge that many of the patients he or she treated could have lived rather than died. I recently had a patient that survived 5 years after diagnosis and brought lunch into everyone in our office to celebrate. She had kept in a relationship with her oncologist so she could still receive regular CT scans to monitor her progress and visited him right before her 5 year anniversary. He proceeded to tell her that the other patients who had started with her (and were in a support group with her) had all died; she was the lone survivor! She already knew that information and she was the only one who refused the chemo treatment and had 'gone an alternate route'. So, when the oncologist shared that she was the lone survivor, she proceeded to tell him what she had done differently to achieve such a great outcome. Surprisingly, the oncologist stopped her immediately saying that if she wanted to remain in relation with him that he didn't want to hear anything!

It is utterly appalling! If you were the doctor that had ALL your patient DIE of your treatment, would you want to figure out if there is another way!?! It's SICK! THAT is NOT a doctor, that's a murderer for hire! He gets paid – and a ton more than I do – to KILL PEOPLE and doesn't even want to know a better way! I can't even think about this without getting mad, so let's move on.

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

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

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

The simple answer is that alternative treatments, in general, deal with the true causes of sickness and with the cancer patient's whole body in a non-toxic way. This can be a much more

effective way to completely rid a person of cancer than conventional medical treatments, which involve toxic approaches and only target the "symptoms" of cancer (the tumors themselves).

Q#10: What causes cancer?

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

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

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

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

cancer treatments that already exist and have been proven effective because they CAN'T MAKE ANY MONEY FROM THEM.

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

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

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

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

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

A: There is no doubt that they are certainly still trying to suppress effective alternative cancer treatments. Read the book, "The Burzynski Breakthrough," to find out just how recently the

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

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

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

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

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

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

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

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

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

A Ten Step Protocol For You and Your Doctor

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face.”

~Eleanor Roosevelt

A Practical, Ten-Step Protocol for your doctor

I've probably given you too much information in this book. Originally I promised myself to keep it under one hundred pages to make it more 'readable' but there is so much more stuff that I had to leave out to keep from going even longer. So, this chapter is to summarize everything in 10 easy steps for both you and your doctor. I pray that you find someone that can help you walk through this, that will not only guide you but hold your hand and love you; for we can possess all information and wisdom but without love we are just a loud, noisy gong.

In order to derive the greatest potential benefit from any regimen, both patients and physicians must respect and address as many of the facets each individual's unique cancer. Sadly, the mainstream medical establishment treats the majority of cancer cases (as well as any other disease) with a "one size fits all" strategy that may deprive many patients of a greater chance of successful care.

My goals in this summary will:

- Aid you and your physician in determining which therapies are most likely to be effective for your unique condition. Since I understand that NOT everyone could possibly come and see me AND I am not going to live forever (at least not on earth), you may NOT be able to find a competent doctor to perform Kinesiology to 'test you' on the supplements that are perfect for you. So, you and your doctor may use this summary as a template.
- Help you and your doctor target multiple biochemical pathways known to be aberrant in many cancers;
- Provide you a more thorough prognostic analysis (reason why) that can help you and your physician make informed decisions about how to proceed and;
- Educate everyone about some potential side effects associated with conventional cancer treatment options, and what they can do to minimize risk.

My Ten Step Protocol for evaluating someone with a diagnosis of cancer:

1. Start at the BEGINNING – some homework for your doctor
2. Evaluating for the possible “Cancer Killers” – their use in particular cases
3. RIFE LIGHT Frequency Technology – an absolute MUST
4. Assume that you HAVE Circulating Tumor Cells
5. Inhibiting the cyclooxygenase Enzymes (COX-1 & COX-2)
6. Suppressing Ras oncogene expression
7. Maintaining bone integrity
8. Inhibiting angiogenesis
9. Inhibiting the 5-lipoxygenase (5-LOX) enzyme
10. Inhibiting Cancer Metastasis

Of critical importance to treatment-naïve patients is implementing as many of these ten critical steps as can safely be done concurrently with conventional therapy. In newly diagnosed patients who have not yet been treated, the objective is to eradicate the primary tumor and metastatic cells with a multi-pronged "first strike therapy" so that residual tumor cells are not given an opportunity to evolve survival mechanisms that make them resistant to further treatments.

Step One: Start at the BEGINNING



The “Beginning” is really for your doctor: it means to start every patient just as you would any other, regardless of their previous diagnosis.

- Identify possible autoimmune disorder – do NOT let your doctor skip this step and dismiss this possibility. As stated in greater detail previously, most cancer patients are Th2 dominant autoimmune (and most have NO idea and have never been diagnosed as such). Hidden, subclinical autoimmune disorders haunt the patient!
- HCL – get tested for and correct hypochlorhydria. A decrease in stomach acid production is quite possibly, the most common condition known to man.
- Anemia – get checked for and properly treat Iron Deficiency Anemia, Folic Acid Anemia (if this exists, do NOT just take regular folic acid – you MUST use 5-Methyltetrahydrofolate), Pernicious Anemia, B12 Anemia.
- Heal the GUT – Intestinal permeability issues (Leaky Gut) is just about a guaranteed condition if you have cancer! Treat it!
- Nutrient Deficiencies
- Metabolic pathway blockages and Liver Detoxification pathway blockages – run an Organic Acid Profile and correct this!!!
- Identify Antigens and correct –
 - Heavy Metal Toxicity issues,
 - Food sensitivities,

- Parasites – most are subclinical,
 - Other Biotoxin – mold, fungus...if you are not checking for these you may be COMPLETELY missing the boat as to CAUSE!!!
 - Other Chemical toxicities – environmental toxicities are rampant
- Check and modulate Th1/Th2 balance (add appropriate nutrition/diet to deal with Antigen)
- Run appropriate Functional Medicine tests if necessary:
 - Labs:
 - 1. Cyrex Labs profiles – remove all food sensitivities
 - 2. Complete Blood profiles – correct anemia, etc
 - 3. ASI from Diagnostechs – fix brain, gut etc
 - 4. Organix panel from Metamatrix – fix blocked pathways
 - 5. Doctor's data provocation test for Heavy Metal Toxicity – chelate/correct the problem
 - 6. Hormone/Toxin/other functional labs
- Th17 balance – Th17 is an inflammatory cytokine common in many conditions but more common to be elevated in Brain Cancers. If you have such a cancer, consider using Curcumin (from Ayush Herbs)
↑Brain Inflammation → can be seen with
- NOS – this stands for nitric oxide synthase. iNOS - inducible (or cytokine inducible) nitrous oxide synthase is an inflammatory pathway commonly elevated in epithelial cancers. The anti-inflammatory protocols outlined elsewhere will help correct the iNOS levels but the nitric oxide differentiation is worth discussion:
 - iNOS – cytokine inducible NOS = pro inflammatory, destructive
 - eNOS – epithelial NOS – in blood vessels, helps dissolve plaques, decreases inflammation, increases blood flow, helps heal GALT (Gut Associated Lymphoid Tissue), MALT (Mucosa Associated Lymphoid Tissue)
 - nNOS – neuronal NOS – in microglial and glial tissue (the brain)
10:1 concentration in neuronal tissue – very important in healing the brain
- Balance Cortisol levels
- Specific Tests –
 - NF-kB levels – NF-kB promotes the growth of cancer. Curcumin is an inhibitor of NF-kB, so, a person whose cancer is expressing high levels of NF-kB might consider including Curcumin as part of their supplement program.

- GSTpi - Some cancers are able to produce GSTpi, which confers resistance to multiple chemotherapy drugs. Ellagic acid—from pomegranate—inhibits GST therefore, supplementation with Ellagic acid may be wise if CTC analysis demonstrates over production of GSTpi.
-
- Test and correct anything else!

Step Two: Evaluating for the possible “Cancer Killers”

There are multiple reasons for cancer to start and flourish and therefore there are numerous possible facets to attack it. The variety of nutraceuticals that I have previously discussed in this book is what we want to address in Step Two. Unfortunately, I do not know of any way other than using Kinesiology (a muscle testing procedure) from a very competent and experienced practitioner, but let's try to work through this.



We know there are:

- Tumor-promoting genes (oncogenes that may be upregulated)
- Tumor suppressor genes (that may be downregulated)
- Receptors or docking sites on the cell membrane where communication with proteins occur to aid the cell to undergo apoptosis (that may be blocked)
- Cellular differentiation—the degree of aggressiveness of the cancer cell (poorly differentiated cancer cells are more aggressive, while highly differentiated cells are less aggressive).

- Inflammatory processes at the site of tumor
- Th2 dominance at the site of tumor
- Toxicity systemically and at the site of tumor growth
- Hypoxic conditions in the milieu
-

These individual variations—the unique biology of the cancer cell—help to explain why a particular therapy may be highly effective for some cancer patients but fail others.

People typically think of their disease based on the organ it affects (e.g. lung cancer or colon cancer). The problem with that rationale is that not all cancers are the same, even if they affect the same organ. With the advent of advanced molecular diagnostic profiling, the specific strengths and vulnerabilities of each patient's cancer can be identified in order to design an individually tailored treatment program.

I have stated repeatedly that one cannot be DOGMATIC about treating ANY disorder. Every person is unique as is their condition. If I am going to be a doctor that requires my patients to fit into MY box instead of fitting a program around them – my percent of failure will rise. Don't let this happen to you!

When a person has cancer, the physician confronts a chain of pressing questions: What type of cancer is it? Where did it originate? Is it a hormonally driven cancer? Which treatments are most likely to be effective?

Cancers have traditionally been treated as follows: if one therapy proves ineffective, then try another until a successful therapy is found or all options are exhausted. Kinesiology (properly performed) helps to eliminate the need for this trial-and-error method by providing individualized information to help determine the optimal therapy before initiating treatment. However, here are some basic guidelines to help determine a course of action:

- If you have a HER1/2 positive cancer – consider a fermented soy product like Haelin 951 and some of the Premier Research Lab products with fermented soy, Medicinal Mushrooms...
- If you have Prostate, Breast or Colon Cancer – consider Protocol, Cats Claw, Medicinal Mushrooms, IP6...

- If you have any of the skin cancers – consider my special mixture of Esterified Fatty Acid Cream (EFAC) from Hope Science mixed with 1 tablespoon of Cocurcumin (from Ayush Herbs) – use liberally as an ointment everyday
- If you have a Brain Cancer – consider anti-inflammatory products for sure, also consider Burzynski’s Antineoplastons, Protocol, Arginine, Medicinal Mushrooms...
- If you have Pancreatic Cancer – consider High Enzyme therapy, IP6, Cesium Chloride ...
- If you have Liver Cancer – consider Beta Glucans, IP6, Poly-MVA, Medicinal Mushrooms...
- If you have Blood-born cancers or Bone Cancers – consider Laetrile, Green Tea...
- With any cancer you can consider some of the less expensive products like Vitamin D3, Essiac Tea, Hoxsey, IP6, Beta Glucan, Medicinal Mushrooms ...

I have SUCH a difficult time writing this portion of the book because THIS is the biggest hurdle for a patient to overcome – There is SO much to consider, where do I start and what should I take?

How to Implement Step Two

If you CANNOT determine with a reasonable degree of inner peace which of the above nutraceuticals to take - don’t take any. It’s OKAY. Do everything else in these ten steps and you’ve covered 90% of your ‘bases’.

If you have the ability to get tested for particular products, do so. My favorites are easy to see - Medicinal Mushrooms, Beta Glucans, Green Tea, Vitamin D3, Curcumin, Modified Citrus Pectin... – you just cannot go wrong with these

Step Three: RIFE LIGHT Frequency Technology

This is NOT a step to omit! I honestly believe that you would not be reading this book if it were not for Rife technology – because I wouldn’t have written it. I have seen WAY too many miracles from patients who were complete skeptics to dismiss the overwhelming evidence of its efficacy. As stated previously, you cannot take shortcuts; you need to get a good unit. Every patient that comes to me for care goes home with a Rife unit. We program it specifically for them based on three parameters:

- We create programs based on their diagnosis from the oncologist. Typically this is from the pathology report.

- We create programs based on what I find in my examination.
- We create programs based on what we find on the scan we perform.



The 'programs' that we create are in several 'timed' components. I require patients to sleep with an overnight bulb so every patient will have a set of seven 'overnight sets' labeled Sunday through Saturday. This way, a person can get ready for bed, open the Rife program on their laptop computer connected to the Rife machine, select the appropriate night set and hit 'run'. They then snuggle into bed with their night tube and get treated all night long. Snuggle up to your significant other and they too get the benefits of an increased pH and a healthier body – it's a win-win!

We also will create some specific daytime programs that can help a person overcome secondary effects of radiation, chemotherapy, and/or surgery if they are going the traditional route as well. Secondary programs for other conditions are often created depending of the patient's particular circumstance. In our office, we charge a security deposit for a Rife machine that is rolled into a purchase price should the patient decide to do so. My thought is this: if you come to me with a literal death sentence from your oncologist (a usual patient in my office) and you are doing ANY better in six months (our typical care plan), why wouldn't you want to own the machine? I assume you would and let you purchase it at my cost. If I was doing what I do for the money I'd have quit a long time ago!

How to Implement Step Three

Find a doctor who knows as much about what I discussed in this section who can guide you through this path.

Step Four: Assume you have Circulating Tumor Cells

Circulating Tumor Cells (CTCs) can be tested and there are more precise testing methods developed every year. However, just assume that if you have had a previous diagnosis of cancer that you have CTCs. CTCs are the "seeds" that break away from the primary site of cancer and spread to other parts of the body trying to set up a home and raise a family. Understanding circulating tumor cells is critically important since it is the primary way that cancer spreads to other parts of the body and is very often responsible for the death of a person with cancer.



Historically, medical science has been focused on the primary tumor, attempting to destroy the growing mass. They assumed that if they could kill the cancer, they've won the battle. In my opinion, this assumption is foolish at best. Why did the tumor take hold and grow in the first place? Was it just aberrant cells in THAT specific spot or is there an imbalance in the cellular milieu that predisposed you to the process that could predispose you to a similar process elsewhere in your body if not corrected? Let's just use a little common sense here!

You MUST treat your cancer as a SYSTEMIC condition!!!

In an illuminating study conducted with metastatic breast cancer patients, researchers compared the genetic composition of the cancer cells that had formed distant metastasis to the genetic composition of the corresponding cancer cells in the primary breast tumor. The findings were alarming—in 31% of the comparisons, the genetic composition of the metastatic cancer cells differed almost completely from that of the primary breast tumors (Kuukasjärvi et al. 1997). Amazingly, further analysis revealed that none of the pairs of primary breast tumors with its corresponding metastatic cancer were identical. Based on these findings, the authors remarked that "*because metastatic cells often have a completely different genetic composition, their phenotype [biological behavior], including aggressiveness and therapy responsiveness, may also vary substantially from that seen in the primary tumors,*" leading to their conclusion that "*the resulting heterogeneity [genetic variability] of metastatic breast cancer may underlie*

its poor responsiveness to therapy..." To further support the evidence that metastatic cancer cells can vary genetically from the primary tumor, two additional studies with breast cancer patients have demonstrated that CTC can be HER2 positive while the primary breast tumor can be HER2 negative (Meng et al. 2004; Wülfing et al. 2006).

This as well as other research suggests that directing treatment solely towards the cancer cells of the primary tumor can, in some cases, be "barking up the wrong tree". Standard medical treatments (chemo, surgery, radiation) designed to attack the primary tumor always fail to destroy the circulating tumor cells.

Please allow me to scream here: Treat the PERSON, not the cancer!!!

There are several natural supplements that have shown to be great 'binders' to CTCs and help stop growth of new tumor sites. See below:

How to Implement Step Four

The following three novel compounds have shown efficacy in inhibiting several mechanisms that contribute to cancer metastasis. It is especially important to consider these compounds during the perioperative period (period before and after surgery), because a known consequence of surgery is an enhanced proclivity for metastasis. I highly recommend:

- Modified Citrus Pectin: 15 grams daily, in three divided doses – continue with at least 5 grams daily throughout your life after you've beat the first round. I use the product Pectasol from EcoEugenics. It comes in a powdered form (what I suggest – mix it into a small amount of juice or add it to a smoothie) or capsules.
- Cimetidine: 800 mg daily, in two divided doses (I don't recommend this but research proves its benefits)
- Coriolus versicolor, standardized extract: 1,200 – 3,600 mg daily - Coriolus versicolor is a mushroom that I love (but I like all the Asian mushrooms). Different nutrients, polysaccharide K (PSK) and polysaccharide-peptide (PSP), are being studied as possible complementary cancer treatments – I use a mixture of this and several other mushrooms.
- IP6 – has been shown help decrease adhesion properties of CTCs – consider taking 2-6 capsules per day (I use the product from Hope Science)

Bottom line: ALWAYS assume you have cancer attempting to go crazy inside of you and you'll better manage it and keep it at bay for your lifetime.

Step Five: Inhibiting the Cyclooxygenase Enzymes - COX-1 & COX-2 inflammatory pathways

Controlling inflammation plays a pivotal role inhibiting growth both at the primary site and possible metastatic areas. There are many inflammatory pathways in the body but the cyclooxygenase (COX-2) enzyme is a particular inflammatory pathway that has been the focus of research in the realm of oncology. Initially, scientists believed COX-2 was merely an inducible response to inflammation but it is now thought that the COX-2 pathway performs biological functions in the body, particularly in the brain and kidneys as well as the immune system. Understand that there needs to be a balance between pro- and anti-inflammatory activities in the body. COX-2 becomes troublesome when upregulated (sometimes 10- to 80-fold) by pro-inflammatory stimuli (subclinical autoimmune disorders, interleukin-1, growth factors, tumor necrosis factor, and endotoxins). When over-expressed, COX-2 participates in various pathways that could promote cancer (i.e. angiogenesis), cell proliferation, and the production of inflammatory prostaglandins (Sears 1995; Newmark 2000; Chakraborti AK 2010). This is why STEP ONE is so important!!! You MUST deal with hidden autoimmune conditions, anemias, heavy metal toxicities, mold issues, etc.



A growing body of research has documented the relationship between COX-2 and cancer:

- An article in the journal *Cancer Research* showed that COX-2 levels in pancreatic cancer cells are 60 times greater than in adjacent normal tissue (Tucker et al. 1999).
- Solid tumors contain oxygen-deficient or hypoxic areas (a reduced oxygen supply to a tissue below physiological levels). Hypoxia promotes up-regulation of COX-2 and angiogenesis, and establishes resistance to ionizing radiation (Gately 2000).
- Within the nonsteroidal anti-inflammatory drug (NSAIDs) class is a subclass referred to as COX-2 inhibitors (cyclooxygenase inhibitors). COX-2 inhibitors were popularly

prescribed to relieve pain but now have found a place in oncology. It began when scientists recognized that people who regularly take NSAIDs lowered their risk of colon cancer by as much as 50% (Reddy et al. 2000).

- JAMA reported that a 9.4-year epidemiological study showed that COX-2 upregulation was related to more advanced tumor stage, tumor size, and lymph node metastasis as well as diminished survival rates among colorectal cancer patients (Sheehan et al. 1999). With more regular use of aspirin (a COX-2 inhibitor), the risk of dying from the disease decreased (Brody 1991; Knorr 2000). The journal *Gastroenterology* reported additional encouragement, showing that three different colon cell lines underwent apoptosis (cell death) when deprived of COX-2; when lovastatin was added to the COX-2 inhibitor the kill rate increased another five-fold (Agarwal et al. 1999). The benefits observed with COX-2 inhibitors extend beyond colon protection to the cardiovascular system, where they help sustain endothelial cell function (Tsuji et al. 1998).
- A groundbreaking study published in 2009 revealed that breast cancer patients treated with COX-2 inhibitors had a greatly reduced risk of bone metastases. In this investigation, the incidence of bone metastases were recorded in breast cancer patients who were not treated with a COX-2 inhibitor, as well as in individuals who received a COX-2 inhibitor for at least 6 months following the diagnosis of breast cancer. The findings were astounding—those who were treated with a COX-2 inhibitor were 90% less likely to develop bone metastases than those who were not treated with a COX-2 inhibitor (Valsecchi ME 2009).
- 134 patients with advanced lung cancer were treated with chemotherapy alone or combined with celebrex® (a COX-2 inhibitor). For those patients with cancers expressing increased amounts of COX-2, treatment with celebrex dramatically prolonged survival (Edelman 2008).
- Celebrex® slowed cancer progression in men with recurrent prostate cancer (Pruthi et al. 2006; Manola et al. 2006).
- Celebrex® prevented weight loss and improved quality of life in individuals with head and neck cancers (Lai et al. 2008).
- Regular intake of OTC NSAIDs produced highly significant composite risk reductions of 43% for colon cancer, 25% for breast cancer, 28% for lung cancer, and 27% for prostate cancer. Furthermore, in a series of case control studies, daily use of a selective COX-2 inhibitor, either celecoxib or rofecoxib, significantly reduced the risk for each of these malignancies. The evidence is compelling that anti-inflammatory agents with selective or non-selective activity against cyclooxygenase- 2 (COX-2) have strong potential for

the chemoprevention of cancers of the colon, breast, prostate and lung. Results confirming that COX-2 blockade is effective for cancer prevention have been tempered by observations that some selective COX-2 inhibitors pose a risk to the cardiovascular system (Harris RE 2009).

This step addresses a natural approach to inhibit COX-2 in the cancer and though the above studies concentrated on use of medications, the side effects of Celebrex and NSAIDs is simply unnecessary when there are natural methods to perform the same task. The risks associated with traditional NSAIDs include gastrointestinal perforation, ulceration and bleeding, and renal and liver damage, so let's be smart about this.

A study published in "The Journal of Ethnopharmacology" in 2002 revealed that inhibitors of prostaglandin biosynthesis and nitric oxide production have been considered as potential anti-inflammatory and cancer chemopreventive agents. In this study, "we evaluated approximately 170 methanol extracts of natural products including Korean herbal medicines for the inhibition of prostaglandin E₂ production (for COX-2 inhibitors) and nitric oxide formation (for iNOS inhibitors) in lipopolysaccharide (LPS)-induced mouse macrophages RAW264.7 cells. As a result, several extracts such as *Aristolochia debilis*, *Cinnamomum cassia*, *Cinnamomum loureirii*, *Curcuma zedoaria*, *Eugenia caryophyllata*, *Pterocarpus santalius*, *Rehmania glutinosa* and *Tribulus terrestris* showed potent inhibition of COX-2 activity (>80% inhibition at the test concentration of 10 µg/ml). In addition, the extracts of *A. debilis*, *Caesalpinia sappan*, *Curcuma longa*, *C. zedoaria*, *Daphne genkwa* and *Morus alba* were also considered as potential inhibitors of iNOS activity (>70% inhibition at the test concentration of 10 µg/ml). These active extracts mediating COX-2 and iNOS inhibitory activities are warranted for further elucidation of active principles for development of new cancer chemopreventive and/or anti-inflammatory agents."

These are novel agents (mainly herbal formulas) prove beneficial in blocking both Cox pathways and iNOS pathways. For this as well as other beneficial reasons to add these nutrients, I commonly recommend these herbs along with Medicinal Mushrooms. There's another cool study that showed the benefits of blocking these pathways in skin tumors: "Reduction of UV-induced skin tumors in hairless mice by selective COX-2 inhibition" (Carcinogenesis (1999) 20 (10):1939-1944.doi: 10.1093/carcin/20.10.1939)

How to Implement Step Five:

- Take 3-12 PEOs (Parent Omegas) each day, (I previously discussed the benefits of these – you may obtain the same PEOs I use at "Oxygen 4 Life"); and think about:

- Medicinal Mushrooms I use a combination of several that are ALSO combined with:
 - Lentinula edodes (Shiitake) Grifola frondosa (Maitake) Ganoderma lucidum (Reishi) Agaricus blazei (Himematsutake) Coriolus versicolor (Turkey Tail) and Inonotus obliquus (Chaga); AND
- Elderberry Aronia & Bilberry Extracts; AND
- AHCC; AND
- Magnolia Officinalis Bark; AND
- Moringa Oleifera Leaf Powder
- A few others...I use a proprietary blend of all of the above that works great!

Step Six: Suppressing Ras Oncogene Expression

The family of proteins known as “Ras” and “Raf” play a central role in the regulation of cell growth – and in cancer, they suppress, or slow growth. They fulfill this fundamental role by integrating the regulatory signals that govern the cell cycle and proliferation, something grossly out of balance in a growing tumor. This means that Ras oncogenes help ‘turn-on’ normal cell death.



Defects in the Ras-Raf pathway can result in uncontrolled cancerous growth. Mutant Ras genes were among the first oncogenes identified for their ability to transform cells into a cancerous phenotype (i.e. a cell observably altered because of distorted gene expression). Mutations in one of three genes (H, N, or K-Ras) encoding Ras proteins are associated with upregulated (increasing) cell proliferation (growth) and are found in an estimated 30-40% of all human

cancers. The highest incidences of Ras mutations are found in cancers of the pancreas (80%), colon (50%), thyroid (50%), lung (40%), liver (30%), melanoma (30%), and myeloid leukemia (30%) (Duursma 2003; Minamoto 2000; Vachtenheim 1997; Bartram 1988; Bos 1989; Minamoto 2000; Hsieh JS 2005; Däbritz J 2009).

The differences between oncogenes and normal genes can be slight. The mutant protein that an oncogene ultimately creates may differ from the healthy version by only a single amino acid, but this subtle variation can radically alter the protein's functionality. Remember, proteins are just a long chain of amino acids; one seemingly small change changes everything. The Ras-Raf pathway is used by human cells to transmit signals from the cell surface (the membrane) to the cell nucleus. Such signals direct cells to divide, differentiate, or even undergo programmed cell death (apoptosis), therefore the SIGNALS ARE IMPORTANT.

A Ras gene usually behaves as a relay switch within the signal pathway that instructs the cell to divide. In response to stimuli transmitted to the cell from outside, cell-signaling pathways are turned "on". In the absence of stimulus, the Ras protein remains in the "off" position. A mutated Ras protein gene behaves like a switch stuck on the "on" position, continuously misinforming the cell, instructing it to divide when the cycle should be turned off (Gibbs et al. 1996; Oliff et al. 1996). So, the question is: How do you turn this switch "off"?

When we understand the physiology behind your body's making Ras genes, we can begin to understand how to manipulate them. The events resulting in maturation of Ras genes take place in three steps, the most critical being the first—referred to as the 'farnesylation step'. A specific enzyme, farnesyl-protein transferase (FPTase), speeds up the reaction. One strategy for blocking Ras protein activity has been to inhibit FPTase. Inhibitors of this enzyme block the maturation of Ras protein and reverse the cancerous transformation induced by mutant Ras genes (Oliff et al. 1996).

A number of natural substances impact the activity of Ras oncogenes. For example, limonene is a substance found in the essential oils of citrus products. Limonene has been shown to act as a farnesyl transferase inhibitor (i.e., it turns off the switch). Administering high doses of limonene to cancer-bearing animals blocks the farnesylation of Ras, thus inhibiting cell replication (Bland 2001; Asamoto et al. 2002). Curcumin also inhibited the farnesylation of RAS, and caused cell death in breast cancer cells expressing RAS mutations (Kim et al. 2001; Chen et al. 1997).

Japanese researchers examined the effects of vitamin E on the presence of K-Ras mutations in mice with lung cancer. Prior to treatment with vitamin E, K-Ras mutations were present in 64% of the mice. After treatment with vitamin E, only 18% of the mice expressed K-Ras mutations (Yano et al. 1997). Vitamin E decreased levels of H-Ras proteins in cultured melanoma cells (Prasad et al. 1990). A study conducted at Mercy Hospital of Pittsburgh also showed that diallyl

disulfide, a naturally occurring organosulfide from garlic, inhibits p21 H-Ras oncogenes, displaying a significant restraining effect on tumor growth (Singh et al. 2000).

Researchers at Rutgers University investigated the ability of different green and black tea polyphenols to inhibit H-Ras oncogenes. The Rutgers team found that all the major polyphenols contained in green and black tea except epicatechin showed strong inhibition of cell growth (Chung et al. 1999). Investigators at Texas A&M University also found that fish oil decreased colonic Ras membrane localization and reduced tumor formation in rats. In view of the central role of oncogenic Ras in the development of colon cancer, the finding that essential fatty acids modulate Ras activation could explain why good omegas protect against colon cancer (Collett et al. 2001).

How to implement step six

Consider the following to inhibit the activity of Ras oncogenes:

- Curcumin – about 2.5g/day either taken with a fat (use coconut oil) or pre-emulsified in a fat. Recent studies also show greater benefits if taken with black pepper.
- Magnolia Officinalis Bark
- PEOs – 3-12/day with meals
- Green Tea Extract - I use Premier research Labs liquid formula – 3 tsp/day; or use a standardized extract: 725 to 1,450 mg of EGCG daily
- Aged Garlic Extract or whole Garlic cloves: 2,400 mg daily with meals
- Vitamin E - NOTE: It MUST be whole food, containing ALL the tocopherols AND tocotrienols!
- Citrus Oil extracts – grapefruit seed, lemon, and others. There are several of these types of products on the market

Step Seven: Maintaining Bone Integrity

Understand that some types of cancer (i.e. breast, prostate, and multiple myeloma) have a proclivity to metastasize (much more serious) to the bone. The result may be bone pain and weakening of the bone with an increased risk of fractures. This usually starts with bone inflammation and osteoclastic activity (bone breakdown).

Patients with breast and prostate cancer have been found to have a very high incidence of osteoporosis or osteopenia even before the use of therapies that lower hormone levels (a usual

approach from medical circles). If excessive bone loss is occurring (even in patients without cancer), there is a release of bone-derived growth factors, such as TGF-beta-1, due in part to high levels of cytokine IL-6 (a Th2, pro-inflammatory cytokine). Prostate cancer cells can produce interleukin-6 (IL-6), which in itself affects the further breakdown of bone (Cafagna et al. 1997; Mousa 2002). Thus, a vicious cycle results: bone breakdown, the stimulation of cancer cell growth, and the production of interleukin IL -6 and other cell products, which leads to further bone breakdown. Ugh!



Lay-man-terms: A chemical produced by your immune system known as IL-6 (very prevalent in patients with known Cancer) causes bone loss. People with cancer and those with Osteopenia/Osteoporosis should just assume that they have high levels of IL-6. All the calcium in the world won't lower IL-6 levels and bone breakdown will continue until this is addressed.

Recent studies reveal that Green Tea polyphenols are essential in inhibiting IL-6 levels and are an absolute MUST for nearly EVERY cancer patient, regardless of type. A study in the *Journal of Clinical Oncology*, 2007 ASCO Annual Meeting Proceedings Part I. Vol 25, No. 18S (June 20 Supplement), 2007: 8114 reveals:

“Epigallocatechin gallate (EGCG) is the predominant polyphenolic constituent of green tea leaves that possesses antitumor, anti-inflammatory, and antioxidant activity. EGCG exerts its effects through potentially multiple mechanisms including inhibition of growth factor receptor signaling. The compound is currently under investigation in a phase I/II clinical trial for treatment of patients with early stage chronic lymphocytic leukemia at Mayo Clinic.” The results were impressive: “EGCG inhibited the *in vitro* growth of human myeloma cell lines by inducing cell death in a time and dose-dependent manner. IC₅₀ concentrations were between 12,5 μM and 50 μM. IL-6 mediated growth of INA-6 cells was inhibited at similar doses. The addition of excess amounts of IL-6 could not protect from EGCG induced cytotoxicity.” They authors further stated, “EGCG has growth inhibitory activity on myeloma cells. Specific inhibition of signaling pathways that regulate expression of anti-apoptotic proteins could be one mechanism how EGCG exerts its activity.”

Another study published in the *Journal of American Science*, 2011;7(8) revealed the benefits of caffeine added to green tea (hint, hint...coffee enemas) even improved IL-6, TNF-alpha (tumor necrosis factor), and CRP levels: "The addition of caffeine to EGCG after 5 weeks showed enhancement of the effect on TNF- α , IL-6 and CRP..."

How to implement step Seven

To support bone integrity, the use of bone-supporting nutrients is highly recommended:

- Green Tea Extract – I like Premier Research Lab's Green Tea-ND (1-3 T/day) and Design For Health's EGCG (6-9 capsules/day)
- Coffee Enemas – help clear the liver and decrease cytokine levels
- Complete Mineral Complex from an organic, whole-food source that is properly chelated – I use a product from Designs for Health (3/day)
- PEOs – 3-12/day or coconut oil and DHA (I like Premier Research Lab's DHA – 3-6/day)

Step Eight: Inhibiting Angiogenesis (blood supply to the cancer)

Angiogenesis—the growth of new blood vessels—is critical during fetal development but occurs minimally in healthy adults. Exceptions occur during wound healing, inflammation, following a myocardial infarction (which is desired), in female reproductive organs, and in pathologic conditions such as cancer.



Angiogenesis is a strictly controlled process in the healthy adult human body, a process regulated by endogenous angiogenic promoters and inhibitors. Dr. Judah Folkman, the father of the angiogenesis theory of cancer stated, "*Blood vessel growth is controlled by a balancing of opposing factors. A tilt in favor of stimulators over inhibitors might be what trips the lever and begins the process of tumor angiogenesis*" (Cooke 2001).

Technically, solid tumors cannot grow beyond the size of a pinhead (about one million cells) without inducing the formation of new blood vessels to supply the nutritional needs of the tumor (Folkman J 1971). Since rapid vascularization and tumor growth appear to occur concurrently, interrupting the formation of new blood vessels is paramount to overcoming the malignancy – essentially cutting off the nutrient supply-lines.

Tumor angiogenesis results from a number of cellular processes initiated by the release of specific angiogenic growth factors. At a critical phase in the growth of a cancer, signal molecules are secreted from the cancer cells to nearby endothelial cells in an attempt to activate new blood vessel growth and a stronger supply-line. These angiogenic growth factors are chemical signals that diffuse in the direction of preexisting blood vessels, encouraging the formation of new blood vessel growth. VEGF (vascular endothelial growth factor) and basic fibroblast growth factors are expressed by many tumors and appear to be particularly important for angiogenesis.

A number of natural substances, such as Curcumin, green tea, N-acetyl-cysteine (NAC), resveratrol, grape seed-skin extract, and vitamin D have anti-angiogenic properties. FDA has approved an anti-angiogenesis drug called Avastin® (bevacizumab), but it has demonstrated such severe side effects and often only mediocre efficacy. Again, if there are natural substances that do a better job, the only reason to use the pharmaceutical would be...well I guess there really isn't any reason to use the drug.

How to implement Step Eight

- Several nutrients have demonstrated potential anti-angiogenesis effects and should be considered:
 - Green tea extract in dosage stated in steps above – I use 3 tsp/day of the liquid PRL product
 - Curcumin in dosage stated in steps above – 1 – 5 grams per day
 - Vitamin D: 10,000 – 20,000 IU daily (depending on blood levels)
 - Grape extract (seed and skin): 150 – 300 mg daily
 - N-Acetyl cysteine (NAC): 600 – 1,200 mg daily

Step Nine: Inhibiting the 5-lipoxygenase (5-LOX) Enzyme

As discussed above regarding the Cyclooxygenase-2 (COX-2) Enzyme, inflammation plays a pivotal role in the formation and progression of cancer. The 5-lipoxygenase (5-LOX) enzyme is another inflammatory enzyme that can contribute to the formation and progression of cancer. Arachidonic acid (AA)—a saturated fat found in high concentrations in meat and dairy products—promotes elevation of the 5-LOX enzyme. But remember, most every study revealing the negative effects of AA was performed with processed (non-organic, pasteurized...) AA which is caustic to your cells. This type of arachidonic acid is metabolized by 5-LOX to 5-HETE, a potent survival factor that prostate cancer cells utilize to escape destruction. (Matsuyama et al. 2004; Sundaram et al. 2006; Myers et al. 1999; Nakao-Hayashi et al. 1992; Cohen et al. 1991).



In response to poor quality fat overload, the body increases its production of enzymes like 5-lipoxygenase (5-LOX) to degrade them and rid them from your body. Not only does 5-LOX directly stimulate cancer cell propagation (Ghosh 2003; Jiang et al. 2006; Yoshimura et al. 2004; Zhang et al. 2006; Soumaoro et al. 2006; Hayashi et al. 2006; Matsuyama et al. 2004; Hoque et al. 2005; Hennig et al. 2002; Ding et al. 1999; Matsuyama et al. 2005), but the breakdown products that 5-LOX produces from poor quality fat overload (such as leukotriene B4, 5-HETE, and hydroxylated fatty acids) causes tissue destruction, chronic inflammation, and increased resistance of tumor cells to apoptosis (programmed cell destruction) (Hassan 2006; Sundaram 2006; Zhi 2003; Penglis 2000; Rubinsztajn 2003; Subbarao 2004; Laufer 2003).

Specific extracts from the boswellia plant selectively inhibit 5-lipoxygenase (5-LOX) (Safayhi 1997; Safayhi 1995). In several well-controlled human studies, boswellia has been shown to be effective in alleviating various chronic inflammatory disorders (Kimmatkar 2003; Ammon 2002; Wallace 2002; Gupta 2001; Gerhardt 2001; Gupta 1998; Kulkarni 1991; Park 2002; Liu 2002; Syrovets 2000). Scientists have discovered that the specific constituent in boswellia responsible for suppressing 5-LOX is AKBA (3-O-acetyl-11-keto-B-boswellic acid). Boswellia-derived AKBA

binds directly to 5-LOX and inhibits its activity.⁷⁰ Other boswellic acids only partially and incompletely inhibit 5-LOX (Safayhi 1995; Sailer 1996).

How to implement Step Nine

Decrease the consumption of poor quality fats such as grain-fed meats and pasteurized dairy products, along with high-glycemic carbohydrates (mainly grains and white potatoes).

Consider supplementing with the following nutrients to suppress 5-LOX enzyme activity:

- Boswelia complex: (I use MediHerbs, Boswelia Complex tablets) 1-3 tablets daily
- PEOs: 3-12 daily with meals
- Lycopene: 30mg daily with meals
- Curcumin – again, I use Cocurcumin from Ayush Herbs

Step Ten: Inhibiting Cancer Metastasis

I know this step is really a duplication of step four, but I don't care – it's that important! The surgical removal of the primary tumor has been the cornerstone of treatment for the great majority of cancers. The rationale for this approach is straightforward: if you can get rid of the cancer by simply removing it from the body, then a cure can likely be achieved. Unfortunately, this approach does not take into account that after surgery the cancer will frequently metastasize (spread to different organs). Quite often, the metastatic recurrence is far more serious than the original tumor. In fact, for many cancers, it is the metastatic recurrence—and not the primary tumor—that ultimately proves to be fatal (Bird 2006).



One mechanism by which surgery increases the risk of metastasis is by enhancing cancer cell adhesion (Dowdall 2002). Cancer cells that have broken away from the primary tumor utilize adhesion to boost their ability to form metastases in distant organs. These cancer cells like to be able to clump together and form colonies that can expand and grow – basically, they desire to travel together as a team . It is unlikely that a single cancer cell will form a metastatic tumor, just as one person is unlikely to form a thriving community. Cancer cells use adhesion molecules—such as *galectin-3*—to facilitate their ability to clump together. Present on the surface of cancer cells, these molecules act like velcro by allowing free-standing cancer cells to adhere to each other (Raz 1987). These free-standing cancer cells are called circulating tumor cells (CTCs) when they are looking for a home.

CTCs in the bloodstream also make use of galectin-3 surface adhesion molecules to latch onto the lining of blood vessels. The adherence of CTCs to the blood vessel walls is an essential step for the process of metastasis for if a cancer cell cannot adhere to the blood vessel wall, they wander through the blood stream incapable of forming metastases. They'd become like "ships without a port" eventually destroyed by white blood cells. If the CTC's successfully bind to the blood vessel wall and burrow their way through the basement membrane, they will then utilize galectin-3 adhesion molecules to adhere to the organ to form a new metastatic cancer (Raz 1987).

Regrettably, though sometimes necessary, research has shown that cancer surgery increases tumor cell adhesion. Therefore, it is critically important for the person undergoing cancer surgery to take measures that can help to neutralize the surgery-induced increase in cancer cell adhesion – I list several ways below.

Fortunately, a natural compound called modified citrus pectin (MCP) can do just that. Citrus pectin—a type of dietary fiber—is not well absorbed in the intestine. However, modified citrus pectin has been altered so that it can be easily absorbed into the blood and exert its anti-cancer effects throughout the body. The mechanism by which modified citrus pectin inhibits cancer cell adhesion is by binding to galectin-3 adhesion molecules on the surface of cancer cells, thereby preventing cancer cells from sticking together and forming a cluster (Nangia-Makker 2002). MCP essentially 'chelates' the CTCs. It can also inhibit circulating tumor cells from latching onto the lining of blood vessels. This was demonstrated by an experiment in which modified citrus pectin blocked the adhesion of galectin-3 to the lining of blood vessels by an astounding 95%. Modified citrus pectin also substantially decreased the adhesion of breast cancer cells to the blood vessel walls in other experiments (Nangia-Makker 2002). Why doesn't every oncologist recommend MCP? I don't know, ask yours! It's relatively inexpensive and even little babies can take it.

One cancer trial took 10 men with recurrent prostate cancer giving them modified citrus pectin (14.4 g per day). After one year, a considerable improvement in cancer progression was noted, as determined by a reduction of the rate at which the prostate-specific antigen (PSA) level increased (Guess 2003). This was followed by a study in which 49 men with prostate cancer of various types were given modified citrus pectin for a four-week cycle. After two cycles of treatment with modified citrus pectin, 22% of the men experienced a stabilization of their disease or improved quality of life; 12% had stable disease for more than 24 weeks. The authors of the study concluded that "*MCP (modified citrus pectin) seems to have positive impacts especially regarding clinical benefit and life quality for patients with far advanced solid tumor*"(Jackson 2007).

In addition to modified citrus pectin, a well-known over-the-counter medication can also play a pivotal role in reducing cancer cell adhesion. Cimetidine—commonly known as Tagamet®—is a drug historically used to alleviate heartburn. A growing body of scientific evidence has revealed that cimetidine also possesses potent anti-cancer activity.

Cimetidine inhibits cancer cell adhesion by blocking the expression of an adhesive molecule—called *E-selectin*—on the surface of cells lining blood vessels (Eichbaum 2011). Cancer cells latch onto E-selectin in order to adhere to the lining of blood vessels (Eichbaum 2011). By preventing the expression of E-selectin, cimetidine significantly limits the ability of cancer cell adherence to the blood vessel walls. This effect is analogous to removing the velcro from the blood vessels walls that would normally enable circulating tumor cells to bind.

Another major contributor to cancer metastasis is a diminished immune function; primarily that which occurs immediately following a surgical procedure such as removal of a primary tumor or after chemo/radiation destroy the immune response. Specifically, surgery suppresses the number of specialized immune cells called natural killer (NK) cells, which are a type of white blood cell tasked with seeking out and destroying cancer cells.

To illustrate the importance of NK cell activity in fighting cancer, a study published in the journal *Breast Cancer Research and Treatment* examined NK cell activity in women shortly after surgery for breast cancer. The researchers reported that low levels of NK cell activity were associated with an increased risk of death from breast cancer (Eichbaum 2011). In fact, reduced NK cell activity was a better predictor of survival than the actual stage of the cancer! In another alarming study, individuals with reduced NK cell activity before surgery for colon cancer had a 350% increased risk of metastasis during the following 31 months (Koda 1997)! Yikes! If you are planning on surgery, you better follow this step below.

One fantastic natural compound that can increase NK cell activity is PSK, (*protein-bound polysaccharide K*) a specially prepared extract from the mushroom *Coriolus versicolor*. PSK has been shown to enhance NK cell activity in multiple studies (Fisher 2002; Garcia-Lora 2001). PSK's ability to enhance NK cell activity helps to explain why it has been shown to dramatically improve survival in cancer patients. For example, 225 patients with lung cancer received radiation therapy with or without PSK (3 grams per day). For those with more advanced Stage 3 cancers, more than three times as many individuals taking PSK were alive after five years (26%), compared to those not taking PSK (8%). PSK more than doubled five-year survival in those individuals with less advanced Stage 1 or 2 disease (39% vs.17%) (Hayakawa 1997).

In a 2008 study, a group of colon cancer patients were randomized to receive chemotherapy alone or chemotherapy plus PSK, which was taken for two years. The group receiving PSK had an exceptional 10-year survival of 82%. Sadly, the group receiving chemotherapy alone had a 10-year survival of only 51% (Sakai 2008). In a similar trial reported in the British Journal of Cancer, colon cancer patients received chemotherapy alone or combined with PSK (3 grams per day) for two years. In the group with a more dangerous Stage 3 colon cancer, the five-year survival was 75% in the PSK group. This compared to a five-year survival of only 46% in the group receiving chemotherapy alone (Ohwada 2004). Additional research has shown that PSK improves survival in cancers of the breast, stomach, esophagus, and uterus as well (Okazaki 1986; Nakazato 1994; Toi 1992). I like to use the "whole food" form of PSK in the mushroom itself (*Coriolus versicolor*). I have a lot of this in my Medicinal Mushroom blend!

How to Implement Step Ten

The following three novel compounds have shown efficacy in inhibiting several mechanisms that contribute to cancer metastasis. It is especially important to consider these compounds during the perioperative period (period before and after surgery), because a known consequence of surgery is an enhanced proclivity for metastasis.

- Modified Citrus Pectin: 15 grams daily, in three divided doses
- Cimetidine: 800 mg daily, in two divided doses
- *Coriolus versicolor*, standardized extract: 1,200 – 3,600 mg daily
- IP6 – has been shown help decrease adhesion properties of CTCs – consider taking 2-6 capsules per day (I use the product from Hope Science)

Ten Step Summary:

When you look at everything as a whole, these ten steps aren't really that confusing. Many of the nutrients cross between steps and have a double or triple purpose. I am NOT in favor of giving huge numbers of nutrients and utilizing a technique like kinesiology can help cut down on things that your body just doesn't need right now. When I teach doctors about taking care of people with a cancer diagnosis I try to give them the 'big picture', similar to what I've attempted here. I believe it's great to know how and why things work as well as making every attempt to simplify things that can become complex. Walk through these steps with a qualified healthcare professional, educate yourself and you'll feel more equipped at taking care of yourself, and learn as much as you can so you can take the fear out of your disease and remain in the driver's seat, not the victim.

Don't let it go to your head but knowing the above ten steps just might of made you smarter than your doctor. Use your knowledge wisely.

Never Give Up

BUT

Always Give In

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

Revelation 19:5-7

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

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

Does He desire for me to be healed and be a witness of His power? Does He desire me to find answers that may help thousands of other to suffer less? Does He desire me to be a

witness of His grace and mercy throughout my struggles? Is He calling me home and using cancer to do so? There are a million possible questions that a believer may have, many spoken in frustration, some in anger and confusion, but most whispered silently, ultimately accepting the will of the One in whom we place our trust. God doesn't answer all our questions because, in truth, we can't handle the answers. Our job is to walk in faith.

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

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

My prayer for you is this: That when seemingly all that you've ever held dearly is slipping through your fingers, that you let go, give up, and fall on your knees before your Creator and admit something like, "Dear Father, I'm lost and need You to find me, I'm broken and need You to heal me, I'm hopeless and confused, tired of trying and unable to fight on my own any longer. I need YOU. Forgive me; change me; make me Your child. Renew me; for You are my only hope."

This is when the healing begins. This is when the peace that passes all human understanding can fill you, comfort you, and snuggle you with warmth through the chill of despair. This is my prayer for you, not that your cancer goes away but that your cancer drives you to a relationship with your Father that is new, refreshed, real and eternal.

I pray for faith to heal my doubt
To understand You work it out
To cleanse my heart of selfish sin
To purify me deep within
To stop pretending, stop the games
Stop praising self and God the same
To see the dungeons of my soul
That Christ my only hope I'd know
I pray for able that I am

To stand alone for God's own lamb
That 'til the very end of breath
My trust remains in Jesus' death
I pray through all I may see clear
Oh, that I may, Lord, persevere

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

Know that I'll pray for you always!

Their Own Words...

Dear Dr. Conners:

I am happy to write this testimony in favor of alternative/integrative interventions for cancer that can be used in the hearing about chemo for Sarah.

I was given 6 months to live by conventional medicine when diagnosed with lung cancer and told I needed chemo and surgery----that was 38 years ago. I chose to use all natural products that were successful and non-debilitating. I used laetrile (vitamin B 17), digestive and pancreatic enzymes, supplements, a diet of 75% raw and additional cooked fruits and vegetables, grains and nuts (except peanuts.). I also used prayer, meditation, affirmations, and visualization. I not only survived lung cancer with these natural interventions but continuing with them, I am now 80 years old and am free of chronic illnesses and prescribed medications (the average for a 75 year old is 3 chronic illnesses and 5 prescribed medications). I was given freedom to make my decision about what was best for me and I believe others should have thaty same right for themselves and their families.

My Best, Carl

Dr. Conners,

Know that you are not alone in your frustrations with the system. Keep fighting the good fight. Praying for you right now that God will give you the strength, courage and wisdom to keep going forward day after day.

Sincerely,

Mike Castronovo

My name is Rhonda Templeton Buschhueter. In 2009 after repeated emails from a holistic newsletter that I subscribed to online I could no longer ignore the constance barrage of emails about the cure to cancer in a bottle called graviola. After much research and reading peoples stories I felt compelled to start taking it. Six month later after a routine skin cancer check and 4 biopsied moles my doctor called me to tell me that I had melanoma skin cancer on my back left shoulder. She also told me that she was puzzled because the cancer had "mysteriously stopped forming" She told me that she needed to go in asap and take a section out of my back to make sure that the cancer had not spread into my blood, bone and lymph nodes.

I told her in person at the minor surgery that it was no mystery that the cancer had stopped. I credited this to God - much prayer and GRAVIOLA WHICH SAVED MY LIFE. When the letter came in the mail 2 weeks later to tell me that the cancer had not spread I broke down and cried. I have also devoted my life to sharing/telling others about the true cause of cancer.....the toxic environment that we as human beings have created for ourselves. I run an organic living page on Facebook called One Tough Organic Yogini @ Golden Way Organic. I post the latest info and also share my organic living tips for anyone. I hope that this story has helped this little girls case.

Rhonda Templeton Buschhueter

Dear Dr. Kevin Connors,

My name is Anna Whang and would like to help you collect natural cancer survivor stories. I survived my secondary cancer (Endometrial cancer) which was caused by high dosage of chemo and radiation therapy for lymphoma in 1983. Not only did I suffer secondary cancer but had a complete heart blockage which required me to get a pace maker. I have chemo brain and early menopause symptoms. It has been 5 years since I was diagnosed with second cancer and am alive today, because I changed my diet and lifestyle to become a vegetarian. Now, I believe that cancer can be cured with organic healthy green plant based diet.

*Sincerely,
Anna Whang*

She posted on FB about your wanting to know if anyone had ever been healed from cancer the natural way. YES! I had Inflammatory Breast Cancer and being a Doctor, you know that's some nasty stuff. I did only natural, the route Jesus led me and never had any fear. I did ozone and rife treatments, I cleaned out liver/colon, juiced up a storm, ate lots of whole

foods and many other things. It CAN be done. For them to pump this poor little girl full of more chemo is not only ludicrous, but evil. Big Pharma = greed! God's word says you can't love money and me. If you want more info, let me know. If this little girl is cancer free now, it's time for Mom to PUMP UP, the immune system, not knock it down with more Chemo, which kills you anyway.

*Thanks,
Sue Ledbetter*

Had a Stage 1 Ovarian tumor in 2009- did have 6 trials of chemo--then recently found an small Endometrial tumor- Stage 1 also- my body speaks to me very quickly when things are not right-- had surgery and now they want to do radiation (despite 61 neg lymph nodes, clear pelvic washings and clean omentum) and their reasoning " We'd like to have a clear conscience when we finish, even though it may not do anything helpful and will not affect your rate of survival." Hmmm tell me again what that has to do with me?

I am choosing Tibetan herbs, acupuncture- a Nutribullet for optimal nutrition- anti inflammatory diet- exercise etc...and truth in all aspects of my life.

Best of luck to you Dr Connors (I have a younger brother named Kevin Connors :)). The push for aggressive treatment when not indicated and more so- the negation of other more natural and alternative options, is distressing indeed. The cancer treatment paradigm needs to shift.

Sincerely yours,

Mary Frances Connors-Carson RN/Singer :)

author: Sweet Blood & Fury. (developed Type 1 DM at the age of 11, so you know I have that lil' tiger in me!)

Hi, Suzy said to email if we had been cured of cancer through natural methods. In 2005 I was diagnosed with stage 2-3 breast cancer. 4 cm. lump. For two months I ate vegan, juiced 50 lbs of carrots and beets weekly.

Took Xango, Essiac tea, supplements I had researched, walked, etc. I had a lumpectomy and they wanted to give me chemo and 6 1/2 weeks of radiation. I refused, with no lymph node removal either. I had a biopsy in 2009 which was clear and will never have another, or mammogram. I walk, ride my bike, garden, feel great. My girlfriend had breast cancer at the exact same time, she chose a mastectomy and chemo, she is still weak and has brain fog among other things. Sooooo glad I chose the natural route. I have since discovered

other supplements that help.

Dr. Conners,

I was healed of stage 2 invasive breast cancer. No chemo, no radiation. That was in 2005. I did have surgery to remove lump and the margins were involved. By the time I went back to have another surgery to get clear margins, no cancer was found. I followed several regimens to get my body alkaline, boost my immunity and lower stress. Nevertheless doctors wanted me to have "post" chemo. And they also insisted on radiation. I said no, but it wasn't easy getting my way. I also said no to a sentinel node biopsy which is unheard of and very hard to get cooperation on. Long story. Stick to your guns.

Anita Ingram

*Hi, my name is David Knudsen, and over the last nearly thirty years I have used broad spectrum minerals for a variety of maladies including Cancer. I studied the work of Otto Warburg who published his findings on cancer in the thirties, stating that cancer is anaerobic and survives through fermentation; an acidic process. The conclusion is that if you alter the environment by adding oxygen and raising the PH, cancer cannot survive. In my personal experience he was correct. I have seen the positive effects about twenty times.
(any time I could convince family or friends to try it)*

My favorite mineral supplement is Gold Stake minerals made in California. It is easy to use and completely non toxic. The FDA took Gold Stake to court over their claim that their mineral salve could heal cancer and hemorrhoids, but dropped the suit stating "we can't prove it doesn't work". The cases I have witnessed include an inoperable brain tumor, (disappeared), skin cancer, throat cancer, pancreatic cancer and others. While some will argue that these were cases of "spontaneous remission", I would argue that sr only happens in approximately one in ten thousand cases, and will only be understood when they study the patients actions leading up to the remission.

I am not a Doctor and have no formal credentials, but I have seen remissions with such regularity, that it leaves no doubt as to the efficacy of the protocol. Unfortunately there is so much power and momentum against any cheap alternative that I hold out no hope for its acceptance beyond the alternative underground network that already exists and shares its anecdotal information with those predisposed to hear it.

Much greater people than myself have been run out of the country for promoting alternatives, maybe you will have better luck. I certainly hope so.

Sincerely

David Knudsen

It all began with experiencing a hoarse voice for several weeks. No soreness, just the hoarse voice and once in a while some ear pain. Four weeks later, I began treatment for the beginning stage of throat cancer. How would I handle this? The answer was found in my faith.

I started an incredible journey with Jesus when I was ten years old. He began to mold and change me and give me a desire to share His Good News with others. As I've grown older I have come to understand more fully that this life is not about me. It's about God, and how He wants me to use opportunities He provides to communicate His love for others and to tell them how they can live forever with Him. Life is about experiencing whatever He allows to happen in my life, so that others will see Him.

A month ago I discovered I had the beginning stage of throat cancer. I just had a sense about this before Dr. Connors even examined me and told me I needed to do the Rife therapy. I knew what that meant, so I was somewhat prepared, although it still came as a shock. I have talked to people all over the country who are struggling with cancer, telling them IF I had cancer this is what I would do. So, now here it was. There never was a moment I considered any other treatment. Even though I had MANY people suggest I at least have a medical diagnosis, I refused to even consider that option. I knew Dr. Connors' treatment plan was the only thing I would do.

I have begun that treatment. The first step was to come to grips with God's plan for my life, especially in light of the challenge presented by this disease. I had posted a devotional in our office about understanding that- GOD ALWAYS DOES WHAT IS RIGHT. Now, with my life on the line, I came face to face with the question, "Do I really believe that? If so, I need to realize that whatever chaos I find myself in, it maybe seem like chaos to me, but God has everything under control, and this "chaos" is for a heavenly purpose for Him. The more I understand that, the more He is pleased with me. It is called FAITH. Hebrews says that "...without faith it is impossible to please God". Faith is believing without being able to see.

I use my voice all day, every day, to talk to patients and potential patients. God revealed to me during one of my prayer times that He could have given me cancer any place in my body and no one would have even known about it. BUT He allowed it in my voice so it would be OBVIOUS to everyone who would hear me speak. Everyone would ask what was wrong with my voice. I have been able to tell them why this cancer doesn't frighten me. He is in control. Nothing touches me that He has not allowed. I know where I will spend

eternity because I have recognized that I am a sinner, that He paid the price for my sin by dying on the Cross for me, He rose again from the dead so I can live with Him forever, and have invited Him into my live by the power of the Holy Spirit and I know my future is secure whether He heals me or not. It is a win-win for me!

Along with that is the security that whatever crosses my path, He will handle it and help me do the same. LIFE REALLY IS ALL ABOUT HIM!! - and it is SO worth it. What can be better than, Love, Joy, Peace, Patience, Kindness, Goodness Gentleness, and Self-control! It's ALL available - just ask HIM! - or me.

Jane

My Spiritual Walk through Cancer

By Jim Swanson

I was alarmed when I got a call that Friday afternoon from my doctor's nurse, ordering me to the hospital for serious tests. My wife took me over and, after going through the tests, I checked in for a lovely weekend. I ate well and enjoyed the company. We awaited the biopsy report, but I didn't know what it all meant so I just enjoyed myself.

Monday morning my doctor came in and told me I had a blocked liver duct and a cancerous tumor seven centimeters on my liver. I would first need a stent inserted into my liver duct. Thus began my journey with the dreaded 'C' word that no one wants to hear.

Lessons in peace

I was shocked at this news. What course should I take? What should I do next? I had heard horror stories about chemo and radiation (surgery was not an option). Now I faced the same possibilities. Though I had accepted the Lord Jesus Christ as my Savior many years ago, my heart was greatly troubled. Now I realized that, most of all at that point, I needed God's peace. I went over and over in my mind the words to the song, "Like a river glorious is God's perfect peace" . . . Stayed upon Jehovah , Hearts are fully blest- Finding as He promised Perfect peace and rest." I read John 14:1- "Let not your heart be troubled; ye believe in God, believe also in Me," and John 14:27, "Peace I leave with you; my peace I give unto you; not as the world giveth, give I unto you. Let not your heart be troubled; neither let it be afraid." A very special verse to me at this time was II Thessalonians 3: 16 - "Now the Lord of peace Himself give you peace always by all means. The Lord be with you all." These and other verses were greatly encouraging.

Lessons in Confession and Forgiveness

During the next week the Psalms opened up me afresh as they had not done for years. I looked for verses about healing. I noticed that they were very often connected with forgiveness of sin. For example, Psalm 103:3 –“Who forgiveth all thine iniquities; who healeth all thy diseases.” At that time I came across a message by John Piper entitled, “Don’t Waste Your Cancer!” One of the first points struck home. He said, “Don’t view your cancer as an enemy to hate but as a gift from God to draw you closer to Himself.” I knew that God had been wanting to draw me closer to Himself for some time, but I had been resisting. Too many times I was unable to pray the prayer of Psalm 139:23-24 “Search me, O God, and know my heart; try me and know my thoughts; and see if there be any wicked way in me”, for I knew exactly what He saw but was unwilling to give it up. “Thou hast set our iniquities before thee, our secret sins in the light of thy countenance.” (Ps 90:8) I confessed to Him much private sin and to others discreetly what was appropriate. I centered on the four qualifications for receiving God’s blessing found in Psalm 24:3- clean hands, a pure heart, not living for vanity, and honesty. In obedience to James 5 I called for the elders of the church to confess sin and to have them anoint me with oil and pray over me. What a delight it was to once again fellowship with God and bring my prayers and problems to Him at any time, day or night. I was also very thankful for the hours I spent memorizing Scripture when I was younger; for now I could recite them to God in prayer day or night. I felt at this time I had learned my lesson, the purpose of the cancer had been fulfilled and I would instantly or progressively get well. However, God had other plans and more lessons He wanted me to learn.

Lessons in Dependence on God

One of the most important lessons God wants to teach His children is total dependence upon Him. Ben Franklin’s famous adage, “God helps those who help themselves,” is diametrically opposed to the heart of God for His people. A better expression would be, “God gives the best to those who leave the choice to Him.” Jesus said, “Without me ye can do nothing,” (John 15:5) and I think this especially means, “nothing eternal.” Those who “pray without ceasing” (1 Thessalonians 5:17) demonstrate that they have learned this lesson. Paul learned it through a “thorn in the flesh” that God graciously gave him. “. . . there was given to me a thorn in the flesh, the messenger of Satan to buffet me, lest I should be exalted above measure. For this thing I besought the Lord thrice, that it might depart from me. And he said unto me, My grace is sufficient for thee: for my strength is made perfect in weakness.” How did Paul respond to the news that God was not going to remove the thorn? “Most gladly therefore will I rather glory in my infirmities, that the power of Christ may rest upon me. Therefore I take pleasure in infirmities, in reproaches, in necessities, in persecutions, in distresses for Christ’s sake: for when I am weak, then am I strong.” In 2 Corinthians chapter 1 He speaks of even more severe circumstances that drew him to

Christ. I taught this principle for years but resisted practicing it in my own life. I would rather just do something and, if God stopped me, fine. However, weakness and infirmities have forced me to see how true this is. Instead of frustration, I am learning to bring even tiny details, like getting my pants' leg over my foot, or strength to eat, to the Lord in prayer. Three songs expression it well: "Day by day, and with each passing moment, strength I find to meet my trials here." "I need Thee every hour, most gracious Lord." "Moment by moment."

Lessons in Trust and patience

Proverbs 3:5-6 says, "Trust in the Lord with all thine heart and lean not unto thine own understanding; in all thy ways acknowledge Him, and He shall direct thy paths." Daily I have been able to bring the biggest and smallest details of my life to the throne of grace. But my own expectations and those of many praying people have been the opposite of what has happened. I fully believe that God is able to touch me at any moment and either instantly heal or set me on the road to recovery. This is where I must trust in my sovereign Lord without question. Proverbs 16:9 reminds me, "A man's heart deviseth his way; but the Lord directeth his steps." The Lord is good, and He can only do good to His children. This is certain.

Lessons in suffering

The first lesson I have learned about suffering through the cancer is that I knew nothing about suffering. I have had medical problems in the past, some serious, but my view of suffering was to get extra rest, take some medicine, or even have an operation, and soon I would be on the road to recovery. Now extra rest brings no improvement, and, at times nothing relieves pain. Then I think of people with chronic pain whom I know or have known who are able to rejoice in the Lord, and I stop complaining. In the night I ask myself, "Did Jesus suffer on-going pain like this? Perhaps not, but the unimaginable pain he suffered when he bore our sins in His body on the cross (1 Peter 2:24) and became sin for us so that we could become his righteousness (2 Corinthians 5:21) is beyond comprehension. However, there is more than one kind of suffering. Jesus faced the suffering of loneliness and rejection even by his closest friends. I have experienced the opposite. I have a prayer support team all over the world. People in our church have regularly brought us meals and visited or called. We ordered ten cords of firewood and, by the end of the day it was delivered, a team from the church had packed it into our wood storage room. Countless other kindnesses have been showered upon us during this pilgrimage. I am very thankful the Lord has provided that support.

Lessons to change my focus on life

Were the lessons over yet? Not yet, for, through Dr. Connors I saw that I had an entirely wrong view of life. The purpose of life for a Christian is not to survive but to magnify Christ! I saw for the first time the apostle Paul's view of his own life. He said, "But none of these things move me, neither count I my life dear unto myself, so that I might finish my course with joy, and the ministry, which I have received of the Lord Jesus." (Acts 20:24) The verse that riveted my attention is found in Philippians 1:20- ". . . Christ shall be magnified in my body, whether it be by life, or by death." And, after all, ". . . the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us." (Romans 8:18) Throughout the Scriptures we are all reminded that we just have one day we can count on and that is today. Whether we are weak or strong, sick or healthy, young or old we still have just one day. Psalm 90:12 puts it this way: "So teach us to number our days, that we may apply our hearts unto wisdom." We can invest our day in magnifying the Lord, or we can waste it on things that don't matter. Paul encourages believers to "Set your affection on things above, not on things on the earth." (Colossians 3:2) This is the basis of the Psalmist's prayer, "And let the beauty of the Lord our God be upon us: and establish thou the work of our hands upon us; yea, the work of our hands establish thou it." (Psalm 90:17) May this be the desire of all of our hearts.

Submission, Suffering, and Joy

A reflection by H. T.

Submission is one of the hardest things God asks us to do. Yet it is one of the most wonderful things we can experience. All the burdens we insist on carrying become nothing. We are freed to live our lives in peace and faith and trust, like little children, even if in submitting to our Father we are also saying yes to the suffering Christ promised to His followers.

In September of 2005, I had a really great month. I attended daily mass most days of that month and said the rosary frequently. I loved being in Christ's presence and feeling that closeness to Him. We all know how wonderful that is. I wanted to offer something to Christ out of love for Him, and I knew what Christ was asking for because He had been whispering it to my heart for long time. He wanted me to submit myself to His will for me, especially He wanted me to say I would accept whatever suffering He chose to give me. Toward the end of that month I was at mass and upon returning to my pew after receiving the body of Christ, I was flooded with grace and joyfully told Christ that I accepted whatever suffering He chose to give me. A flush of fear passed through me for what I had committed to but I

knew Christ, who loved me greatly, would take care of me.

Six months later, I was in surgery to have my kidney removed because cancer had destroyed it. It was time to pick up my cross. I was given the all clear and life returned to normal for four years. In 2010, I began losing weight without trying and started having episodes of intense abdominal pain that frequently brought my husband and me to the emergency room. After a year of this, cancer was diagnosed again. This time though, it was advanced and had spread. My oncologist gave us what seemed to be the most absurd prognosis a youngish, healthy, active woman can get: you are going to die. After talking to several specialists and surgeons, and doing hours of research, that prognosis was reconfirmed to our disbelieving ears. I had a 5% chance of living for another five years. Until then my life would be a slow descent into a life of pain management, opium based drugs, and their disabling side effects.

Spiritually, I could accept this. In a way, I felt honored that Christ had entrusted this suffering to me who is so fearful of life's challenges. Christ was giving me work to do and I meant to do it as well as I could.

Physically, I was in deep mourning. I was horrified at the idea that death was coming to this body, terrified of the physical pain to come, deeply depressed that my children and husband would have to suffer my illness and loss, and so angry that for nearly a year I slept with my jaw muscles clenched.

But Christ was with me, in my heart I knew that as depressing as every scenario I imaged was, Christ would make it alright. I also knew that Christ was asking me to not be afraid, to not worry about what the future might hold. He wanted me to be like a little child, to trust my Father completely. I kept remembering the verse from Romans 8:28 "in everything, God works for good with those who love Him." In other words, God can turn even cancer into a good thing.

In fact He already was. Finding out I had a limited amount of time to live made me realize the weight of every moment, of every action, of every word, of every decision. The life that I had treated like tin became gold. At times, I couldn't help but see the cancer as a blessing for the way it made me live more carefully, more thoughtfully; the way it made me realize my life was a gift to my children and husband, not something I lived for my own sake. It also made me realize that each moment in my life can be an offering to God; that each time I chose to put someone else first or to put in extra effort or to chose to do what was right and not just alright I was living that moment for Christ. I wasn't looking at time anymore as endless with plenty of future opportunities to do what was good and right, but

as little golden nuggets that needed to be carefully and thoughtfully given.

Not only did cancer help me to experience life and time as a gift, but it also helped me to more fully submit myself to Christ. In the storm of horror and fear that my impending death swept up, only Christ could give me peace. Sometimes the peace was only a little glowing ember in the corner of my heart, other times the peace was radiant and warm, but at all times it was there. Through each wave of bad news and the emotional fallout that followed, Christ guided me through the fear, sadness, and anger to reiterate what He first said, "let your will be done, not mine." Christ completely submitted to His Father's will and He asked me to do the same. Considering what it means to submit like that to the Father, considering the saints and martyrs and the lives and deaths they endured, considering what Christ endured, submission is a terrifying thing. But the other side of submission to the Father is a profound peace and calm that comes from knowing that not a single part has been held back, that one belongs entirely to Him. In that experience, there is no room for doubt. Fear, anger, sadness can stand at the side and rage, but at the core peace and calm have dominion. Christ was sweating blood in the garden of Gethsemane yet after he submitted to the Father He endured His death silently.

Submitting to Christ brings profound peace even through the death process. But it brings something else as well, something a little more unexpected: it brings joy. It is like being a little child who out of fear of some imagined danger runs screaming to her father. She throws herself onto his lap and into his arms, and immediately realizes with great relief that she is safe. What's more is that her father is laughing at her silly fears and soon she is laughing, too.

Final Remarks

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

Kevin Conners, Pastoral Medical Association, Fellowship in Integrative Cancer Therapy and Fellowship in Anti-Aging, Regenerative and Functional Medicine, both through the American Academy of Anti-Aging Medicine.

CONTACT US:

Conners Clinic, 651.739.1248

www.ConnersClinic.com

Disclaimer:

Statements contained in this book and ebook have not been evaluated by the Food and Drug Administration. This information is not intended to diagnose, treat, cure or prevent any disease. This information is not to be used as a substitute for appropriate medical care and consultation, nor should any information in it be interpreted as prescriptive. Any person who suspects they have a medical problem or disease should consult their physicians for guidance and proper treatment. The information here is provided for educational or general informational purposes only, which is implicitly not to be construed as medical advice. No claims, guarantees, warranties or assurances are implied or promised. This book and ebook are for information only and is the opinion of the author and should not replace the advice of the reader's physician.