

Foreword for people who don't (yet?) have cancer

Why should you read this book? Because it is 100% certain that you – or someone close to you – will get cancer.

The incidence of cancer is rising inexorably as the following statistics show.

- Early 1800s** one in 50 deaths attributed to cancer
- 1900** One in 27 deaths attributed to cancer.
- 1920** ‘One Out of Every Ten Persons Over Forty Dies of Cancer.’ American Society for the Control of Cancer poster (1919). This was in fact a scare tactic. The actual death toll was one in 16.
- 1930** One in 12 (source: Ralph Moss, *The Cancer Industry*, 1982)
- 1940** One in nine (source, Ralph Moss, 1982)
- 1950** One in seven (source: Ralph Moss, 1982)
- 1960** ‘According to present government statistics, **one out of every six** persons in our population will die of cancer. It will not be long before the entire population will have to decide whether we will all die of cancer or change fundamentally all our living and nutritional conditions.’ Max Gerson (1958), author of *A Cancer Therapy*)
- 1980** ‘If the present trend continues, **at least one in four of us will contract cancer**. One in five will die of the disease.’ Ralph Moss (1982)
- 1993** ‘Cancer may be the most feared disease of our time. It is second only to heart disease as a leading cause of cancer in the United States, and **it is estimated that one in every three Americans will develop cancer at some point in their lives.** ‘ Geoffrey Cooper (author of *The Cancer Book*, 1993)
- 2000** ‘More than 1 million people in the United States were diagnosed with cancer in 1990. Cancer (in the USA)...claims more than 500,000 lives every year. Basing its estimates on statistics, the American Cancer Society ... **predicts that by the year 2000, about 1 out of every 2 people will develop the disease.**’ Dr I William Lane & Linda Comac (authors of *Sharks Don't Get Cancer* 1992)

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

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

C.S. Lewis

Cancer is now the cause of nearly a third of all deaths in Western industrialised countries – up from about 20 percent not much more than a decade ago. And it is not just because people are living longer – actually they – we – aren't! The life expectancy of a 45-year-old person hasn't changed significantly in the last 100 years. In 1870, the 45-year-old person could expect to live to the age of 70 to 75. Now, he or she can expect to live to somewhere between 75 and 80. If average life

expectancy appears to have increased by great leaps in that time it is because there are fewer diseases decimating children – and fewer women are dying in childbirth. So the argument that there's more cancer because people are living longer is not a very good one.

The fact is that overall cancer incidence is increasing at every age level. In 1995, for example, more women of 40 had breast cancer than they did in 1955.

Until recently, cancer was almost a taboo word. Fortunately, it has now come out of the closet. It is no longer seen to be an automatic death sentence. The good news is the fact that people with cancer are, according to statistics, living longer and that 40-50 percent of people diagnosed with cancer do not die of the disease. The bad news is that the statistics cannot be trusted for reasons that will be explained later in this book.

The fact is more and more people are developing cancer and overall death rates for most cancers have not changed in decades. Some have declined for reasons unknown, while some are increasing at an enormous rate: lung cancer being the prime example. Unfortunately, the cancer research industry is no closer to finding an acceptable cancer cure than it was 30 years ago. On the other hand, the alternative/complementary approaches to cancer are looking much more interesting.

For those of us who do not (yet?) have cancer, two questions pose themselves.

- Is there any way that I can reduce my chances of getting cancer?
- If I do get cancer, what is the best way to making sure that I am one of the 40-50 percent who do not die from the disease within 5 years – perhaps even one of the 25-30 percent who does not die of the disease at all?

This book is my attempt to answer these questions.

How to improve your chances of not getting cancer

The quick answer is to stop smoking – one in two smokers dies from a smoking related disease – and to reduce dietary fat to not more than 30 percent of total calories (but note that very low fat diets are also associated with some cancer risks. A median fat diet is optimal), eat more fibre, take more exercise and don't get infected with human papillomaviruses (these are associated with genital warts, not genital herpes) and are strongly implicated in cervical, anal and penile cancers.

Alcohol, the other major vice, does not appear to be measurably carcinogenic on its own unless taken in liver damaging doses – but evidence suggests that it can speed the passage of other carcinogens into the cells. For heavy drinking heavy smokers this is bad news. Also, avoid exposure to environmental chemical pollutants.

That's the official word on prevention in a nutshell. You are going to have to change the way you live to maximise your chances of living a longer cancer-free life. That's your responsibility, no one else's.

As you read this book you will come across a number of additional precautions that may very well boost your chances of not getting cancer.

Being prepared for cancer

Let's look back at the statistics. These demonstrate beyond a shadow of doubt that something very frightening is happening. It is not exploding as fast as AIDS, maybe, but the cancer spectre is much larger and affects many more people. And dying of cancer is a painful, debilitating, traumatic and traumatising experience. To give you an indication of how great the problem is, **imagine eight fully loaded jumbo 747s crashing every day with no survivors: That is the number of people dying of cancer everyday in North America and Western Europe combined.**

For myself, confronted with my wife's newly diagnosed illness, I discovered I knew nothing at all about cancer. Cancer was just a word. I talked to my friends, supposedly bright, literate, and highly-educated. None of them knew anything worth a damn about cancer or its treatments. Here is a disease that is going to kill one in two of us within the foreseeable future and we knew nothing about it. We weren't doing anything about it either. We had simply blinkered ourselves to reality. We didn't do it consciously but we were doing it. We were heading like lambs to the slaughter.

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

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

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

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

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

'But why should I read this book before I get cancer?' you may ask.

The answer is simple. If you don't read this book, you will almost certainly be a victim.

You will be a victim because, when confronted with a diagnosis of cancer, you may make choices that you will possibly regret later. You need to be informed that there is a medical war out there. There are major disagreements as to how cancer should be treated. You need to know what the issues are. You need to understand what is happening in the world of cancer, what the arguments are, what the options are. You need to read this while your mind is clear and unworried. Imagine the doctor were to tell you today that you had cancer. How would you react?

Many people have had the following experience. One day a doctor does a test and the result comes back positive. Oh my God! It's CANCER!!!! The doctor puts on a very grave face and says he has to put you in hospital. He recommends surgery followed by radiotherapy and chemotherapy.

There's no time to think. The doctor recommends the greatest urgency: 'The quicker we open you up, the quicker we can deal with this thing before it gets too big, before it spreads.' Oh my God!!! It's going to spread!!! Panic! There's no time to think. There's no time to make a reasoned assessment of all the options. There's no time to even think up the questions you know you should be asking. And anyway the doctor knows what's best. And before you know it you've been cut open and you've been blasted with so many rads and your hair has fallen out – maybe half your rectum has been cut off and you have to carry a plastic bag around with you for the rest of your life – and then, only then, you come across this book. Only then do you see the range of options that are available. And yes, it seems that for some cancers established medicine does seem to have made good progress. And yes, a number of alternative therapies do seem to offer attractive – and viable – alternatives.

The fact is, you need to know what you're going to do, *before* you get cancer. If you don't, you may find that things are done to you that, in retrospect, you would rather, hadn't been.

Only if the patient is forewarned about the battle and where the lines are drawn, can he or she be in a position to make the right choices. And what are the right choices? They are simply the choices each patient makes for himself or herself based on the best information at hand. Unfortunately, most books on cancer cures concentrate on selling individual cures – they do not concentrate on informing the patient – before he or she becomes a patient of other possible cures – or even what the issues are.. This book attempts to correct that situation. This book is not about acceptance. It is about fighting.

You – not your doctor – are responsible for the decisions you make

Here is the opinion of a qualified doctor, Dr Eugene D. Robin:

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

Dr Eugene Robin is saying here that if you don't want an operation because you don't want to live with the consequences of the operation then it is your right not to have the operation.

To make any decision, you need to understand the range of options that are available. That is what this book aims to provide. You also need to consider the options coolly. The moment you discover you have cancer is not the time to start informing yourself about cancer. The time is now. Read this book, then keep it on your shelf so that when you, or a member of your family, or a friend, or a colleague, or a neighbour, gets cancer – as they assuredly will – then you will have immediate access to advice.

Foreword for people who have cancer

You have cancer. That, of course, is not good news but know this: there is a very good chance that you will survive your cancer.

Hope is important

More than anything else, your hope that you will be cured will be a significant factor in extending your life and recovering from cancer. Focus your thoughts on your hope and strengthen it in every way you can. You will live! If you find it difficult to think positively about the outcome of your disease then find a counsellor to talk to, find a group of fellow patients – and read the last half of this book, which focuses on non-orthodox therapies. People have recovered from terminal cancer! People have had instantaneous cures! This is all documented. There is every reason for hope. If you don't believe me, read *Remarkable Recovery* by C.Hirshberg & M Barasch. (Headline)

Faith is important

No matter what form of treatment you are undergoing or planning to undergo – whether it is macrobiotic diets or chemotherapy accompanied by bone marrow transplants – make certain of one thing: this is the treatment that you believe in most. Don't let your faith be undermined. If you don't believe in the treatment then stop now. There is a good chance that it won't work.

Visualise success

Visualisation is a method of putting the body into a state of relaxation, then picturing in the mind the desired state (a cancer-free body) or process (radiation attacking, like golden bullets, the cancer while leaving the normal cells untouched). Some people cannot picture the required state but they can put it into words. Repeating the desired message over and over again, letting the words sink to the deepest levels of consciousness, is also effective. Harness the other senses: smell and taste the destruction of the cancer. Bring in the emotions: hate the cancer, love the body. The more total the visualisation apparently, the more successful it is.

Secrets are dirty

Don't keep your cancer a secret. Tell everyone you know. Why? Because you will be surprised at the amount of attention that you will receive. Yes, OK, some of the people you thought were friends won't really know how to react to the news and you may lose them. Never mind. They wouldn't have been able to help you anyway.

Another, more important reason for telling people is that they may have information of value – a doctor who's good, a herb that helped someone, a new discovery that so-and-so's nephew knows all about – or they may be able to help you in some very useful way – driving you to appointments, searching for information on the internet, talking to you about it. If you don't tell people they can't tell you or help you.

Also, you will feel better if you aren't always trying to protect your secret.

One person you should talk to is a counsellor. You should see the counsellor as a healer of the

emotional life as well as a completely neutral advisor who you can bounce ideas off on the way to clarifying for yourself how you feel. You are going through a very scary, very fearful time and every source of help should be accessed.

Reducing depression

You may be feeling very low. You may feel that having hope and faith are quite beyond you. It is important to feel as positive as you can. Ask your doctor to recommend an antidepressant. Some doctors recommend taking large doses of vitamin B complex (up to ten B-50 pills per day) – this is to get a good dose of niacin (B3) which, in addition to being a mood lifter, is very good for the liver – an important fact for cancer patients.

Another mood and health lifter is to get as much exercise as you can manage. If movement is difficult then do regular deep breathing exercises.

Pamper yourself with soft aromatherapy massages. Indulge yourself in lavender oil baths at home. Visit a reflexologist. Sit in the park. And above all else rent as many comedy films as you can manage. When was the last time you laughed yourself silly at Buster Keaton or the Marx Brothers? Laughter is very good for you. You will learn more about these and other suggestions in the second half of this book.

Trust yourself

Trust your own judgements: they are what you live and die by. This book is an honest attempt to provide you with choices. But you have to weigh the information for yourself. How do you feel about it? What makes you most comfortable? If you want radiation and chemotherapy then don't let anyone argue you out of it. The same goes for vitamin C or hydrogen peroxide treatment – or just doing nothing (Yes, that, surprisingly, is a reasonable option – that is to say, an option for which a sensible supporting case can be made out).

If you feel the best way of dealing with cancer is to pretend it doesn't exist then you should know that this is also a life-prolonging strategy.

You are going to read some uncomfortable and surprising things. You may even get angry. All I can say is: hold on to your seats for an interesting ride.

One last suggestion

While you are reading this book you may wish to reach out to start making useful connections that are centred around the needs of cancer patients – not doctors and hospitals. Perhaps the most useful thing you can do is to establish contact with The Wellness Community. This is an American organisation which offers a number of completely free services including day centres, personal and family counselling, visualisation and relaxation sessions and other educational activities. A useful book on their work – and one that gives useful cancer therapy advice – is Harold Benjamin's *The Wellness Community Guide to Fighting for Recovery from Cancer*, Putnam. Or you can contact the National headquarters at 2716 Ocean Park Blvd, Suite 1040, Santa Monica, CA 90405, USA tel: 1-310-314-2555 fax: 1-310-314-7586. A one-week visit to the neighbourhood of a Wellness Community centre may be very helpful in helping to re-orientate yourself to your needs and your illness. A British centre based on this model has been set up in Edinburgh, called Maggie's Centre after its founder, the late Maggie Keswick. Maggie's Centre is at The Stables, Western General

Hospital, Crewe Road, Edinburgh EH4 2XU. Tel: 0131 537 3131; Fax: 0131 537 3130.

Foreword for carers of people who have cancer

You are close to someone who has cancer. You have a very important responsibility, one that potentially carries with it a great deal of pain. I want to describe for you a story in the hope that you can learn from someone else's experience and so avoid some pitfalls

One day, a woman discovers she has cancer. She discusses the options put forward by the doctor with her husband and other members of her family. There seems to be no real choice so she agrees to undergo exploratory surgery followed by radiation and chemotherapy. At the time of diagnosis they knew nothing at all about cancer.

While the woman is coping with her disease and the treatments, the husband feels utterly helpless. He decides he must do something. The only thing he can do is to inform himself. He starts to read what he can find. Soon he finds a book that tells him that surgery could be dangerous for a person with cancer – cancer cells can be released into the bloodstream to circulate round the body. By this time his wife has already had the surgery so he decides it is better not to tell her

Then he reads that radiation can be dangerous in itself, much more dangerous than they have been told, also it can have the effect of making a tumour more malignant. He is horrified. Should he tell her? He decides that he should. She gets angry with him because she is feeling very vulnerable and doesn't want to know that what she's doing is useless – or worse, even dangerous. They have an argument, the first of many.

Then he reads that chemotherapy for this particular cancer is virtually useless. Again he tells her and again they have an argument. "What do you know about it?" she yells at him "Are you a doctor?" He can't answer this question. All he knows is that he has read something that seems to him to be convincing.

All the husband's attempts to support and help his wife are proving to be worse than useless. Instead of bringing them closer, the cancer is causing them to feel very separate from each other. The more he reads the more the husband becomes convinced that alternative approaches are the way to go. The more he urges this view on his wife, the more she clings to the treatments she is receiving. The result is damaging to their relationship – and even more damaging to the wife's health. Within a year of diagnosis she is dead.

We can see that getting information too late may be worse than getting no information at all.

The carer's job is a difficult one and there are few rules. I have been there and made most of the mistakes it is possible to make. I hope that I can pass on a little of the wisdom I have learnt in this way so that you can avoid these errors.

The need for information

In an ideal world, people with problems will want to have access to information about that problem. If you are caring for a cancer patient, your first job is to assess how much information that person wishes to have. If they are hungry for information, then do what you can to scour the bookshelves of libraries and bookshops for books on cancer and healing. As far as you can, share the information each of you is reading. Make an adventure of it.

Not everyone wishes to have information.

Often the carer is far more aggressive in the search for information than the person with the illness. There are many reasons for this. Whatever the reason, the carer must respect this lack of interest. This is a difficult and painful thing to do but it may be that the patient is working on the problem at a different level. Denial does have survival advantages. Doing nothing in the way of treatment may also improve longevity and quality of life.

Sometimes the carer is much less aggressive than the cancer patient. Don't be another obstacle that has to be overcome in the search for information and support.

Attitudes change

The carer must constantly assess the situation with little probes to see if the person with cancer has had a change of heart about the level or quality of information he or she would like to have available. Some patients may start out with an aggressive hunger for facts but wilt quickly, another may start off rejecting all suggestions but then, one day, the urge to pick up a book may come. Your job involves being sensitive to these changes and adapting yourself to them.

One book is not enough

This book is an attempt to write the one book that should be enough! However, you need to understand that there are major disagreements in the field of cancer therapy and these disagreements are fundamental. It is a good idea to read around and taste what is available to see how you feel – and, more importantly, how the person with cancer feels – about the range of options.

And if we disagree...?

It is very possible that you and the person with cancer will disagree about how the cancer should be treated. The patient may wish to have surgery, radiation and chemotherapy topped up with hormone treatment, while you may think that large doses of vitamin C, meditation, psychotherapy and a juice diet might have better results. Or it might be the other way round. Either way, your job is to say your piece once and once only. The ultimate choice is the cancer patient's. What he or she says goes. Once the course of treatment has been decided on then follow it through without questioning it. Your job is to give positive support no matter what choices are being made and no matter what your feelings about them are.

The power of faith and the importance of hope

It is my belief that the two most important responses to treatment are faith that the form of treatment chosen is a good one and hope that it will work. No matter what the treatment is, these two attitudes are all important. They will move mountains. The power of the mind, as we shall see elsewhere in this book, is great. Hope channels the energy of the mind and body into a ray of life-healing force. Your job is to do everything in your power to encourage this faith and this hope. Questioning the validity of a treatment undermines its potential to be effective. So I say again: once a course of treatment has been decided upon promote it, do not question it. Do nothing to undermine hope and faith.

Your relationship is vital

The person that you are caring for is utterly vulnerable. Suddenly the future has become murky and fraught. You are a lifeline. Your relationship makes the present bearable. Do everything you can to nurture it.

Be there when talking to the doctor

Doctors may be busy, but the person you are caring for is even busier. For the cancer patient time is suddenly in very short supply – potentially. The cancer patient's time is far more valuable than any consultant's. Don't stop asking questions until you are satisfied that you understand the answers. Insist on getting copies of medical tests. You should discuss with the cancer patient what you want to know before you see the doctor and what you have learnt afterwards. Get clarifications when you need them. You are the advocate. But clarify the role the person you are caring for wants you to have. Don't dominate and equally don't sit in the background, unless this is what together you have decided your role is to be.

Is your relationship part of the problem?

This is a difficult question to ask and perhaps even more difficult to answer. If there are or have been problems this may be the time to confront them. Nagging emotional barriers can hinder healing. Healing the emotions can release very profound energy. Professional personal counselling can very profoundly affect the course of disease and it also has the power to enhance the enjoyment of life. Don't be proud. Don't bottle up your emotions. Counselling is for both of you.

Take care of yourself

You are not perfect. You cannot do everything. There will come a time when you too will need to be cared for by others. From time to time, you will need to put your own needs first so that you do not become yourself depleted of energy. You should know that people caring for those close to them who have cancer are at great personal risk of ill health, including getting cancer. The community nursing resources should be investigated. Hospices should be considered for respite purposes. This is also a good time to take up a hobby or further an interest that can act as a safety valve.

Good luck.