

# **Cancer? Don't Panic!**

Jonathan Chamberlain

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

Lucille Ball

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## **About the Author**

Jonathan Chamberlain is an author who has written both fiction and non-fiction. Amongst his non-fiction, he has written a number of books on cancer.

You can find out more at:

[www.fightingcancer.com](http://www.fightingcancer.com)

[www.cancerfighter.wordpress.com](http://www.cancerfighter.wordpress.com)

and

<https://www.facebook.com/groups/cancerrecovery/>

*The purpose of this book is to get you thinking about cancer in the right way so that the decisions you make will be the right decisions - for you.*

## **Introduction**

Previously called **Cancer? Don't Panic!** (a title that did not capture the essence of the book), **Cancer? Don't Panic!** is not some quickly thrown together text that might have three or so useful ideas packaged in a chatty format. This is a serious attempt to anchor you and orientate you at the same time so that you are facing in the right direction and know where you are headed and how you intend to get there when you take that first step on your cancer journey.

Unfortunately I am aware that most people only wake up to the idea that there are options beyond what their doctor is telling them a little way down the road. But, wherever you are when you get to read this book, I am certain you will find it useful – for some of you it will be more than useful, it could even be lifesaving - well worth the small change it cost you to buy.

So now that we have got that out of the way, let me introduce myself. My name is Jonathan Chamberlain and I am the author of **The Cancer Survivor's Bible** (a book that I do urge you to read – go to [www.fightingcancer.com](http://www.fightingcancer.com) for details.). In fact I feel it is so important that you read this book (because you wouldn't be reading this book if you didn't have a desire to learn about cancer) that I am going to print here a dozen or so testimonials and review comments I have received for this book in its current or previous incarnations

“First of all let me say: Congratulations on your superb book! .... You have succeeded in making a complicated subject accessible.” - **Leonard S. Rosenbaum**

“I've never seen a book with more information in one place than your Cancer Survivor's Bible. If only it had been available in 1982 – my life would have been so different” - **Jan Millington, chairman, RAGE (patient advocacy group for radiation damaged cancer patients)**

“This is an incredibly informative and useful book. Every one of you needs it in your library.” - **Bill Henderson, author of Cancer-Free**

“Well done, ...I particularly like your writing style, factual and calm about what is frankly the ridiculous state of relationships between orthodox and alternative approaches.”—**Patricia Peat, Cancer Options (cancer consultancy)**

“I am so glad I was tipped off to read this book... This book helps to put things in perspective and was invaluable to me in making my decisions about follow-up treatment.” – **Lucy W.** (Amazon UK review)

“I work with cancer patients and have found this book incredibly helpful to them (and me & my work colleagues). Very well laid out, well written.” – **S. Lumley, cancer patient counsellor**

“I want to say how inspirational your book and all its suggestions have been. It has enabled me to keep positive for my sister over the past terrible months.”– **Emma Greener**

“I wish I had read this before I was diagnosed as doctors and the cancer charities didn't tell me any of this.” - **D. Bushell, cancer survivor**

“Being someone diagnosed as a terminal cancer patient, I have scoured the 'net and read many books. This is the best. And it gives hope too...Get this book; read it; be inspired by it.”- *Ian Clements, cancer survivor*

“Since I was diagnosed with the dreaded C disease, I have read many books on and around the subject, and when I read this one, I wish now I had not wasted any money on the rest.”—*Funland Addict* (Amazon review)

“Should be on the shelves of every medical practitioner who counsels or treats cancer patients, as well as cancer patients and their families.”—*Sandra Goodman, Publisher, Positive Health Magazine*

“This book tells me everything. Why didn't the doctors tell me this?” - *Rev. Bill Newbern*

“Best book on fighting cancer...the others don't even come close.” *Amazon UK review*

The **Cancer Survivor's Bible** is my big book (550 pages) which covers everything you need to know in some detail. Alongside that I have what I call my little book – **Cancer Recover Guide: 15 alternative and complementary strategies for restoring health.**

This book too has been well received

“In my 33 years as a health educator, I have seen very few books on cancer that are so upbeat and so well written.”—*Andrew W Saul, Assistant Editor, Journal of Orthomolecular Medicine*

“The best read on alternative therapies for cancer.”—*Jonathan Collin M.D, Editor-in-chief, Townsend Letter for Doctors*

“This book is just SUPERB!!!!”—*'Feemeister' (Amazon reviewer)*

OK. I think I've made my point. If you want the detailed discussions of the facts, the issues and the options, then **The Cancer Survivor's Bible** is the book to read. If you want a slimmer book then **The Cancer Recovery Guide** is the book to go for. And if you are just looking for a friendly guide that will help guide your thinking as you start out on what will inevitably be a life-long concern then this is the book for you.

So, now, let's return to *this* book.

The reason I have written **Cancer? Don't Panic!**- is because I want you to avoid the situation I found myself in when Bernadette, my wife, was diagnosed with cervical cancer. This was way back in the early 1990s. At that time, neither of us knew anything about cancer. For us, it was just a word. The doctors panicked us by pressing us to go into hospital immediately for treatment. And of course - why would we not? – we did what the doctors told us to do. Bernadette eventually underwent surgery, chemotherapy and radiation. They made it seem like it was our decision but in truth we were simply fitting in with the system, going with the flow. Looking back I think this was the biggest mistake we made – doing what the doctors advised. But I can't think how we could have done anything different. Not starting at a knowledge base of zero. Unless you have been wise and you have thought ahead – you have perhaps seen that the incidence of cancer is so high that it really makes sense to find out what you can in the hope that you can in some way avoid this fate. (And those who are wise to take some evasive action will be rewarded. There *are* ways of minimising your

cancer risk) So, in our case, it just made sense – doctors were the experts, right? - and we didn't have any idea that there were other options. Let me just say at this stage that there are options – loads of options. And despite the mauling they tend to get in the media many of them do make sense – a lot of sense.

I know many people reject these other options out of hand, sneeringly, dismissively. That's their choice. But it doesn't need to be your choice. If that is your impulse I would beg you to take a step back and re-evaluate the basis of your beliefs – and to do so in the light of all that you will read in this short book. Your life and the quality of your life could depend on it.

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

I have written about the personal side of this story and the impact it had on my life in my book **Wordjazz for Stevie**. Stevie was my profoundly disabled daughter – and that book is about the lessons she taught me about pain and love – and about fighting back and taking control of fate.

***Can you imagine a life without pain? How could such a life be meaningful?***

And please don't get me wrong. I am not anti-doctor or anti-modern medicine. I am aware that for large areas of illness and health, doctors are the people to go to. No-one in their right minds would go to a homeopath if they have been smashed up in a car accident – not for fixing the smashed legs, say. That would be very silly. However, the homeopath might be able to help with other aspects of recovery from trauma. There is, I believe, a place for homeopaths, but dealing with severe physical trauma is not one of them. Indeed I understand very clearly the sense of relief you get when you feel you are in the hands of people in white coats with precise competences. But just because doctors are good at fixing traumatic injuries, for example, doesn't necessarily mean that we can trust them with our cancers. Cancer is different.

Cancers are best seen, I would argue, as a metabolic condition – and this is the one area where modern medicine has been notably unsuccessful: There are no cures for such diseases of the whole body as multiple sclerosis, chronic fatigue syndrome and so on. And there are no conventional cures for most cancers.

But this book is not about doctors or modern medicine, it is about what to do in the face of cancer. What I want to tell you is that I have been there; not as a patient but as the generally helpless husband, wanting to move heaven and earth to help my wife and yet utterly unable to do anything to help her in this extreme hour of her need. You have no idea how gutting that is – or maybe you do. Maybe that is why you are reading this.

***Keep reading because I can help you.***

I have been reading and thinking about cancer for two decades now. What I know and the conclusions I have come to could help you recover. So I am going to try to tell you something of what I know – and if you truly want to recover (interestingly, not everybody does) then you will give some serious thought to what I have to say.

When we discovered that Bern had cancer I felt completely impotent. The one thing I could do was to inform myself as far as I was able. I started way back in 1994 when the internet was in its infancy. I can still remember trying to find an article online in those pre-World Wide Web days. It wasn't easy. I can still remember the lines of (to me) gibberish my friend was typing onto the green screen (do you remember green screens?) But mainly my

sources of information were the books that I came across randomly. I sucked in information from every source available. And, close to 20 years later, I am still informing myself. There is no end to information.

Unfortunately I was not able to read enough, quickly enough to have any impact on my wife's cancer and she died 15 months later.

I nearly despaired. My daughter had died six months previously and now my wife had died. Somehow, I survived this double whammy, mainly because I had a young son to bring up. And I had learnt enough about cancer to understand that my own risk was about 50 per cent (Yep. Same as everyone else's – probably a bit higher than most if truth be told) - so I needed to keep reading if I was going to understand enough so that I would be able to say: When I get cancer, this is what I am going to do.

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

### *So what will I do?*

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

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

***“The teacher who is indeed wise does not bid you to enter the house of his wisdom but rather leads you to the threshold of your mind”***

Khalil Gibran

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

***“Chamberlain... speaks from the heart, but clearly wants you to use your head. Good combination.”***

Andrew Saul PhD, Doctor Yourself website

Many of you will nevertheless be shouting inwardly – “Stop this faffing around. Just tell me what I need to know. Tell me what to do.”

Well, let me say this again as clearly as I can: If you really want to know what to do, then read **The Cancer Survivor’s Bible**. (for details [www.fightingcancer.com](http://www.fightingcancer.com)) Here you will be able to find all the answers you need. You will find a full discussion of the pros and cons of various diagnostic procedures and conventional treatments. You will also find a near encyclopedic listing of the diets, supplements, herbs and so on that people have suggested over the years. This is the digested summary of 18 years of reading, reading, thinking and more reading.

***The Cancer Survivor’s Bible aims to provide you with a complete orientation to the subject of cancer for the purpose of informing and arming the cancer patient who needs to make treatment decisions.***

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

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

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

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

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

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

*Helen Keller*

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

Here then are Sixty things that will be useful for you to know right at the start of your cancer journey.

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

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

The best decisions are made thoughtfully based on information. Your problem at the beginning of your cancer journey is very likely that you are being rushed into making decisions before you have been able to access any information at all. That is where I can help you.

I would strongly urge you not to take any steps or make any decisions until you have informed yourself.

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

Leonard Sweet



## **2. Time**

Please don't be panicked. Your cancer has taken years to get to where it is today. A few weeks longer is not going to make a lot of difference. Fast decisions are generally bad decisions. Give yourself time to properly inform yourself of the options. This could help you avoid unnecessary pain and damage.

Read this book and follow the paths I indicate. Later in this book I will provide suggestions for other important books to read. Reading these books is important. Why? Because the way you think and the knowledge you have to draw on will determine what you do and how confident you are in making your decisions.

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

Coach Bobbi

### 3. Stress

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

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

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

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

Charles M. Schulz

## 4. Hope

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

I have met a man whose bladder cancer had returned, who was considered to be untreatable and whose condition was so serious that he was put into a hospice. We all know that hospices are the end of the road. But not Ian. Everyone expected him to die within days, or at most weeks. That was a few years ago. Today Ian is alive and well and cancer-free. How did he do it? You can read his story, along with two dozen others in my book *Cancer Survivors' Stories* – this is available as a [free download](http://www.fightingcancer.com) from my website at [www.fightingcancer.com](http://www.fightingcancer.com). (also available in paperback and Kindle)

You can also read the story of a young boy called Connah Broom who suffered through two courses of chemotherapy. In the end, his grandparents (who were his primary carers) were told that the chemo hadn't worked and that he would die very soon. He had at that time eleven tumours in his body. Today, seven years on he still has one tumour but is otherwise a robust and active kid who likes dancing and football. You can read Connah's story in **The Amazing Cancer Kid**, the book I have written in collaboration with the Broom family. (Available on Kindle and as a paperback!!!).

Please go and download that book now and read it.

***“Live adventurously.”***

*Quaker advice*

## 5. There are many routes to recovery

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

- Fundraiser:** We're collecting money for cancer research.  
**Me:** OK. (drawn out in a thoughtful way) Why?  
**Fundraiser:** So we can find a cure  
**Me:** I see. But we already have a cure. In fact we have dozens of cures. I don't think we need more.  
**Fundraiser:** Ummm. Right. Have a nice day (wonders off thinking I'm a nutter).

And yes, it is true. We do already have dozens of cures for cancer. What else can we call it? Ian did something very different from Connah, Beata did something else again, as did Ruth, Glynn, Felicity, Elonna and all the others whose stories you will read in **Cancer Survivors' Stories**. And they got well. In fact Felicity got a little angry with me when I wrote that she was now well. "I am not 'well'," she wrote. "I am vibrantly alive...I am fitter now than I have ever been." She had just won a golf competition – at the age of 70!

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

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

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

*Walter Matthau*

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

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

His argument is this – for any random characteristic there is a normal distribution within a population. Imagine an upturned bowl – this is known as a Bell Curve (Was there a Mr Bell who was a statistician of note – or is it the shape of a bell? You can do the research). At the centre of the curve – at the top point - we have the average, which is also called 'the norm'. Imagine a line down this average separating the curve into two symmetrical halves left and right. Statisticians then do their magic and show the first level of 'deviation from the norm' – which they call the first standard deviation – round about 30 per cent on either side of this average line. Everybody inside that area can be considered 'normal' – So if we take intelligence then average IQ is given the random number 100 and normal intelligence is IQ70-130 – that is thirty per cent above and below the norm.

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

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

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

*Albert Einstein*

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

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

*Margaret Mead*

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

## 7. Trust your intuitions

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

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

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

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

Don't under-estimate the power of the unconscious to know. I have often had the experience of waking up at three in the morning with the sudden recognition that a specific sentence I had written perhaps six months previously contains a fact that should be checked, or a phrasing that could be improved. One morning I woke and suddenly understood how I could make a novel work – this was a novel that I had left aside five years previously not knowing what to do with the mess of words I had created. (That book was eventually published as my novel, **The Alphabet of Vietnam**) The unconscious is always working and reviewing experience. Trust it.

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

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

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

If that is how you feel then let no-one stand in your way. But, if I could delay you I would. I would ask you to meditate, to go somewhere where you can be calm - a favourite holiday place, a Buddhist retreat – take a tent and spend a night or two in nature. Listen to your heart. Consider the facts and meditate on them.

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

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

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

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

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

Ray Bradbury

“

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

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

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

Bill Cosby

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

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

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

***“It's your road and yours alone. Others can walk it with you. But no-one can walk it for you.”***

Anon



## 10. The need for information

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

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

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

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

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

So do make sure that you share and discuss all information – but only to the extent that this is helpful. Ideally everybody would want information, but in fact many people, once they have made up their minds, do not want to be continually revisiting that decision. They want to have faith that it will work. In that case you just have to accept it. And that, as I know from my own personal experience, can be very tough.

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

Epictetus

## 11. People are different

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

Know yourself  
Know your enemy  
100 fights  
100 victories

Note that the first injunction is to know yourself.

When we find ourselves in dispute with someone else it is usually not because we know different facts, it is more likely because we react to the same facts in different ways. Key aspects of our character are established and reinforced very early in our lives – perhaps in our DNA. If we do not seek to become aware of ourselves we may find ourselves hitting our heads against the same wall again and again. “Because it’s just obvious that’s the best thing to do,” you might shout at someone who doesn’t share your views. Or “That’s the only way to understand that sentence.” There are very few sentences that can be understood in only one way. It is very rare that any group of people will be in absolute agreement as to ‘the obvious best thing to do’

I have formulated a short questionnaire in my book **The Cancer Survivor’s Bible** in order to help you decide which of four character-types you most resemble. These range from those of you who place full and implicit trust in science and doctors and will not make a move without their say-so to, at the other end of the spectrum, those who demonise doctors as money-sucking parasites who are just front men of the pharmaceutical industry and so cannot be trusted further than you can throw them.

The purpose of this exercise is not to disabuse you of whatever opinions you might hold but rather to make it clear to you and your closest supporters what these opinions are so that you can evaluate them and either change them or confirm them. It is entirely up to you how you think on these matters. However it is extremely useful to be aware of any differences between you and those who are close to you. You can then take these differences into account– either in relation to your decision making, or as part of your relationship.

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

Elisabeth Kubler-Ross

## 12. Know your enemy

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

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

Yet virtually no-one seeks to inform themselves of these options before they are diagnosed. And even then most people are not interested.

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

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

Towards the end of this book I give you my own suggestions but, just following your nose will lead you to others that you might find interesting. There will be some wastage – some books will be less useful to you than others - but that just means you are exercising your judgement . You are deciding which books are interesting.

I urge you to inform yourself about cancer and all the options. In that way you will be better prepared when the hurtling car bears down on you.

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

Sun Tzu

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

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

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

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

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

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

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

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

Helen Keller

## 14. Support Groups

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

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

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

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

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

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

Sounds good, doesn't it? But they don't provide information? Or they don't have a library? Or they have an information resource but it is restricted to exclude any information about alternative therapies? Hmmm! I'm not sure that would be a support group that I would wish to have contact with.

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

Not long ago, I was at a conference for people affected by cancer organised by Macmillan, a large UK charity devoted to the care of people with cancer. They are, I am sure, a very good organisation and do a great deal of worth-while work. However, on this occasion, they did not impress me. The conference was entitled The Patient's Voice. I went along and distributed leaflets for my big book, only to find that someone else was picking them up again.

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

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

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

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

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

***The human race is a herd. Here we are, unique, eternal aspects of consciousness with an infinity of potential, and we have allowed ourselves to become an unthinking, unquestioning blob of conformity and uniformity. A herd. Once we concede to the herd mentality, we can be controlled and directed by a tiny few. And we are.***

David Icke

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

Many people are extremely uncomfortable talking about cancer and death. Well, if you are one of these people, I want to tell you something you don't want to hear but you need to hear it anyway:

*We are all going to die sometime.*

For billions of years in the past we didn't exist and for billions of years to come we won't exist. This is true for ourselves individually as well as for the human species as a whole. For a very brief time we have been given the blessing of existence. But this will come to an end. Once you reach the age of 60 you will find mortality staring you in the face. If you are wise you will contemplate that fact and become used to it. Do not shy away from the truth of it.

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

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

Many years ago, when my first cancer book had just come out, I wanted to give a copy to a friend – for the simple reason that the more you are prepared for cancer the better your decision making will be. This friend, a great smoker, had done me a favour and so I offered him a copy. "Oh no!" he said. "I don't want that in my house!" His attitude stunned me but I was to find it quite a common one.

My friend Mike was amused – in a sour sort of way – at certain other mutual friends whose conversation would veer sharply away as soon as any mention of cancer became possible – and then they would skitter off.

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

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

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

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

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

Bertolt Brecht

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

Far too many people equate cancer with death. My friend Pauline was diagnosed with cancer and naturally we discussed it. I thought I had persuaded her that it was a good idea to do some herbs and supplements only to hear later she was angry at me because of this, claiming I had coerced her into making an order for vitamin C and herbs (I had thought I was facilitating this). Thinking back I came to the conclusion that Pauline had settled into a comfortable narrative. She was going to die. She had come to terms with that. The idea that she might live then became for her extremely threatening.

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

I am not suggesting this narrative is consciously held but I do believe it is there. Contrast this with Ian's story in **Cancer Survivor's Bible** – here was a man who desperately wanted to live.

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

But don't let anyone impose this narrative on your cancer if you don't want it. In Connah Broom's case, the doctors said "Connah is going to die!" Jim and Debbie Broom said to themselves: "Oh no, he isn't!" And he didn't. At least – seven years down the road - not yet.

When my wife was told she was going to die, she told a friend, apparently with some relief: "Now I don't have to do any more of those things that Jonathan keeps trying to get me to do." The friend told me this later after Bern had died.

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

***Your time is limited, so don't waste it living someone else's life. Don't be trapped by dogma - which is living with the results of other people's thinking. Don't let the noise of others' opinions drown out your own inner voice. And most important, have the courage to follow your heart and intuition.***

Steve Jobs



## 17. The different approaches

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

### a) Conventional

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

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

*Michael Landon (actor who had cancer)*

As Michael Landon commented, the conventional weapons against cancer can themselves be lethal. We will be returning to this issue later. They should not be entered into lightly.

### b) Complementary

It is recognised that there are some non-conventional therapies that can make patients undergoing conventional therapies more comfortable – acupuncture, reiki etc. These are called complementary therapies because they complement the work of the doctors. They provide some relief from the symptoms of the conventional treatments. They can reduce pain or help lessen the damage.

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

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

*Voltaire*

### c) Alternative

These are therapies that are not recognised by doctors as being useful treatments but which many people do believe will cure them – diet, vitamins, minerals, herbs, and other therapies. And most annoying for doctors is that more and more people are attracted to these approaches, finding them more convincing than the conventional therapies – often because they have already had the conventional treatment and the cancer has returned. Second time round they say ‘No, thank you.’ to further surgery and chemo – and what is even more annoying is that some of them go and become cancer-free again.

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

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

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

Now just because there are three different approaches doesn't mean you have to take a black or white or red view of the matter. Sure you can choose to go with only one of these ways, but you can also choose to mix them all up. Some clinics are now offering integrative medicine that combines different approaches. But you don't necessarily need a clinic. You don't necessarily need someone to tell you what to do. You can follow your own head, your own heart, your own knowledge and your own intuition.

And, there is still another option, you can choose not to do anything at all.

***The only way to make sense out of change is to plunge into it, move with it, and join the dance.***

Alan Watts

## 18. Not doing anything at all for your cancer

You may think it is a crazy idea not to do anything for your cancer but in fact there are two good reasons for at least considering this option. I have discussed the second reason in the next section, here I want to focus on the decision as it relates to people who are getting on in years.

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

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

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

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

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

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

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

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

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

*Thich Nhat Hanh*

## 19. Doing nothing (part 2)

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

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

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

"Beyond a shadow of a doubt, radical surgery on cancer patients does more harm than good"...He has traveled the world collecting data on the dreaded disease, and presented his findings to the American Cancer Society and medical schools.

Asked why 'the medical world has ignored his findings, he replied: "Frankly, I don't know the reasons. But they have probably become caught up in the tidal wave of individuals demanding treatment." (quoted from [www.rethinkingcancer.org](http://www.rethinkingcancer.org))

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

It should be said that Hardin Jones has been faulted on some of his data and methods and that, particularly in the area of breast cancer there does appear to have been a real improvement in contemporary survival statistics. This is very likely to be the result of earlier detection and surgical removal of lumps. It is when breast cancers are found to be stage 3 and 4 that the argument for doing nothing becomes strong. For pancreatic cancers, on the other hand, where success rates for conventional treatments are so abysmally low, there is really no good reason for taking that route. Doing nothing is one option; exploring the alternatives is another.

### Scare tactics

However, say to a doctor that you don't intend to do anything for your cancer and you will almost certainly get a response like this: "One of my patients refused to do conventional treatments and a year later she died". And this is very possible. People with cancer do die. But the doctor doesn't tell you about the patients who have followed his advice to have conventional treatments and have then died. The fact that a patient has died does not invalidate the journey they have travelled whichever way that is. By accepting the inevitability of death – as someone said: no-one gets out alive – then we can take some of the anxiety out of the situation.

So, am I arguing that people diagnosed with cancer should do nothing? Absolutely not. I believe that there are a great many non-conventional ways of treating even very advanced cancers and that these do not have the burden of damage and pain that conventional therapies carry with them. But doing nothing – nothing conventional – is the start of that journey.

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

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

***“Sunshine is delicious, rain is refreshing, wind braces us up, snow is exhilarating; there is really no such thing as bad weather, only different kinds of good weather”***

John Ruskin

***“The best thing one can do when it's raining is to let it rain.”***

Henry Wadsworth Longfellow

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

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

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

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

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

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

The second issue I have with the question in the title is the word ‘fighting’. Why do we have to ‘fight’ it – why can’t we just correct it, say, or help it on its way out of the body? Why do we have to be so damned aggressive. I will return to this point below. But first let us ask a more fundamental question (see next page).

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

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

John C. Maxwell

## 21. What is cancer?

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

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

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

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

***“Everything we hear is an opinion, not a fact.  
Everything we see is a perspective, not the truth.” –  
Marcus Aurelius***

## **22. Is cancer an alien enemy attacking the body's defenses?**

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

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

You may initially think that cancer cells have more in common with viruses and bacteria – after all they are attacking the body in some way

But all of these agents originated from outside the body. Cancer originates from inside the body. It is a product of the body's own processes. Because of this, the strategy of attacking cancer with aggressive therapeutic weapons is unlikely to work. We need to think about cancer in a different way.

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

Rudy Giuliani



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

To deal with the second question first - how did *you* get it? – the answer is that we cannot say. There are a great many ways in which people get cancer – they may have been exposed to toxic chemicals, or radiation, or have a genetic pre-disposition, or...well there are 1001 possibilities.

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

Charles M. Schulz

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

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

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

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

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

Robert Urich

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

The key difference between a normal cell and a cancer cell is the way it gets its energy. A normal cell uses oxygen as its fuel. The oxygen is carried from the lungs into the blood where it is transported by haemoglobin. Then at the cell it passes through the cell wall and is used by structures in the cell called mitochondria. However, sometimes the cell changes the way it gets its energy from one based on oxygen to a more primitive way using sugar (requiring very little oxygen). To survive in these low oxygen conditions, the cell shuts down the mitochondria and the way of getting energy, using sugar, replaces the normal way.

***“Nature does nothing in vain.”***

*Aristotle*

The problem is that the mitochondria also have another function, they regulate normal cell death. Once the mitochondria are inactivated the cell is prevented from dying. So cells divide and multiply and spread. It is this immortality that makes cancer cells so problematic. Eventually they overwhelm the body.

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

*Maya Angelou*

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

In order to make sure that the cancer does not return, we have to correct the situation in which the normal cell became a cancer cell. If it happened to one cell it is most likely happening to other cells. This leads us to the conclusion that the bodily terrain in which cancer cells develop is a causative agent. That is: cells become cancerous because of the bodily environment. One theory as to why this happens is that sometimes, for whatever reason, the oxygen levels in the surrounding bodily terrain are low for an extended period of time. So we can view the body as being an ecology. We need to get that ecology back to a state of health. We can't do that with surgery, chemotherapy and radiation. We need other weapons to achieve that – most likely dietary and involving exercise.

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

## 26. What is normal cell death?

The body is in a permanent state of change. The cells that make up the tissues and organs – muscle, bone, liver etc. – are constantly needing to be replaced. They wear out. New, more dynamic and vigorous cells are needed. The old cells are replaced by stem cells that can turn themselves into the many different kinds of cell needed by the body. These stem cells receive messages from their immediate neighbors – and these messages tell the cell what kind of tissue they are going to become (later these messages will tell them when to divide). But how do the old cells know that their time is up and that they have to pass on? The answer to that question is that ‘normal cell death’ - otherwise known as apoptosis – is decided by the mitochondria in the cell. And then what happens to these old cells? It seems they commit suicide and then are reabsorbed into the body by being ingested. Have you seen those pictures of ships being dismantled on the Indian shoreline? That’s how I imagine it. The old cells are dismantled and the usable bits are recycled and the rest is eliminated.

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

George S. Patton

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

There are essentially three main approaches to killing cancer.

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

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

*“While apoptosis is a tightly controlled procedure that breaks down and disposes of the dying cell in a very orderly way, necrosis is a messier process in which the cell’s membrane ruptures and its contents spill out.”- www.mit.edu*

The third way is by a process called anti-angiogenesis.

### **What is Anti-angiogenesis?**

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

Some cancer researchers theorized that they could starve a cancer to death by attacking this process. So this process is called anti-angiogenesis.

Unfortunately this has not proved to be a very successful approach. While the primary tumour may be prevented from growing, this appears to promote metastasis – the spread of cancer to other sites – and it is metastasis (meta = beyond, stasis = a stationary state) that kills (usually) not the growth of the primary tumour.

***“You have power over your mind - not outside events. Realize this, and you will find strength.”***

Marcus Aurelius

## **28. What about approaches that attack cancer by causing necrosis?**

The two main conventional approaches against cancer, after surgery, are both treatments designed to cause necrosis – chemotherapy and radiation therapy. For a full discussion of the pros and cons of these two treatments go to my book, **The Cancer Survivor's Bible**.

Different cancers respond differently to these approaches. In some cases they can be very successful – up to 95 per cent of men with penile and testicular cancers can be cured and there are significant cure rates for the types of leukemia that commonly affect children.

Yet anyone who has even the slightest knowledge of cancer knows that these treatments have not proved to be very successful for most cancers. In fact, critics of chemotherapy say that only five per cent of all cancer cases have cancers that show anything like a significant cure rate by means of chemotherapy and even gung-ho oncologists cannot give very much higher results. This doesn't stop the doctors giving chemotherapy to 75 per cent of their patients.

Radiation claims a higher success rate but, curiously, very few studies have been done to determine exactly how successful it is – partly because of the enormous variation in practice from one hospital to another. All I will say is that some people have been very severely damaged by radiation treatment. Against that, there are new methods of delivering radiation for which there are claims that they are not damaging (or not so damaging). If you are ever offered the option of fewer larger doses of radiation or more frequent smaller doses, I do urge you to opt for the latter.

What chemo and radiation do is shrink tumours. They do this quite successfully. Unfortunately the tumours don't stay shrunk. In fact they generally respond by growing much faster than they did previously.

In my own wife's case a tumour went from being invisible to five inches long in a matter of three months. So although chemo and radiation shrink cancers they do not necessarily (actually most often don't) extend the quantity of life – and everyone knows about the impact on the quality of life. Chemo sucks big time.

***“When you rise in the morning, give thanks for the light, for your life, for your strength. Give thanks for your food and for the joy of living. If you see no reason to give thanks, the fault lies in yourself.”***

Tecumseh

## **29. Why don't tumours stay shrunk?**

One answer is that a tumour consists of many different types of cancer cell. The chemo and radiation kill off most of these cells and equally the normal cells alongside them. But there are cells which have been termed Multiple Drug Resistant (MDR) cells. The name speaks for itself. These are the baddies and the aggressors and all the chemo and/or radiation has accomplished is to increase the ratio of these cells within the tumour. So when the tumour grows again it does so more quickly and is harder to stop.

***“The size of your success is measured by the strength of your desire; the size of your dream; and how you handle disappointment along the way.”***

Robert Kiyosaki

### **30. Another problem with necrosis**

If there is a lot of cancer in the body and it is attacked with external agents – imagine a city being besieged by an army – then, if the attack is very successful, a great many dead and dying cells need to be eliminated from the body. As we will see later with the Herxheimer Reaction (discussed later), the body may react very negatively to this situation. The body may also be in a weakened state and so not prepared to handle this toxic material. Some people have died from the sudden burden of necrotic and toxic material that they have to deal with. So, it may be much better to attack cancer slowly than suddenly.

You see the danger of thinking in terms of ‘fighting cancer’. In a fight we seek to get weapons that are more powerful than the enemy. But, with cancer – and indeed with some real war contexts like Afghanistan – a slowly, slowly approach may be far better than a heavy artillery, bomb them from 30,000 feet approach.

***“I know where I'm going and I know the truth, and I don't have to be what you want me to be. I'm free to be what I want.”***

Muhammad Ali



## 31. Other Problems

### i) Problems with chemo.

Among the bigger problems of chemotherapy are the long term side effects. Not much is said about this. Patients are expected to go away and just be glad they are alive. And of course as time goes on it becomes less and less easy to draw clear connections between a result and the cause of that result. But, take a look at all those children with leukemia who have been 'successfully' treated with chemo 20-30 years ago. For many, different cancers have appeared and overall, by any measure of health, the picture is not good. OK, you may say: at least they have had 20-30 years more of life. And yes. Maybe that is the way to look at it.

### ii) Problems with radiation

One major problem with radiation is that tissues that have been irradiated can rupture ten or twenty years on. If the affected tissue is a blood vessel in the brain the result could be a stroke. Or it may be that the intestine will rupture. The ability of the body to repair itself is profoundly impaired. You can never have surgery in an area that has been irradiated.

Also, some radiation damage is progressive. I know a woman whose right arm has, for the last thirty years, been hanging lifelessly at her side. There is no feeling. She has several times broken it and not noticed for weeks. Now the bones in her shoulder are crumbling.

She recently told me she had had to be taken into hospital and the nurses were all terribly sympathetic to her at first. Here is her account: "I took a really bad tumble yesterday, ended up A&E, squashed vertebrae etc. etc. All the staff showed horror at state of my shoulder and arm until I told them the cause [cancer radiation treatment] then they completely disregarded me - my daughter was astounded at change of attitude."

This is not ancient history. This is now. I was browsing the internet and found a chat forum in which people were complaining that they had never been warned about the damage that radiation can cause. They had never been warned.

OK. Here it is. Radiation can cause damage. I am warning you.

But will you listen? Will you hear me?

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

William James

## **32. Just imagine**

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

*“I can't change the direction of the wind, but I can adjust my sails to always reach my destination.”*

Jimmy Dean

### **33. OK. What's left? Surgery?**

Well, of course, if surgery had provided the answer, there would have been no need for chemotherapy and radiation in the first place. However, it is accepted that of all the conventional treatments for cancer, surgery is far and away the best, curing (for the time being at least) perhaps 50 per cent of the people who undergo this procedure. But the best surgery is small surgery. The bigger and more widespread the surgery required the less likely it will be that the surgery will be successful.

***“All life is an experiment. The more experiments you make the better.”***

Ralph Waldo Emerson

But there is one other big problem with surgery that you have to take into account: the process of healing mimics the growth process of cancer tumours.

This is one of the problems of surgery. That the bio-chemistry of the body that promotes healing of wounds – and if you have surgery you do want the wounds to heal - is the same biochemistry that promotes cancer growth.

This means that if cancer surgery has not removed all the cancer cells then the result can be very negative. Cancer tumours can suddenly appear where they had been invisible.

That is one reason people who have decided to undergo surgery are strongly advised to go to specialist cancer surgeons. Don't go along with a doctor simply because he is nice or a person you respect. If you decide to cut out the cancer, you want to make sure all the cancer has been cut out.

***“We must let go of the life we have planned, so as to accept the one that is waiting for us.”***

Joseph Campbell

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

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

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

One answer to the question is this. Medicine is a highly authority-structured enterprise. If you buck the system by doing something like disagreeing with your medical superiors you will soon find you’ve been given a one way ticket to one of the remoter reaches of medicine.

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

And then there is the simple fact that medicine is about drugs and technology – so if you don’t need drugs or technological intervention, the doctors are not very interested in you. In fact doctors will not co-operate with you if you do not go along with their protocols. They will refuse scans that might help you track changes of non-approved therapies. Basically it is do as we tell you or sayonara.

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

Before I take this line of discussion forwards I would like to wrap up the issue of cancer research.

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

### 35 So, in relation to cancer research, what have we got for our money?

What have we got for all the many hundreds of billions that have been thrown at the problem of cancer?

Well, we have a cancer research industry that employs tens of thousands of scientists who have families to support, mortgages to pay and so on. Could it be that scientists have other, more practical, agendas than the pure-hearted pursuit of a cure for cancer? They wouldn't be human if they didn't. So we need to be aware that there is a self-serving dynamic that is likely to influence the situation and this will reflect itself in the way cancer research is organized, how it is financed and how it influences media and politics. People are essentially self-serving. They look after themselves and their families first. So it is in their interests to increase the number of questions that need to be studied. It is not in their interests to solve the problem so that everyone can pack up and go to another job, another problem.

You also have very rich drug companies that want doctors to keep prescribing their drugs so that they can become even richer. The drug companies are legally beholden to their shareholders *and to no-one else*. Their job is not to cure cancer but to make profits. That is why it is in their interests to rubbish natural therapies (there is no money in selling natural, unpatentable therapies and any natural therapy that might be effective would not be greeted with: "Wow, fantastic! We've got a cure for cancer at last!"). No, the response would be: "We need to make sure this never catches on or it will impact our profit margins." That's how businessmen think. They are very competitive and they want your money.

So there is pressure on doctors to prescribe drugs. There is pressure on the pharmaceutical companies to nobble the opposition (you can't trust those 'unproven therapies' they will tell us – whether or not we *can* trust them is another matter but we certainly can't trust the views of the pharmaceutical industry) and to exaggerate the benefits of what they are selling. Drug companies are known to manipulate the results of some, perhaps many (or most or all), of these drug trials to maximise the apparent benefits and to reduce the apparent negatives associated with any drug.

This relationship between doctors and drug companies, and also the relationship between drug company research and the true values of science, is causing serious concern to medical journals. In fact the more senior a scientist is, the more certain it is that he or she has strong institutional links to the pharmaceutical industry. So while the media gives more credence to his/her message (because the media always think the more senior a person is the better they are to understand a situation and therefore the more respectable their view is) the truth is that there is more likelihood that the message will be slanted in a way that supports the industry.

A number of doctors and even editors of the leading medical journals have recently written books warning us about this situation\*. If it worries them it really ought to worry the rest of us.

***"If you want to know something just ask. Don't assume."***

Anon

\* **The Truth about the Drug Companies:** How They Deceive Us and What to Do about It by Marcia Angell (former editor-in-chief of the New England Journal of Medicine)

**Bad Pharma:** How Medicine is Broken, and How We Can Fix It by Dr Ben Goldacre (well known medical commentator and writer)

**Drugs for Life:** How Pharmaceutical Companies Define Our Health by Joseph Dumit (Director of Science and Technology studies, Univ. of California)

## 36. Doctors are powerful

Doctors expect patients to agree with whatever course of action they are suggesting. “I make the treatment decisions,” I heard one doctor say. In truth, as I said at the beginning, it is really the patient who should be making the treatment decisions, based on an evaluation of the advice of doctors.

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

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

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

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

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

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

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

Maxwell Maltz

### 37. More on the subject of doctors

Doctors very often zero in with a highly intense focus on a specific point. They might say, to a newly diagnosed cancer patient:” It is only a small tumour but we can get it out easily enough. It’s just a simple operation.” If you are 25 years old, you probably won’t think twice about having the surgery. But what if you are 85 years old? Or 95? The operation may be easy, but there are other factors to be taken into account and doctors are not always very good at seeing this broader picture

There is also the interesting fact that pain is not a matter that influences doctors. Oncologists particularly are inured to pain. They see so much pain that they have closed themselves off from it. It would probably not be possible for them to continue working if they were really to feel all the pain that surrounds them day after day. There is also the fact that pain is not a good indicator of the seriousness of a problem. A major problem like cancer might not cause much pain while a minor problem – a stubbed toe – may be extremely painful.

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

**Bern:** My back hurts

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

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

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

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

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

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

**Doctor:** Ah!

And, in fact, the cancer had caused the pain by pressing against a nerve.

*“Some people think that doctors and nurses can put scrambled eggs back in the shell.”*

Cass Canfield

### 38. Placebo or Nocebo

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

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

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

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

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

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

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

John Allston



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

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

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

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

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

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

Against this, oncologist Siddhartha Mukherjee claims that there has been some slow incremental progress.

Maybe Mukherjee is right. Maybe there has been some slow incremental progress, but, all in all, it's not much return for the billions upon billions that have been poured into this enterprise.

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

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

Let me give you an example. A great deal of research is going on into the curious fact that 'blacks' have higher cancer rates than 'whites' and they also have a higher mortality rate.

OK. Don't blame me for the terminology – any 'pinks', 'olives', or 'yellows' out there? But there it is. US cancer statistics distinguish between African-American cancer rates and death rates compared with Caucasians (which is probably, in this case, shorthand for 'everyone else') What is clear from the data is that not only do African-Americans have worse cancer rates they have worse outcomes. So a great deal of research has gone into genetic differences between 'whites' and 'blacks'.

Now, I am going to make a suggestion as to what the problem might be that might explain the situation without recourse to genetic research. Could it be the blackness (or let's put this slightly differently – the relative darkness) of their skins that is to blame. Why might this be the problem? Because the whole point of the darkness of the skin is to block out ultra violet light. This is necessary for the production of vitamin D in the body. So if two men are standing in the sun for half an hour the one with the lighter skin is going to get more vitamin D than the one with the darker skin. We know that vitamin D is very important for health and as a disease fighter. If it is absent or available in a reduced amount then the immune system suffers and ill health can result.

We could compare this situation to that of South Indians, Africans in Africa, Brazilians and so on and try to factor in the diet differences. Then we would know.

In other words, might this problem be solved by people with very dark brown or black skins taking capsules of say 5,000 iu of vitamin D a day? Worth a gamble I would say.

***“The body is a sacred garment.”***

Martha Graham

### 39. Hang on! Isn't the sun supposed to be bad for you?

Let's take a slight detour and talk about the sun. The people that the media call 'The Health Authorities' have been bombarding us for years with messages about the dangers of the sun – and yet there I am, in the previous section, suggesting that the sun is in fact healthy.

The reason the sun is supposed to be bad for you is because it causes skin damage which leads to skin cancer. On the other hand, it is healthy because it promotes the activation of vitamin D in our bodies which helps to protect us against cancer.

Which of these statements is true. Actually both are. Studies of US naval ratings who spend a great deal of time in the sun show that they suffer higher rates of skin cancers - but lower rates of every other kind of cancer.

By focusing on skin cancers alone we get a distorted picture. That's the first thing we have to recognize.

Secondly, most skin cancers are not life-threatening.

What!!!??? I can hear you scream. First you tell us that sunlight is not the problem that the health authorities say it is, and then you say the increased incidence of skin cancer is not serious either. Skin cancers like melanoma are seriously scary.

Well, again, let's just look at the facts. The main cancers associated with sunburn are basal cell carcinoma and squamous cell carcinoma – and while these can be disfiguring they are rarely life threatening – though the standard treatment, radiation, has the power to make them more aggressive and dangerous.

But, you might say, all the posters that warn of the dangers of sunburn show pictures of malignant melanoma, one of the scariest cancers there is. That is true. It does often appear on posters warning of the dangers of exposure to the sun and it is a scary cancer to be diagnosed with- but, and here's the thing –

*The exact nature of the relationship between malignant melanoma and sun light is not completely clear  
(www.ccohs.ca)*

This statement comes from the Canadian Centre for Occupational Health and Safety. This is not some freaky, New Agey theory. This is the official position. And in fact, if you compare melanoma rates in New York with those in Florida you will not find a huge difference – and melanomas often appear in the groin which must be one of the places least exposed to the sun. So someone is using melanoma as a tool of propaganda – to scare you - and not a message of truth – to inform you. Naughty, naughty. And, as a result, some children are developing rickets, a disease caused by vitamin D deficiency, because their parents are so spooked by this anti-sun campaign that they keep their kids indoors.

And scary though cancer is it is not untreatable. Beata – as by now you will have read in **Cancer Survivor's Stories (?)** - beat her 'terminal stage' melanoma with diet. If you do a search you may be able to track down a TV interview I did with her for Conscious TV in which she tells her story.

Some people are even arguing that skin cancer may very well be a result not of the sun itself but caused by the toxic chemicals in sun screens. So everyone who is lavishing on these sun-screens may be endangering rather than protecting themselves.

What the truth is we will likely never know. However, there is one thing everyone can do that is a no-brainer. Instead of slathering sunscreens over you and the kids, cover yourself in organic coconut oil. I know that sounds weird. Isn't that just a way of getting browner by cooking yourself (heat + oil = frying)?

Well, here are some facts about coconut oil that might help you understand this better. First its melting point is around 24 degrees centigrade. This is very high for an oil and it means in cold climates, or in air-conditioned rooms, the oil appears as a solid. Put it in the warm sun and it melts. One coating appears to be enough to last a whole day but if you get burned then another coating of coconut oil will sort you out in no time.

I talk from experience. This stuff goes, along with lavender essential oil, into the basket marked Incredible, Magic Stuff.

So let us round up this discussion. Everything points to sunlight being good for you. And you knew this didn't you? How do you feel after an hour or two in the sun? You don't feel nauseous, you feel energized, happier. Why? Because it is good for you.

There is another aspect of sunlight that you should know – I have discussed this further in **The Cancer Survivor's Bible** – but it leads to the conclusion that you need to let natural light into the eyes unobstructed by normal spectacles, contact lenses or even sunglasses for a period of time everyday

*“Go confidently in the direction of your dreams. Live the life you have imagined.”*

Henry David Thoreau

*“Avoiding danger is no safer in the long run than outright exposure.*

*Life is either a daring adventure, or nothing.”*

Helen Keller

## 40. How much of a vitamin should you take?

Everyone knows that anyone deprived of vitamin C will, quite quickly, develop a disease called scurvy. I will not begin to describe the symptoms of this disease for it makes extremely distressing reading. Essentially you can imagine what would happen if the body begins to disintegrate from the inside. There it is. So we need vitamin C to keep the body from disintegrating. The question is: How much vitamin C do we need? The health authorities have come up with the answer. They say we need 60 mg/day (about what is in an orange). This is what we need to take to avoid scurvy. They call this figure the RDA (the recommended daily allowance) or the Daily Value or the RDI (the reference daily intake) and by the time you read this book there may be other initials to contend with.

Contrasted with this we find that Linus Pauling, who knew a bit about vitamin C and its benefits, recommended 6,000-18,000 mg/day. That's quite a jump. The reason is that vitamin C does a lot more than simply prevent scurvy. I have written a lengthy account of vitamin C in **The Cancer Survivor's Bible** including discussion of the different kinds of vitamin C. My own intake is 3-5,000 mg/day. I have been taking that amount of vitamin C for 20 years now. If I feel ill I up my dose. It works for me.

Let's now look at Vitamin D which we have just been discussing in relation to sunlight. The RDA for that is around 400 iu. (iu = international units) but where does that figure come from? It seems to be a rough and ready figure. Previously the figure was 200 iu but doctors noticed that more and more people – especially the elderly – were showing signs of rickets and other health issues associated with vitamin D deficiency so they said: OK Let's double it to 400 iu.

But whole body exposure to the sun for about 20 minutes will give us around 10,000 units. You have to ask why we evolved in such a way as to be able to make 10,000 units in 20 minutes of sun bathing when all we really need is 400 iu? Could evolution be wrong? Or is it that the RDA is wrong? I will leave you to answer that for yourselves.

And if we try to get our vitamin intake solely through diet, what will that involve?

Diet can help, but it's very hard to approach the new goals with food alone. Fish and shellfish provide natural vitamin D (oily fish are best), but you'll have to eat about 5 ounces of salmon, 7 ounces of halibut, 30 ounces of cod, or nearly two 8-ounce cans of tuna to get just 400 IU. An egg yolk will provide about 20 IU, but since it also contains nearly a day's quota of cholesterol, you can't very well use eggs to fill your tank with D. Other foods have even less D, which is why manufacturers fortify milk, some yogurt, some orange juice, and many cereals with vitamin D. In general, a serving will provide about 100 IU; that means drinking a quart of fortified milk to get 400 IU.

Most people require supplements to get the vitamin D they need. It's the main benefit of a daily multivitamin; most provide 400 IU. Remember to read the labels carefully so you won't get too little or too much. And although cod liver oil is rich in vitamin D, it has too much vitamin A for regular use

(Harvard Medical School website [www.health.harvard.edu](http://www.health.harvard.edu)).

Note that they are worried that you might take too much vitamin D. It is hard to imagine what you would need to eat to get the 10,000 iu that you get from the sun in less than half an

hour. Does being in the sun make you feel ill? Or does it energise you? Make you feel happier? What do you conclude from that?

There are two very different perspectives at play here. At the end of the day, you have to decide who you are going to go along with.

With regard to Vitamin D, some of you will undoubtedly be happy to just have a salmon steak once or twice a week, while some other readers will be popping 2,000, 5,000 or even 10,000 units a day in the form of a capsule (I personally do 5,000 iu per day). It's a personal decision. There is no danger associated with taking 10,000 iu on a daily basis.

***The best doctors in the world are Doctor Diet, Doctor Quiet, and Doctor Merryman.***  
Jonathan Swift

## 41. Let's talk about science.

Doctors will generally justify what they do as being 'scientific', 'evidence based' and rational. By implication everything they don't approve of is unscientific, not based on evidence and almost certainly irrational. They use terms like 'quack' and 'charlatan' to stigmatise anyone who follows a different path. They say they only use 'proven therapies' and that alternative approaches are 'unproven'.

This is a complex area and once again I must refer you to **The Cancer Survivor's Bible** for a detailed discussion. Here I will just note that very little of what doctors do is actually proven – by any standards of proof - and that the use of herbs and supplements have undergone quite a bit of research which has found that there is a great deal of scientific support to back up their claims to be health-promoting.

The problem lies in the meaning of the words 'proof' and 'evidence'. Proof – in medical contexts - requires a clear and unambiguous demonstration of value by means of a double blind clinical trial. Often, for the results to be accepted, this trial needs to be done under the auspices of a prestigious institution. But there are many ways of manipulating even this gold standard as Ben Goldacre discusses in his book **Bad Pharma**. Evidence of course is a variable commodity. Some will be a great deal weaker than others. However, evidence, even weak evidence, can be taken as a signpost pointing in the direction we should be going.

*“The true sign of intelligence is not knowledge but imagination.”*

Albert Einstein

## 42. Unproven but not disproven

Alternative therapies are often dismissed on the grounds that they are ‘unproven’. There is of course a world of difference between something being ‘unproven’ – which means that there is no proof that it works – and ‘disproven’ – meaning that there is positive proof that it does not have any therapeutic effect.

We can be sure that the major drug companies have sponsored work seeking to disprove many of these alternative therapies and the fact that they cannot say they are ‘disproved’ is extremely interesting and allows only one conclusion. They haven’t disproved these therapies because these therapies are in fact beneficial.

And, to restate what I said in the last section, very little of what doctors do is proven. Official estimates are that 80% of what doctors do lacks any kind of proof. This is the assessment of the medical profession itself.

The term ‘evidence-based’ actually came into being as a counter-weight to ‘authority-based’. Medicine is a highly authoritarian profession in that the more senior you are the more your views resonate and the lower down the pecking order you are the less your views will count. The idea of ‘evidence-based’ medicine is therefore an attempt to establish the importance of independent criteria. Note that they don’t refer to ‘proof-based’ medicine.

***“Between two evils, I always pick the one I never tried before.”***

Mae West



### **43. But hasn't research shown that vitamins are dangerous**

There is a great deal of dishonesty in the reporting of research studies, and in the conduct of these studies – many of which appear to be designed to succeed, while others are designed to fail – whichever is in the interest of the drug company conducting the research.

Ben Goldacre is a doctor who has looked at this issue in great detail and has itemised the many ways in which drug companies manipulate data. Read his book **Bad Pharma** before relying too much on any debunking research against vitamins or any supportive results for drugs they are promoting.

One way in which a study can come up with the desired answer is to use very low amounts of a vitamin. For example, most people extolling the virtues of vitamin C take at least 3 grams a day (3,000 mg) – but the RDA is only 60. If a study uses say 100 mg and finds no effect, it can argue that vitamin C is worthless. What they have really determined is that vitamin C is worthless *at that dose level*.

Vitamins have been around a long time and no-one is known to have died from overdosing on any (except possibly vitamin A which is known to be toxic in high doses – if you find yourself in the arctic with only polar bear livers to eat then you have a problem).

Vitamin C, Vitamin D, the mineral magnesium and all the trace minerals are powerful health promoting substances. Don't let anyone tell you otherwise.

Unfortunately there are increasing pressures – yes, from those same 'health authorities' to insist that companies prove the safety of their vitamins. Almost certainly this pressure comes from the drug companies who want to get the vitamins off the shelves. Why? Because they are interfering with business. The cost of getting this proof is so high that no-one can afford it. The result may be that herbs and vitamins will become harder to get. Though I imagine that the big internet supermarkets for supplements will simply relocate to Asia where herbal medicines are much more accepted.

Ask yourself this simple question: Is it better financially for a drug company if we are all well or if we are all ill? The answer of course is obvious and leads to only one conclusion. You may think this conclusion is overly cynical. Yes, it may be. On the other hand, we might say that anyone rejecting this view of things is overly naïve about how the world works.

Again, everyone has to come to their own conclusion.

***“Change your thoughts and you change your world.”***

Norman Vincent Peale

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

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

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

You have to ask yourself whether we evolved, through the aeons that we and our predecessors have lived on this planet, to get benefit from an artificial molecule constructed in a laboratory or from natural molecules in interesting and complex relationships with other molecules such as are found in the plants that we evolved alongside and which make up the natural environment that we are adapted to.

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

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

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

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

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

*The violets in the mountains have broken the rocks*

Tennessee Williams

## 45. The ‘active ingredient’ theory

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

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

But why should we imagine there is only one ‘active ingredient’ in any particular herb? We can easily imagine that two or three (or twenty or thirty) molecules work together effectively. Or that if one molecule is ‘active’ that it can be modified in some important way by neighbouring molecules.

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

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

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

Remember, we have evolved alongside these herbs. We have not evolved alongside the purified extracts. It doesn’t take a genius to understand that we are adapted to gain benefit from natural herbs. Of course, if you don’t believe in evolution, then this argument won’t work for you. .

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

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

Woody Allen

Drug cures for cancer are, for the most part (there are a few cases where they are successful) generally to be avoided. This is a failed approach but the doctors are so wedded to it, and medicine as a profession is so top-down in its structures that change comes extremely slowly and of course is impeded by the malign influence of the drug companies – who fund the patient activist groups and cancer charities that distribute information (and misinformation or very one-sided information) to the media.

You can see from all this that the situation is a bit of a mess.

## 46. The military model of medicine

Why is there a ‘war’ on cancer? Why do we think of cancer as ‘the enemy’? Cancer is filled with the vocabulary of war. Perhaps doctors feel empowered by the idea that they have ‘weapons’. You won’t hear herbalists talking in this way, or dieticians. Isn’t our health dependent on diet and exercise? But we hear more about genes than we do about vitamins. I think there is a strong argument to be made that the way modern medicine has conceptualised cancer is very much to blame for the poor results.

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

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

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

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

Buddha

## 47. The Evil Gene Theory

The evil gene theory is implicit in a lot of discussion about cancer cells. In crude terms the theory can be described in this way: cancer cells are cells that have become evil. We therefore need to kill them, blast them, blow them to kingdom come. That's the only way to deal with those evil bastards.

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

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

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

The problem is not the kid. The problem is the environment in which the kids are living. Kids just want to survive. To survive in an environment in which lots of kids are carrying knives, it makes sense to carry a knife. So, if we can change that environment in the right way so that the kids don't carry knives then the kids won't kill the other kids . We can see that if we shift the focus away from the kid to the environment we change the whole way we respond to the problem. The same goes for cancer. Let's stop focusing on the cancer cells and start focusing on the environment in which they grow and develop. Let's tinker with that environment and see what happens.

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

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

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

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

Dale Carnegie

## 48 . Let's talk now about The Cure for Cancer

Many people are obsessed with finding THE cure for cancer – as if there is only one. But as we have learnt from reading the stories in **Cancer Survivors' Stories** (what do you mean you haven't read it? Go and download it (NOW!!!) at [www.fightingcancer.com](http://www.fightingcancer.com) ), there are many ways to recovery. But just because something works, it doesn't mean that it works 100 per cent of the time. So it makes sense to do a number of approaches simultaneously. This way you compound the benefits.

Here is an article I wrote on the subject – which you will find online at [www.cancerfighter.wordpress.com](http://www.cancerfighter.wordpress.com)

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

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

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

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

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

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

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

Or do you need a doctor to give you permission to do something different from what he's offering?

The truth is for the average cancer the doctor will recommend chemo, which will cause great pain and has overall a less than 10% chance of working (very likely less than 5%) - obviously this will vary from cancer to cancer – but doctors recommend chemo even when there is very little likelihood that it will work – because that is the protocol. That is what doctors do. Doctors don't do herbs and they don't do vitamins. They do drugs.

The alternative approaches, on the other hand, will not cause pain and – collectively – offer a far greater chance of working (unfortunately the doctor disapproves of them).

So ask yourself this: Is your life, and the quality of your life, and the importance of your life to your family and friends less important to you than your doctor's approval? For those who turn away from the alternative approaches and go with the conventional approaches, I guess it must be.

Not only is that weird, it is completely irrational – unless of course you believe that NO amount of vitamins and/or minerals and/or herbs and/or organic fruit and vegetables – not to

mention the exercise, the meditation, the visualisation and all the other alternative therapies that people have said worked for them will help your body fight the cancer.

***“Don't judge each day by the harvest you reap but by the seeds that you plant”***

Robert Louis Stevenson

## 49. Interference and synergy

We may know that treatment A has a beneficial effect and that treatment B has a beneficial effect. However if we do both A and B then it may be that there will be no beneficial effect at all. That is because treatment A has interfered with treatment B or treatment B has interfered with treatment A. The result is that they have cancelled each other out. This is called interference.

But, conversely, we may have the situation where by taking treatments A and B together we have a much greater than expected benefit. Treatment A boosts the effectiveness of Treatment B or vice versa, or they work collaboratively in a way that is more beneficial than simply adding A plus B. For example A might have a 20 per cent benefit and B might have a 10 per cent benefit but A and B together may have a 70 per cent benefit. That's what we call synergy.

We know of some interferences and some synergies but we are still very much reliant on self-experimentation. So we need to be able to read our own bodies. Do we feel treatments A and B are working well together? If so that's good. If not then...

***“Think with your whole body.”***

Taisen Deshimaru

Some doctors warn patients not to do vitamin C if they are doing chemo on the grounds of interference. There is absolutely no evidence that I know of supporting the idea of any such interference.

As a side note I was once approached by a woman who asked me if vitamin C would interfere with her chemo as she had read conflicting accounts. I replied that a great deal more interesting question was whether the chemo would interfere with the beneficial effects of the vitamin C.



## 50. The Herxheimer Reaction

But bad symptoms are not necessarily a bad sign. The Jarisch-Herxheimer Reaction to give it its full name is a physical reaction to toxins released by the death of harmful organisms within the body. Here is how it manifests itself according to Wikipedia:

*“It usually manifests within a few hours of the first dose of antibiotic as fever, chills, rigor, hypotension, headache, tachycardia, hyperventilation, vasodilation with flushing, myalgia (muscle pain), exacerbation of skin lesions and anxiety. The intensity of the reaction indicates the severity of inflammation. Reaction commonly occurs within two hours of drug administration, but is usually self-limiting.”*

Although a Herxheimer reaction is clearly negative in its effects (who wants fever, hyperventilation or headaches?), it is in fact a sign that healing is taking place. So how can you tell if negative reactions to a treatment are a sign of its toxicity (bad) or a Herxheimer reaction (good)? The short answer is that you can't. The key difference is that a toxic reaction will be longer lasting. So one response to a Herxheimer reaction is to persevere with a treatment for a few more days to see if the reaction lessens in severity. A second, equally valid response is to cut back the intensity of the treatment until the symptoms go and then gradually increase the intensity again.

***“If one way be better than another, that you may be sure is nature's way.”***

Aristotle

## 51. The importance of the liver

A healthy liver is vital for a good immune system. A good immune system is an important defence against cancer. Cancer often develops as a result of the liver not functioning properly. So part of the recovery process must be to return the liver to a state of good health. This has to be done through detox, diet and herbal support (good liver herbs are milk thistle and rosemary – putting lemon juice in warm water is also said to be a powerful detoxing agent)

*“My breast tenderness and other womens' problems disappeared after I did a complete program of liver and gallbladder flushing, in addition to daily morning exercises and diet control. Exercises reduce estrogen production, and they help a variety of other womens' problems as well. Foods which tend to increase estrogen levels or weaken the liver should be minimized or avoided. Also, many medications such as antibiotics weaken the liver or kidneys, so it would be wise to avoid them unless they are absolutely necessary (that is a good general rule for antibiotics in any case).”* – Julia Chang, [www.sensiblehealth.com](http://www.sensiblehealth.com)

As Ms Chang mentions, drugs, particularly chemo drugs, are extremely bad for the liver.

***“Action is the foundational key to all success.”***

Pablo Picasso

## 52. A healthy body

While we are on the subject of the importance of healthy bodily functions, let us look at three other important matters:

### a) The bowels

In addition to the liver we need to have a healthy digestive system. This usually involves a diet with a lot of fibre with a good amount and variety of fresh vegetables and fruit with wholemeal bread (basically if you can squeeze a loaf of bread it isn't real bread. The best bread is solid. I personally eat Cranks but any real bakery worth the name will bake breads that aren't squishy. The key sign of a healthy system is that you have at least one maybe two bowel movements a day. Good diet (no dairy, no sugar), good intestinal bacteria and good hydration will go a long way to producing those good bowel movements. A friend who resolved a long standing constipation issue says she did it with B vitamins (B1,B3 and B5 in particular) and when these had healed the intestine she added trace mineral liquid complex – she says that makes her run!

### b) The diaphragm and integument

If we are seated all day our diaphragm doesn't get used much and the result is shallow breathing and poor oxygenation of the body. There are many ways to improve oxygenation of the body and one of the most important is physical activity – even just bouncing up and down on a mini-trampoline waving your arms around. Another good activity is to join a choir and sing. That can be very powerful.

The Integument is the sheath that binds all the organs in the abdomen – the liver, kidneys, stomach, intestine etc. When we move all the organs get massaged and this promotes healthy blood flow.

### c) The pancreas

The job of the pancreas is to produce pancreatic enzymes which are necessary for the digestion of food – and, according to some views, for the digestion of cancer cells. The growth of cancer not only puts a burden on the liver, it also stresses the pancreas. In order to ease that pressure you can take pancreatic (or proteolytic) enzymes. This will help the pancreas cope and so help you overcome your cancer.

***Yes, exercise is the catalyst. That's what makes everything happen: your digestion, your elimination, your sex life, your skin, hair, everything about you depends on circulation. And how do you increase circulation?***

Jack LaLanne

### 53. Is evidence-based medicine all it seems?

Let us now turn our attention to another issue. Doctors commonly use the phrase ‘evidence-based medicine’ to define what they do. There is a clear inference here that everything that they do is supported by strong evidence and everything they reject is unsupported by such evidence. But this is not true.

This subject is extraordinarily complicated – too complex to discuss in a few short paragraphs (I have given a lengthy discussion of this in **The Cancer Survivor’s Bible**) but among the issues that are raised is the question of anecdotal evidence and what credence we should give to it. Anecdotal evidence is evidence based on what someone else has reported. “I heard of someone who...”

There is also the issue of what credence we should give to our own direct experience.

Now, on the question of direct experience, I have seen news reports that announce that ‘research proves that vitamin C does not cure colds’. I have also twice had the experience of feeling a flu come on and immediately I have started throwing vitamin C down my throat at a rate of one gram per hour – actually two or three 1,000mg tablets every two-to-three hours – and by the following morning I have been right as rain, completely clear headed (despite a few hours earlier feeling completely bunged up). So should I listen to the newspapers or to my own direct experience?

I think you can guess the answer. Among my friends I am known as Mr Vitamin C. Whatever the problem I am likely to recommend (among other things) large doses of vitamin C. One friend of mine once complained of the heavy cold she had so I went into my mantra.

“But I’m already taking large doses of vitamin C,” she said. “I take one of those big tablets every day.”

“Every hour,” I said.

“Every hour?” I could see the shock in her eyes.

“You can’t overdose,” I explained.

A week later she said to me: “I did what you said and I could just feel the cold going away.”

OK. Where have we come? The problem is this. I have direct experience of the power of vitamin C (and no it is not that I am susceptible to the placebo response) so I am happy to disbelieve any attempts to rubbish it. My friend did not have direct experience but she decided I was a good source of information, so on my say-so she increased her intake. Now let us suppose that she had told a friend of hers “My friend Jonathan says to take lots of vitamin C” – then the friend of the friend is more remote from the source of information so he or she will have less confidence in the truth (and indeed the information may have become tainted in some way) – so this is one reason that anecdotal evidence needs to be treated with some caution.

However...

Doctors and scientists frame the issue as one of ‘truth’. What is the truth about vitamin C, for example? In that case, it is perfectly reasonable to be suspicious, as they are, of anecdotal reports. That doesn’t mean these anecdotes are useless. It just means they are low-level evidence. But as we have seen anecdotes are not equal in their evidential force. The closer we are to the person who is telling the story, the more we know about the person, the stronger the evidence becomes because we will tend to trust the source more. That is why

But for the patient who has to make a decision the issue is not: Is it true or not true? The issue is: Should I do this or not do this? It is a decision-making issue, not a true-false issue,

Why does this make a difference?

We accept that there is a great deal of uncertainty in our lives. We accept that a book or film or restaurant may be disappointing despite being enthusiastically recommended by a friend. We accept that there is risk in deciding to marry this person or that – but there is also a benefit. We have to balance the risk against the benefit.

So, it is perfectly reasonable to take vitamin C for your cold, for example, on the principle of ‘suck it and see’. Just do it and see if it works. If it does, that’s good and if it doesn’t well at least you tried and now you know.

When we approach it in this way we do not require absolute proof that it is effective, we just require that there is some reasonable possibility of this based on some evidence no matter how flimsy. Obviously, if we are wise, we will balance this consideration against the possible pain and damage that might result. Or the cost involved.

In the case of vitamin C there are no down-sides. Vitamin C will not in any way, at any dose, be harmful, certainly not in the short term, and as for cost, it is very cheap. A big potential plus against a non-existent minus. So this is a no-brainer. (Note: when I talk of vitamin C I am NOT talking about those fizzy orange tablets but ascorbic acid or sodium ascorbate powder that I get from a major online supplements supermarket in the States – there are a number of these. (I use iherb.com.)

Chemotherapy however offers a different equation. It might offer in the case of testicular cancer a 96% possibility of cure (the positive) against a great deal of pain and damage (the negative) or it might offer as low as a 2.5% possibility of cure (as my wife was quoted) but it requires the sale of your house to pay for it as well as a high risk of permanent damage.

Each of us will make different decisions in the face of these facts – and that is as it should be.

So, a true-false question might come up with an answer based on proof. There is no proof that will determine whether a decision is absolutely right or wrong.

By the way, it should be noted here that the general consensus is that 80 per cent of what doctors do is NOT based on strong evidence. There is no evidence, for example, supporting the benefit of being in a hospital (and quite a lot of evidence suggesting that being in a hospital is a health risk on its own) – but this doesn’t stop doctors recommending that very sick people should go to hospital.

***“Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.”***

Helen Keller

## 54. Anecdotal evidence and placebo cures

The issue of whether anecdotal evidence is useful arouses extreme passions in discussion forums. Some people assume that anecdotal evidence is false evidence, that if someone claims a benefit that is not supported by proof that it is false – either they are lying or they have experienced a placebo cure, which wouldn't count.

My response to the first claim is to say – try it yourself. See if it works. Anecdotal evidence can be a useful signpost.

My response to the second objection is this: If X produces a benefit to me, and if that benefit is a response to the placebo effect and not to X itself, then give me X not because it is effective but because it will create a placebo effect. Placebo effects are good. If it takes X to trigger this effect then X is good.

*“I believe a leaf of grass is no less than the journey-work of the stars.”*

Walt Whitman

## 55. Evidence-based medicine (part 2)

I want to tell you a story about lavender essential oil. In our house, while the kids were growing up, we called this magic oil. And it is magic. I have often cut myself in the kitchen, often quite deeply with blood gushing out and I have then poured lavender oil liberally over the wound and repeated this over say five to ten minutes. Half an hour later the cut will have completely healed itself and there will be no pain or even sensitivity and nor is there any issue of the wound going septic. This is also true of any burn. The pain will quickly go.

A friend of mine had a large steam burn on his hand that was still open and festering three days later. I poured lavender oil liberally over this wound and within an hour there were clear signs of it healing. Within a week it had scabbed over and dropped off leaving no sign of an injury.

I was directed once to the US National Cancer Institute's database of herbs and their effects. I looked up lavender and the consensus opinion was that it was not very effective. I emailed them and asked them to do a simple experiment. I asked them to cut themselves and pour lavender oil over the cut and then an hour later to come back to me and say it was not effective. Their reply was that several professors had said that it was not effective so that wording would stay.

Does that sound 'evidence-based' to you?

Our direct experience is surely the strongest evidence there can be (certainly for ourselves). We know that research can be tinkered with and so we cannot really be sure that what is 'proved to be true' really is true – so we have to judge it.

The problem is that we live in an uncertain world. Demanding certainty in this world is bound to lead to disappointment. We just have to assess carefully the evidence from all sources and then make our decision on our own estimation of the risks and costs on the negative side against the benefits on the other.

It was the French philosopher Pascal who came up with the formulation of this by arguing that even if it was 99.99 per cent certain that God did not exist, we still needed to believe in Him because that is the only way to get to heaven (if heaven exists). For Pascal, it was not necessary to have proof of God's existence before he would agree to believe. I would say the same to those who argue against alternative therapies. Heaven (in this case the possibility of cure without crippling pain and the strong likelihood of long term harm) can only be reached by means of the alternative therapies. Even though you may in your heart disbelieve them, nevertheless you need to do them because, if they work, that is the only way to benefit from them. But each of us has to make that decision for ourselves.

*“If you wish to make an apple pie from scratch, you must first invent the universe.”*  
*Carl Sagan*

## 56. How do we know what we know?

One way we 'know' things is because people have told us, or we have read them in a book or a newspaper. Clearly this method of knowing things is bedevilled with problems. One of the problems is of information going out of date, being replaced by new facts that we haven't read about. Or the wrong information may be provided by a person in authority who awes us: Your father for example, or your mother or a religious leader or a senior professor. Newspapers for example routinely take the view that the President or Prime Minister's view is superior to the view of a junior executive's.

Very often the things that we have been given to know in this way become lodged in the very foundations of our thinking.

Another problem with this way of 'knowing' something is the fact that we may be deliberately misled. The person telling us the fact may want us to have a certain, very biased viewpoint. The sun is bad because it makes it more likely that you will get melanoma.

Or the person relaying the information to us may be wrong or inflating it in some way. Yet, although we see all these problems when they are pointed out, this doesn't stop us believing the next fact that is sent in our direction.

Another way of knowing something is through experience. If every time you pressed a light switch you got a slight electric shock, how often would it take you to know that the button was giving you electric shocks? How many times would you need to press the button before you were absolutely convinced of the connection? I suggest the answer is three times. You are exposed to a fact, you check it and then, the third time, you confirm it.

Which of these will you rate as being stronger: The fact that you are told by a person in authority or a fact that you have discovered through direct experience?

That is to look at the question simply as if it is a matter of reason and logic. But we are human beings not robots. We have a very strong tendency to want to agree with the pack leader, if we are a man, and with our peer group, if we are a woman. These are fairly constant gender-specific traits. To leave the group physically, mentally, spiritually – to feel in any way isolated - is always a deeply uncomfortable experience and most people shy away from it. But in fact we have already done this a number of times - at all the major events of our lives. We have left one group and joined with another. From kindergarten to school to college to workplace, from high school gang to college chums to work colleagues and neighbours. Each jump is a stage of growth. We have always been a little nervous of these moments but we have always been glad that we have made each jump. And that's how it is here. When we stop submitting to group-think and start thinking for ourselves we are simply stepping out of one room into another.

*All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.*

Arthur Schopenhauer



## **57. How many things should you do at the same time?**

So, I hope that, reading this book, you have come to accept that it is reasonable to do a number of alternative therapies – not necessarily because you agree with them but simply because there appears to be some sort of case for doing so. That the upside is good and the downside is limited.

And of course the question in the title is a trick question. Only you can decide how many therapies you wish to make use of. There is no right or wrong answer. There is only *your* answer.

***“Do not dwell in the past, do not dream of the future, concentrate the mind on the present moment.”***

Buddha

## 58. So what therapies or treatments should you do?

So now we come to the big question: What therapies or treatments should you do?

I have written a book that is 550 pages long which provides all the information you need to answer that question for yourself. Clearly I cannot do justice to that information if I try to summarise it in a paragraph or two. I have also written a short book that does summarise some of that information, looking at it in a different way. So I am going to refer you to my two books with the claim that you will not find a better overview of cancer and the different ways of dealing with it.

**The Cancer Survivor's Bible** –*Everything that everyone should know about cancer and how to recover from it.* (This book is also available on Kindle as eight short volumes with the title **Cancer: The Complete Recovery Guide Books 1-8**. For further details go to my website at [www.fightingcancer.com](http://www.fightingcancer.com)).

This book tells you what cancer is; what the diagnostic tools are; what the pros and cons are of surgery, radiation and chemotherapy; how to protect yourself from damage; what the other new mainstream treatments are; why cancer research is failing to come up with cures; what the alternative therapies are that many people are doing - often with great success: the additional diagnostic tests you might want to consider; the detox regimes; the diets, herbs, vitamins, supplements and other approaches that have helped. This book aims to provide a complete picture of the world of cancer in a thoughtful, rational way.

And the short book that looks at cancer therapies from a different angle is:

**Cancer Recovery Guide: 15 alternative and complementary strategies for restoring health**

Both books are available from internet bookshops. The short book can also be ordered from your local bookshop.

I would also direct you to **The Amazing Cancer Kid** as it has some information not found in the other two books.

*“If you don't know where you are going, you might wind up someplace else.”*

Yogi Berra

### What other books should you read?

You don't need to read a whole lot of books. My two books will take care of the following questions:

- i. What is out there that might be helpful?
- ii. How do these approaches work?
- iii. Where can I get them?

However, I always recommend two or three other books as providing vital background information.

#### 1. **The Cancer Industry** by Ralph Moss

This is an insider's view of the cancer research business. Moss was a writer at the Sloan Kettering Cancer Center who became very disaffected by the politics that he witnessed. It takes the story up to the mid 1980s. A brilliant book.

## **2. Anatomy of an Illness** by Norman Cousins

This book is another classic. It was the first book to demonstrate what could be achieved by taking charge of one's own recovery program. Cousins did not have cancer but he did have a devastating metabolic condition – and there are good reasons for thinking that cancer is also best categorised as a metabolic disease – ie a disease of the whole body.

## **3. The Emperor of All Maladies** by Siddhartha Mukherjee

This is a very pro-conventional oncology book that looks at the history of research and development. Mukherjee is an oncologist himself. I include this book in the list because I want the reader to see how the conventional medical people view the current state of cancer treatment. It is pretty bleak.

### **You want more book recommendations?**

OK. Here are a few more that you can usefully read.

#### **The Immortal Cell** by Gerald Dermer

A glimpse inside the weird world of cancer research

#### **Health at the Crossroads** by Dean Black

Wonderfully sharp dissection of the shortcomings of conventional medicine

#### **Cancer as a Turning Point** by Lawrence LeShan

A psychotherapist's look at cancer and the emotions

#### **Cancer: Cause and Cure** by Percy Weston

Australian farmer cures his own cancer (and lives to 100)

#### **Vitamin C and Cancer** by Linus Pauling

Pauling got some interesting benefits from giving terminal cancer patients 10 grams of vitamin C a day (what might he have achieved if he had given them 20 or 30 grams?) An important book. He also wrote: **How to Live Longer and Feel Better** – which I would also recommend,

#### **The Truth about the Drug Companies** by Dr Marcia Angell

Dr Angell was Editor-in-Chief of the New England Journal of Medicine, one of the most authoritative medical journals in the world. If she is disturbed by the baleful influence of the drug companies then I guess we should all be.

#### **Big Pharma** by Ben Goldacre

How do drug companies manipulate research? This is the detailed, very detailed, account.

You want a guru?

#### **Cancer Free** by Bill Henderson

Bill also has a monthly newsletter at [www.beating-cancer-gently.com](http://www.beating-cancer-gently.com)

You want personal accounts of cancer recovery through natural means?

**A Time to Heal** by Beata Bishop

An account of beating terminal melanoma by following the Gerson diet.

**A Cancer Battle Plan** by Anne Frahm

Frahm turned her terminal cancer round within weeks of following a dietary regime

**The Amazing Cancer Kid** by Jonathan Chamberlain (yes, sorry, me again)

The story of Connah Broom and his battle with terminal neuroblastoma that had resisted 8 months of chemo.

**Why should I read up on this stuff? In the end I'm just going to do what the doctor tells me to do.**

It's your life. You are free to make whatever decisions you wish to take. Whichever way you go, I hope it works for you.

***"You change your life by changing your heart."***

Max Lucado

## **59. Now tell me the truth: If my cancer is a stage 4 cancer is there any hope for me?**

Absolutely yes. Cancer can be reversed at any stage. All you need to do is to stop the cancer growing and put the direction of change into reverse. Once the cancer is in retreat, and you can maintain this retreat, you will eventually get better. We know from personal experience that this happens – as you have read in **Cancer Survivors' Stories** (which you have already downloaded from [www.fightingcancer.com](http://www.fightingcancer.com), right?)

*“Your present circumstances don't determine where you can go; they merely determine where you start”*

Nido Qubein

### **You still don't believe me?**

Well, I can tell you it is absolutely true. What if I were to tell you that you can come back from the very last moment of life? That would be utterly incredible, wouldn't it? Yet, this is exactly what happened to Anita Moorjani.

Anita had entered her final coma and in this coma she had a vision of her father who told her that her time had not come yet. She understood that her dying was entirely a matter for her own decision. In fact she chose then to die but somehow this didn't happen and she came back to life. And then over the next few weeks her cancer disappeared. And in her new ecstasy of life, there was another significant fact: *she knew it would go*. She has written her story in her book **Dying to be Me**

Anita's book raises an enormous number of questions but the one inescapable fact is that her cancer cured itself as a result of an energetic (some might say spiritual) process. Miracles do happen.

The problem with this story is that it is not obviously useful to others with cancer. But there is no doubt that Anita Moorjani's story is true. How do I know it's true? Because she is a Hongkonger, as I am. Her story occurred in Hong Kong, which is not such a big place if you are not Chinese. People know each other's business. The doctors at her hospital would have quickly contradicted her version of the events she narrates if they had been untrue.

I met her for a coffee and we discussed the story in great detail. She had the graceful gentleness of pure acceptance. She refuses to concern herself about whether the process was initiated by psychological or truly spiritual causes. She's not selling anything except her story.

So, to repeat, the one inescapable conclusion we can draw from Anita's experience is this: There is no doubt that cancer can be made to retreat even when we are at the point of death. And if it happened to Anita it can happen to anybody – even you.

*“There is nothing in a caterpillar that tells you it's going to be a butterfly.”*

Buckminster Fuller

## **60. The psychology of cancer**

When we laugh which came first: the physical reaction or the intellectual/emotional sense that something was funny? Speaking from my own personal experience it is not possible to separate one from another. They are two sides of a coin. Mind and body are not separate but one. If this is so then how we think must affect how we are physically. And, conversely, how we act must affect how we are in our consciousness. Certainly many people who have been successful in their fight against cancer have gained enormous sense of release and relief by consciously letting go of all their resentments. Some have thought about all those people they hold grudges against and thoughtfully let go of these grudges one by one feeling a deep sense of forgiveness. Try it. It might work for you too.

*“This is my simple religion. There is no need for temples; no need for complicated philosophy. Our own brain, our own heart is our temple; the philosophy is kindness.”*

Dalai Lama

*“Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.”*

Martin Luther King

*“When you forgive, you in no way change the past - but you sure do change the future”*

Bernard Meltzer

## 61. It's not up to the cancer. It's up to you

I have just been on a discussion forum where people were saying something like this: "I have had treatment and I am now NED (No Evidence of Disease) but I am worried that the cancer will come back." My response to these people is always this:

If your life now is the same as your life before the disease came then you have reason to be worried. But you don't have to wait – indeed you shouldn't wait – to see if it is going to come back. We are not dealing with random fate. We are dealing with a cause and effect situation. You need to change the cause. You can stop cancer coming back by making certain changes to your life – do exercise, eat only organic food, drink only filtered water, cut out sugar in all forms, cut out dairy products and consider adding a number of supplements to your daily intake (and, of course, read **The Cancer Survivor's Bible** for other ideas you can integrate in your new life – there are many other ideas! - Knowledge is power) . By taking these steps you can eliminate the anxiety. You can say to yourself: I am going to make sure that sucker doesn't come back.

Of course, there is no absolute guarantee that it won't come back but by taking these simple steps you are making its return a great deal less likely. By taking these steps you are taking control of your long term health and of your recovery from cancer.

## **Oooops. Time to stop**

When I started to write this book I set out to tell you of the first 50 ‘insights’ that I felt you needed to know, to think about. But having written those 50 insights (which I published as *Fifty Shades of Cancer*) I felt there were still important matters that I needed to deal with so now I am offering you 61 thoughts (ten more insights but about double the length of the previous book - my apologies to those who bought the first version). I then re-titled the book **Cancer? Don’t Panic!** Because that title grasps the essence of my intentions.

I hope reading this book has been useful. I hope it has helped you understand what you need to understand. Cancer is a journey. Embrace it. Cancer is a wake-up call. So wake up. It’s time to shake up your whole life and change it. How you react will determine where it will take you. Only you can make the many choices that will confront you along the way. I hope I have helped in some way to lead you in the direction of wise choices.

I am now going to suggest that whatever your cancer is that you find a discussion group or forum relating to that cancer. There are various yahoo groups and there is [www.inspire.com](http://www.inspire.com), which I have only recently discovered.. My suggestion is this. Browse the discussions – see the problems that people are complaining of. Understand that these are problems that might affect you if you do the same things they did. If someone complains of limbs swollen from inadequate lymphatic drainage as a result of the removal of lymph glands you might want to ask yourself: Do I want to have my lymph glands removed? I have found many people saying that extremely debilitating side-effects are justified because they are ‘better than the alternative’. This just demonstrates an extreme unwillingness to think ahead, to read around the subject, to embrace the world of alternatives

. I do hope I have caught you in time and that I have given you some reason to go beyond the medical conveyor belt.

But in the end any decisions that need to be made are your decisions. Whatever it is you decide to do, however you decide to respond to your cancer, I wish you luck and health and success.

Jonathan Chamberlain  
[www.fightingcancer.com](http://www.fightingcancer.com)

***“There are two ways to live: you can live as if nothing is a miracle; you can live as if everything is a miracle.”***

Albert Einstein

***“Success consists of going from failure to failure without loss of enthusiasm”***

Winston Churchill

***“Go for it now. The future is promised to no one.”***

Wayne Dyer



## **About the author**

Jonathan Chamberlain was raised in Ireland and Hong Kong. He was for many years a teacher and he has founded two charities for families with a child who is developmentally impaired in some way. In addition he has written a number of novels and works of creative non-fiction. These books are available on internet bookshops. Currently, he lives in Brighton, UK.

## **Other Cancer Books**

### **The Cancer Survivor's Bible**

(also available as ebooks and paperbacks with the title: **Cancer: The Complete Recovery Guides** Books 1-8)

**Cancer Recovery Guide: 15 alternative and complementary strategies for restoring health**

**The Amazing Cancer Kid** – The totally true story of Connah Broom

## **Cancer Websites**

[www.fightingcancer.com](http://www.fightingcancer.com)

[www.cancerfighter.wordpress.com](http://www.cancerfighter.wordpress.com)

[www.facebook.com/groups/cancerrecovery/](https://www.facebook.com/groups/cancerrecovery/)