Questioning Chemotherapy

How chemotherapy does not cure cancer or extend life

"Questioning Chemotherapy," a compelling book written by Dr. Ralph Moss, documents the ineffectiveness and **failure of chemotherapy in treating 96 to 98% of all cancers. His book details the failures (and very few successes) of chemotherapy for more than 50 types of cancer.**

Dr. Moss worked at the Memorial Sloan-Kettering Cancer Center for over 20 years. At a press conference in November, 1977, Dr. Moss released the truth to the public in a well-documented, 48-page report that stated the top officials of Sloan-Kettering had lied about the results of a study performed at the center regarding "laetrile" (an anti-cancer nutrient called vitamin B17). The next day he was fired.

Another well-documented book by Dr. Moss, "*The Cancer Industry,*" reveals the enormous financial and political corruption in the "cancer establishment". He points out that the motivating forces behind cancer research and treatment are often power and generating endless supplies of money, not the cure of cancer patients.

Chemotherapy: Not A Cure

Dr. Moss' book documents the ineffectiveness of chemotherapy for most forms of cancer, such as breast, colon, prostate and lung cancer. Some very rare forms of cancer, including choriocarcinoma, Wilm's tumor and retinoblastoma, have been claimed to be helped by chemotherapy but all of these account for only 2% to 4% of all cancers occurring in the United States. This leaves some 96% to 98% of all other forms of cancers, in which chemotherapy doesn't eliminate the cancer. In fact, research shows that chemotherapy does the opposite: since it destroys the immune system's ability to respond normally, it ultimately helps to hasten the cancer patient to an early, often painful death.

What does "effective" mean?

Whether a cancer treatment is "effective" or not is a matter of definition. The FDA defines an "effective" chemotherapeutic drug as one which achieves a 50% or more reduction in tumor size for 28 days. Only 28 days! In the vast majority of cases, there is absolutely no correlation between shrinking tumors for 28 days and the cure of the cancer or extension of life.

When a cancer patient hears the doctor say that chemotherapy is "effective," he/she thinks that what the doctor really means is that it will cure the cancer. But what *really* happens is that the chemotherapy just temporarily shrinks the tumor (usually for only a short period of time), but at the same time, it poisons the cells of the immune system – so that later on (after only a few months to a year), the tumor will start to grow back more viciously and larger than ever, leading to very poor survival rates.

Does it seem cruel to tell a cancer patient that chemotherapy is "effective", when according to research, it is a known fact that the tumor shrinkage will be only temporary and statistically speaking, the patient has been virtually guaranteed of a much earlier death than if the cancer ran its course without intervention? Is telling a cancer patient that chemotherapy is "effective" *really* just "good marketing" of the expensive but ineffective chemotherapy drugs?

Deterioration of Quality of Life

World wide research shows chemotherapy typically doesn't cure cancer or extend life. Chemotherapy also does not improve the quality of the life, even though doctors frequently make this claim, hoping to convince the cancer patient to begin chemotherapy. Dr. Moss reviewed thousands of research studies and found there is not one single good study documenting the claim that chemotherapy improves quality of life at all – even temporarily.

What a patient considers to be a "good quality of life" seems to be different from what the doctors call a "good quality of life." Chemotherapy's notorious "side effects" (aren't they really "major" effects?) include making you throw up, losing your hair, creating extreme fatigue and destroying your immune system so it can no longer respond normally to even simple infections. Is this improving the quality of your life? Chemotherapy has many other so-called "side

effects": it can give you life-threatening mouth sores; some people have sloughed off the entire lining of the intestines!

One longer-term effect of chemotherapy is particularly tragic: many people who have had chemotherapy can no longer respond well to nutritional approaches to their cancers – often a last resort of help. Since chemotherapy doesn't cure 96% to 98% of all cancers anyway, people who do get chemotherapy may have sadly lost their only chance of overcoming cancer: the use of nutritionally-based therapies to strengthen their immune systems.

Chemotherapists Say "No Thanks" To Chemotherapy

In numerous surveys, most chemotherapists have said they would not take chemotherapy themselves or recommend it for their families. Chemotherapy drugs are some of the most toxic substances ever put deliberately into the human body. They are known poisons and they have been designed to be poisons. The basis of using chemotherapy began with experiments with "mustard gas," the horrible chemical-warfare agents from World War I, promoting the idea of "poisoning" the cancer cells. How-ever, this is simply not possible without poisoning the rest of the immune system at the same time.

Dr. Moss' position on chemotherapy's failure as a cancer treatment is supported by many major researchers in the study of cancer treatment. As early as 1975, Nobel Laureate James Watson of DNA fame was quoted in the *New York Times* saying that the American public had been "sold a nasty bill of goods about cancer."

Dr. John Cairns, a professor of microbiology at Harvard, published his view in *Scientific American* (1985), "that basically the war on cancer was a failure and that chemotherapy was not getting very far with the vast majority of cancers."

Dr. John Bailer, the chief of epidemiology at McGill University in Montreal and formerly the editor of the *Journal of the National Cancer Institute*, spoke out against chemotherapy. In 1986, the *New England Journal of Medicine* published an article by Dr. Bailer and Dr. Elaine Smith, a colleague from the University of Iowa. Bailer and Smith wrote: "Some 35 years of intense and growing efforts to improve the treatment of cancer have not had much overall effect on the most fundamental measure of clinical outcome - death. The effort to control cancer has failed so far to obtain its objectives."

In 1991, Dr. Albert Braverman, professor of Hematology and Oncology at the State University of New York, Brooklyn, published an article in *Lancet*, a prestigious British medical journal, entitled "Medical Oncology in the 1990s," in which he wrote: "The time has come to cut back on the clinical investigation of new chemotherapeutic regimens for cancer and to cast a critical eye on the way chemotherapeutic treatment is now being administered." Dr. Braverman points out that there is no solid tumor that was incurable in 1976 that is curable today by conventional medical means, including chemotherapy. Dr. Moss also confirms this.

What is lost in the unemotional statistic of 500,000 cancer deaths per year is how those people died. Dr. Julian Whitaker, a nutritionally minded medical doctor, points out his views on conventional cancer treatment: "cancer therapy is so toxic and dehumanizing that I fear it far more than I fear death from cancer. We know that conventional therapy doesn't work -- if it did, you would not fear cancer any more than you fear pneumonia. It is the utter lack of certainty as to the outcome of conventional treatment that virtually screams for more freedom of choice in the area of cancer therapy. Yet most so-called alternative therapies regardless of potential or proven benefit, are outlawed, which forces patients to submit to the failures that we know don't work, because there's no other choice."

The Greatest Breakthrough in Chemotherapy: Suppressed?

Dr. Moss identifies the greatest breakthrough in chemotherapy history: an exhaustive 1990 research study done by Dr. Ulrich Abel, a biostatistician at the University of Heidelberg. Dr. Abel's critique focused on whether chemotherapy effectively prolonged survival in advanced epithelial cancer. His conclusion was that chemotherapy was not effective. Based on extensive factual data, he also concluded that **chemotherapy overall for most all cancers was ineffective**. A recent search to find reviews of his work in American medical journals turned up "zero" reviews. Is the enormous impact of Dr. Abel's irrefutable research regarding chemotherapy being suppressed in American medicine? What is the reason for the "black-out" on his research?

With the extensive documentation in Dr. Moss' book and the statistical evidence developed by the experts on chemotherapy, why is chemotherapy still being pushed by the majority of oncologists? Dr. Moss feels that "there's a tremendous conflict going on in the minds of honest, sensitive, caring oncologists." They're in a very difficult position because they have spent many years in training to learn how to give these poisonous, deadly compounds. They originally went into oncology to be able to help the cancer patient, yet they realize the tools they've been given do not work – and worse yet, that chemotherapy is shortening the patient's quality and quantity of life. They also see what happens to physicians who "step out of line" and treat cancer with alternative, nontoxic methods. Some try to leave medicine and get into other professions, but few jobs pay as well as a medical career.

After years of seeing so many patients go rapidly "down hill" after beginning chemotherapy, some well-meaning oncologists have simply taken a few selected patients aside (the ones they feel will not expose them) and say, "I didn't tell you this and I will deny it if you tell anyone I said this, but don't do chemo. It will not work for your daughter. Go home and try other methods." This is exactly what happened to one of our friends who took their cancer-stricken, 16-year-old daughter to a cancer facility in California. After their doctor told them the truth, they quietly exited the chemo program for their daughter and then tried nutritional methods. She is doing very well today, cancer-free.

But woe unto the oncologist who is "caught" warning the patients against the "establishment" cancer protocols or simply not following their protocols. Armed raids, loss of licensure, professional smearing and ostracism are some of the consequences. At a recent National Institute of Health meeting, Dr. Lundberg, editor of the *Journal of the American Medical Association* is quoted as saying of chemotherapy: "[It's] a marvelous opportunity for rampant deceit. So much money is there to be made that ethical principles can be overrun sometimes in a stampede to get at physicians and prescribers." You never heard that on the evening news.

Cancer: $100 Billion Spent Per Year

The economics of cancer treatment are astounding. Cancer treatment is close to $100 billion annually (that's $100,000,000,000). The chemotherapy part of that is close to $8.5 billion. Looking from another angle: the Bristol Myers company owns patents on 12 of the nearly 40 "FDA-approved" chemotherapeutic drugs. The president, past president, chairman of the board, and a couple of the directors of Bristol Myers all hold positions on the board at Memorial Sloan-Kettering Cancer Center.

The death rate for cancer continues to go up. Conventional treatment is based on a faulty premise: that the body must be purged of cancer by aggressive and toxic methods such as surgery, chemotherapy and radiation therapy. In reality, it is the body that ultimately must heal itself – not a toxic "killing of the cancer." That is why the best outcome in cancer can only be when the body's immune system is strengthened – not weakened.

Don't Take A Passive Role

If you are in a fight for your life, then be sure you educate yourself. It is perplexing to hear the news stories of some celebrity, who has started some sort of toxic chemotherapy and is, as the news commentator says, "courageously battling for his life." What does that really mean? The celebrity, who has simply accepted conventional cancer therapy, is no more "courageous" than a laboratory mouse. Of course, it is the celebrity's choice – but the very opposite of a willful act of courage.

Taking a passive role in accepting conventional cancer therapy is dangerous. Remember Jackie Kennedy who, after a "courageous fight," succumbed to non-Hodgkin's lymphoma - or did she? Her early death, attributed to the cancer, was a shock to cancer specialists worldwide, but it brought the real cause of her death into question. She had been given an unproved protocol of very high-dose chemotherapy. These drugs alone could easily have caused her death - and this would not be unusual. There are numerous cases of iatrogenic (doctor-induced) deaths from chemotherapy.

Actively Fight For Your Life

A person with cancer who says, "no thanks" to therapies that have been proven not to work has begun the first step in a long journey. The person must begin to educate himself/herself by reading many different educational sources – to construct their own best battle plan in winning against cancer. This is acting courageously. What have they got to lose?

It is unreasonable to expect conventional cancer experts to offer the best approaches for most cancers. Irrefutable worldwide research shows too much evidence to the contrary. Since conventional cancer treatment is toxic and simply doesn't work, it appears that the most survivors will be those that investigate other alternative, nontoxic approaches.

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Dr. Donna F. Smith
AdvancedClinicalNutrition.com
P.O. Box 4652
Wichita Falls, TX 76308
(940) 761-4045

The Cancer-Sugar Connection

Sugar Feeds Cancer

The simple concept that **"sugar feeds cancer"** is often overlooked as part of a comprehensive support plan for cancer sufferers. Of over 4 million cancer patients being treated in the U.S. today, few are offered specific advice or guidelines for using optimum nutrition, beyond being told to "just eat good foods." Most cancer sufferers lack knowledge of what an optimal nutritional program is or how to implement it.

Many cancer sufferers could have a major improvement in the outcome of their disease if cancer's preferred fuel, glucose, was controlled. Eliminating refined sugar and adopting an optimal whole foods diet combined with top quality nutritional supplements and exercise, may be critical components in recovering from cancer.

Glucose: The Fuel of Cancer Cells

Dr. Otto Warburg, Ph.D., a 1931 Nobel laureate in medicine, first discovered that cancer cells have a different energy metabolism compared to healthy cells. He found that malignant tumors frequently exhibit an increase in anaerobic ("without air") glycolysis -- an abnormal process whereby glucose is used as a primary fuel by cancer cells and which generates large amounts of lactic acid as a byproduct. (1)

In contrast, normal cells predominantly undergo aerobic ("with air") cellular metabolism. In cancer, the large increase in lactic acid generated by the cancer cells must be transported to the liver for metabolism and clearance. The lactic acid creates a lower, more acidic pH in cancerous tissues as well as overall physical fatigue from liver stress due to overworking to try to clear the lactic acid buildup. (2, 3) Consequently, larger tumors tend to have a more acidic pH. (4) The goal is to return the body to aerobic metabolism as quickly as possible and to achieve an alkaline tissue pH (between 6.4 – 7.0). An alkaline environment is an unfavorable environment for cancer growth.

Since the cancer cell's metabolism, anerobic glycolysis, is very inefficient, extracting only about 5% of the available energy in the food supply and from the body's own calorie stores, the cancer, in effect, is "wasting" energy, so the cancer sufferer eventually becomes tired and undernourished. This vicious cycle increases body wasting – often in a downward spiral until death. (5) This is one reason why almost 40% of cancer sufferers die from malnutrition (called cachexia or "wasting away"). (6)

Do Glucose IVs Feed Cancer?

In hospitals, the total parenteral (TPN) solution typically given to cancer patients intravenously provides 70% of the calories going into the bloodstream in the form of glucose. These **high-glucose solutions** for cachectic cancer patients may be a poor choice of I.V. nutrition and may in effect, be **serving to feed the tumor**. A more nutritionally balanced I.V. solution with low glucose levels in addition to a broad spectrum of nutrients such as amino acids, vitamins, minerals, lipids and co-factors, may be a much better choice and allow the patient to build strength and would not feed the tumor. (7)

The best way to regulate blood-glucose levels in cancer sufferers may be the following: 1) an optimal whole foods diet 2) top quality nutritional supplements with a broad spectrum of anti-infective, immune-supportive phytonutrients, 3) regular exercise and sunlight 4) gradual weight loss (if overweight) and 5) stress reduction. Professional nutritional guidance is crucial for cancer victims. The goal of nutrition therapy is not to eliminate all carbohydrates from the diet but eliminate all refined carbohydrates, and thus, control blood glucose within a narrow range to help starve the cancer and also bolster immune function.

Blood Sugar Standards

"Sugar" is a generic term used to identify simple and complex carbohydrates, which includes monosaccharides such as fructose, glucose and galactose; and disaccharides such as maltose and sucrose (white table sugar). The standards for blood sugar levels: a) less than 110 mg/dL is considered normal b) 111 to 125 mg/dL is considered to be impaired glucose tolerance and c) 26 mg glucose/dL blood or greater is considered to be diabetic (1997 American Diabetes Association blood-glucose standards).

Excess Blood Sugar and Degeneration

The diets of our ancestors which consisted of vegetables, lean meat, whole grains, nuts, seeds and fruits, is estimated to have promoted healthy blood glucose levels between 60 and 90 mg/dL. (8) Today's typical diet high in refined sugar is promoting abnormally high blood sugar levels and unprecedented unhealthy effects in blood-sugar metabolism. Excess blood glucose can initiate yeast overgrowth, blood vessel deterioration, diabetes, heart disease, increased rate of infections and many other adverse health conditions. (9)

Blood Sugar and Breast Cancer

A mouse model of human breast cancer demonstrated that tumors are sensitive to blood glucose levels. Mice were injected with an aggressive strain of breast cancer, then fed diets to induce one of the following: high blood sugar (hyperglycemia), normal blood sugar or low blood sugar (hypoglycemia). The findings showed that **the lower the blood glucose, the greater the survival rate**. (10, 11) This suggests that **reducing refined sugar intake is a key factor in slowing breast tumor growth.**

A large-scale epidemiological study of 21 modern countries that track morbidity and mortality (Europe, North America, Japan and others) revealed that **sugar intake is a strong risk factor that contributes to higher breast cancer rates, particularly in older women.**(12)

Blood Sugar and Immune Cell Activity

In an immune cell study, 10 healthy people were assessed for fasting blood-glucose levels and the phagocytic index of neutrophils, which measures the ability of immune cells to destroy invaders such as cancer. **Eating 100 grams of carbohydrates from glucose, sucrose, honey and orange juice all significantly decreased the capacity of neutrophils to engulf bacteria. Starch did not have this effect.** (13)

In a 4-year research study at the National Institute of Public Health and Environmental Protection in the Netherlands, 111 cancer patients (with cancer of the biliary tract) were compared with 480 controls. **Cancer risk associated with the intake of sugars, independent of other energy sources, more than doubled for the cancer patients**. (14)

The medical establishment may be missing the connection between sugar and its role in tumorigenesis. The PET scan, a million-dollar positive emission tomography device, is regarded as one of the ultimate cancer-detection tools. PET scans use radioactively-labeled glucose to detect sugar-hungry tumor cells. The more glucose that is detected at a site, the worse the tumor is becoming. PET scans are used to plot the progress of cancerous tumors and to assess whether present protocols are effective. (15)

Kick the Sugar Out

In Europe, the "sugar feeds cancer" concept is well known. Glucose has an irrefutable role in encouraging the growth and metastasis of cancer. Based on research and the cancer-sugar connection, **the best dietary recommendation** for those with cancer may be a **whole foods, organic diet** with includes more fresh, organic vegetables, but less sweet fruit (such as bananas, figs, dates, etc.) as well as **eliminating all refined sugars, (such as fructose, sucrose, sorbitol, maltodextrin, etc.) including hidden refined sugars** (found in foods not normally associated with containing sugar such as soups, breads, ketchup, etc.). This carefully planned regime may be an enormous help in regulating blood glucose and hence, improving immunity while selectively starving cancer cells.

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Dr. Donna F. Smith
AdvancedClinicalNutrition.com
P.O. Box 4652
Wichita Falls, TX 76308
(940) 761-4045

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Chlorinated Water Can Affect Cancer Risk

Epidemiology. 1998;9(1):21-28, 29-35

Lifetime consumption of chlorinated tap water can more than double the risk of bladder and rectal cancers in certain individuals, two new studies conclude.

Both studies examined the lifetime water-consumption patterns, diets and lifestyles of over **2,200** middle-aged and elderly people suffering from either bladder, colon, or rectal cancers. Those profiles were then compared with those of a pool of nearly 2,000 healthy 'controls'.

Recent research has suggested that **chlorine reacts with naturally-found organic compounds in water to form what the study authors call "chlorination byproducts."**

They say many of these byproducts are "mutagenic and/or carcinogenic." The first study found that smoking men who drank chlorinated tap water for more than 40 years faced **double the risk of bladder cancer** compared with smoking men who drank nonchlorinated water. Women who drank chlorinated water, on the other hand, had only slightly raised risks for bladder cancers, regardless of (their) smoking status.

The second study found that **rates for rectal cancers for both sexes escalated with duration of consumption of chlorinated water**. Individuals on low-fiber diets who also drank chlorinated water for over 40 years more than doubled their risk for rectal cancer, compared with lifetime drinkers of nonchlorinated water.

Similar differences were also found between the risk patterns of chlorinated-water drinkers who exercised at least once a week, and those who exercised just once a month, or less. Experts have long recommended regular exercise as one means of reducing one's risk of rectal and other cancers.

The study found no link between the long-term consumption of chlorinated tap water and the incidence of colon cancer. This was not surprising, the researchers explain, since colon tumors have very different patterns of genesis and development compared with rectal tumors.

They speculate that the source of chlorinated tap water may help determine its potential to promote cancers.

Since **surface water** (such as that found in lakes and reservoirs) usually contains higher concentrations of organic compounds, the study authors say it is also more **likely to contain higher levels of (potentially carcinogenic) chlorination byproducts**, compared with water sourced from deep underground.

Our Comment:

Foods which have been highly heated (i.e. heated over boiling temperature, 212^0 F.) and thus, contain toxic acrylamides, should avoided for those who want to enjoy excellent health and a long life.

This new evidence further supports the concept of eating some raw (uncooked) food every day as a regular part of your diet. We recommend eating at least 50% of your diet as raw food, such as fresh fruit, raw vegetables (especially raw salads), soaked nuts and seeds (soaking them neutralizes their enzyme inhibitors which can interfere with human digestion), fermented seed cheese, raw homemade kefir, etc.

Boiling Temperature is Safe. When cooked foods are eaten, they should not be cooked over boiling temperature (212^0 F.) to avoid the formation of acrylamides. Foods heated in a microwave oven or a regular oven (which usually means temperatures between 300 – 450 deg. F) should be avoided. Examples of highly heated foods (best to avoid) are bread, cakes, cookies, buns, rolls, bagels, pizza, French fries, chips, donuts, etc.

An excellent, delicious alternative to eating most breads (typically highly heated) is to make your own homemade flatbread (using a skillet on your stove). Ask for our Flatbread recipe.