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Foreword

EVERY NOW AND THEN A BOOK comes along that truly resets the grid for how we think and how we behave. When it comes to breast cancer, this is one of those books. As I read through it, I kept thinking, *At LAST, a book that tells women with breast cancer—either newly diagnosed or with a recurrence—the whole truth. On every level—body, mind, and spirit. And then gives them a concrete way to access their own healing power. Eureka!*

So many things are right about this book. First and foremost, Greg Anderson knows exactly what he's talking about. He has personally helped over 19,000 individuals design their best integrative treatment plans that incorporate social supports, nutrition, massage, meditation, and other approaches to their care that involve their whole being, their person, and not just their disease. He has been there himself. Diagnosed with terminal lung cancer many years ago, Greg accessed his inner ability to heal, has been cancer free for decades, and now teaches others what he has learned.

Interestingly enough, lung cancer—like breast cancer—occurs in the area of the fourth chakra, commonly known as the heart chakra, the part of the body most closely associated with giving and receiving whole-heartedly, releasing grief and resentment, and allowing in full partnership and joy. This similarity tells us that Greg knows very intimately the kind of emotional healing that is required for those who have breast cancer.

There's another important point I want to stress about this book. It could not have been written by a doctor who treats breast cancer. Why? Because the practice of medicine is overly focused on drugs and surgery, and the belief system that runs conventional medicine

is that the tumor (or the germ) is the enemy, and the enemy must be eliminated by any means possible, however toxic. This belief is so engrained in current medical practice that to step outside and suggest other treatments is to risk professional censure or even the loss of one's license or hospital privileges.

In conventional medicine, the body's innate ability to heal itself is virtually ignored. And the role of nutrition in general and vitamin D in particular are misunderstood or simply not addressed. I recall very vividly that back in the early 1980's, when I'd counsel a breast cancer patient about her diet, I'd have to close my door so that my colleagues wouldn't hear me engaging in what was, at that time, medical heresy. Yes, just diet! That might surprise you, given that nutrition is more widely accepted as a legitimate science now. (Which is not to say that an institutional medical bias against it doesn't remain.)

Yet it is still entirely too perilous for a doctor to talk to a patient about the role of her emotions and her relationships in her state of health. It is still taboo to stand at the bedside of a breast cancer patient and suggest that her cancer may, in part, be associated with an unmet need for nurturance or for expressing a loss that has not been acknowledged. This is considered "blaming the victim," because doctors are simply not taught how to deal with their own emotions, let alone those of their patients.

This fear of victim blaming keeps doctors from even mentioning the role of the human spirit and emotions in diseases like cancer. I'm not suggesting that anyone should be *blamed* for becoming ill. But that doesn't mean we should deny that disease has emotional links and that working through difficult emotional material is a critical component of healing. This "keep emotion out of it" mindset that pervades the teaching and practice of medicine robs us of our true power to heal—by pointing us in the opposite direction of where true healing lies.

Clearly there is nothing to be gained by a stance that includes blame in any way. And one must have a relationship with her healthcare practitioner that is based on empathy and compassion

before it feels safe to uncover emotions as uncomfortable as guilt, shame, resentment, or anger. But the first step in the healing process is validation of the role of emotions in the first place! As Marshall Rosenberg so brilliantly points out in his work on nonviolent communication (www.cnvc.org), our emotions are designed to help us get our needs met. Unfortunately, many of us have been shamed or blamed for having legitimate needs from early childhood. This includes the need for enough sleep, recognition, love, touch, and so on. Unmet and invalidated childhood needs can stay locked in our bodies for years, with each producing an overabundance of stress hormones. These stress hormones, in turn, set the stage for later disease.

The famous ACE (Adverse Childhood Experiences) study from Kaiser Permanente provides very powerful documentation of how unmet childhood needs set the stage for illness. This study found that adverse childhood experiences are vastly more common than is recognized or acknowledged—and they often map directly to disease. Slightly more than half of the 17,000 middle-class, middle-aged study participants in the ACE study had grown up in dysfunctional alcoholic homes, homes with a depressed or mentally ill person, or homes in which they had experienced sexual, physical, or emotional abuse. These individuals, with unmet needs for things as basic as physical safety, were far more likely to incur greater pharmacy costs, doctor visits, emergency room visits, hospitalization, and premature death.

The ACE study certainly validated my own clinical experience. Back in the early 1980's I found that nearly every woman who came to see me with severe PMS, for example, had come from a home in which alcohol, mental illness, or other dysfunction was present. Severe PMS—as well as most other illness to some degree—results from the biochemical effect of chronic stress and subsequent poor lifestyle choices. I've often been reminded of the observation of Lewis Thomas, the former director of the Memorial Sloan Kettering Cancer Center in New York, who wrote, "I have come to believe that cancer is the physical metaphor for the extreme need to grow."

Not surprisingly, those doctors who are brave enough to mention the role of emotions in healing and also tell the whole truth about overtreatment often face the censure and criticism of their colleagues. Because Greg is not a medical insider, he is free to tell the whole truth about things that most doctors are reluctant to admit. One of those truths is that breast cancer is often drastically overtreated in ways that can adversely affect a woman for the rest of her life. Lymphedema of the arm and radiation damage to the heart and lungs instantly come to mind. Anderson fearlessly—and compassionately—takes the time to explain why and how this sort of overtreatment is allowed to happen. For example, he explains how the bone marrow transplant—a brutal treatment—came to be accepted as the standard of care for certain kinds of breast cancer back in the 1990's despite inadequate data on its efficacy. (I had a number of patients barely survive the treatment itself.) He also tells the truth about the political maneuverings that got the insurance companies to cover it and other undertested and often health-threatening treatments.

In short, the information in this book is not only groundbreaking and eye-opening, it is also galvanizing and life-saving. Hear this: *Breast Cancer: 50 Essential Things You Can Do* needs to be in the hands of every woman who has been diagnosed with breast cancer—or who is afraid that she will be. Bravo, Greg Anderson.

Christiane Northrup, MD

Getting the Most from This Book

THIS IS MORE THAN A BOOK. It is a life-saving guide, a roadmap for women on the journey through breast cancer. The message will enable you to discover the answer to the two most important questions: How can I get well? How can I stay well?

By the end of this journey, you will know and understand the big picture—how all these pathways converge, coming together to synergistically contribute to fighting illness and creating new levels of health and well-being.

Through our work at Breast Cancer Charities of America, we have come to observe and understand that the majority of women who not only survive but also thrive following a breast cancer diagnosis exhibit many or all of the following characteristics:

First and foremost, they come to the deep belief in their body's ability to heal. Note the emphasis; the belief is about the body healing, not about the cancer being treated. This is a crucial point of understanding. This theme is revisited again and again in this book.

These same women regain a sense of control over their lives—a sense that leads to assuming personal accountability for creating a breast cancer recovery program that is uniquely right for them. These heroines do not passively hand over responsibility to their doctors and expect a miracle. They proactively fight.

Many survivors also undergo what we have come to describe as a spiritual awakening, becoming vividly aware of and then honoring the long-dormant values and aspirations they have long suppressed. This reawakening—being truly mindful, perhaps for the first time—

brings a new authenticity to their lives. Many look back on breast cancer as a gift that helped them in this transformation.

These same women fully reassess their lives, often becoming relationship sensitive, distancing themselves especially from people to whom they formerly felt beholden. Work and career changes are common as these women release their passion and energy toward what matters most.

Healthy lifestyle choices take center stage with an emphasis on wise nutrition. These women shift away from refined and processed foods. They move toward plant-based diets, consuming more vegetables and fruit and fewer unhealthy fats. And they take vitamin and mineral supplements to help support immune health.

Daily exercise is simply part of this new lifestyle. Survivors move. They consider the exercise discipline a fundamental component of staying well. Importantly, they find a physical activity that generates joy. Exercise becomes a “get to,” not a “have to.”

These disciplines are balanced with a greater awareness of taking time—making time—to relax and enjoy life. The need for play is honored. And for many, meditation and prayer become important parts of daily life.

Survivors release guilt. They forgive—themselves and others. They find the ability to love without condition, and this factor alone creates a life experience that optimally supports health.

And finally, breast cancer survivors tend to become more aware of community, connecting with and reclaiming the sense of a life filled with meaning and purpose that comes from being of service to others, often other breast cancer patients.

This is what I wish for you. Come alive. Using the guidance in this book, I encourage you to become fully engaged in your own health and healing. The aim here is to present you and those you love with a better, more natural, and ultimately holistic way of traveling the breast cancer journey.

Treat the illness? Yes. Appropriate, minimally invasive, least toxic medical treatment has its place.

But even more, create health—physically, emotionally, and even spiritually. When you do, you will not only improve your physical well-being, you will also improve your life.

Erica A. Harvey

Founder and Executive Director

Breast Cancer Charities of America and the iGoPink Campaign

Preface

THE BREAST CANCER JOURNEY is a long and winding road, the ultimate uncertain pathway of vulnerability. Challenges lie at every twist and turn. There seems to be a shortage of unbiased maps.

Although few would choose this journey, the experience is inevitably profound. At its worst, breast cancer may seem like it can destroy body, mind, and spirit. At its best, breast cancer is a journey of discovery that yields new levels of personal wisdom, strength, and dignity.

When traveled with grace, with an open mind and spirit, the breast cancer journey can lead to a deeper understanding of what it means to be a woman, and it can even reveal one's unique role in the world.

You are now on this incredible journey. I know in my heart that you can travel this winding path successfully. I am here to help you do so.

I will assume you are reading this book because you are in one of two positions. You are either:

- A breast cancer patient
- Supporting a friend or loved one who is dealing with breast cancer

If this describes you, I ask you to read the next sentence very carefully:

Your goal is to create health and well-being—physically, emotionally, and spiritually—not simply to treat the tumor.

For more than a quarter century after I received a terminal lung cancer diagnosis, my life's mission has been to offer help, hope, and

healing to people experiencing cancer. With my wife, Linda, and the Cancer Recovery Group, we extend that same offer to the loved ones who support cancer patients. The most frequent type of diagnosis we deal with is breast cancer.

The essential focus of the work is to offer patients a program that unlocks their inherent ability to heal, to create health. We help patients learn about and use their body's significant self-healing resources to live healthier, richer, and longer lives. While there is no natural approach that can guarantee the curing of breast cancer by itself, there is extensive evidence to show that the many things you can do to support your own healing are at least as important as the conventional medical treatments offered by orthodox oncology.

You have an astonishing ability. You possess the ability to heal. You carry within you a healing intelligence that transcends mere medicine. For example, perhaps you accidentally cut yourself. The wound is deep and long. Within moments you find yourself on the way to the emergency room. The wound is cleaned and sutured. You are told to check with your family practitioner.

Provided the bandages are periodically changed and the wound is kept clean, healing proceeds. You do not have to do a thing. Six weeks later, your doctor says all is well.

Did the emergency room physician who sutured your wound accomplish your healing? No. She simply secured the severed tissue. Is your family doctor to be credited with your healing? No, he simply helped you keep the wound clean. Your medical team may have treated you, but something on a higher level accomplished the healing.

You healed. The astonishing inner healing intelligence you possess is to be credited. The good news is that this intelligence awaits your discovery in your journey through breast cancer.

In this book, I am going to do everything possible to encourage you to consciously embrace what I have come to call your Inner Healer. Your active participation with this power is some of the most important work in which you have ever engaged.

Breast Cancer: 50 Essential Things You Can Do is written for those people who want to survive the experience of cancer and who are willing to participate actively in the recovery process. This book's goal is twofold: to inform you on the major issues following a breast cancer diagnosis and to encourage you to implement a comprehensive recovery plan of your design that has your highest confidence level.

This program is designed to help you maximize your opportunity for a complete recovery while maintaining a high quality of life. This is not a book to be read and then put away, never to be referred to again. Instead, think of using this as your health and healing resource guide for the next two years—a reasonable time for recovery. Return to it again and again for periodic checkups or to get “unstuck” in your breast cancer journey.

I believe this book has a meaningful message for every person affected by breast cancer. The strategies are tailor-made for the person with a new diagnosis. If you have recently been told, “You have breast cancer,” you'll find here the information you need to gain control over your fears, analyze your diagnosis, and put in place the most effective integrated cancer care program possible. For the newly diagnosed, I recommend following the 50 Essential Things You Can Do (see chapter 7) in order. There is a certain logical progression in their sequence. You need a plan. Here it is. Following this pattern will prove invaluable and will ensure that you are making the wisest decisions possible.

This book is also written for the person who has been diagnosed with a recurrence of breast cancer. Recurrence is often a frightening event, a time of medical reevaluation as well as a physical, emotional, and spiritual turning point. I encourage you to make the 50 Essential Things the very heart of your entire analysis. Thoughtfully follow the steps. Use this book as your primary guide. A recurrence does not equate with death. What you do does make a difference. See the 50 Essential Things You Can Do as mandatory points of action. Then you'll know you're doing everything possible to regain your good health.

Before you begin reading, secure a notebook and a pen, or create a new folder on your laptop. I want you to create a Wellness and Recovery Journal. I started mine with a single sheet of my daughter's notebook paper and an old three-ring binder. Nothing elaborate is required. As you read, questions and insights will come to mind. Record them. You'll find yourself clipping newspaper and magazine articles about cancer. Tape them into your notebook. This is going to become your primary source book, a reference manual for your personal referral. Now, twenty-seven years after I was told I would die, I have many binders harboring a wealth of insights that are important to me. I still add information. My journal also serves as an excellent log recording my cancer recovery journey.

Please do the same. You need the clarity the Wellness and Recovery Journal delivers. Even though a road map to recovery is contained in this book, each person must ultimately chart his or her own course.

Use your Wellness and Recovery Journal to record your unique personal insights. Especially record your questions. Then ask. Ask your doctor, your medical technicians, and other survivors. Nothing is to be assumed. Ask about medical terms that you don't understand. Ask about reasons for tests. Ask about the results of those tests. Ask for success stories. Ask. Ask. Ask.

Asking questions gives you significant power. Do not be intimidated by medical jargon, healthcare providers, or the diagnostic and treatment process. You are the one in charge. Ask! Then record the responses. Come back to them again and again.

Through this entire journey, there is good reason to be filled with hope, provided you take an active part in the recovery process. Understand this recurring theme: you must not passively treat illness; you must actively create health. Join me. Let's get started.

The Woodlands, Texas
Spring 2011

Acknowledgments

A HEARTFELT THANK-YOU TO ALL my friends and colleagues at Cancer Recovery Group. I treasure you.

A sincere thank you to my editor, Caroline Pincus. You repeatedly encouraged me to address the issue of breast cancer. Your skill in bringing this message to fruition is unparalleled. Thank you, my friend and colleague.

Several pioneers in integrated cancer care need to be recognized. The late O. Carl Simonton, MD, is the father of modern psychosocial oncology. His work yielded consistent evidence that mind-body techniques such as relaxation, self-hypnosis, and guided imagery significantly reduce stress and anxiety in cancer patients and contribute to recovery.

In Canada, Alastair Cunningham, PhD, traced substantial improvements in quality of life for those cancer patients who adopted the holistic strategy. His work also confirms the validity of the growing body of evidence that psychospiritual self-help not only prolongs life but is also correlated with unexpected remissions of cancer.

I wish to recognize the work of Cedric Garland and the late Frank Garland, both epidemiologists associated with the University of California at San Diego. They established the link between vitamin D deficiency and breast cancer. They were the first to note higher breast cancer incidence in the northern latitudes, where sunlight is noticeably lower than, for instance, in the Southwestern United States. It is their work that led Cancer Recovery Group to be the first public health agency to issue recommendations for vitamin D supplementation for cancer prevention.

My highest respect to Sad Dharam Kaur, ND, for the meticulous work in researching and documenting the wealth of science that validates the power of the natural healing methods referenced throughout this book.

I wish to recognize Dr. Hal Gunn and his entire team at Inspire-Health in Vancouver, British Columbia. You have implemented the world's preeminent model of integrated cancer care. Thank you for your kindness in allowing me to share your work with a broader audience.

To all who so generously gave their time, talents, and creativity to this project, please accept my sincere appreciation.

And to all who search these pages for the answers to wellness, my encouragement and my love.

Author's Note

THE IDEAS IN THIS BOOK are meant to supplement the care and guidance of competent medical professionals. At no time does the author suggest that these steps take the place of conventional medical treatment. Do not attempt a self-diagnosis. Do not embark upon self-treatment of a serious illness without professional help. There are a growing number of informed doctors who will work with their clients to integrate body, mind, and spirit. Find one. Form a healing partnership.



Part One

Understanding the Incredible Journey



The Emerging Model of Breast Cancer Care

IT'S NOT ALL ABOUT THE TREATMENT.

Several years ago, I received a call from Ruth, a medical doctor who was part of a family practice based near Chicago, Illinois. About two years earlier, she was diagnosed with breast cancer. Things were not going well. "I need other options," she said.

As we talked, Ruth first shared how she'd recently become exceedingly depressed and quit her work to have time to heal. However, she was now stuck, overwhelmed by the thought that she may not live to see her two children become adults. She hoped I might share with her more details of the recent findings I'd reported at a conference she'd attended.

From the perspective of orthodox medicine, Ruth was strictly following protocol, doing everything perfectly. This included a mastectomy followed by both chemotherapy and radiation. She'd recently switched from tamoxifen to raloxifene because the reduced risks of adverse effects, especially blood clots, seemed to dictate that change to her. After talking for about twenty minutes, Ruth agreed to complete the Cancer Recovery Group's standard intake form and email it back to me. A follow-up appointment was set for two weeks.

Except for too much refined sugar in her diet, Ruth's responses to our questionnaire were standard. Our second phone call was anything but.

She first needed to talk about her surgeon, a man to whom she had often referred her own patients. They were professional

colleagues, and their spouses even knew one another, she told me. Then Ruth angrily and tearfully unloaded.

“After my diagnosis was confirmed,” said Ruth, “our entire relationship changed. Now I was told exactly what to do, to share the intimate details of my life, to describe my symptoms and even my monthly menstrual cycles and private sexual behavior. I was stripped naked, both physically and emotionally. I was just another patient. I saw the privileged status of doctor ripped away from me. To the medical system, I was now reduced to just another Stage II infiltrating ductal carcinoma. I was expected to do as I was told. And beyond genetic mutations, my doctors could provide no insights into why I contracted this god-awful disease.”

The Question of Cause

There is no one cause for all breast cancers. Nor is there just one treatment for all breast cancers. Many factors contribute to cancer development, and many factors help prevent its development. This includes diet, exercise, toxin exposure, vitamin D levels, hormones, certain medical tests and treatments, as well as gender, age, genetics, race, and more. These factors, interacting together, impact breast cancer development and prevention. For each woman, the combination will be different. The emerging model of breast care recognizes this complexity.

In a sense, Ruth’s doctors were correct. On the cellular level, breast cancer is an expression of genes that have mutated, resulting in cells that have gone awry. But bad genetics are not the cause of 90 to 95 percent of breast cancers. An unlucky draw from the genetic pool explains just 5 to 10 percent of the factors involved in the development of breast cancer.

Genes gone bad are actually the result, the outcome, of many other factors. Your genes turn off and on in relation to the environment in which those genes live. The good news is that even if we do have a gene that potentially predisposes us to cancer development,

lifestyle factors can and will impact the degree to which that gene is expressed.

Dr. Dean Ornish, one of the world's most esteemed pioneers and integrated healthcare revolutionaries, stated, "People should realize that genes may be our predisposition, but they are not our fate. The fact is, massive positive changes in genetic activity are generated through lifestyle choices. Our choices are as powerful as our strongest drugs and occur rapidly in most individuals."

How powerful? Among the researchers who study lifestyle's impact on health, there is a consensus that 50 to 75 percent of cancers are totally and completely preventable. Excellent and compelling scientific evidence shows that eight of ten breast cancers could be prevented, actually stopped before diagnosis. I ask you to pause to consider these points for just a moment. Isn't that a startling revelation?

There's more. Prevention can be accomplished by minimizing or eliminating factors that predispose one to cancer development. These include reducing the consumption of animal fats, avoiding inactivity, eliminating the use of tobacco, and moderating the consumption of alcohol. Prevention of breast cancer is also accomplished by adding nutritional supplements that reduce genetic expression. We will have much more to say about this later in the book.

There's even more good news. If breast cancer can be prevented through these measures, common sense tells us that these same healthful self-care measures will also be of value in both the recovery process and in reducing the risk of recurrence. Happily, there is excellent emerging science to support the huge role that self-care plays in recovery.

There is significant resistance to these natural-healing ideas in much of the orthodox oncology community. Even though Hippocrates, the father of modern medicine, said, more than 2,500 years ago, "Let food be thy medicine and thy medicine thy food," many Western-trained doctors have little tolerance for such ideas. "Eat whatever you want" is what both my surgeon and my radiation

oncologist told me. They were more concerned that I ate anything and everything, sugars and fats included, in order to keep my weight up.

Like most of us, doctors are busy people. Most do their very best to keep apprised of everything that is going on in their field. The good ones constantly read new scientific studies published in professional journals, attend conferences, and see pharmaceutical representatives several times a year. But as a result, there is a pervasive attitude that says, “If it were true, I would know about it.” But clearly, this is an incorrect assumption, especially when it comes to more natural approaches to breast cancer.

Nutrition, exercise, social support, and mind/body/spirit matters are barely, if ever, on the curriculum in medical school. Following a talk I gave at the world-famous MD Anderson Cancer Center in Houston, Texas, a medical oncologist pulled me aside and said, “You must stop spreading these unfounded statements about diet.” She went on to insist that double-blind studies were the gold standard by which to measure all cancer interventions. This is an accurate illustration of the state of mind in which most doctors live and work. There is a profound medical culture bias that dismisses natural approaches in favor of pharmaceutical solutions. She concluded by saying, “Patients don’t want to change what they eat. And they sure don’t want to exercise. They want to receive their treatment and then forget about it.”

Some oncologists have also said to me, “Even if we lower the [research] standards, you experts can’t even agree among yourselves. There’s just no consensus in the natural health field.” My response was that patients should do everything possible to help prevent and control cancer in ways that do not harm the body. Predictably, I was asked to provide proof there would be no harm. The demand for hard science stands in the way of common sense—it’s the state of oncology in America and much of the world today.

That said, it is important to note that people who exercise regularly and eat healthfully can still develop breast cancer. Remember, breast cancer is not a single-cause disease. And for each person, the

combination of causative factors is different. However, we can all learn to take better care of ourselves physically, emotionally, and spiritually. A diagnosis of breast cancer is the signal to do so, providing an opportunity to fully love and care for oneself. That truth stands as the premier attribute of the emerging model of breast care.

The History

Conventional Western breast cancer treatment is exclusively focused on the disease. It's the tumor model. Following a myriad of tests, a diagnosis is made. Once diagnosed, the tumor or the blood-based cancer is attacked with surgery, chemotherapy, and/or radiation. Medical expertise is required to prescribe and administer these treatments, and thus a different specialist is necessary to implement each treatment type. The entire process is all about the tumor and precious little about the person.

For Ruth, walking through the gates and into the cancer treatment terrain started poorly. Prior to her initial surgery, she was told she needed a CT scan to determine if the tumor had attached to the chest wall. Ruth knew CT scans were not routinely used in a Stage II breast cancer diagnosis. But the surgeon was insistent. He said, "I need to know whether or not the tumor can be removed with mastectomy." Reluctantly, Ruth agreed.

The test did not go well. CT scans, also called CAT scans or computed tomography scans, require a dye, which acts as a contrast solution, be injected into your arm through an intravenous line prior to the test. "The technician who tried to insert the IV," said Ruth, "knew not what the hell he was doing. First, he couldn't find a vein. Then he dropped the entire IV kit on the floor. Instead of throwing it away and securing a new one, he picked it up and was about to use this now unsterile apparatus on me. I yelled at him, 'Stop it!' And I walked out the door.

"He didn't know who I was," continued Ruth. "He cared only about the procedure and nothing about me, his patient. There I sat in that god-awful gown in that cold exam room, afforded no human

comfort, no respect, and no acknowledgment that I was a living and breathing human being let alone a medical professional. At that moment, I had this sinking feeling. I realized the system in which I was trained, and in which I practiced, would eventually fail me.”

Breast cancer patients most often turn to the Cancer Recovery Group after the system has in some way failed them. Perhaps these women are concerned about the tests used to arrive at their diagnosis. Or they feel as if they are being rushed, even forced, into treatments without understanding their options. Many breast cancer patients reach out to us only after traditional medical treatments have failed and they’ve heard the frightening words “Your cancer is back.”

Overtreatment

Much too often, these brave women turn to us when they are physically so weak and fragile that they fear they can withstand no more treatment. “Radiation has me so fatigued I can’t function,” they say. Or “I cannot go through another round of chemotherapy.” The sad fact is we spend a great deal of time and effort helping cancer patients deal with overtreatment.

I first became vividly aware of the problem of overtreatment in the early 1990s. A young California mother by the name of Nelene Fox turned to us for guidance. She had an advanced invasive ductal carcinoma. Her first words were surprising: “Can you help me raise the \$250,000 I need for a bone marrow transplant?” Her insurance provider, Health Net, refused to cover the procedure because they considered it unproven and experimental.

Those were brutal days in breast cancer treatment. Oncologists boldly proclaimed that high-dose chemotherapy followed by bone marrow transplant offered the cure for advanced breast cancer. And medical journalists, especially in the major weekly news magazines, blindly fanned the flames of this optimism. Many in the breast cancer community proclaimed high-dose chemo and bone marrow transplant to be the Holy Grail.

The procedure was exceedingly dangerous. I retain a newspaper clipping in which one doctor describes the process. “We bring the patient to death’s door through an intensive pretransplant regimen of chemotherapy and radiation. Our treatment involves a four-drug regimen and is 35 to 40 percent more intensive than the regimens used in the recently reported studies. We administer our regimen in a highly specialized transplant unit, not in the outpatient setting. Although the treatment itself is associated with a 21 percent mortality rate, the payoff may be a higher proportion of women surviving and being cancer free.” Brutal by any standards.

While trying to persuade Health Net to pay for the bone marrow transplant, Nelene Fox did raise the funds to have the procedure. But eight months later, she died. Her brother, Mark Hiepler, is an attorney, and he brought a lawsuit against his sister’s insurance company. He won, and the jury awarded the Fox family \$89 million. Although the settlement was subsequently negotiated down to smaller sum, the case is considered a watershed moment in that thereafter most health insurance companies began approving high-dose chemotherapy with bone marrow transplant for advanced breast cancer.

This era spawned a desperate flurry of activities attempting to position this procedure as the quintessential answer to breast cancer. With the financial help of the biggest international pharmaceutical companies including Amgen, Aventis, Pharmacia, and Wyeth, the procedure was researched and promoted. Transplant doctors testified before Congress and appeared in the media. Breast cancer advocacy groups like the Susan G. Komen Breast Cancer Foundation, now called Susan G. Komen for the Cure, lobbied both federal authorities and state legislatures to mandate insurance coverage for the procedure. Hospitals from coast to coast proudly rushed to equip their facilities with bone marrow transplant units, encouraging their physicians to learn the procedure. Providing transplants for breast cancer patients was good business.

At that time, the Cancer Recovery Group was based in Southern California, where we ran the largest cancer support group in the nation. We always built our message around less toxic and least

invasive prevention and treatment options. But in the early 1990s, our message was drowned out. For nearly five years, the number one request from patients and their family members was information on high-dose chemo and bone marrow transplant.

New drugs were introduced that made it possible to harvest marrow cells from blood rather than having to extract it from a woman's hip. And soon it was possible to administer high-dose chemo and transplant on an outpatient basis. It was all systems go to make high-dose chemotherapy and bone marrow transplant the new standard of care. Its efficacy was accepted as an article of faith.

It wasn't until 1999 at an American Society of Clinical Oncology (ASCO) meeting that researchers presented four studies that showed women did no better with the high-dose chemotherapy and bone marrow transplant treatment than those who received only low-dose chemotherapy. From that point forward, the procedure was discredited and today is largely abandoned.

More Is Not Better

The beliefs behind the more-treatment mindset die hard and are the reason so much unnecessary care is still delivered by doctors and hospitals. In the world of breast cancer care, it is widely agreed that surgery is the most effective treatment, contributing more to halting the progression of the disease than the other treatment modalities combined. Yet beyond surgery, there is little certainty about which drugs or which procedures actually work best.

Our culture seeks cures. Most people in developed societies believe fervently in the doctrine that modern medicine cures. Cure—it's almost a statement of faith, pervasive on every continent. And most breast cancer patients look to its high priests, the oncologists, as their saviors. We seldom question the ongoing march of science. In fact, we expect it, taking scientific progress as a given. Both patients and healthcare professionals are deeply in need of believing that medicine cures.

That belief fosters a more-treatment-is-better-treatment sentiment that is deeply imbedded in conventional Western oncology. It is driven by physician-specialists who don't really know which of the major treatment modalities are truly the most effective. It leads to massive overtreatment.

This is exacerbated by the hammer syndrome, something I first explored more than twenty years ago. The syndrome looks like this: If you are a surgeon, every answer looks like surgery. If you are a radiation oncologist, all your answers point toward radiation. And if you are a medical oncologist, every answer involves drugs. I'll have more to say about chemotherapy later. The point is, if you are trained in a narrow subspecialty, that's what you see as the answer. If you're a hammer, the whole world looks like a nail.

But there is much more to this overtreatment warning. Most oncologists lack the specialized training needed to independently interpret the evidence that is available to them. This leads even well-intentioned physicians to treat patients out of an understandable altruistic and humanitarian motive to help, even when they may not know what is the best thing to do.

Medical oncologists are famous for statements like "We will never know if this drug can help you unless we do just one more round." There is a vast array of evidence that suggests the last round is often the fatal round. The Cancer Recovery Group's work has led me to believe that thousands of patients die each year not from cancer but from cancer treatment.

In the mid-1990s, my wife and I personally walked through a breast cancer experience with Denise, a close family friend. I knew virtually all the members of the medical team, including the medical oncologist. After he delivered Denise's diagnosis and reviewed the recommended treatment protocol, the kindly, soft-spoken, and well-meaning oncologist pulled me aside and said, "Your friend is in for a rough time. We can give her a year, maybe a little more."

Denise and her family had blind faith in medicine. We asked, "What are the other treatment options?" The answer was some early-stage clinical trials. I tried to explain the dangers of early-stage

clinical trials. But Denise's answer was always "Let's try." At the end of her battle, the kindly doctor called me to say, "We tried this new drug. It's a shot in the dark. But we'll never know unless we try." Denise never made it out of the hospital alive, another victim of overtreatment.

In America, the fear of malpractice drives what is euphemistically called defensive medicine. This is the practice of diagnostic and therapeutic procedures conducted primarily as a safeguard against possible malpractice liability, not as a means to improve a patient's health. In breast cancer, fear of litigation is often behind a long list of diagnostic scans, genetic tests, specialty surgeries, and treatment recommendations involving radiation and chemotherapy even when the cancer has been diagnosed at the very earliest stages.

Overtreatment may also be due to prevailing local medical practices. Even when excellent outcome-based evidence exists, treatment choices can and do vary dramatically from place to place.

This is clearly the case in early-stage breast cancer. Studies show that mastectomy and lumpectomy achieve similar long-term survival. But doctors differ sharply in their attitudes toward these treatments. John E. Wennberg, MD, MPH, pointed out in his Dartmouth Atlas studies that there are regions in the United States in which virtually no Medicare women underwent lumpectomy, while in another, nearly half did.

Why such massive disparity? Clearly, it was not based on science, as the studies show similar outcomes. Based on science, you could expect something closer to 50 percent mastectomies and 50 percent lumpectomies. But many treatment decisions are based on the notion of "That's the way we do it here." As a breast cancer patient, it is critical that you understand if local customs, rather than the best medicine, are driving your treatment recommendations. We'll cover the outcome-based treatment guidelines later in this book for your comparison and analysis.

Such extreme variations arise because patients commonly and willingly delegate decision making to their physicians. Decision delegation is most often given under the assumption that the

doctor knows best. Behind it is a belief that physicians can always understand a patient's values and thus recommend the most appropriate treatment for each person. But often, very often, local custom rather than outcomes-based evidence drives these treatment recommendations. Studies show that when patients are fully informed about their options, they often choose very differently from their physicians.

Beyond all these very understandable reasons, I have come to believe that the most powerful reason American doctors and hospitals overtreat is that most of them are paid for how much care they deliver rather than how well they take care of their patients. Western medicine, especially as practiced in the United States, is reimbursed on a piece-rate basis. It's like the man on the old-fashioned assembly line: the more widgets he made, the more he was paid. This one factor alone has led to a massive overtreatment of many illnesses, including cancer, and especially breast and prostate cancers.

As is so often the case, it all comes down to the money. Harsh, I know, but true.

Hospitals, doctors, medical equipment manufacturers, pharmaceutical companies, and all the organizations that support breast cancer diagnosis and treatment have a bias. They have a deeply vested interest in the more-treatment-is-better-treatment paradigm. Pharmaceutical companies do not want medical oncologists to prescribe less chemotherapy. Manufacturers of radiology equipment do not promote the use of less radiation. And the companies that manufacture surgical gloves do not want fewer surgeries. It goes on and on and on.

Therefore, as you set foot on the breast cancer journey, be very aware. You are not looking for more medicine. You are seeking the best medicine. The two are not the same. This book will guide you in that quest.

The Shift

Because the focus of the tumor-based cancer care model is simply on the tumor, little if any effort is expended in exploring the benefits of healthful diet, regular exercise, immune-enhancing treatments, social and emotional support, spirituality, or other methods to enhance a patient's well-being. And as so often happens, a focus solely on the tumor leaves the thinking patient disempowered and unable to contribute to her own healing.

Let's be clear: surgery, chemotherapy, and radiation can play an important role in cancer treatment. But with breast cancer, especially early-stage breast cancer, the benefits that conventional treatment may provide must be carefully weighed against the risks. Those risks are great, including the potential for premature death and greatly reduced quality of life.

Conventional treatments do not address the underlying factors that prevent or predispose one to cancer development. Conventional breast cancer treatments treat symptoms. This includes the tumor. The tumor model of breast cancer care considers the tumor the entire problem. The emerging model of breast cancer treatment recognizes the tumor as a physical indication of a greater underlying imbalance.

Let's repeat: the new model of breast care recognizes the growing evidence that supporting and creating high levels of well-being with healthful nutrition and exercise are at least as important as any conventional cancer treatment. Plus, the broader aspects of emotional, social, and spiritual support can be critically important to creating optimal health and a level of well-being that transcends disease.

Science is beginning to discover what healers have known for centuries—that our mind and body and spirit are inseparable. Together they create a life force that nurtures health, healing, and the optimal functioning of our immune system. This means that health is much more than healthcare, that breast cancer is much more than breast cancer treatments.

Understanding and acknowledging that our body and mind and spirit are inseparable, the emerging paradigm of breast care provides

optimal support for one's whole person. These disciplines can be naturally and safely integrated with conventional breast cancer treatments. Supporting overall health supports immune function, which in turn facilitates the healing process, improves our quality of life, and enhances recovery. In short, the wise integration of body, mind, and spirit creates health.

With the growing scientific evidence supporting this philosophy and these practices, the integrated approach is now embraced by an ever-increasing number of women diagnosed with breast cancer. Even a growing cadre of physicians, practitioners, and allied health-care professionals are coming forward to serve breast cancer patients in optimally engaging in their own health and healing. Unlike the early 1990s, today there is room for optimism.

The study of the relationship between the mind, body, and immune system is called psychoneuroimmunology. Scientists are discovering that when we feel empowered, our immune system is empowered. Fear can have a substantial negative impact on immune function, whereas regaining a sense of control and positive engagement in our own health and healing helps support immune function. The important principles of empowerment, self-engagement, and personal choice are at the heart of the emerging model of breast care.

More than any other dynamic, the emerging model understands that mind, body, spirit, and immune system are one. We are moving away from the single-dimension tumor model of breast cancer care toward multiple ways of supporting mind, body, spirit, and immune function, such as exercise, nutrition, and stress reduction. They are all interrelated, each contributing to the benefit provided by the others in a synergistic way. By engaging in the many ways we can support mind, body, and spirit, we clearly optimize our body's healing potential. And today we can say with certainty that a breast cancer recovery program without integration of body, mind, and spirit is incomplete.

Thousands of cases of recovery from so-called incurable, life-threatening diseases, including advanced cancers, have been scientifically documented. I am one of those documented cases. You also have that potential.

While research of this remarkable phenomenon is still in its infancy, we are now beginning to understand how we can more optimally support our body's amazing ability to heal. With growing scientific interest in this field, researchers have begun to study patients who have recovered in hopes of understanding how we all can better facilitate our body's remarkable healing abilities. And while that research is good and even necessary, I am asking you to act now to design and implement your own integrated breast cancer recovery program. There's simply no good reason to wait.

Beyond the Cause: Your Response

The new model of breast health means there is limited room for patient passivity. The patients who do well actively participate in creating health and well-being. The good news is that when we do engage in our own process of recovery, we regain a sense of autonomy, a feeling that we can impact our own health and life, a sense of being in charge. Numerous studies have shown that patients who become actively involved in designing their recovery plan are more likely to follow through with their treatments, less likely to have complications, and more likely to have favorable outcomes than those who simply take a passive role.

I do realize that becoming an active patient has its own challenges. Being told that you have breast cancer is usually a very frightening experience. Due to the technical nature of conventional cancer treatment regimens, those decisions tend to be driven by specialists. At this point, patients often become passive bystanders in their own care. Overwhelmed by procedures, treatments, and side effects that they may not understand, they acquiesce.

Most breast cancer patients are also haunted by questions about their prediagnosis role. I often hear statements like "Why me? What did I do wrong? What could I have done differently? Am I to blame for my breast cancer?" These questions are a natural response to a significant diagnosis. While natural, they can generate thoughts and feelings of worry, despair, self-blame, and even resentment toward

others. Misunderstanding one's role very often adds further stress to an already challenging situation.

As a consequence, women with breast cancer are often left feeling isolated, frightened, and depressed, a state that inhibits both immune function and healing. In this context, patients may believe they are unable to contribute in a meaningful way to their recovery and, as a result, experience a sense of loss of control over their own health. At the very time an active response is called for, a passive reaction may be all that is forthcoming.

In our work, we help cancer patients reframe their experience from blame, self-recrimination, or disempowering fear. We help patients gain a broader understanding of cancer and the healing process, develop self-compassion, and create a practical action plan. In this way, patients develop a sense of regaining control and being in charge of their life and health. And that sense of control is a central element that helps in one's healing.

Whether you are active or passive, you have a major influence on your own healing. In a review of Bernard H. Fox's 2005 paper titled "The Role of Psychological Factors in Cancer Incidence and Prognosis" published in the journal *Oncology*, respected psychiatrist and cancer researcher Dr. David Spiegel wrote:

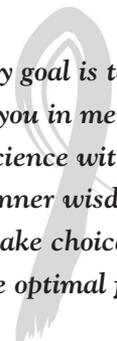
Medicine has focused so much on attacking the tumor that it has tended to ignore the body coping with the tumor and the social and psychological variables that influence the somatic response to tumor invasion.

Biologic treatments that produce only marginal increases in survival are widely employed despite considerable risks and side effects. Many psychosocial practices such as support groups, mind-body practices, and simple relaxation that are clearly helpful emotionally and carry with them very little in the way of risks, side effects, or expense are far less widely employed.

When we engage in creating our own health and healing from the broader integrative perspective, we become active and inspired participants in optimally supporting our mind, body, spirit, and immune

system. Reclaiming a sense of control over our own life and health is a vitally important foundation for the healing process. By doing so, our immune system is enhanced, and we begin to actively work toward creating our own foundations for healing and recovery.

Autonomy and involvement in treatment decisions are important foundations of integrative medicine. All the complementary medical therapies we will discuss in this book are designed to support health and build immune function. And they are meant to do so in the least toxic and invasive manner.



My goal is to guide you in merging science with your inner wisdom to make choices that are optimal for you.

Yet for many breast cancer patients, the fact that many complementary therapies seem to lack the same scientific basis accorded surgery, radiation, or chemotherapy is a real problem. And it's true. While for some of these complementary therapies, substantial scientific evidence supports their use, for others, less research exists. I recognize that scientific evidence is a very helpful guide to choosing treatments. Evidence-informed care is valuable. But as Einstein said, "Not everything that counts can be counted, and not everything that can be counted counts." Trusting your own wisdom is also a very helpful guide to choosing treatments.

My goal is to guide you in merging science with your inner wisdom to make choices that are optimal for you.

The shift to the new model in breast health honors both the contributions and the limitations of orthodox cancer care. By removing or killing tumor cells, conventional cancer treatments can play a valuable role in reducing the tumor load with which the body has to deal. However, since many conventional cancer treatments also have negative effects on healthy cells, these same treatments are often associated with significant side effects that can substantially reduce both immune function and quality of life. Even worse, the long-term negative health consequences of these treatments often mean compromised health for the rest of one's life.

Complementary medical therapies function in an entirely different way. The goal of these therapies is to support the immune system and health, thus facilitating the body's healing abilities. They work together with the body to promote healing. Through this synergistic action, complementary therapies can support the body's health and improve quality of life. Plus, side effects from complementary treatment therapies are far less common.

No one who has participated in our cancer recovery program has ever developed a serious side effect from any of the complementary cancer therapies we have prescribed. More than two thousand years ago, Hippocrates, one of history's great physician healers, said, "Above all, do no harm," and "Honor the healing power of Nature." These principles guide the recommendations in this book.

The vast majority of participants in our program use both conventional and complementary modalities in an integrated way. We encourage participants to choose those therapies that feel right for them. This results in a truly individualized, integrated cancer care program. By providing information, choices, and options, personal autonomy is enhanced and healing is facilitated.

As you consider your own integrated breast cancer treatment program, please remember, conventional treatments do not address the underlying factors that predispose one to breast cancer development. Conventional breast cancer treatments address symptoms. The tumor model of breast cancer care considers the tumor the entire problem. The emerging model of breast cancer treatment recognizes the tumor as a physical indication of an underlying imbalance. And the condition of the body, mind, and spirit combined is the deciding factor in the required rebalance that leads to health and healing.

It's clear: The new model of breast care recognizes healthful nutrition and exercise are as important as any conventional cancer

The tumor model of breast cancer care considers the tumor the entire problem. The emerging model of breast cancer treatment recognizes the tumor as a physical indication of an underlying imbalance.

treatment. Plus emotional, social, and spiritual support add a deeper level of well-being than medicine alone can't offer.

The new model of breast care is grounded in helping your body's natural ability to get well and stay well. Gone is the total focus on the tumor as the problem. The new model focuses on the whole person, creating health and well-being physically, emotionally, and even spiritually. Of course, surgery, radiation, and chemotherapy may still play a role. But in the new model, it's not all about the treatment. It's about you. And that is very good news indeed.