



This book is dedicated to mum, thank you for your endless patience, limitless love, your wise and wacky spirit and your generous heart. You have made my life a delight and I am very lucky to be your daughter.

This edition first published in 2015 by Conari Press
Red Wheel/Weiser, LLC
With offices at:
665 Third Street, Suite 400
San Francisco, CA 94107
www.redwheelweiser.com

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ISBN: 978-1-57324-640-8

Library of Congress Cataloging-in-Publication Data available upon request

Cover design by Jim Warner
Typeset in Stone Serif by M Rules

Printed in Canada
MAR

2 4 6 8 10 9 7 5 3 1

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More information becomes available almost daily and much more may be available by the time you are reading this. To stay in the loop, see the author's website www.mumsnothavingchemo.com.

Foreword by Gemma Bond

Do you see the world through the eyes of a weary traveller or through those of a wonderstruck child? Is your heart full of courage or hopelessness? Gratitude or fear? Hope or despair?

Prior to being ill with cancer, I rarely took the time to question the internal rumblings of dissatisfaction that had been brewing inside me. When my four children started, in turn, to leave home, my sense of purpose left with them, and I didn't consciously register just what a hit my health was taking as a result. It was time for me to rediscover my passion for life, yet I was doggedly resisting the call for change. Cancer turned out to be the catalyst I needed, and my daughter's weekly blog motivated me to stay on the path to wellness and relate to the world in a new, more positive way.

Laura started writing the blog 'Mum's Not Having Chemo' as a way of explaining my decision to say 'No' to mainstream medicine and 'Yes' to ozone therapy, energy healing and more. We both had a burning desire to share some of the information we'd discovered: how these treatments work, which work best – for me, at least – and how they can be used alongside conventional medicine. Although I have always been a fiercely private person, being faced with a life-threatening illness – ovarian and uterine cancer – quickly put paid to my inhibitions and I found I was

happy to share details about my morning coffee enemas, regular vitamin injections and reluctant visits to therapy sessions, if it meant even just one person benefited.

To my amazement, the blog touched many. Messages from people all over the world came streaming in like sunlight, filling my daughter and me with hope and joy and transforming my view of the disease. Rather than seeing cancer as a private 'enemy', I came to see it as more of a communal project through which both my readers and I could grow and learn. Each week my daughter would cover a new treatment or topic in the blog, often calling on well-known and respected experts for their advice. The benefits of this were twofold: not only did I have a weekly reminder of the value of the therapies I was already using, but I was also encouraged to look more deeply at treatments I might otherwise have overlooked. As we've passed on information, readers have opened up and shared their own experiences. Some of their stories have been heartbreaking, but many have been immensely uplifting.

Cancer is not a one-size-fits-all ordeal: what works for one person will not necessarily work for the next. But having read dozens of books on the subject, spent hundreds of hours on the internet and having spoken with countless other survivors, I've discovered that overcoming cancer almost always requires a multi-pronged approach. As renowned naturopath and clinical nutritionist David J. Getoff says: 'When a house is falling apart from the inside, a few new doors and windows will not prevent it from tumbling down.'

For me, my illness signalled the need for a major overhaul on a physical, emotional and spiritual level. Prior to getting cancer, I rarely gave myself permission to pause. I was always postponing leisure time in favour of 'one more' task. I would tell myself, 'If I can just get dinner ready/put one more load of washing on/call in on elderly parents/reply to that email ... then I can relax,' but that time almost never came.

Now, I stop myself when I start hearing that internal dialogue and make time to do what I love, whether it's listening to an inspirational speaker on my iPod or walking around the garden barefoot in the mornings, with my dogs and my gardening gloves. I realised following my diagnosis that I had a nature deficit and that spending more time outside not only soothed my soul, but also brought healing vitamin D, fresh oxygen and a dose of magnesium from a dip in the sea. Going to the beach, once fraught with anxiety and preparation, is now a grab-the-keys-and-go affair: no sunscreen, no make-up, no cares. I now wonder how I denied myself such a feel-good experience for so many years, especially since my home in Australia is no more than ten minutes from the beach.

As well as including things that you feel are missing from your life, it is also important to get rid of all those that are bugging you, if you want to be truly healthy. Toxic emotions and people cause harm on a cellular level, leading to chronic low-level stress and preventing much-needed oxygen from getting to our cells. I've discovered that it's not easy to change the way you respond to stress – but I'm finding that the more I see a situation as part of the universe's grand plan, the easier it becomes to let go.

To give you an example, I recently drove for an hour on a very hot Saturday to pick up a new mulcher – not realising the garden centre closed at 12pm. Instead of reacting in a negative way to this as I once would have done, 'post-cancer' Gemma chose to let it go and enjoy the rest of the day. Rather than blaming myself for not checking the opening hours or being annoyed at my boyfriend, I turned to him and said, 'You know what? It's a beautiful day, let's go to the beach.' When we got there the strip was packed and there was not a parking space in sight. We were just about ready to give up and go home when a woman walked past our car jangling her keys and said, 'I'm parked just over here, follow me!' What I'm finding is that, the more I make an effort

to let go, the more the universe tends to reach out with a helping hand.

People are always asking me and my daughter whether I'm cured. Many even cast doubts as to whether it's a good idea to publish a book just two years after the initial diagnosis. 'What if it comes back?' is something they don't dare ask, but the question hangs heavy in the air. But in writing this book we felt it was important to show people that we refused to bow to the fear and uncertainty of this disease that so many people cling to. For right from the very moment of diagnosis, it was not the word cancer that made me the most fearful, but the thought of conventional treatment.

I like to think of malignant cells as 'delinquent teenagers', as described by Japanese oncologist Dr Tsuneo Kobayashi (see page 197). The metaphor suggests you need to nurture, nourish and soothe your body, rather than treat it as a war zone. For me, cancer is like any other serious 'life-threatening' disease – like heart disease, high blood pressure or diabetes. People never think to ask those suffering from these conditions, 'Are you cured?' This seems to be a question reserved exclusively for those who've had cancer, while it's assumed that people with other common chronic diseases will be fine so long as they take their medicine, follow the advice of their doctor and 'manage' their condition.

At the time of writing I have just undergone an MRI and blood-marker tests showing that my body is cancer-free. But I'm not getting caught up with being 'cured'. Rather, I like to think I'm managing my condition, and at the moment I seem to be managing it very well . . .

Introduction

The purpose of this book is not to tell you what to do – far from it. It is simply to open your mind to the wide range of healing possibilities, so you can make a decision based on information rather than fear.

When I discovered mum had cancer it was like stepping out of my body and into a nightmare. I recall thrashing my fists against the floor, while my English boyfriend looked on helplessly, not knowing what to say or do. There are no words in that situation that can provide comfort and, for me, the only way to quell the terror was to get online and find a solution.

Google ‘cancer treatments’ and you will get over 50 million results. For many people, the mass of information is overwhelming, but for mum and me it was thrilling. The more pages I printed out, the more certain I became that mum was going to get better. If the ozone and vitamin C injections didn’t work, then we could always try hyperthermia, high-dose turmeric or hemp oil. There’s little doubt that my experience as a journalist gave me a head start; the job merged seamlessly with the role of ‘cancer secretary’: I had access to reliable databases and could call on renowned experts – like Dr Jonathan Wright, Dr Nicholas Gonzalez and Patrick Holford – for advice. But for others, the literature on alternative cancer treatments is like the proverbial rabbit hole.

Since starting the blog ‘Mum’s Not Having Chemo’ I’ve received hundreds of emails from readers who felt paralysed by conflicting advice, myths and controversy. One subscriber

recently posted this comment: ‘Thanks for such fantastic, easily readable and accurate info. Wish it had been so easily accessible four years ago when I said no to chemo and radiation! There is just such a minefield out there and it is really tough getting on top of things.’

My hope is that this book, like the blog, will give patients back their voice, their dignity and the confidence to ask questions. We’re told that sophisticated treatments are on the horizon, but in fact they are here right now.

In these pages you will hear about a breakthrough heat treatment that demolishes cancer cells by the millions (and leaves healthy cells intact) and an FDA-approved therapy for brain cancer that uses electric fields. You will also learn valuable steps you can take to dramatically decrease your own chance of developing cancer, from daily humming and hydrogen peroxide baths to reducing your toxic load and giving up dairy.

While we all may yearn for the quick fix when disaster strikes, when it comes to cancer there is no magic bullet – and it’s unlikely that there ever will be. ‘What we need is a medical establishment that diversifies its strategy beyond the exhausted drugs we know don’t work,’ says author and publisher of the highly acclaimed newsletter *Cancer Defeated!*, Lee Euler. ‘In a recent meeting of 100 cancer specialists at the World Oncology Forum in Switzerland, experts at least agreed on one thing: urgent action is needed.’

A baby born today has a one in two chance of developing cancer in his or her lifetime.¹ The ‘cut, poison, burn’ paradigm may seem like the safest choice, but the truth is that people die as a result of chemotherapy and radiation. The treatments are harsh and the limitations glossed over. In a 2012 survey reported by Reuters at least two-thirds of people with advanced cancer believed the chemotherapy they were receiving might cure them, even though the treatment was only being given to buy some time or make them more comfortable.²

Mum has tried many treatments, tools and emotional healing techniques in the two years since her diagnosis. The ones she has found most helpful – like infrared saunas and energy medicine, for example – have made it into this book. Other treatments, like laetrile (apricot kernels), haven't made the cut. But that's not to say that these protocols aren't right for others dealing with the disease. Every cancer is different, every person is different and every treatment plan will be different.

There are many paths to recovery, but through my research and interviews I have found that cancer survivors often responded to their diagnoses in a similar way: they shared a tendency to view their illness not as a death threat, but as a wake-up call, and they showed a willingness to embrace radical, positive change.

While it might be tempting to bury your head in the sand, abdicating responsibility won't help you heal. So rise up, read up and take the reins. The road to health starts with being fully informed.

CHAPTER 1



Accept the Diagnosis Not the Prognosis

*'Words can become swords and cure
or kill just like a scalpel.'*

Dr Bernie Siegel, author of *Peace, Love and Healing*

March 2011. I've just turned twenty-eight, and I'm back in Australia after five years in London. The conversation, the same one I will have over and over again, goes something like this:

'What are you doing back in Perth?'

'Mum's just had a health scare,' I say, stalling.

Then, putting the person out of their misery, I add: 'We just found out she has ovarian and uterine cancer.'

'Is she having chemo?' they ask, their voice rising in hope.

'No, she's definitely not having chemo.'

Pause.

'Wow, she's brave,' they say. But what they're thinking is: 'She's mad.'

The only thing more shocking than telling someone your mum has cancer is, apparently, revealing that she is not having

chemotherapy. Yet ask a group of oncologists (doctors who specialise in the treatment of cancer) what they would do if they were given a diagnosis and their answer might surprise you. In 1986, in a survey conducted by the McGill Cancer Centre in Canada, 64 out of 79 doctors (that's 81 per cent) said in the confidential questionnaire that they would not submit to a common chemotherapy drug, cisplatin, while 58 out of 79 believed that all the therapies offered were not acceptable to them or their family members.¹ Why? Many believed the chemotherapy drugs were ineffective and came with an unacceptable degree of toxicity. A more recent poll by the *Los Angeles Times* came to a similar conclusion. In the survey 75 per cent of oncologists reported that chemotherapy and radiation were unacceptable as treatments for themselves or their families.²

This lack of faith in oncological drugs is mirrored elsewhere: Phillip Day, a UK-based health researcher and author of *Cancer: Why We're Still Dying to Know the Truth*, regularly talks with oncologists around the world and most of them admit they would not take their own treatment. 'They're quite forthright about that,' says Day.

At the time of writing, I know of two Australian oncologists with prostate cancer, both of whom are being treated exclusively by a holistic doctor. Can you imagine if their patients knew? How can doctors recommend a therapy they themselves would refuse? The answer is simple. By suggesting patients go outside the box and try alternative cancer treatments, oncologists risk losing their medical licences and livelihoods. 'In Australia and the United States today, doctors can be struck off and sent to jail for "harming their patients' right to life" in using nutrition and lifestyle changes instead of chemotherapy to treat cancer,' says Day. But as a cancer patient you've got a lot to lose too. Your life is at stake.

Going Her Own Way

When mum was first diagnosed, she figured there must have been a mistake. We all did. It just didn't seem possible that someone who had spent decades eating healthy food, practising yoga and riding the zeitgeist of 'crazy' alternative therapies – chakra balancing, kinesiology, cranio-sacral therapy – could get cancer.

It didn't help that her outward symptoms were ruthlessly subtle – ovarian cancer is not called the 'silent killer' for nothing. Mum had been experiencing a faint but persistent drawing pain in her lower abdomen, her periods would stop and start again and she was feeling bloated. She saw her GP and asked to have the CA 125 blood test and a trans-vaginal ultrasound. She'd read years before that these two tests provide the best indication of ovarian cancer. Indeed, in an ongoing study of 200,000 women, British doctors found that using the tests in tandem detected 90 per cent of ovarian cancer cases.³

But even after these two tests came back positive mum was convinced the tumour, or whatever the dark mass was that the ultrasound had revealed, wasn't really anything to worry about. That is until the night following her hysterectomy. The surgeon, who'd spent the evening poring over mum's pathology report, delivered the diagnosis: that she had ovarian cancer and it was in her uterus too. Mum broke down in tears.

Mum's Diagnosis: the Details

According to the pathology report mum had cancer in one ovary that had spread to her uterus. The pathologist was not able to confirm whether the cancer was stage 1 or stage 3, as it depended on whether both tumours were primary and synchronous (had developed at the same



time) or whether the ovarian cancer had metastasised to the uterus. The cancer also showed up in mum's pelvic wash (where the pelvic cavity is 'washed' to check for cancer cells that have moved beyond the cancer point of origin), but not in her lymph nodes.

When mum underwent the full hysterectomy a week after the ominous ultrasound, she insisted on having key-hole surgery, as she understood this would minimise the risk of the cancer spreading. Immediately following the surgery, mum began a course of intravenous vitamin C, which, according to experts, can 'mop up' any rogue cancer cells remaining after an operation (see Chapter 4).

When mum was first diagnosed in March 2011, her CA 125 (a protein found at elevated levels in those who have ovarian cancer – see page 194) was 224. The normal range is 0–21. Six months later her CA 125 result was 8, and two years later an MRI confirmed no cancer in mum's body. Her CA 125 remains normal.

'It's a very aggressive form of cancer, and I'd really urge you to have chemo,' said the surgeon. Through her tears mum managed to blurt out, 'I'm not having chemo.' Now it's one thing to tell yourself you'll never have chemotherapy, but it's quite another matter, when your life is hanging in the balance and you're hooked to a morphine drip, to tell a leading gynaecological oncologist that you won't be taking his advice.

Mum spent those first two weeks agonising over whether she was being stupidly self-righteous. It didn't help that almost everyone – best friends, Chinese and Western doctors alike – were all shaking their heads in despair. But us kids? We supported mum from the start. Having grown up in a house where vitamins and ouija breathing were used to treat everything from sore

throats to broken hearts – and where it was normal to find mum upside down in a headstand machine or supervising the dog’s acupuncture – we knew that the natural way was the only way for mum.

After years of eye rolling and scepticism, my brothers, sister and I had come to trust in mum’s unconventional advice. We’d reluctantly dissolved homeopathic tablets under our tongues, and watched as mosquito bites vanished; rubbed Swedish bitters on our foreheads, too hung over to argue, and felt migraines lift; we’d begrudgingly booked in for ‘vitamin cocktails’ to ward off the flu while all around us fell ill ... We believed alternative medicine could work.

The Truth about Your Choices

Mum’s knowledge of natural medicine provided a glimmer of hope in those dark hours in hospital. She knew of doctors defeating cancer with vitamin C and hydrogen peroxide, and had heard of end-stage cancer patients who’d travelled to alternative clinics in Mexico and Germany and returned tumour-free. She’d never expected, not in her wildest nightmares, to need the information, but in those grim days following her diagnosis, she was glad she had it. There were choices.

Sadly, for most cancer patients there are only three options: cut, poison or burn: statistics reveal 67 per cent of cancer patients submit to surgery, 80 per cent receive chemotherapy and 60 per cent have radiation.⁴ And yet, with the exception of Hodgkin’s disease, acute lymphocytic leukaemia and testicular cancer, as well as a few rare cancers,⁵ chemotherapy makes little difference to long-term survival (i.e. at least five years beyond diagnosis of the primary disease). One major study, published in the *Scientific American* in 1985, found that chemotherapy was ‘somewhat effective’ in only 2–3 per cent of cancer patients.⁶

But worse than that, chemotherapy can kill. A 2008 British study conducted by the National Confidential Enquiry into Patient Outcomes and Deaths found that chemotherapy actually contributes to a quarter of cancer deaths.⁷ In addition, the late Dr Hardin B. Jones, one of the world's top statisticians, led a twenty-five-year study which found that 'untreated cancer victims live up to four times longer than treated individuals'.⁸

Far from being a fringe conspiracy, the ineffectiveness of chemotherapy is acknowledged by some of today's most popular and brilliant minds. In the best-selling book *SuperFreakonomics* Steven D. Levitt and Stephen J. Dubner mention that a typical chemotherapy regime for non-small-cell lung cancer costs more than \$40,000, but helps extend a patient's life by an average of just two months. They write: '... it is easy to envision a point in the future, perhaps fifty years from now, when we collectively look back at the early twenty-first century's cutting-edge cancer treatments and say: We were giving our patients *what?*'⁹

Even those at the heart of conventional medicine acknowledge the limitations of cancer drugs. In April 2012 Dr Otis Brawley, Chief Medical and Scientific Officer of the American Cancer Society (ACS), criticised mainstream cancer treatments. In a speech to health journalists he admitted that doctors frequently lie about the success rates of both screenings and treatments – including PSA exams for prostate cancer, bone marrow transplants and chemotherapy¹⁰ – calling the current system 'a subtle form of corruption'.

So where were the front-page headlines? Sadly, the other side of the story rarely makes the news. Instead, we are told that a cure for cancer is 'just around the corner' and that survival rates are improving. In November 2011 Macmillan Cancer Support released a paper stating that: 'Overall median survival time for all cancer types forty years ago was just one year, now it is predicted to be nearly six years.'¹¹ So should we applaud the apparent progress, or should we, like Phillip Day, take the statistics with a

pinch of salt? ‘Torture the data long enough and eventually it will confess to anything,’ quips Day.

Doctored Figures

Certain factors give official figures a brighter sheen: we are now catching cancer at an earlier stage, which means patients are not necessarily living longer after they get cancer, rather, they’re living longer *after they are diagnosed* with the disease; non-invasive cancers like ductal carcinoma in situ (DCIS) – also known as ‘zero-grade cancer’¹² – are included in statistics; and the word ‘survive’ has been redefined to mean only five years.

‘My aunt – who had all the chemo offered – is forever immortalised as a breast cancer “survivor”,’ says Day. ‘She survived the five years, but died six months after that. So she’s “cured” and dead.’

Twenty-five years ago Day embarked upon a worldwide quest to find the ‘answer’ to cancer. The result? He discovered the clinics getting the best results were focusing on nutrition, stress management and lifestyle changes. ‘They weren’t doing chemotherapy and radiation at all. That surprised me,’ says Day.

‘Chemo Saved My Life’

Of course, it goes without saying that conventional treatment works for some people. We all have friends or loved ones and know of celebrities who’ve chosen the conventional route and are doing well. When Olivia Newton-John was diagnosed with breast cancer she opted for surgery and eight months of chemotherapy. Today, more than twenty years later, she is still gracing magazine covers having not only defied her diagnosis but also, it would seem, the ravages of ageing.

But chemotherapy is rarely the whole story: ‘The

chemotherapy might have shrunk the tumour to the point where the patient is sent home, but what's never recorded is whether the patient, having had a major lifestyle wake-up call, improves their diet, starts exercising and looks after themselves better,' Phillip Day surmises.

The Tumour is Not the Problem

If a doctor says to you, 'This drug has a 90 per cent response rate,' you'd feel pretty reassured, right? Why look at other options with those encouraging odds? But it pays to check you're on the same page as your oncologist. When they tell you a chemotherapy drug has a 90 per cent response rate they're simply talking about the likelihood that the tumour will decrease in size. What happens to you? That's another matter entirely.

Renowned medical researcher Ralph W. Moss discovered that chemotherapy can lead to meaningful life extension in about ten different forms of cancer. However, most of these cancers are rare. For the common solid tumours (like breast, ovarian and prostate cancers – those responsible for 90 per cent of all cancer deaths) chemotherapy is not effective.¹³ Your tumour might respond, but you might die.

'The conventional people drive me nuts,' says leading cancer specialist Dr Nicholas Gonzalez. 'They approach cancer like a nuclear war, as if you've got to "nuke every single cell", and they end up killing the patient as well.' Dr Gonzalez has patients who have been with him for fifteen years who still have tumours. 'They [the tumours] are quiet; they could be dead, but they're not bothering anybody, as long as the patient takes their enzymes, they're fine.' (See Chapter 4 for more on enzymes.)



The bottom line? Tumour-size reduction should not be the main priority: 'The focus must switch to survival and quality of life. Focusing on making a tumour shrink with chemo/radiation is a fool's game,' says Dr Garry Gordon, co-founder of the American College for Advancement in Medicine (ACAM).

One of my blog readers, Lee Gefen, a thirty-four-year-old woman from Australia, has chosen to view her (inoperable) brain tumour as a need for change: 'I no longer feel like the tumour is threatening me, or invading me or that I have to fight it. I am learning to live with it in peace, while doing everything I can to treat what caused it in the first place.' (See Chapter 12 for more inspiring stories.)

When faced with cancer, most patients want to pull out all the stops, and increasingly that means stopping by the reiki healer or Chinese doctor and taking potent supplements. A recent survey at MD Anderson Cancer Center, found an astounding 83 per cent of patients were using alternative medicine alongside conventional treatments.¹⁴ Yet these added extras are never considered in cancer statistics. Instead, 'progress' is pinned exclusively on medical advancements and not to patient initiative.

For Newton-John, meditation, homeopathy, acupuncture and relaxation techniques were just some of the healing therapies she turned to following conventional treatment.¹⁵ She also reportedly takes digestive enzymes and vitamin D daily (see Chapter 4) and is passionate about eating healthy, organic food. While Newton-John managed to bounce back from chemotherapy, many more don't. According to Ciaran Devane, CEO of Macmillan Cancer Support: 'Cancer treatment is the toughest fight many people will face and patients are often left with long-term health and emotional problems long after their treatment has ended.'

Leukaemia, heart failure and infertility are just some of the listed side effects of doxorubicin, a common chemotherapy drug, while 5 FU, another one, is so toxic some doctors refer to it as 'Five Feet Under'.¹⁶ While we constantly read about 'new breakthrough treatments', the reality is that many patients are offered drugs that are decades old. One of my blog readers from the UK, Jayne Brown, was shocked to discover that the same chemotherapy drug used unsuccessfully on her late partner in 1993 was given to her friend in 2007. 'I am incredulous that with twelve additional years of research, the chemo cocktail given to my partner is still part of mainstream medicine,' says Brown.

It's worth bearing in mind that up to three-quarters of all published research on pharmaceutical drugs in the medical literature is now believed to be ghost-written by public relations firms, hired by drug companies.¹⁷ The fact that cancer is profitable to many – more than \$40 billion is spent worldwide each year on cancer drugs¹⁸ – is a truth that cannot be ignored. 'Chemotherapy is certainly good for the balance sheets of pharmaceutical companies. It builds careers. It may even offer patients and their families hope in hopeless times. But it is not an effective weapon against the vast majority of solid carcinomas in adults,' according to acclaimed medical journalist Ralph Moss.¹⁹

But most of us don't ask questions: 'Patients are often vulnerable, frightened and don't fully understand their disease,' says Kathryn Alexander, naturopath, detoxification expert and author of *Dietary Healing: The Complete Detox Program*. 'When I ask patients why they have chosen certain treatments they will often say, "The doctor seemed so nice". While it is obviously better to have a kind specialist than one who is abrupt and rude, being nice does not qualify as a treatment, and the advice given needs to be properly evaluated.'

Tunnel vision can take over when you receive a diagnosis. Thoughts turn to friends or loved ones who lost the battle and

hopelessness sets in like rising damp; any reservations about conventional treatment vanish and fear takes hold. Suddenly, any option sounds like a good one, even if it comes with death as a 'side effect'. Radiation? Bring it on. Surgery? Sign me up. Cancer-causing chemicals? You bet.

'Every day we get dozens of calls from people all over the world,' says New York-based physician Dr Nicholas Gonzalez. 'These people did all the "right" things – the surgery, the chemo – now the cancer is in their brain and their lungs and their liver. They're scared and they've started to look into alternatives.'

Why Cancer Comes Back

A 2012 study shows that chemotherapy damages healthy cells, causing them to secrete a protein that accelerates the growth of cancer tumours.²⁰ This protein, called 'WNT16B' causes them to 'grow, invade, and importantly, resist subsequent therapy', according to Peter Nelson of the Fred Hutchinson Cancer Research Center in Seattle. Nelson is co-author of the study that observed this phenomenon, published in *Nature Medicine*.²¹

Radiotherapy has long been linked to secondary cancers. It's now well documented that a woman whose breast is irradiated is more likely to develop lung cancer.²² If that wasn't bad enough, radiotherapy can ultimately generate a more aggressive type of cancer. 'Radiotherapy has been shown to increase the survival and self-renewing capacity of breast cancer cells by up to thirty-fold,' says Sayer Ji, founder and director of GreenMedInfo.com and co-author of the book *The Cancer Killers: The Cause Is The Cure*. 'This means that while radiation treatment may initially regress a tumour's volume/mass, it may actually be



selecting out the more radiation-resistant and aggressive subpopulation of tumour cells which ultimately lead to higher malignancy.²³

The latest research is now suggesting that chemotherapy and radiation are not capable of treating the slow-growing cancer 'stem cells' (the mostly deadly type of cell within a tumour). In fact, chemotherapy and radiation may well lead to a rise in their ranks.²⁴ Thankfully, there are promising natural treatments – like Haelan (see Chapter 8) – which *are* capable of demolishing cancer stem cells, according to preliminary research.

Embracing Health vs Fighting Disease

We've collectively bought into the idea that harm caused by the healer is an inevitable part of the 'battle' against cancer. But it doesn't have to be this way. For the last twenty-five years, Dr Gonzalez has been treating cancer patients with individualised diets, enzymes and coffee enemas – with phenomenal success.

'I have patients now in their mid-nineties that have been with me for twenty years,' says Dr Gonzalez. 'I have a woman with pancreatic cancer who lives in Texas. I haven't seen her in about eight years, but she always sends me a Christmas card.'

Why We Get Cancer: Old Thinking vs New Thinking

Old thinking: genetic weakness New thinking: epigenetic changes



Old thinking: sunbaking **New thinking:** not enough vitamin D

Old thinking: missing mammograms **New thinking:** having mammograms

Old thinking: high-fat diet **New thinking:** highly processed diet

Old thinking: stress doesn't matter **New thinking:** stress is a root cause

Old thinking: the cure is drugs **New thinking:** the cure is the immune system

When mum first decided to stray from the conventional path, she assumed it would be a lonely journey. How wrong she was! We quickly discovered the alternative cancer community is a thriving population, which is driving demand for holistic practitioners worldwide. Indeed, according to research published in *Australian Family Physician*, patients in Australia now visit alternative practitioners almost as frequently as they do their GP. Professor Ian Brighthope, a leading medical doctor and surgeon, has witnessed a dramatic change in public opinion in the last thirty-five years: 'It has been interesting to see how something like high-dose vitamin C – once regarded as absolute quackery – has become mainstream,' he says.

Around the world, the natural health movement is rapidly gaining momentum. Britons now spend £450 million a year on complementary and alternative medicine, and in America sales of organic food and beverages have grown from \$1 billion in 1990 to \$26.7 billion in 2010.²⁵ People are hungry for real, unprocessed

food along with unadulterated information about their health-care options. Thankfully, reliable research is now available through leading health news hubs like Natural News.com and Mercola.com. Boasting millions of readers, these websites are able to disseminate leading health news at breakneck speed. With more and more information available, patients are now arriving at appointments with printouts and a list of questions to ask, rather than simply an array of symptoms to treat.

Making important medical decisions can be exceptionally stressful and at times incredibly lonely, but this book will help you navigate the darkness. You will find details of cutting-edge alternative treatments – like hyperthermia and ozone therapy (see Chapters 7 and 9) – which have reversed countless cases of ‘terminal’ cancer. I will also touch on the exciting field of molecular oncology and mention a groundbreaking technique which allows doctors to identify cancer cells years before normal marker tests (see Chapter 10). At the back of the book you will find a helpful Resources section with lots of information on the tests, treatments, clinics and specialists mentioned in the text.

You may be surprised to learn that when a person is diagnosed with cancer they have usually been living with the disease for an average of seven years. This certainly undermines the common belief that the tumour is a ticking time bomb requiring *immediate* removal. ‘It’s a very slow-growing disease, and patients should be patient,’ cautions American physician and nutrition expert Dr John A. McDougall.

Dr Patrick Kingsley, British cancer expert and author of *The New Medicine*, offers similar advice: ‘If you’ve just been given a diagnosis of cancer, sit back and think about what you want to do. It won’t make the slightest bit of difference if you don’t do anything for the first week or two, but it gives you a chance to think whether you want to follow the advice your doctor is giving you, get a second opinion or follow your own way of doing things.’

In these pages you will hear from an Australian woman who rid herself of a tumour using only a black salve (see page 247), a German man who treated his pancreatic cancer with homeopathy (see page 249) and an English woman who chose apricot kernels over chemotherapy (see page 256). I've had the privilege of speaking to many cancer patients who've defied a death sentence and I now firmly believe that where there is hope, there is healing. Sadly, some physicians, wary of giving 'false hope', take away this essential ingredient for recovery. Dr James Forsythe isn't one of them. In *Take Control of Your Cancer* he writes, 'I always try to err on the side of optimism with patients. I've had patients come to me saying their doctors had told them not to start a new novel or start watching a new soap opera because they wouldn't be alive long enough to see the ending.'

Prognoses are based on statistics, but there are always exceptions. 'Terminal' cancer patients – with metastases to the bones, lungs and liver – have been known to fully recover, pancreatic tumours have vanished and those who've been sent home to die have gone on to live.

So what should you do if a physician tells you, 'There's nothing more we can do'? Dr Keith Scott-Mumby, author of *Cancer Research Secrets*, suggests the following: 'If a doctor ever says such words to you, translate them as follows: "I don't know what I'm talking about and I don't know what I'm doing. I suggest you find a natural healer and follow a spiritual and lifestyle path to a cure."'