THE CANCER INDUSTRY

Crimes, Conspiracy and the Death of my Mother

MARK SLOAN

THE CANCER INDUSTRY

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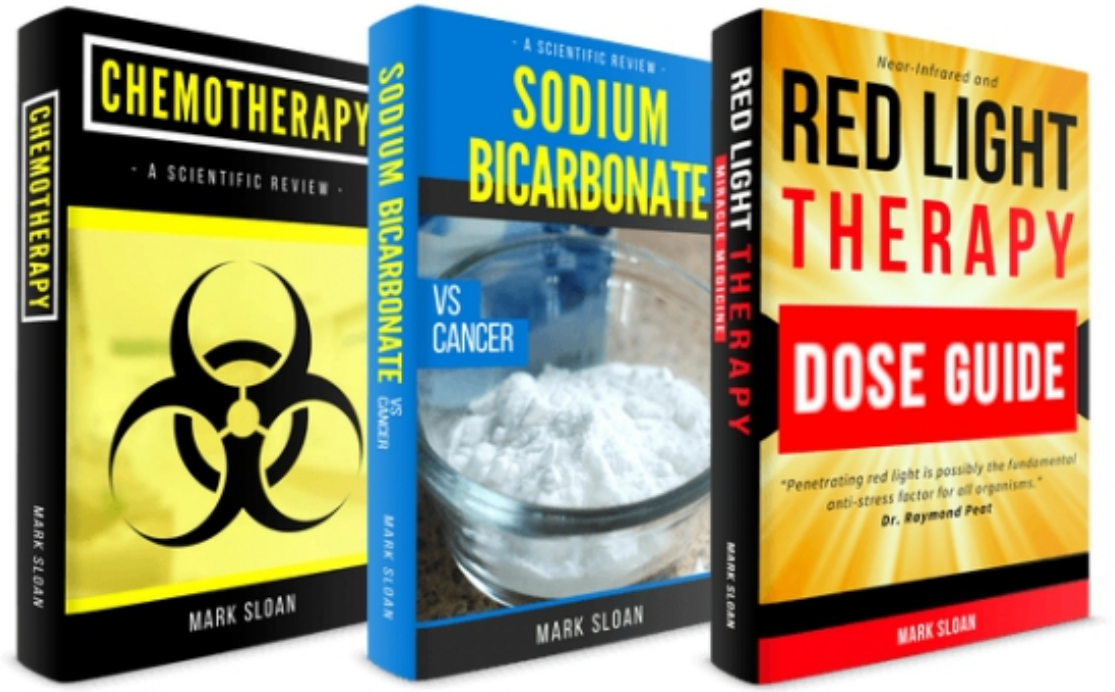

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The Cancer Industry

Crimes, Conspiracy and The Death of My Mother

Mark Sloan

WHY YOU SHOULD READ THIS BOOK

It's happened again and again: Somebody we know is diagnosed with cancer, they undergo surgery, chemotherapy and radiotherapy - and then they die .

It happened to my mother when I was 12 years old, and I've written this book to ensure that no child has to go through what I did, ever again.

Why do we assume that cancer is what's killing people and not the knives, poison injections and ionizing radiation that the cancer industry uses on its patients? Is cancer really the threat or is it the for-profit cancer industry that's killing us?

According to government statistics, 50% of everybody alive will be diagnosed with cancer in their lifetimes. I think it's time we take an open and honest look at the cancer industry then alter our course before it's too late.

You're about to experience the most comprehensive scientific investigation ever conducted on the cancer industry, which includes over 1000 scientific and clinical studies and has been made so simple that even a child can understand it.

You'll Learn:

- Whether surgery, chemotherapy and radiotherapy actually save lives
- The shocking overdiagnosis and overtreatment caused by two common cancer screening tests
- The statistical manipulation used by the cancer industry to cover up the number of deaths caused by mainstream cancer treatments
- How to protect yourself from medical error, damaging procedures and doctor-induced injury or death
- The single most powerful thing you can do to ensure you are never diagnosed with cancer

From Tragedy to Hope

When I was 12 years old my mother died of cancer. After finding a tiny fingernail-sized lesion on her cervix, doctors rushed her in for mainstream cancer treatments. The immediate effect was a dramatic decline of her health. Like many people treated this way, my mother experienced horrendous side effects which left her in extreme pain and unable to walk, talk or eat solid food.

I remember lying in bed late at night and hearing her crying in the living room below, struggling to be quiet so my sister and I could sleep undisturbed. I don't think she knew it at the time but I could hear every sob, every whimper and every call out to God to put an end to her suffering.

Why was this happening? I thought we had some of the best doctors in the country using the best treatments available to heal her, yet everything the doctors had done just seemed to make things worse. I felt angry and confused.

A few months later, my father sat my sister and I down on the couch in the living room and, with tears rolling down his cheeks, told us our mother was gone.

Redemption

Although the trauma from this event remains with me to this day, 15 years after my mother's death I had a realization that changed my life forever. I realized that her death was not a tragedy but an opportunity: She gave me a story to tell that could move people and a mind that could find the answers the world was literally dying to know. I realized that my mother died so my life could have purpose.

In return for this gift, I made a promise to her in my heart that I would find the cause and cure for cancer so that no child would have to go through what my sister and I did, ever again. I knew that once I found the answers and shared them with the world, the legacy of my mother would transform from a victim of cancer to a hero who inspired her son to save lives and change the world.

This is book one.

DISCLAIMER

The information presented herein is the opinion of the author and is not meant to substitute for medical advice.

Statements made in this book regarding conventional and alternative health treatments have not been evaluated by Health Canada. Do not use this book to diagnose, treat or cure any illness or health condition. If you have, or suspect that you have a medical problem, contact your physician or health care provider.

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PREFACE

"...I don't think she knew it at the time but I could hear every sob, every whimper and every call out to God to put an end to her suffering."

My entrance into this world came on mother's day in the spring of 1985 – and it came in epic fashion. With my mother's umbilical cord wrapped tightly around my neck, nurses and doctors scrambled to free me from my umbilical neuse before it was too late. I can only imagine how my parents must have felt as they watched the doctor yank me out of the womb and scramble to uncoil the cord from my neck. Fortunately, the efforts of the medical personnel paid off and my mother and father had a brand new son.

Growing up in Ontario, Canada with my parents and sister was not unlike that of your typical two-child family, but we were unique in some ways. One of the things that separated us from the herd was that my father ran his own business, which he started from scratch after finding out he and my mother had their first baby on the way. He knew the job he had couldn't provide the life he wanted for his family, so he risked everything and made it happen. While working day and night trying to build a successful business, my mother spent her time cooking, cleaning and taking care of my sister and I at home.

I had a great set of friends. I remember playing street hockey with them like it was yesterday. After putting down the sticks we would play tag, swim, light fires and most days you could find me riding my 3-wheel 'big wheelie' bike. In winter, we would carve tunnels into the mountain of snow piled high at the top of our street and *whiz* snowballs at each other. Aside from having to wake up early to attend school and the uncomfortable reality that success in school seemed to be about mindlessly repeating what we were told, things were going well. But as we all learn eventually, life is fragile, and things can change in an instant.

On a cold morning in grade 7, my father sat my sister and I down on the couch in the living room and told us he had an announcement to make. Although I was hoping to hear about an upcoming family vacation somewhere warm, I knew by his expression that the news was not going to be good.

He told us our mother had cancer.

The cancer was on her cervix and only about the size of a baby fingernail; and although I didn't know much about cancer at the time, hearing that doctors had detected it early and were going to rush her in for surgery and radiation made me feel hopeful.

Then our father told us it was too much for him to run a business and be a father and a mother to us at the same time, so he was flying in our aunt Kim from Alberta to help out for a number of months while mom recovered. My sister and I were both big fans of our aunt Kim and uncle Bob from out west, so we felt like we had just won the lottery.

Following surgery and radiation treatments, doctors assured us they 'got it all' and that my mother was cancer-free. My father wanted to make sure the cancer wasn't going to return so he took her to the best naturopathic doctor he knew, who put her on a number of dietary supplements. My father also did some research of his own and discovered Essiac - the famous 4-herb tea blend that nurse Renee Caisse of Bracebridge, Ontario had used to allegedly cure cancer patients for about 50 years until her death in 1978. He ordered the herbs and brewed them carefully following the instructions and administered it to my mother a number of times.

Unfortunately, after my mother's surgical and radiation therapy treatments, cutbacks at the hospital prevented us from having further testing done to assess her health. Eight months later, when we were finally able to have doctors run some follow-up tests, they encountered an aggressive cancer in her hip area: doctor's recommended chemotherapy and more radiation. Feeling afraid and out of options, we rushed her in for treatment once again .

The dramatic decline of her health following chemotherapy and radiotherapy treatments was obvious. I remember lying in bed late at night at the age of 11, hearing her pace back and forth in the living room below, struggling not to cry so we could sleep undisturbed. I don't think she knew it at the time but I could hear every sob, every whimper and every call out to God to put an end to her suffering.

Why was my mother in pain? I thought we had some of the best doctors in the country using the best treatments available to heal her, yet everything

the doctors had done just seemed to make things worse. I felt angry and confused.

After a few long and difficult months, I woke up one morning to a scene in my living room that I will never forget: with tears rolling down his cheeks, my father sat my sister and I down on the couch next to aunt Kim and told us our mother was gone. I felt shocked and overwhelmed. I remember holding my breath to try and avoid feeling the intense emotions welling up inside me.

Dad spoke about the scene in the hospital earlier that morning right before our mother had died. Together with her mother and father, her five brothers and sisters and a priest from our local church, they formed a circle around her hospital bed and prayed. Aunt Kim told us the presence she felt in the room during those last moments was unlike anything she had experienced before. Dad agreed. While laying on the hospital bed, the very last thing my mother did - just seconds before exhaling her final breath - was lift her arms straight up towards the heavens above to be received by God.

Losing my mother was like losing my biggest fan; it was the ultimate setback in my development growing up, and it happened at the worst possible time - right before starting high school. What's worse, every time I was around people I felt like my emotions needed to be kept secret; like I needed to pretend that I was okay, and that if anybody ever truly understood how I felt, they wouldn't want to be around me because it would be too uncomfortable for them.

My family and I tried counseling, but I knew the therapist was only there because he was getting paid, so it ended up making me feel even angrier. I needed my mother - not some imposter pretending to care. My bottled up emotions had no place to go, so inside they remained. I accepted an award for *diligence and determination* at grade 8 graduation and moved on to highschool.

At highschool, I spent most of my time in the weight room; every lunch, every break, and sometimes I would even skip class to workout. I loved it in there! I felt like once again I had a group of friends I could trust; friends who shared a similar interest in fitness and were striving to become something better. Strength training provided me with the opportunity to

continually challenge myself and break through my own limitations. It was in the gym where I first discovered that although there were plenty of guys who were bigger than me, none of them could outwork me. I remember in grade 11, weighing just 160 lbs, my record shoulder press was 110lbs in each hand for 8 reps.

But far more than any muscle or strength I happened to gain, the weight room was the first place I had known where it was both safe and beneficial for me to express my anger. Finally I had found a way to channel the throbbing stockpile of emotions inside me into something useful; something that would benefit me and perhaps inspire others.

After graduating high school, I went on to college and earned a diploma in Fire Sciences. Along the way I learned a few things: First, very little of what was taught in the course was actually useful for preparing me to work as a firefighter. Somehow going into a 100% concrete structure with fire gear on and spraying water onto a steel crate of burning wood doesn't quite capture the reality of a fire scene. Secondly, even though I had the fastest time running up and down stairs with a hose on my back during tryouts for the *Firefighter Combat Challenge* , I learned that firefighting is a political man's game - and since I don't play games, someone slower got the spot on the team instead. Last but not least, the most valuable lessons in college are learned outside of class. In my final year, one of my roommates showed me a documentary that made me question my entire reality and the world around me. I wasn't sure if the information was true or not, but I knew I had to find out.

From an early age I had been drawn towards books on self-help and nutrition. I loved the fact that I could read about different theories and then test them myself to see what worked and what didn't. Constant and never-ending improvement was the path I was on from the beginning and I never had any doubt that I could change the world or accomplish whatever I wanted to in life.

With the age of the internet in full swing, suddenly I found myself on a quest for truth; broadening my horizons and obsessively exploring all avenues of research I could find - in books, articles and documentaries - for 8, 10, sometimes 12 hours or more per day. I also spent a lot of time integrating this newfound knowledge into my own articles and

documentaries, then sharing my work with whoever was interested through my website and the power of social media. Almost 10 years after my search for truth began - it hit me.

I realized that my mother's death was not a tragedy, but an opportunity. She gave me a story to tell that could move people and a mind that could find the answers the world was literally dying to know; I realized that my mother died so my life could have purpose.

In return for this gift, I made a promise to her in my heart that I would find the cause and cure for cancer so that no child would have to go through what my sister and I did, ever again. I knew that once I found the answers and shared them with the world, the legacy of my mother would transform from a victim of cancer to a hero who inspired her son to save lives and change the world.

INTRODUCTION

It's been nearly 50 years since the *War on Cancer* was declared, and yet more people are diagnosed with cancer and dying from the disease than ever before.[1]

I find it extraordinarily difficult to believe that after spending $500 billion dollars on cancer research since 1970,[2] the cancer establishment has come up with literally nothing useful for preventing or curing the disease. If it's true, then they are incompetent and their astonishing lack of advancement is undoubtedly the most spectacular failure in human history. But if cures or effective treatments have been systematically suppressed from the public, then their actions are criminal in nature and blood from over 530 million people[3] could be on their hands. Whatever the case may be, I intend to make it clear .

Up until this point on humankind's pursuit to end cancer, our primary mistake has been entrusting the same people who profit from treating cancer to provide us with a cure. I haven't spoken to anyone who didn't understand this concept: There is no money in a cure. Why would an industry that generates over $125 billion dollars a year[4] put itself out of business? It wouldn't.

So who then do we look to for answers?

In 1947, the young American physicist Ernest Sternglass wrote a letter to Albert Einstein telling him about the work he had been doing to reduce radiation doses during X-ray fluoroscopy. To his surprise, Einstein showed great interest in his work and invited the 23-year-old to meet with him at Princeton University, where they talked for 5 hours. "And that had an enormous effect on my life. Because among other things, he encouraged me to pursue my theory and I finally got it all published," recalls Sternglass.[5]

At the end of their conversation, Einstein issued a very important warning: "Don't go back into academia," he said. "They will kill every bit of originality out of you. In order to become a full professor, you have to get approved on every level and you cannot question the existing ideas too

much or else you won't get promoted… have a shoemaker's job for the rest of your life, so that you can do something useful for humanity."

My purpose in writing this book is to explore the possibility that - hidden among the enormous amount of information drifting through the vast reaches of cyberspace - a cure for cancer has already been found. And while a doctor might fear losing his medical license or job for completing such work, a layperson with no medical background like myself can fearlessly make a controversial conclusion when the evidence warrants one. This pure and unobstructed curiosity combined with discipline and an intention to simplify complex information will render a final product on the cutting edge of science that can be understood by those who need it.

For The Time is at Hand

The American Cancer Society estimates that almost half of everybody alive today will develop cancer at some point in their lives,[6] and the World Health Organization predicts a 50% rise in cancer diagnosis' by the year 2020.[7]

Unless we figure out what is fueling this explosion of cancer rates and alter our course, a time will soon come when nobody escapes the ravages of this disease. The future of human civilization is at stake and only one thing is certain: If the answers are out there, they will be found.

One thing I'd like to ask before we get started is that after you're done reading this book please remember to leave a quick review on Amazon. I read all the reviews myself and your feedback will help this book tremendously.

Now, let's get started!

SURGERY

A surgeon's first instinct when he sees a patient with a tumor is to reach for his scalpel and carve it out of them. This makes it easy to assume patients are benefitting from the treatment, but removal of a tumor isn't simply a local phenomenon with no other biological consequences.

Although surgical removal of a tumor is widely accepted today as beneficial and necessary, it was not long ago that the prevailing public attitude towards tumor resection (and other cancer treatments used today) was so disapproving and hostile that it can be difficult for people to imagine. "It should be forbidden and severely punished to remove cancer by cutting, burning, cautery and other fiendish tortures," wrote 15th century renaissance physician Paracelsus.

Whether you've been cut by a criminal in the street because you refused to give him your wallet, or by a surgeon on an operating table because you gave him your wallet, the act of cutting into the body is traumatic and inflicts damage.

In this chapter we will investigate the impact of surgery on health and determine if tumor removal is beneficial for a person with cancer. But first, a little history on the subject of cancer surgery.

History of Cancer Surgery

The rapid rise of cancer surgery is best illustrated by the early history of what is now called the Memorial Sloan-Kettering Cancer Center in New York, wrote Dr. Ralph Moss in his book *The Cancer Industry* .

A 19th century "Women's doctor" named J. Marion Sims was the spiritual founder of the Memorial Sloan-Kettering Cancer Center. Sims received a very brief medical training before he began performing surgery. While some tattoo artists develop their skills by practicing on the skin of pigs or even the porous skin of a grapefruit, Sims began his training on a group of slave women from the southern United States. In a makeshift 'hospital' behind his house, Sims began dozens of experimental procedures on the women. Some of these women received as many as thirty operations in a

four-year period. According to his biographer, these operations were said to be “little short of murderous.”

After he felt he was ready to move on, Sims moved to New York City where he founded Women’s Hospital, which still exists to this day. Sims developed a select clientele of wealthy women and European immigrants upon which he continued to perform large numbers of surgeries.

According to Dr. Moss, The Lady Managers (trustees) of the hospital became convinced that “the lives of all the patients in the institution were being threatened by… mysterious experiments.” Sims was expelled from the hospital, but was then reinstated a short time later.

In 1884, Sims went on to establish the first private cancer hospital in the United States, The New York Cancer Hospital, known today as the Memorial Sloan-Kettering Cancer Center. Sims was set to become the first director of the hospital, but he died before he had a chance to fill the position.

Four Shocking Cancer Surgeries

If you found the history of cancer surgery itself shocking, wait until you learn about 4 of the most grotesque cancer surgeries of the past. The four surgeries we’re going to look at now are called *The Commando* , *The Whipple* , *Total Exenteration* and the *Hemicorporectomy* .

The Commando

The Commando was performed on patients who had been diagnosed with tongue cancer and involved the surgical removal of a patient’s entire mandible or jaw. Could you imagine living life after having literally half your face removed?

According to one surgeon, The Commando “derived its wide acceptance from the fact that it brought to mind the slashing attack of the world war I commandos” (Crile, 1974).

The Whipple

The Whipple was type of cancer surgery developed for the treatment of pancreatic cancer by president of the American Surgical Association and

clinical director at Memorial hospital, Dr. Allen Oldfather Whipple.

This ghastly surgery involved the removal of many organs adjacent to the affected gland, on the theory that they might be harboring nests of cancer cells (National Cancer Institute, 1976).

Total Exenteration

In 1948, Dr. Alexander Brunshwig from Memorial Hospital invented an operation called Total Exenteration. This procedure involved the removal of all of the following organs and internal body parts:

- The rectum
- The stomach
- The bladder
- Part of the liver
- The ureter
- All internal reproductive organs
- The pelvic floor and wall
- The pancreas
- The spleen
- The colon
- Many blood vessels

In an article in the New York Times dated April 8th , 1969, Dr. Brunschwig himself called the operation "A brutal and cruel procedure."

The Hemicorporectomy

Last but certainly not the least in our list of four cruel and brutal cancer procedures is The Hemicorporectomy. This surgery involved literally, the removal of half the body.

The Hemicorporectomy was developed by Dr. Theodore Miller - another Memorial Hospital surgeon - for the treatment of bladder or pelvic malignancy. This surgery involved the amputation of everything below the pelvis. Not surprisingly, many patients chose death over submitting to Miller's operation (New York Times, November 30, 1969) .

The most astounding thing about the four surgeries we just covered is this:

All of them are still being peformed to this day. Yes, every single surgery just mentioned are still on the menu for surgeons. None have been banned. Look them up and you will find recent articles of various people undergoing them in recent years. A cancer surgeon can (and may) recommend any of these surgeries if you consult him or her.

A message from Dr. Ian Harris

I realize this is a bit of a digression but it's important and will provide you with some solace following that heavily disturbing information before we go on.

In 2018 I had the pleasure of interviewing Australian Surgeon Dr. Ian Harris, author of the book *Surgery: The Ultimate Placebo* . At the end of the interview, I asked him his most important message that he'd like everybody in the world to know, and he said:

"The effectiveness of medicine is overestimated by those who are making the decisions and the harms are underestimated. The doctors that sell are overestimating the benefits and underestimating the harms. The way to correct that is to make doctors be more scientific about what they do, and also to educate the public to be more scientific about what they will have done to them. Don't be afraid to look up the evidence. Ask your doctor questions. The simplest question of all, and it sounds dumb but so many unnecessary procedures could've been saved by asking this single question: What evidence do you have that doing this procedure to me is better than not doing it to me?"

Millions of pointless Operations Every Year

Common sense tells us that if a surgical procedure isn't needed then it shouldn't be performed. Nevertheless, some studies estimate that as many as 30% of certain surgeries are performed unnecessarily,[1] and some claim the numbers are actually much, much higher.

A 1995 report by Milliman & Robertson, Inc. concluded that nearly 60 percent of all surgeries performed are medically unnecessary,[2] but even that number is considered low by the late American pediatrician Dr. Robert Mendelsohn who wrote, “My feeling is that somewhere around ninety percent of surgery is a waste of time, energy, money, and life.”[3]

Research on unnecessary surgery began in 1974, after a US congressional report estimated that 2.4 million unnecessary surgeries were performed every year, killing nearly 12,000 patients.[4] This report caught the eye of Harvard professor and former surgeon Lucian Leape, who has been following this line of research ever since.

Leape's take today? "Things haven't changed very much." [5]

A 2016 review of the latest research on unnecessary surgery states, “Worldwide every year millions of patients go under knife, but many of them are enduring great pain and shelling out thousands and dollars for surgeries they don't really need.”[6]

Not only are many people put ‘under the knife’ needlessly, but Australia’s top surgeon Dr. Ian Harris says that many commonly-performed operations of today “are no better than placebo.”[7]

In his book *Surgery, The Ultimate Placebo* , Dr. Harris lists a number of “placebo surgeries,” including spinal fusion for back pain, knee arthroscopy, coronary stenting, some shoulder surgery and appendix removal, laparoscopy for bowel adhesions and repairs of ruptured tendons and some fractures.

Coronary Artery Bypass Surgery

One of the most common and expensive surgeries performed in America today is the coronary artery bypass - a procedure that grafts a new vein in place of a damaged one supplying the heart. According to Dr. Mark Hyman and Dr. Mark Liponis in their book *Ultraprevention* , “Bypasses are the single most commonly performed unnecessary surgery in the country." I reviewed the scientific literature to find out if there was any support for this claim and the evidence seems to agree.[8-10]

A CLOSER LOOK…

- The first ever clinical trial on coronary artery bypass surgery was published in The Lancet in 1977 and compared heart disease patients who underwent bypass surgery with ones who received drug treatment only. Results showed that survival at four years was 3% lower in those who underwent surgery. [8]
- In the Coronary Artery Bypass Study of 1984, 780 heart disease patients were randomly assigned either surgical or drug treatments and evaluated 5-years later. "The five-year probability of remaining alive and free of infarction [heart attack] was 82 per cent in the patients assigned to medical therapy and 83 per cent in the patients assigned to surgery (not significant)." [9]
- A 1999 study from the journal *Circulation* compared the effectiveness of coronary angioplasty, coronary artery bypass surgery and drug treatment on heart disease patients. After a 5-year follow-up, researchers found that all three treatments "yielded a similar incidence of acute myocardial infarction and death." [10]
- Despite clear evidence showing that cardiac bypass surgery provides no benefit to patients, more than 200,000 procedures are performed every year in the United States. [11] A 2016 study published in *The American Journal of Cardiology* asked 101 US hospitals what they charge for coronary artery bypass surgery, and of the 53 hospitals that responded, the average cost for the procedure was $151,271, ranging from $44,824 to $448,038. Buyer beware: the study found "no evidence to suggest that hospitals that charge higher prices provide better quality of care." [12]

As it turns out, cracking open people's chests and dicing up their arteries remains a treasured source of income for surgeons, while patients end up broke and no healthier than they were before the procedure. And considering coronary artery bypass surgery comes with serious potential complications like impotence,[13] brain damage, organ dysfunction,[14] or even death, the evidence suggests far more harm is being done than good.

Now, how about cancer surgery?

Surgery vs. Cancer

The most comprehensive study ever undertaken on the efficacy of cancer surgery, to date, was conducted in 1844 by Dr. Leroy d'Etoilles of Paris, France and published in *The French Academy of Science* .

After studying 2,781 cancer patients over a 30-year period who had undergone either surgery, caustics (application of a chemical that destroys tissue) or no treatment at all, Dr. d'Etoilles found that the average survival of patients following surgery was one year and five months.

Remarkably, two years after cancer diagnosis, those who refused both surgery and caustics had a 50% higher rate of survival.[15]

Recent research has validated Dr. d'Etoilles pioneering work, showing that cutting out a tumor either provides no benefit to patients,[16,18] or increases mortality.[17,143,144] The more the body is cut, the worse the outcome appears to be .

Cancer Surgery Promotes Metastasis

Cancer metastasis is the primary cause of most cancer deaths,[20-22] and yet the public remains almost completely unaware that surgical removal of a tumor has been known to cause cancer metastasis for over 100 years.

In 1910, researchers implanted tumors into mice and found when they left the tumors alone, cancer metastasis almost never occurred. But when they incompletely cut out the tumors, metastasis frequently occurred.[23]

A few years later a similar experiment was conducted using highly metastasizing tumors, and the results were the same - tumor resection

increased cancer metastasis compared to control mice whose tumors were left untouched.[24]

This same phenomenon was demonstrated in humans by Dr. Warren Cole of the University of Illinois in 1974. In a series of experiments published in the *Annals of the New York Academy of Sciences,* Dr. Cole wrote, "Ten of our patients underwent an unsuccessful attempt by a surgeon to remove the tumor. All surgeons know that this procedure is usually followed by an increased growth of the tumor…metastasis develops so commonly after excision of the primary."[25]

German professor of Radiology Dr. Ernst H. Krokowski provided further evidence that surgery, and even tumor palpation and biopsy promote the spread of cancer. In a 1979 study, Dr. Krokowski wrote, "… manipulation of the tumor, such as severe palpation, biopsy or surgery, results in a sudden increase of the number of tumor cells released into the blood circulation. "

Dr. Krokowski also stated that about 90% of patients die from metastasis or secondary tumors and "Therefore it should be of great concern to therapists as well as patients that already more than 30 years ago it was conclusively shown that cancer surgery is the main cause of metastasis. However, this research was completely ignored by the profession, it was just too awful to contemplate, and patients never got to know about it."[26]

Since 1996, Dr. Michael Retsky of Harvard University and his international team of colleagues have been investigating the physiological mechanisms behind surgically-induced cancer metastasis. In a 2010 review of their work, they stated that tumors aren't in continuous growth as it was once thought. Instead, they undergo periods of dormancy, where they are sitting harmlessly and "surgery to remove the primary tumor often terminates dormancy resulting in accelerated relapses."[27]

Studies worldwide have demonstrated consistently and repeatedly that surgical removal of a tumor often terminates dormancy and leads to cancer metastasis.[28-34] Furthermore, surgical removal of lymph nodes (lymphadenectomy), which is standard practice following tumor removal for breast and skin cancer, was found in 2015 to increase "the growth of the primary tumor and associated blood vessels as well as promoted cancer cell survival and dissemination."[19]

Even the former director of the National Cancer Institute Vincent J. Davita Jr. wrote about surgically-induced cancer metastasis in the world's definitive, standard-setting oncology textbook *Cancer: Principles and Practise of Oncology* in 1982. "There seems to be little doubt that cancer can be spread from the primary site to distant tissues. There are numerous ways that surgical manipulation could be responsible for this."

THE STRESS OF SURGERY

Few people but surgeons are aware that the stress induced by surgery can result in serious, potentially fatal complications. Like all forms of stress, surgery activates the sympathetic 'flight or fight' nervous system,[35] which elevates stress hormones to liberate glucose from the liver and breakdown fat and muscle as additional energy sources to meet the demands of the upcoming fight.[36]

Even when a surgeon performs an operation successfully with no errors, the stress caused by being cut in one area of the body can lead to damage in another. Complications of surgical stress include, but are not limited to:

Blood Health:

- Surgical stress causes a loss of blood albumin [37]

Bone Health:

- Surgical stress causes bone loss (osteoporosis) [38,39]

Brain Health:

- Surgical stress causes delirium [40]
- Surgical stress causes cognitive dysfunction41
- Surgical stress causes memory impairment [42,78]
- Surgical stress causes nerve damage [44]
- Surgical stress causes stroke [45]
- Surgical stress causes seizures [46]

- Surgical stress causes paralysis [47]

Dental Health:

- Surgical stress causes dental caries (cavities) [48]

Depression:

- Surgical stress causes anxiety and depression [43,49]

Diabetes:

- Surgical stress causes insulin-resistance [50]

Digestive Health:

- Surgical stress increases intestinal permeability [51]
- Surgical stress reduces blood supply (ischemia) to the colon [47]
- Surgical stress causes gastric ulcers [52]
- Surgical stress causes gastric bleeding [53]

Exercise:

- Surgical stress causes loss of muscle mass and strength [54]

Eye Health:

- Surgical stress causes vision loss [55]

Hair Health:

- Surgical stress causes hair loss (alopecia) [56]

Healing:

- Surgical stress impairs wound healing [57]

Hearing:

- Surgical stress causes hearing loss [58]

Heart Health:

- Surgical stress causes heart attack [59,60]
- Surgical stress causes heart failure [61,62]

Immune System:

- Surgical stress impairs the immune system [63]
- Surgical stress suppresses anti-tumor immunity [64]
- Surgical stress increases risk of infection [65]

Kidney Health:

- Surgical stress causes kidney dysfunction [47]

Liver Health:

- Surgical stress causes liver dysfunction [66]
- Surgical stress causes multiple organ failure [53]

Lung Health:

- Surgical stress causes collapsed lung (atelectasis) [67]

Sexual Health:

- Surgical stress causes erectile dysfunction [68]
- Surgical stress significantly decreases blood testosterone levels [69]

Sleep:

- Surgical stress reduces sleep quality [70]

Thyroid Health:

- Surgical stress lowers thyroid function [71]

THE TUMOR MICROENVIRONMENT

The area surrounding a tumor, commonly referred to as the tumor microenvironment, is one of the most important areas of cancer research. Its significance stems from the fact that substances present within it are in constant interaction with cancer cells and can determine the fate of a tumor.

Listed below are many of the changes that occur within the tumor microenvironment as a result of surgery.

- Surgical stress increases free radicals [89]
- Surgical stress increases high mobility group box 1 protein [73]
- Surgical stress increases tumor necrosis factor-alpha [75]
- Surgical stress increases interleukin-1beta [77]
- Surgical stress increases interleukin-4 [74]
- Surgical stress increases interleukin-6 [75,76]
- Surgical stress increases interleukin-8 [75]
- Surgical stress increases nuclear factor-kappa b [72]
- Surgical stress increases cortisol [78]
- Surgical stress increases adrenaline [122]
- Surgical stress increases prolactin [35]
- Surgical stress increases vascular endothelial growth factor [79]
- Surgical stress increases epidermal growth factor [80]
- Surgical stress increases nitric oxide [82]
- Surgical stress increases lactic acid [100]

- Surgical stress increases estrogen [101]
- Surgical stress increases prostaglandins [102]
- Surgical stress increases serotonin [103]
- Surgical stress increases histamine [103]

16 Ways Surgery Causes Cancer

By investigating each individual factor found within the tumor microenvironment, we can pinpoint many of the ways cancer surgery promotes the growth and spread of cancer.

1. Nitric Oxide - Anytime a tissue has been injured, nitric oxide and other growth factors are released to signal cells to grow and divide to replace lost cells.[83] In a person with cancer, tumor cells caught in the crossfire of nitric oxide signaling will also be signaled to grow, which is why nitric oxide is a well-known promoter of angiogenesis and tumor progression.[84-87]

2. Nitric Oxide - Nitric oxide has also been demonstrated to trigger the adhesion of circulating tumor cells (like the ones released during cancer surgery) onto body tissues, which is the first step in new tumor formation.[88]

3. Vascular Endothelial Growth Factor – Similar to nitric oxide, VEGF is a protein that signals growth to help repair injured tissues.[124] Elevated blood levels of VEGF have been associated with the growth and progression of cancer.[125]

4. Epidermal Growth Factor – EGF, like nitric oxide and VEGF, enhances the growth, invasion and metastasis of tumors.[126] High levels of EGF are associated with poor prognosis in cancer patients.[127]

5. Free Radicals – Free radicals are highly-reactive molecules that are balanced by the body's antioxidant system. In excess, the oxidative damage caused by free radicals results in aging, cardiovascular disease, cancer and other chronic diseases.[148]

6. Adrenaline – The stress hormone adrenaline is one of the primary triggers of the breakdown of fat for energy (lipolysis).[123] Anytime

unsaturated fatty acids enter the bloodstream, prostaglandins are formed,[90] which are carcinogenic.[9 1]

7. Cortisol - People with cancer have higher cortisol levels than people without cancer,[92] and a number of studies have shown that cancer patients with the highest levels of cortisol have the greatest risk of dying from the disease.[93,94]

8. Estrogen - The presence of cortisol in the bloodstream leads to increased production of the hormone estrogen.[95-97] The famous 1990's Women's Health Initiative study tested the effects of supplemental estrogen on women, but was forced to stop early after participants began developing cardiovascular disease, stroke, dementia and cancer.[98]

9. Serotonin - Since cortisol's basic action is to catabolize muscle tissue and muscle meat contains high levels of the amino acid tryptophan (a precursor for serotonin), stress increases serotonin production.[104] While most people think of serotonin as a 'happy hormone,' this cultural belief appears misguided, since serotonin is not a hormone and lowering it can alleviate depression.[120] Serotonin is part of the body's stress response and has been shown in numerous studies to promote tumor growth.[104-108]

10. Histamine - Histamine is an inflammatory mediator commonly known for its role in allergic reactions.[109,110] Substances that inhibit histamine prevent cancer growth and progression.[111-113]

11. Lactic Acid - Lactic acid is produced by cells that aren't getting what they need to produce energy efficiently. Lactic acid suppresses the immune system,[114] promotes cancer growth and metastasis[115] and also triggers the release of cortisol,[116] perpetuating the cycle of stress.

12. Prolactin - Elevated blood concentrations of the hormone prolactin trigger inflammation by amplifying the production of inflammatory cytokines,[117] and promote the formation and progression of numerous types of cancer. [118,119,121]

13. Tumor Necrosis Factor alpha – TNFalpha is an inflammatory cytokine released by macrophages in response to toxins or other stressors.[129] Due to its extreme toxicity, TNFalpha has been shown to kill cancer cells,[130] but the

rest of the body is severely damaged in the process.[131-133] TNFalpha promotes inflammation, is involved in cancer growth and metastasis, and its presence in the body increases with age,[134] like cancer's.[135]

14. Nuclear Factor Kappa b – TNFalpha triggers the production of NFKB,[136] which is a protein that signals inflammation[137] and plays a key role in tumor formation, growth and spread.[138,139] Many ancient natural medicines found to be effective against cancer inhibit NFKB.[140]

15. Interleukin 6 – IL-6 is a highly-toxic pro-inflammatory cytokine[141,142] that plays a key role in the formation of numerous types of cancer, including colorectal,[128] pancreatic,[146] liver[147] and prostate.[81]

16. High-Mobility Group Box 1 Protein – HMGB1 is a pro-inflammatory protein that signals immune system activation in response to injury.[149] Overexpression of HMGB1 promotes inflammation, carcinogenesis, angiogenesis and metastasis. "Our studies and those of our colleagues suggest that HMGB1 is central to cancer."[145]

In conclusion, surgical removal of a tumor triggers the release of an assortment of substances that each play important roles in cancer growth, progression and metastasis. And therefore, not only does cancer surgery promote the growth and spread of cancer, but *all forms of surgery* promote the growth and spread of cancer - even in people who don't have cancer.[99]

Timeless Quotes

"Modern cancer surgery someday will be regarded with the same kind of horror that we now regard the use of leeches in George Washington's time."
- Dr. Robert Mendelsohn

"The disease always returns after removal, and operation only accelerates its growth and fatal termination."
- Alfred-Armand-Louis-Marie Velpeau, Surgeon (1795-1867)

"I do not despair of carcinoma being cured somewhere in the future, but this blessed achievement will, I believe, never be wrought by the knife of the surgeon."
- Dr. Hayes Agnew (1818-1892)

CHEMOTHERAPY

Chemotherapy is a cancer treatment in which highly-toxic chemicals are injected into patients in an attempt to kill cancer cells.

The first chemotherapeutic agent ever used, which is still being administered to this day, is a derivative of the chemical weapon mustard gas, called mustargen.

The United States learned a lot about mustard gas during World War II, where damaged bone marrow and lymph tissues seen in autopsies of exposed soldiers revealed the weapon's prime target: the immune system.[1] Even more was learned about the effects of mustard gas when the US government conducted a series of secret tests on 60,000 of its own troops. *National Public Radio* broke the story in 2015,

> *"Sixty-thousand American troops served as test subjects, and about 4,000 were used in extreme tests that government studies have linked to illnesses including skin cancer, leukemia and chronic breathing problems. The test subjects were sworn to secrecy until the program was formally declassified in 1993. By then, the youngest World War II veterans were in their 60s and 70s. Many of the men in the experiments never shared the details with their families."* [2]

From Battlefield to Cancer Clinic

What do you do after discovering a chemical weapon that knocks out the immune system, causes cancer and makes exposed skin literally slough off the body? Naturally you dispose of it – as safely as possible – and stop its production forever. But while mustard gas has been banned on the battlefield by international treaties,[3] instead of leaving this devastating poison behind us as a dark remnant of our past to be revisited only in history books – the government decided to begin injecting it into sick people with cancer.

After World War II ended, the US Department of Defense funded Dr. Goodman and Dr. Gilman of Yale University to administer mustard gas to rats and observe its effects on tumors. Their tumors regressed. They tested

it on a lymphoma patient with advanced cancer and their tumors also regressed.4-6 So amazed was the medical community that a drug could cause tumor regression, that it didn't seem to matter the patient died within a couple of months.

Interestingly, around this same time Dr. Gerson – an American physician famous for his nutritional approach to cancer, which included fresh fruit and vegetable juices, liver extract injections, thyroid hormone, coffee enemas and other nutrients – presented cases to US congress of cancer patients he had cured using his nutritional therapy.[7]

The world of medicine was at a fork in the road, Dr. Nicholas Gonzales explains, "it could have gone toward natural treatments, it could have gone toward synthetic. But because of that extraordinary response in a single patient that lasted a few weeks, the entire chemo industry came into fruition."[8]

WARNING LABEL FOR MUSTARGEN

"This drug is HIGHLY TOXIC and both powder and solution must be handled and administered with care. Inhalation of dust or vapors and contact with skin or mucous membranes, especially those of the eyes, must be avoided. Avoid exposure during pregnancy. Due to the toxic properties of mechlorethamine (e.g., corrosivity, carcinogenicity, mutagenicity, teratogenicity), special handling procedures should be reviewed prior to handling and followed diligently. Extravasation of the drug into subcutaneous tissues results in a painful inflammation. The area usually becomes indurated and sloughing may occur." [18]

CHEMOTHERAPY VS. CANCER

It doesn't take more than common sense to reason that injecting poison into the veins of a sick person will 1) not cure them and 2) probably make their health worse.

A study published in *The Lancet* in 1980 found that of 78 patients who received chemotherapy, survival "was no better than that of the 80 who did not receive chemotherapy." Furthermore, regression of tumors was found

to have no impact on survival and, “survival may even have been shortened in some patients given chemotherapy,” the study reports.[9]

The most comprehensive review ever conducted on the efficacy of chemotherapy was completed by German epidemiologist and biostatistician Dr. Ulrich Abel. Europe’s most popular news magazine *Der Spiegel* , which sells over 1-million copies per week, featured Dr. Abel’s publication in a 2004 article titled *Useless Poisonous Cures* (*Giftkur ohne Nutzen*).[10] In order to obtain every study and clinical trial ever published on chemotherapy, Dr. Abel sent letters to over 350 medical centers across the world; his review consisted of thousands of studies and took two years to complete.

Dr. Abel pronounced that despite new and increasingly expensive poisons being used during chemotherapy, “patients do not live a day longer” than they did 25 years prior. Overall worldwide chemotherapy success rates he said were “appalling,” and that "for most internal cancers no proof exists that chemotherapy, especially the increasingly high dose variety, increases life expectancy or improves quality of life." Dr. Abel estimated at least 80% of chemotherapy administered throughout the world is completely worthless.[11]

A group of Australian scientists published a study in 2004 suggesting that *far more* than just 80% of chemotherapy administered is worthless. During a follow-up with cancer patients 5-years after receiving chemotherapy, the researchers determined that only 2.1% of patients in the US and 2.3% of patients in Australia were still alive – exposing chemotherapy’s astonishing 98% failure rate.[12] *I wonder how many of these patients would have been alive at 5-years if they hadn’t received chemotherapy.*

Seeking a greater understanding of what happens inside the body after an injection of chemotherapy, scientists from Harvard Medical School and the University of Massachusetts tested 88 currently-used chemotherapeutic drugs on fruit flies in 2013. Michelle Markstein, molecular biologist and co-author of the study reported, “…several chemotherapeutics that stop fast growing tumors have the opposite effect on stem cells in the same animal, causing them to divide too rapidly.”[13]

By shrinking the initial tumor mass, chemotherapy deceives doctors into thinking patients are benefitting from the treatment, when in actuality, the growth and spread of cancer are being accelerated by it.

Another way of analyzing the effects of chemotherapy on human health is to look at people who were involved in producing it during times of war. Retired Japanese poison gas factory workers were evaluated 57-years after they had been manufacturing mustard gas during World War II. The study found that exposure to mustard gas "significantly increases the long-term risk of death from respiratory cancer and chronic bronchitis/emphysema."[84]

For the first time ever, researchers investigated chemotherapy-induced death at a number of hospitals in the UK. Published in the esteemed journal *Lancet Oncology* in 2016, the study found that 8.4% of people undergoing chemotherapy for lung cancer and 2.4% of people treated for breast cancer nationwide were killed by the treatment within 30-days of administration. When they looked at the numbers from the Milton Keynes Hospital they discovered an even more startling figure: 50.9% of lung cancer patients were killed by chemotherapy within 30-days of treatment.[14]

Success Stories?

A Cancer Patient's Experience with Chemotherapy

"This highly toxic fluid was being injected into my veins. The nurse administering it was wearing protective gloves because it would burn her skin if just a tiny drip came into contact with it. I couldn't help asking myself 'If such precautions are needed to be taken on the outside, what is it doing to me on the inside?' From 7 pm that evening, I vomited solidly for two and a half days. During my treatment, I lost my hair by the handful, I lost my appetite, my skin colour, my zest for life. I was death on legs," as described by a cancer patient in the book *Now and Then* by Bob Madison .

Women Struggling to Live Normal Lives Following Chemotherapy

Thousands of women who have received chemotherapy for breast cancer are struggling to live normal lives, reports a 2016 study published in the journal *Cancer* .

Just one year after treatment, 20% of women above the age of 65 were so debilitated that they couldn't carry out basic daily tasks like walking across the room, light housework, shopping, kneeling or standing long enough to shower.[15]

Cancer Patient Survives Decades Until Chemotherapy

The longest-surviving breast cancer patient of all-time was diagnosed at age 45 and lived until she was 93-years-old. Following her diagnosis, she received no treatment for 22 years, at which point doctors discovered metastatic cancer in her lungs and put her on estrogen-inhibiting drugs.

14 years later, they found cancer on her spine and put her on a different estrogen inhibitor. Years later, doctors found cancer in her liver and finally decided to try chemotherapy.

After receiving two cycles of the chemotherapy drug capecitabine, she refused further treatment due to intolerable side effects, and was dead within two years.[16]

Additional Health Effects

Despite careful adherence to a strict set of safety protocols for handling chemotherapy drugs, including the use of personal protective equipment, more than half of nursing and pharmacy workers in a 2016 study reported complaints of dizziness simply from working with chemotherapy drugs.[17]

Side effects of chemotherapy include, but are not limited to:

Blood Health:

- Chemotherapy decreases red blood cells (anemia) [19]
- Chemotherapy decreases white blood cells (leukopenia) [20]
- Chemotherapy decreases blood platelets (thrombocytopenia) [21]

Bone Health:

- Chemotherapy causes bone death (osteonecrosis) [22]

- Chemotherapy causes loss of bone mineral density (osteoporosis) [23,24]

Brain Health:

- Chemotherapy is toxic to the brain (neurotoxic) [25]
- Chemotherapy causes long-lasting impairment of concentration, forgetfulness and slower thinking; termed "chemobrain" [26,27]
- Chemotherapy causes altered consciousness [28]
- Chemotherapy causes degeneration of white matter in the brain (leukoencephalopathy) [28]
- Chemotherapy causes nerve damage (neuropathy) [28]
- Chemotherapy causes seizures [28]
- Chemotherapy causes paralysis [28]
- Chemotherapy causes stroke (cerebral infarction) [28]

Digestive Health:

- Chemotherapy causes diarrhea [36]
- Chemotherapy causes painful inflammation and ulceration in the digestive tract (intestinal mucositis) [41]
- Chemotherapy causes “significant intestinal damage in both jejunum and colon” [37]

Exercise:

- Chemotherapy reduces grip strength [38]
- Chemotherapy causes muscle dysfunction and a loss of overall strength [39]

Eye Health:

- Chemotherapy causes severe vision loss and altered color vision [40]
- Chemotherapy causes complete blindness [41]

Hair Health:

- Chemotherapy causes hair loss [50]

Healing:

- Chemotherapy impairs wound healing [51]

Hearing:

- Chemotherapy causes "severe to profound hearing loss" [52]
- Chemotherapy causes chronic ringing of the ears (tinnitus) [52]

Heart Health:

- Chemotherapy damages the heart [53]
- Chemotherapy causes heart disease [54]
- Chemotherapy causes heart failure [55]
- Chemotherapy causes heart attacks (myocardial infarction) [56]

Immune System:

- Chemotherapy causes long-term immune system damage [57,58]
- Chemotherapy exacerbates existing hepatitis C infections [59]
- Chemotherapy reactivates hepatitis B virus [60]
- Chemotherapy impairs anti-tumor immune response [61]

Kidney Health:

- Chemotherapy causes kidney failure [65]

Liver Health:

- Chemotherapy causes liver injury [66]

Lung Health:

- Chemotherapy causes lung disease [67]

Mental Health:

- Chemotherapy "decreased emotional and social function and increased distress" [29]
- Chemotherapy causes depression [30]
- Chemotherapy causes anxiety [31]

Oral Health:

- Chemotherapy causes severe dental caries [32]
- Chemotherapy causes dry mouth (xerostomia), ulcers and mouth sores [68]
- Chemotherapy causes oral candida (fungal) infection [33]
- Chemotherapy causes painful inflammation and ulceration in the mouth (oral mucositis) [34]
- Chemotherapy causes "a diverse spectrum of oral changes that generally are attributed to immunosuppression and bleeding tendencies" [35]

Pain:

- Chemotherapy causes neuropathic pain; burning or coldness, "pins and needles" sensations, numbness and itching [69]
- Chemotherapy pain remains one-year after treatment [70]

Quality of Life:

- Chemotherapy causes difficulty swallowing (dysphagia) [71]
- Chemotherapy causes nausea and vomiting (emesis) [72,73]
- Chemotherapy causes altered taste sensation [74]
- Chemotherapy causes migraine headaches [75]

Sexual Health:

- Chemotherapy causes infertility and premature ovarian failure; [42,43] in up to 66% of women [44]
- Chemotherapy causes absence of menstrual period (amenorrhea) [45]
- Chemotherapy causes menopausal symptoms [45]
- Chemotherapy damages sperm and testicular tissue" [46,47]
- Chemotherapy reduces reproductive organ weight, sperm count and sperm motility [46]
- Chemotherapy causes "a significant decline in serum testosterone" [46]
- Chemotherapy causes erectile dysfunction [48,49]

Skin:

- Chemotherapy causes dermatitis: itchiness, red skin, or a rash [76]

Sleep:

- Chemotherapy reduces sleep quality [77]

Thyroid Health:

- Chemotherapy "blunts thyroid function" [78]

- Chemotherapy impairs thyroid hormone synthesis and secretion from the thyroid gland [79]
- Thyroid hormones "…were remarkably altered after each cycle of chemotherapy leading to decline in thyroid function…" [80]

Tumor Microenvironment:

- Chemotherapy increases free radicals [85]
- Chemotherapy increases cortisol [85]
- Chemotherapy increases adrenaline [93]
- Chemotherapy increases prolactin [94]
- Chemotherapy increases estrogen [64]
- Chemotherapy increases tumor necrosis factor-alpha [62]
- Chemotherapy increases interleukin 1- beta [62]
- Chemotherapy increases interleukin-6 [91]
- Chemotherapy increases interleukin-8 [92]
- Chemotherapy increases nuclear factor-kappa b [62]
- Chemotherapy increases prostaglandins [86]
- Chemotherapy increases nitric oxide [46]
- Chemotherapy increases vascular endothelial growth factor [95]
- Chemotherapy increases epidermal growth factor [96]
- Chemotherapy increases lactic acid [87]
- Chemotherapy increases serotonin [88]
- Chemotherapy increases histamine [89]
- Chemotherapy increases high-mobility group box 1 protein [90]

Urinary Health:

- Chemotherapy causes blood in the urine (hematuria) [81]
- Chemotherapy causes painful urination (dysuria) [81]

Weight Loss:

- Chemotherapy causes muscle-wasting (cachexia) [82]
- "Severe loss of body weight (cachexia) is a frequent cause of death in cancer patients and is exacerbated by chemotherapy [83]

TIMELESS QUOTES

"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors."
- Dr. Allen Levin, The Healing of Cance r

"As a chemist trained to interpret data, it is incomprehensible to me that physicians can ignore the clear evidence that chemotherapy does much, much more harm than good."
- Alan Nixon, Ph.D., Past President of The American Chemical Society

"Chemotherapy and radiotherapy will make the ancient method of drilling holes in a patient's head to permit the escape of demons look relatively advanced. Toxic chemotherapy is a hoax. The doctors who use it are guilty of pre-meditated murder, and the use of cobalt and other methods of cancer treatment popular today effectively closes the door on cure."
- Ernst T. Krebs Jr., American Biochemist (1911-1996)

"To sell chemotherapy as a 'therapy' is most likely the biggest deceit in the history of medicine. Whoever masterminded this chemo-torture deserves a monument in hell."
- Dr. Ryke Geerd Hamer, M.D.

RADIOTHERAPY

Radiotherapy, also known as radiation therapy, is a treatment in which ionizing x-ray and gamma ray radiation are directed at tumors and used to kill cancer cells.

Blasting cancer cells with radiation stops them from growing and multiplying, but it also damages every other cell in its path and sets in motion a cascade of negative physiological effects that can persist for multiple generations.

Today, up to 60% of cancer patients receive radiotherapy as a part of their treatment regimens[1] and yet most are never fully aware of the risks involved with exposure to ionizing radiation .

The Discovery of X-rays

X-rays were first discovered in 1895 by German physics professor Wilhelm Röntgen. In 1901, Röntgen was awarded the Nobel Prize for his discovery and ironically, both he and his wife ended up dying from cancer caused by x-ray exposure.[2]

With the advent of a machine that could produce x-rays, suddenly the medical industry had an impressive new way to destroy cells other than cauterizing or burning with acid; and within a few years, ionizing radiation was put to use on cancer patients. However, a number of common side effects quickly became known, including burns, skin disease and the formation of tumors, but society failed to take these warnings seriously and by 1922, over 100 radiologists and many others working in the medical industry had died from cancer caused by x-rays.[3] And yet the ignorance continued...

Shoe-Fitting X-ray Fluoroscopes

In the 1920's, portable x-ray devices became widely available in shoe stores so customers could see the bones in their feet to determine which shoes were the right fit - and kids loved them![4]

At the peak of popularity in the United States, there were at least 10,000 shoe-fitting x-ray fluoroscopes in use, and despite the massive radiation exposure (equal to more than 1000 chest x-rays) and the significant amount of scatter radiation emitted from these "cancer boxes," the horrifying nature of the technology was largely brushed off by the government and medical community.

By the 1970's, the incidence of foot cancer spiked dramatically and the negative effects could no longer be denied.[5] The shoe-fitting fluoroscopes used in shoe stores for around 50-years had officially been banned.

Fluoroscopes as Entertainment

After World War II, every physician in America was urged to have an x-ray fluoroscope in their office and no examination was considered complete unless patients were fluoroscoped.[6] In the 1940's, some pediatricians used fluoroscopes on babies every single month during checkups for the first two years of life.[6] Doctors would flaunt their fancy fluoroscopes to patients as a source of entertainment, which Dr. Raymond Peat, endocrinologist, physiologist and science historian described as "a combination of ignorance and arrogance."[7] It seems society was obsessed with technology in much the same way we are today with computers, cell phones and other gadgets.

Radiotherapy vs. Cancer

During the Chernobyl nuclear disaster in 1986, massive amounts of radioactive isotopes billowed up into the atmosphere before reigning down onto most of Europe - and nobody exposed to fallout from this catastrophe was cured of cancer.

In fact, the largest and most comprehensive mortality study on the Chernobyl disaster to date, which included data from over 1000 published studies and over 5000 internet and printed publications, concluded that between the years 1986 and 2004, the radioactivity released by this event caused 985,000 deaths, mostly from cancer.[8]

Radiotherapy Administers 5x The Fatal Dose

Emeritus Professor of Physics at the University of Oxford Wade Allison briefly discussed radiotherapy in a 2012 report on Nuclear Technology.[9] Over the course of a month, he wrote, "the tumour gets more than 40,000 mSv [millisieverts] and the peripheral healthy tissue as much as 20,000 mSv – that is five times the fatal dose experienced by some Chernobyl workers." In other words, if radiotherapy doses weren't spread out over the course of a month or longer, every patient receiving it would die instantly.

Radiotherapy and Breast Cancer

Since radiotherapy first came onto the scene, the standard of care for women with breast cancer was surgical breast removal (radical mastectomy) followed by radiotherapy. However, at the time this regimen was put into practice, scientific research hadn't even established that it was beneficial for patients; and up until 1960, a large amount of conflicting research had been published:

- Some studies indicated radiotherapy following radical mastectomy provided good results [10-14]
- Others reported no benefit from the treatment [15-23]
- And several suggested radiotherapy was harmful [24,25]

The National Cancer Institute responded to this uncertainty in 1961 by launching *The National Surgical Adjuvant Breast and Bowel Project* (NSABP). For the project, American scientist Bernard Fisher and his colleagues compared the efficacy of mastectomy alone with mastectomy followed by irradiation. Published in the *Annals of Surgery* in 1970, the study found that radiotherapy *decreased survival of all patients* . "Survival of patients was determined 3, 4 and 5 years following operation…At each time, survival of those irradiated was slightly less than in the control patients."[26]

In 1974, researchers from the Swiss Institute for Experimental Cancer Research examined survival rates of women from six clinical trials who received either radical mastectomy or radical mastectomy followed by irradiation for breast cancer. Published in *The Lancet* , scientists concluded, "An increased mortality in early breast cancer can be correlated

to the routine use of local postoperative irradiation. The decreased survival is statistically significant. Of controlled clinical trials so far published, all six, including more than 3400 patients, demonstrate decreased survival of between 1 and 10% in irradiated patients when compared with those treated by mastectomy alone."[27]

In 1995, a meta-analysis of 64 randomized trials was conducted to find out if irradiation following either mastectomy or lumpectomy improves survival of patients with breast cancer. Published in *The New England Journal of Medicine* , the study reports, "The addition of radiotherapy to surgery resulted in…no significant difference in 10-year survival."[28]

So far the evidence suggests that at best, radiotherapy doesn't improve survival of breast cancer patients, and at worst, radiotherapy is killing cancer patients more quickly than they would have died without it. Couple these findings with similar findings about radiotherapy following lung cancer surgery and it seems likely that the latter is true.

Radiotherapy and Lung Cancer

A 1998 review of nine randomized trials compared survival rates of 2,128 lung cancer patients who received radiotherapy following surgery with patients who received surgery alone. Published in *The Lancet* , results showed that patients who received radiotherapy following surgery had a 27% increased risk of death. Researchers concluded that, "Postoperative radiotherapy is detrimental to patients with early-stage completely resected NSCLC [non-small-cell lung cancer] and should not be used routinely for such patients."[29]

Scientists from the United Kingdom conducted an extensive review in 2005 evaluating the efficacy of radiotherapy following surgery in patients with non-small- cell lung cancer. Published in the journal *Lung Cancer,* they wrote, "Results continue to show PORT [postoperative radiotherapy] to be detrimental, with an 18% relative increase in the risk of death."[30]

Whistleblower Exposes Cancer Mortality Statistics

One of the most fascinating statements made by whistleblower Dr. Ralph Moss in his book *The Cancer Industry* is that official cancer mortality statistics are being intentionally manipulated in order to make it appear like cancer treatments are better than they actually are.

Since radiotherapy damages all organs and systems of the body, including the brain,[96-99] heart,[110-115] liver,[128-129] kidneys,[127] thyroid,[157] immune system,[116-125] and impairs the healing process,[103-105] there are endless ways that its side effects can eventually kill a person. One of the most common ways is heart disease;[110-115] so what Dr. Moss was referring to, was the fact that if a patient receives radiotherapy then has a heart attack and dies a week, month or even a few years later, their cause of death will be deemed a heart attack rather than a cancer death due to treatment failure; and consequently, the public never finds out just how unsuccessful radiotherapy actually is.

Evidence of this can be seen in studies reporting decreased cancer deaths while simultaneously reporting increased non-cancer deaths following radiotherapy treatment. [28,32,33]

In 1993, Texas researchers from the Anderson Cancer Center in Houston questioned the validity of official government cancer mortality statistics by examining non-cancer deaths of 470,000 cancer patients. Published in the *Journal of the National Cancer Institute* , the study found that 27% of patients who were reported dead for reasons other than cancer had died within a year after diagnosis, suggesting they were probably killed by their treatments; "…it appears that this excess was caused by treatment of the cancer." [31] In other words, cancer treatments are less effective than we're told and the true death toll from cancer is actually much greater than we're told.

Radiotherapy Elevates Lifetime Risk of Cancer

Whether radiotherapy treatment is used for acne, peptic ulcers, scalp ringworm or cancer, universally we see an elevated risk of cancer that lasts for the remainder of the patient's life.[34] For example, a 36-year-old male patient who was treated with radiotherapy and chemotherapy for Hodgkin's disease in 1972 developed colon cancer 18 years later.[35]

"Indeed, young patients treated with chemotherapy and especially radiation therapy are at high risk of developing secondary cancers. Chemo-radiotherapy appears to also increase more significantly the risk."[36] What's more, the risk of secondary cancers developing later in life is even greater for those treated during childhood; "Risks of radiation-related cancer are greatest for those exposed early in life, and these risks appear to persist throughout life."[37]

- Radiotherapy for scalp ringworm causes multiple basal cell carcinomas in about 40% of patients up to 50 years later. [38]
- Radiotherapy for acne is strongly associated with basal cell carcinoma arising within the radiation treatment field. [39]
- Radiotherapy for Hodgkin's lymphoma in children increases breast cancer risk 24-times. [40]
- Radiotherapy for Hodgkin's lymphoma increases stomach cancer risk 3.4-times. [41]
- Radiotherapy for Hodgkin's lymphoma increases the risk of breast cancer, "…with risk increasing dramatically more than 15 years after therapy." [42]
- Radiotherapy for testicular cancer increases pancreatic cancer risk 2.9-times, persisting for over 20 years. [43]
- Radiotherapy for testicular cancer increases stomach cancer risk 5.9-times, persisting "for several decades." [44]
- Radiotherapy for breast cancer significantly increases cancer formation in the other (contralateral) breast. [33]
- Radiotherapy for peptic ulcers increases risk of cancer; "Cancer mortality remained high for up to 50 years, indicating that radiation damage may persist to the end of life." [45]

What is happening inside the body as a result of exposure to ionizing radiation that causes lifelong damage?

Radiation Bystander Effects

To this day, mainstream theory states that radiation kills cancer cells by directly damaging DNA.[46] However, in 1992, Harvard researchers discovered something that called the entire theory into question:[47] when a cell is irradiated, something is emitted by the injured cell that transfers the same damage to non-irradiated cells – a term called a 'bystander effect.'[48]

A colorful demonstration of bystander effects was performed by researchers at McMaster University in Ontario, Canada in 2006, where scientist Carmel E. Mothersill and her colleagues irradiated rainbow trout (0.5 Gy dose) and then placed them in water-filled containers with non-irradiated fish. Two days later, they discovered that the damage had been transferred from the irradiated fish to the non-irradiated fish – an effect that was said to be caused by the "secretion of a chemical messenger into the water."[49]

Bystander effects have also been demonstrated in animals,[50-52] in humans,[53,54] and even in plants.[55]

A Closer Look…

- Chinese researchers irradiated the roots of young Arabidopsis thaliana plants to determine if it would cause bystander effects. As the plant grew, researchers found evidence of radiation damage "in every true leaf over the course of rosette development." They even found damage in non-irradiated plants that were nearby. [55]
- In 2008, researchers from Alberta, Canada irradiated the heads of mice "while the remainder of the body was completely protected by a medical-grade shield." They discovered DNA damage, altered cellular growth and cell death in shielded spleen cells. [52]
- Scientists from the University of Washington investigated the effects of dental x-rays on pregnant women and their offspring in 2004. Even though the women were entirely shielded with lead aprons during the X-ray images, irradiation damage was

transferred to the fetus and many of the babies were born underweight. [54]

What is the chemical messenger released by irradiated cells that causes bystander effects?

Although at least one other factor is involved,[56] by far the major facilitator of bystander effects is nitric oxide (NO). Nitric oxide's effects include genomic instability,[57] genetic errors,[57] double-strand DNA breaks,[58] cell death (apoptosis),[59] inflammation,[59] and ultimately, carcinogenesis.[78,79] Lowering nitric oxide levels (for example, by supplementing with an inexpensive, medicinal blue dye called methylene blue[60]) can 'switch off' bystander effects and halt the self-perpetuating cycle of damage.[6 1]

Interestingly, the effects of ionizing radiation appear to be indistinguishable from estrogen,[62] and since estrogen rapidly elevates levels of nitric oxide in the body,[63,64] lowering estrogen is probably a more fundamental way to interrupt bystander effects.

When any part of the body is exposed to ionizing radiation, even at the low-doses commonly used during medical x-rays,[65] nitric oxide-mediated bystander effects transfer the damage to unexposed body parts - but it goes beyond that.

In 2010, researchers from Texas discovered that millimeter waves - a much less intense form of radiation that's often used at airport security checkpoints - can also induce bystander effects.[66]

Biochemist Martin Pall of Washington State University tested even lower frequencies to see if they could induce bystander effects in 2013. Published in the journal *Bioelectromagnetics* , Pall found that microwave and even extra-low frequency (ELF) radiation - the kind emitted from cell phones and other wireless devices - both induce nitric oxide synthesis.[67] This suggests that both non-ionizing microwave and ELF radiation will have some of the same effects as ionizing radiation. And indeed, there is abundant evidence within the scientific literature associating cell phone use with cancer; including brain tumors[68-73] mouth cancer,[74] lymphoma,[75] breast cancer[76] and eye cancer.[7 7]

Success Stories?

Lingering Side Effects After Radiotherapy 'Cure'

One year after 59-year-old Richard Wayman received radiotherapy for cancer of the tonsils, he began feeling a "painful tingling" in his legs. Within weeks, he was struggling to walk and was admitted to the hospital for x-rays, scans and other tests. "The scans revealed lesions on my lungs, which raised fears that the cancer had spread, so I was admitted to another hospital for a biopsy and, as a result, contracted MRSA [infection] and pneumonia."

During his time spent in the hospital to treat his conditions, Richard lost around 50 lbs. "I thought I was never going to get out of there," he remarked. Finally, doctors diagnosed his lung lesions as a side-effect of radiotherapy, but his problems continued.

After having a tooth pulled by his dentist, the bone around the extracted tooth "started to crumble and become infected."

Within a couple months he had an open wound running from his outer cheek through his jaw bone and into his mouth, called bone necrosis - another side effect of radiotherapy.[91]

Accidental Radiation Overdoses Causing Death

Anytime technology is involved there is the potential that it could malfunction. Although rare, errors during radiotherapy administration have occurred and the results have been disastrous.

Cancer patient Scott Jerome-Parks was overdosed with radiation that left him burnt, deaf, visually impaired, with ulcers in his mouth, teeth falling out, unable to swallow or breathe and dead several painful weeks later.

Another victim of technological failure was 32-year-old breast cancer patient Alexandra Jn-Charles, who received 27 days of radiation overdoses that burnt a hole in her chest and left a gaping wound so painful that it made her consider suicide. [93]

Additional Health Effects

Here's a list of side effects of radiotherapy reported in the scientific literature.

Bone Health:

- Radiotherapy damages the spinal cord [93]
- Radiotherapy causes bone fractures [94]
- Radiotherapy causes bone and joint degeneration [95]

Brain Health:

- Radiotherapy lowers IQ [96]
- Radiotherapy impairs memory, attention, and executive function [97,98]
- Radiotherapy increases lifetime risk of having a stroke [99]

Eye Health:

- Radiotherapy causes vision loss [100]
- Radiotherapy causes complete blindness [101]

Hair Health:

- Radiotherapy causes complete hair loss (alopecia) [102]

Healing:

- Radiotherapy slows wound healing [103-105]

Hearing:

- Radiotherapy causes immediate deafness [106] in 45.71% of patients [107]

- Radiotherapy-induced hearing loss continues to worsen over time [108,109]

Heart Health:

- Radiotherapy causes micro-vascular damage to the heart [112]
- Radiotherapy weakens the heart, blood vessels surrounding the heart and narrows arteries [113]
- Radiotherapy significantly increases mortality from cardiovascular death more than 15 years later [110-115]

Immune System:

- Radiotherapy suppresses the immune system [116]
- Radiotherapy inhibits anti-tumor immunity [116]
- Radiotherapy significantly increases risk of infection [117-124]
- "Immunity in young adult survivors of childhood leukemia [who received chemotherapy and/or radiotherapy] is similar to the elderly rather than age-matched controls" [125]

Inflammation:

- Radiotherapy causes immediate inflammation [126]

Kidney Health:

- Radiotherapy causes kidney failure [127]

Liver Health:

- Radiotherapy causes liver disease [128]
- Radiotherapy causes liver failure [129]

Mental Health:

- Radiotherapy causes mental disorders, anxiety, depression and distress [131,132]
- Radiotherapy causes "significantly worse mental health before, during and 1 year after RT [radiotherapy] compared to the normal population." [133]

Muscle-Loss:

- Radiation-induced cachexia causes primates to lose as much as 50% of skeletal muscle [134]

Oral Health:

- Radiotherapy causes tooth decay [135]
- Radiotherapy causes jaw bone death (osteoradionecrosis) [136]
- Radiotherapy causes permanent salivary gland dysfunction [137]
- Radiotherapy causes restricted mouth opening (trismus) [130]
- Radiotherapy causes oral discomfort, oral mucositis, changes in taste, increased oral infections and difficulty swallowing (dysphagia) [138]

Post-Traumatic Stress:

- Radiotherapy causes post-traumatic stress disorder [139]

Quality of Life:

- Radiotherapy causes fatigue in up to 90% of patients [140]
- Radiotherapy causes intractable (untreatable) nausea, vomiting and headache [141]

- Radiotherapy causes unpredictable taste and smell changes in 48% of patients; some had a stronger sweet taste, some had a stronger salt taste and some a weaker sense of smell [142]
- Radio-chemotherapy causes 64% of patients to rely on tube feeding as their primary means of food intake [143]
- Radiotherapy considerably impairs overall quality of life [144,145]

Sexual Health:

- Radiotherapy causes "…increased incidence of numerical sex chromosomal abnormalities and high risk for reproductive and genetic diseases…" [146]
- Total-body irradiation causes an "extremely high rate of gonadal dysfunction" [147]
- Radiotherapy causes a high percentage of infertility in cervical and testicular cancer patients [148]
- Radiotherapy causes sexual dysfunction in 78% of women treated for cervical cancer [149]
- Radiotherapy causes testosterone deficiency [150]
- Radiotherapy causes erectile dysfunction in 93.9% of men after prostate irradiation [151]

Skin:

- Radiotherapy causes thickening and scarring of skin and connective tissues [152]
- Shoe-fitting fluoroscopes cause dermatitis with ulceration on foot [153]

Sleep:

- Radiotherapy causes sleep problems in nearly half of patients [154]

- Radiotherapy causes severe obstructive sleep apnea [155]

Speech:

- Radiotherapy causes degeneration of voice and speech [156]

Thyroid Health:

- Radiotherapy causes hypothyroidism in approximately 53% of patients [157]

Tumor Microenvironment:

- Radiotherapy increases free radicals [164]
- Radiotherapy increases cortisol [80]
- Radiotherapy increases adrenaline [165]
- Radiotherapy increases estrogen [62]
- Radiotherapy increases prolactin [166]
- Radiotherapy increases nitric oxide [81]
- Radiotherapy increases vascular endothelial growth factor [82]
- Radiotherapy increases epidermal growth factor [83]
- Radiotherapy increases tumor necrosis factor alpha [88]
- Radiotherapy increases interleukin-1 beta [88]
- Radiotherapy increases interleukin-4 [84]
- Radiotherapy increases interleukin-6 [88]
- Radiotherapy increases interleukin-8 [85]
- Radiotherapy increases nuclear factor kappa b [86]
- Radiotherapy increases prostaglandins [87]
- Radiotherapy increases lactic acid [167]
- Radiotherapy increases stem cell production [89,90]
- Radiotherapy increases histamine [161]

- Radiotherapy increases serotonin [162]
- Radiotherapy increases high-mobility group box 1 protein [163]

Urinary Health:

- Radiotherapy causes involuntary urination in women [158] and men [159]
- Radiotherapy for rectal cancer causes long-term incontinence and major disturbances in bowel function [160]

TIMELESS QUOTES

"... I wouldn't have chemotherapy and radiation because I'm not interested in therapies that cripple the immune system, and, in my opinion, virtually ensure failure for the majority of cancer patients."
- Dr Julian Whitaker, M.D.

"I had a brain cancer specialist sit in my living room and tell me that he would never take radiation if he had a brain tumor. And I asked him, 'but, do you send people for radiation?' and he said, of course. 'I'd be drummed out of the hospital if I didn't."
- Dr. Ralph Moss

DOES EARLY DETECTION SAVE LIVES?

Like all businesses, the cancer industry requires a steady flow of customers in order to generate revenue. The way it accomplishes this is by popularizing the idea that detecting and treating cancer in its early stages improves survival. 'Early detection saves lives' is a marketing strategy used to motivate people who have no signs or symptoms of cancer, to undergo regular screening for cancer.

The World Health Organization claims that "Cancer mortality can be reduced if cases are detected and treated early,"[1] and the American Cancer Society states, "Most doctors feel that early detection tests for breast cancer save thousands of lives each year. Many more lives probably could be saved if even more women and their health care providers took advantage of these tests."[2]

If early detection and treatment do in fact save lives, then this is indeed a righteous proposal, but the thing about 'early detection' is that - in order for it to be beneficial - the 'early treatment' that follows must be effective. And based on our investigations into orthodox cancer treatments in the preceding chapters, it seems incredibly unlikely that inflicting severe damage upon a sick person *at any stage* of their illness could improve their health.

But rather than speculating, let's take a closer look at two of the most popular cancer screening tests and decide for ourselves if we think early detection saves lives.

The PSA Test - Prostate Cancer Screening

For a man, the road to being diagnosed with prostate cancer begins with a blood test called the prostate-specific antigen (PSA) test. A urologist might claim the PSA test is an accurate way to detect prostate cancer, but when we take a closer look, we come face-to-face with an uncomfortable reality: PSA cannot diagnose prostate cancer.[3]

Dr. Richard Ablin - the man who discovered the prostate-specific antigen in 1970 - calls the widespread misuse of the PSA test "a public health disaster."

In his book *The Great Prostate Hoax* , Dr. Ablin reveals that prostate-specific antigen - a protein secreted by the prostate - is not cancer-specific. In other words, PSA is secreted by all prostates - both healthy and cancerous - and therefore, using it as a screening tool for prostate cancer is completely inappropriate.

If a man has his PSA levels tested and they end up being 4 or higher, the doctor will refer him to a urologist for a biopsy, which is the next step on the assembly line towards radiotherapy or surgical removal of the prostate (radical prostatectomy). But since PSA levels are increased by exercise, ejaculation and everyday stress, using them to determine whether or not a man is at risk for having cancer is no better than a coin toss. "You can biopsy according to whether a man has blue eyes or green eyes and get pretty much the same results as biopsying according to PSA," wrote Urologist Thomas Stamey, MD. "It is vital to understand that a man might have a PSA of 0.5 and have prostate cancer, yet another man whose number is an alarming 11 could be cancer free," Dr. Ablin explains.

Dr. Thomas Stamey and his colleagues at Stanford University studied prostate tissues collected over a 20-year period since the dawn of the PSA test in the early 1990's. Their 2004 study focused the scientific community's attention on what PSA-pioneer Dr. Richard Ablin had been saying for decades – the PSA test is virtually worthless in determining if men have prostate cancer; "the test indicates nothing more than the size of the prostate gland," Dr. Stamey declared, "The prostate specific antigen era in the united states is over." [4]

In 2011, the U.S. Preventive Services Task Force - an independent group of national experts in prevention and evidence-based medicine – reversed their previous position and recommended against the use of PSA screening with "moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits."[5]

A Closer Look…

- Scientists from Rockville, Maryland conducted an updated review on PSA screening in 2011. Results showed that "After about 10 years, PSA-based screening results in the detection of more cases of prostate cancer, but small to no reduction in prostate cancer-specific mortality." [6]
- 76,685 men aged 55-74 years were examined for prostate mortality after undergoing the PSA test in The Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial of 2012. Published in the Journal of the National Cancer Institute, the study found "no evidence of a mortality benefit for organized annual [PSA] screening" after 13-years of follow-up. In fact, prostate cancer mortality was slightly increased in the screened group: 3.7 per 10,000 person-years, versus 3.4 for unscreened men. [7]
- A 2012 study published in The New England Journal of Medicine compared the efficacy of surgery versus no treatment in men diagnosed with prostate cancer by the PSA test. The study concluded that "radical prostatectomy [surgery] did not significantly reduce all-cause or prostate-cancer mortality, as compared with observation, through at least 12 years of follow-up." [8]

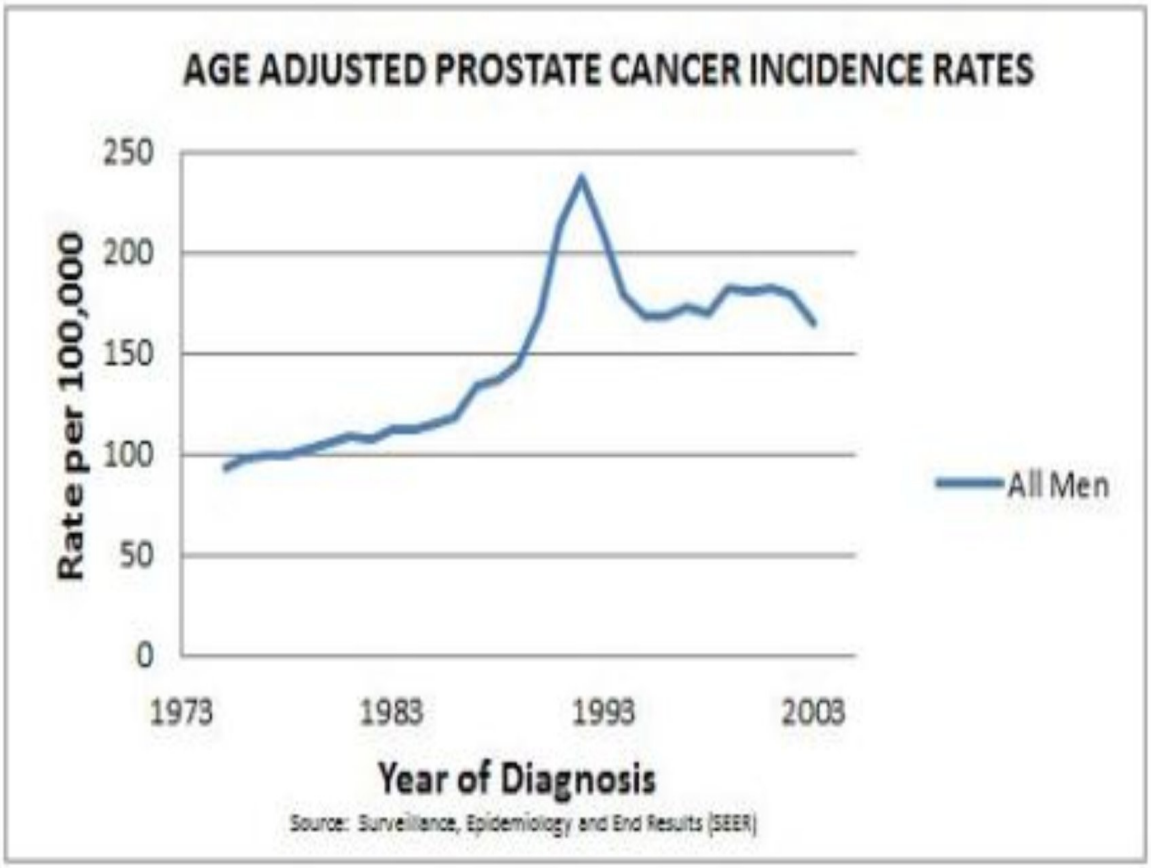
Despite clear evidence showing PSA screening fails to reduce mortality from prostate cancer[6-8] and the recommendation against the use of the PSA test by the Task Force, seductive celebrity-endorsed marketing campaigns pushing "prostate cancer awareness" continue luring men in to have their PSA's tested to this day.[9] Once the money train begins to roll, it can be difficult to stop.

"The prostate gland is at the epicenter of a worldwide trillion-dollar industry and the PSA test is its kingpin… if the test were made irrelevant, an industry would crumble."
- Dr. Richard Ablin

Overdiagnosis and Overtreatment

Of the 3.7 million men diagnosed with prostate cancer in the US between 1986 and 2005, "our paper estimates about 1.3 million are attributable solely to the test… and would not have occurred without it," said Dr. H. Gilbert Welch about his 2009 study published in the *Journal of the National Cancer Institute* .[10]

If the PSA test was only finding cancers that were problematic, explains Dr. Welch, the number of new prostate cancer cases would have stayed the same in the early 1990's after the test was introduced. But instead, the number of diagnosed cancer cases skyrocketed, and the rate is still higher than it used to be. "It looks more like a stock market graph than a graph of cancer biology," says Welch. "These are the most erratic graphs in cancer anywhere."[11]



As a consequence of using the PSA test to detect prostate cancer, as many

as 85% of men diagnosed with the disease don't have anything that will ever kill or even harm them at all.[12,13] What they have shouldn't even be called cancer and tragically, many end up receiving unnecessary cancer treatments which often result in severe, life-changing side effects.

A BIG Price to Pay

During a prostate biopsy, a urologist will stick an 18-gauge needle through a man's rectal wall into his prostate gland 6 to 12 times, punching out core tissues for examination. It's well-established that biopsies suppress the immune system and promote cancer metastasis,[14-17] but there are a number of other reasons why a man might want to avoid a prostate biopsy.

A biopsy of the prostate can cause residual pain, blood in the urine, rectal bleeding,[18] erectile dysfunction,[19] and life-threatening infections.[20,21] This is probably because the biopsy needle first enters the rectum before piercing through the rectal wall into the prostate, which drags bacteria and fecal matter along with it. "The risk of hospitalization within 30 days of prostate biopsy was significantly higher than in a control population."[22] But the damage caused by punching holes in the prostate is minor compared to irradiating or surgically removing the prostate.

The two most common complications associated with having the prostate gland irradiated or removed are involuntary urination (urinary incontinence) and erectile dysfunction. *The New England Journal of Medicine* published a study in 2013 reporting that erectile dysfunction was "nearly universal" in patients 15 years after treatment for prostate cancer; "87.0% of those in the prostatectomy group and 93.9% of those in the radiotherapy group reporting an inability to achieve an erection sufficient for intercourse." Furthermore, all men experienced a decline in urinary continence that worsened as time went on. Some men had to wear diapers to prevent urinary leakage for the full 15-year follow-up period and probably for the rest of their lives.[23]

Despite the fact that the PSA test cannot detect prostate cancer and the extraordinary risk of a man having his sexuality and dignity stolen as a consequence of the test, almost 66% of men who undergo the PSA test are not even aware they've had it done;[24] their doctors simply do it as part of their routine physical, without their consent and without telling them the potential implications.[25]

MAMMOGRAPHY - BREAST CANCER SCREENING

First introduced in the 1970's,[26] mammography is an x-ray procedure that captures a photograph of the human breast used to detect breast cancer.

While those who are invested in expensive mammography machinery or who rely on breast cancer screening to earn a living will assure you that mammography reduces breast cancer death rates, a number of large-scale studies have demonstrated that mammography provides no mortality benefit.[27-29]

A CLOSER LOOK…

- The *Canadian National Breast Screening Study 1* involved 50,000 women aged 40 to 49 years and compared women who received 5 years of annual mammography screening and physical breast examinations with women who received only one physical breast examination. The study found that five annual mammograms and breast examinations in women aged 40 to 49 caused "no reduction in breast cancer mortality." [27]
- The *Canadian National Breast Screening Study 2* involved 40,000 women aged 50 to 59 years and compared women who received five years of physical breast exams and mammography screening with women who received physical examinations only. The study concluded that in women aged 50 to 59, "the addition of annual mammography screening to physical examination has no impact on breast cancer mortality." [28]
- The 25-year combined follow-up of the *Canadian National Breast Screening Study 1 and 2* was one of the largest and most meticulous studies ever conducted on mammography. Published in the *British Medical Journal* in 2014, results showed that "Annual mammography in women aged 40-59 does not reduce

mortality from breast cancer beyond that of physical examination…" [29]

Overdiagnosis and Overtreatment

One of the major failures of mammography is how frequently it results in misdiagnosis of breast cancer.

Over the course of 10 mammograms, women in the United States have between a 58-77% chance of being falsely diagnosed with breast cancer.[30] Another study found that for women with multiple breast cancer risk factors, like a strong family history, prolonged use of the contraceptive pill, etc. – the ones most strongly urged to have annual mammograms – the 10-year cumulative risk of being falsely diagnosed is "as high as 100 percent."[31]

And of course, most will end up undergoing unnecessary treatments and suffering the horrendous side effects and mutilations associated with surgery and radiotherapy .

A 2012 study published in the *New England Journal of Medicine* concluded that one in three women (33%) diagnosed with breast cancer from a mammogram are misdiagnosed, and that a whopping 1.3 million women have been overdiagnosed by mammography in the past 30 years.[32]

A BIG Price to Pay

Although the PSA test and mammography both fail to achieve their intended purpose of prolonging life, the PSA test involves only a blood sample while mammography exposes patients to damaging ionizing radiation and other harmful procedures.

First, the breast is tightly (and often painfully[33]) compressed between two imaging plates. If cancer is present in the breast during this compression it can result in metastasis.[34] Next, the x-ray image is taken and the patient receives a 10 mSv (millisievert) dose of ionizing radiation, approximately "1000 times greater than that from a chest x-ray," according to Dr. Samuel Epstein.[35]

The Dangers of Low-Dose Ionizing Radiation

The US government has long-held the position that low-doses of ionizing radiation are not hazardous to human health,[36] but since the early 1950's scientific research has indicated repeatedly that low-doses of radiation, like those administered to patients during x-ray imaging, do in fact cause increased rates of cancer.[37-53]

A CLOSER LOOK…

- Researchers from the University of California investigated the relationship between x-ray exposure early in life and childhood leukemia in 2010. "Exposure to post-natal diagnostic X-rays is associated with increased risk of childhood ALL [acute childhood leukemia], the study concluded." [53]
- A 1981 study published in *The Lancet* looked at cancer incidence in female factory workers who had been producing paint containing the radioactive element radium. The workers received radiation doses of 1-4mGy (milligray) per week and the study found, "Those in the group who were under 30 years of age when they started work show a significantly increased risk of dying from breast cancer." [46]
- In 1989, scientists from Atlanta, Georgia investigated 1,030 women with scoliosis who had received multiple x-rays during childhood. Published in *The Journal of the National Cancer Institute* , at an average follow-up of 26 years, the study found an 83% greater incidence of cancer in the women compared to the general population. Importantly, their rate of cancer actually increased with time; women assessed more than 30 years later had a 140% greater incidence of cancer than the general population. [43]

LOW DOSES WORSE THAN HIGHER DOSES

Groundbreaking research, mostly on atomic bomb survivors and nuclear workers, is beginning to uncover a startling detail – not only are low doses

of ionizing radiation enough to cause cancer, but low doses can actually be *more harmful* than larger ones.[54-57] E.B. Burlakova, director of the Radiobiology Committee of the Russian Academy of Sciences, has published a number of studies showing that the true dose-response of ionizing radiation is *biphasic* , meaning the damage increases from zero dose and then falls and then increases again.[58]

A CLOSER LOOK…

- A 2008 study from Japan compared cancer prevalence in Hiroshima atomic bomb survivors with an unexposed population. The study found a significantly elevated risk of cancer in the exposed population, "Even at low and very low dose categories." [56]
- Italian researchers exposed a group of mice to 1 Gy (gray) of ionizing radiation and another group of mice to 0.1 Gy of ionizing radiation and compared the effects. Results were published in the *International Journal of Radiation Biology* in 2008 and found, "In mice exposed to 1 Gy genetic damage was initially high and decreased during the experimental-time, while in the 0.1 Gy group damage, at first low, persisted and slightly increased." [54]
- In 2016, researchers from Germany and Latvia questioned the validity of the current worldwide radiation risk model by investigating the genetic risks of exposure to low doses of radiation. The study found that, "Nearly all types of hereditary defects were found at doses as low as one to 10 mSv" and concluded that the current worldwide risk model for genetic effects of ionizing radiation is unsafe. Importantly, their work "supports a dose response relationship which is non-linear and is either biphasic or supralinear (hogs-back) and largely either saturates or falls above 10 mSv." [57]

How can a lower dose of ionizing radiation be *more* harmful than a larger dose?

"Cancer arises when the DNA in cells is damaged, but the cells are not killed. Higher radiation doses are more likely to kill cells outright. So the lower doses are disproportionately carcinogenic," explains scientist Dr. Chris Busby.[59]

I asked Dr. Ray Peat the same question and he wrote, "The greatest effect per dose at low doses is sort of analogous to a car getting good gas mileage at low speeds with low wind resistance, compared to poor gas mileage at 80 to 100 mph, with considerable wind resistance. It isn't surprising if you think in terms of 'relatively mild electronic excitation,' producing chronic inflammatory signals, rather than all-or-nothing mutagenic events."

Is x-ray imaging worth the risk?

A number of outspoken scientists have come to some startling conclusions regarding the use of medical imaging that the world needs to know about .

In 1971, Dr. Robert W. Gibson and his colleagues at the University of Buffalo conducted a study on the health effects of low-dose radiation from x-ray imaging. The researchers concluded that undergoing less than a dozen routine medical x-rays to the same part of the body increases the risk of leukemia by *at least* 60%.[60]

Dr. Irwin Bross headed the Tri-State Leukemia Study in the 1970's to determine what had been causing the alarming increases in leukemia at the time. The experiment included 16 million people from New York, Maryland, and Minnesota, and after exploring wide-ranging factors - including health history, occupational history, residential history, family background, cause of death for parents and grandparents, exposure to farm animals, pet ownership, whether or not the pets had ever been sick - Dr. Bross concluded that medical radiation in the form of diagnostic medical x-rays was *the main cause* of the rising rates of leukemia.[61]

Dr. John Gofman, medical physicist from the University of California, became a spokesman for the United States Atomic Energy Commission in the 1940's and spent almost 30 years travelling around glorifying the use of x-rays and other forms of radiation while denying that ionizing radiation

had any harmful effects. Then, right in the middle of one of his speeches in the late 1960's, he realized that what he had been saying for three decades was insane:

"The big moment in my life happened while I was giving a health lecture to nuclear engineers. In the middle of my talk it hit me! What the hell am I saying? If you don't know whether low doses are safe or not, going ahead is exactly wrong. At that moment, I changed my position entirely."

Dr. Gofman suddenly went from being a government and nuclear industry 'talking head' to one of their biggest threats and found himself campaigning against the use of nuclear and medical x-ray technologies as well as writing a number of groundbreaking books.

The most significant conclusion made by Dr. Gofman after a lifetime of investigation into the biological effects of low-dose x-ray radiation was that accumulated radiation exposure from medical diagnostics is *the main cause* of over 50% of cancer deaths, 60% of heart disease deaths and over 80% of breast cancer deaths in the United States.

While Dr. Gofman acknowledged other causes of cancer such as smoking, poor food quality and environmental toxins, he maintained that more than half the deaths from cancer and heart disease would not have occurred if it weren't for medical x-rays.[62]

Of course, none of the evidence above can be officially acknowledged or it would mean the death of the entire nuclear industry: power, weapons and medical imaging .

CANCER SCREENING: A PUBLIC HEALTH DISASTER

If mammography reveals an abnormality that the doctor suspects might be cancer, a biopsy will be performed. And if the biopsy reveals what the doctor interprets to be cancer, the woman suddenly becomes a breast cancer patient and will receive the whole works - surgery, chemotherapy and radiotherapy.

Despite evidence showing that surgical removal of one or both breasts (mastectomy) results in increased tumor recurrences and higher mortality,[63] or at best provides no additional benefit,[64] mastectomies have been on the rise in recent years.[65]

A CLOSER LOOK…

- A 1995 study published in the New England Journal of Medicine followed up with breast cancer patients 10-years after receiving a mastectomy (surgical removal of one or both breasts) or a simple lumpectomy (surgical removal of only the tumor and some surrounding tissue) followed by whole-breast irradiation. Patients who received the mastectomy had more tumor recurrences and higher mortality 10-years following treatment than those who received the less invasive lumpectomy.63
- This trend has a lot to do with the dramatic increase in biased media coverage of celebrity mastectomies since 2004, wrote scientists from the University of Michigan. " The surgical treatment was significantly more likely to be mentioned [in the media] when a celebrity had bilateral mastectomies than unilateral mastectomy or breast conservation," their study concluded. [66]
- One of the side effects a surgeon will probably fail to mention before performing a mastectomy is the subsequent almost-universal decline in self-esteem that women experience following the procedure. [67,68] "Patients who had had a mastectomy felt less attractive, less sexually desirable, and more ashamed of their breasts. They also experienced less enjoyment in their sexual relationships than they had before treatment." [69] To combat this hopelessness, many women return to their surgeons for breast implants, which unfortunately, only make a bad situation worse; as

breast implants following mastectomy have been associated with a 3-fold increase in the risk of suicide. [70]

Now we return to our original question from the beginning of this chapter: Does early detection and treatment of cancer save lives?

We've examined a number of studies showing that neither the PSA test nor mammography provide any mortality benefit whatsoever to the men and women who undergo them. Rather than saving lives, the widespread implementation of prostate and breast cancer screening has only enhanced the amount of men and women diagnosed and treated for cancer.

While this is obviously a lucrative and rewarding situation for the cancer industry, the mass overdiagnosis and overtreatment that sustains the booming cancer business comes at a considerable price; it means patients are frequently told they have cancer when they don't, and are frequently treated aggressively for diseases they don't have.

Maybe this is why Dr. Dean Burk once said of the American Cancer Society, "They lie like scoundrels," or why Dr. James Watson, the man who discovered DNA, declared before the California Assembly Committee of Health in 1976, "The American public is being sold a nasty bill of goods about cancer… Today, the press releases coming out of the National Cancer Institute have all the honesty of the Pentagon's."

Timeless Quotes

"It is utter nonsense to claim that catching cancer symptoms early enough will increase the patient's chances of survival: not one scientist or study has proven that in any way."
- Dr. Hardin B. Jones

"There is simply no evidence that early detection of prostate cancer improves the health of patients."
- Dr. Steven H. Woolf, science advisor for US Preventive Services Task Force

"We're going to look back at this century and we're going to laugh eventually, but we'll cry first. This is one of the most barbaric periods. It's

going to be called the Dark Ages of Medicine."
- Dr. Richard Shulze

THE BATTLE FOR TRUTH

A monumental ruling was made in US federal court in 2006 when a judge declared cigarette manufacturers *guilty* of conspiracy, fraud and racketeering. "They knew that cigarettes caused cancer, and they lied about it. They knew that nicotine was addictive, and they lied about that, too. They manipulated the levels of nicotine in cigarettes to sustain a smoker's addiction. And they denied that, knowing that that was incorrect. They lied about marketing to youth," said Dr. David Kessler, the government's lead witness in the case.[1]

By now, it shouldn't come as a surprise to most people that the tobacco industry engaged in conspiracy to sell their harmful products - but what might be surprising is that despite 100 million cigarette-induced deaths in the 20th century,[2] the judge imposed only minor penalties against the companies with "no hard hits on their wallets," reported the *Los Angeles Times* .[3]

The Psychology of the Rich

For most of us, the idea of murdering over 100 million people for the sake of profit is incomprehensible. Scientists analyzing this bewildering psychology for a number of decades have come to the conclusion that higher social class "predicts increased unethical behavior."[4-6] A 2012 review on the subject noted that upper-class individuals were more likely to break the law, steal, lie, endorse unethical behavior and cheat to increase their chances of winning a prize.

With a $35 billion dollar annual 'prize' at stake for the tobacco industry,[7] perhaps now we can begin to understand the motivation behind their dreadful conduct, and also why the cancer industry - with its $125 billion dollar annual 'prize' - might be guilty of similar crimes.

The Cancer Industry's Bag of Tricks

There are a number of simple schemes used by the cancer industry to increase profits and a number that have taken greater effort to orchestrate. Starting simple, a 2015 study found that between the years 1995 to 2013,

the average launch price of new cancer drugs increased by an average of $8,500 (10%) per year.[8] Some of the newest cancer drugs can cost patients over $150,000 USD for one year of treatment.[9]

Have the production costs of these new drugs increased? No.

Are the drugs more effective? No.

Pharmaceutical companies charge more for cancer drugs merely because they can.

Another trick used to boost chemotherapy drug earnings was exposed in a 2016 study titled *Overspending driven by oversized single dose vials of cancer drugs* .[10] Simply by selling one-size-fits-all vials of chemotherapy containing far more than what most patients need, an additional $3 billion is generated every year pushing product that ends up not being used.

Suppressed Cancer Cures?

Most people I've talked to suspect the cancer industry has been involved in suppressing cancer cures from the public. From armed raids on the ***Burzynski cancer c*** linic in Texas to the political extinguishing of Renee Caisse's cancer clinic in Canada to the incredible story of Krebiozen – the active suppression of medicines that have threatened the profits of the cancer establishment have not been uncommon. One of the most fascinating accounts comes to us from Dr. Stan Monteith, who recently unlocked a story through the freedom of information act that had been hidden from the public for over 50 years .

In the 1950's, a man named Charles Tobey Jr. was diagnosed with cancer and told he had less than two years to live. But instead of submitting to the toxic orthodox cancer treatments that were recommended to him by his doctors, Tobey Jr. discovered an alternative approach that he opted for instead. The treatment was known as *The Lincoln Treatment* .

Developed by physician Dr. Robert Lincoln of Medford, Massachusetts, the Lincoln treatment consisted of taking viral and bacterial samples from patients, culturing them and then administering them back to patients through a nebulizer. Dr. Lincoln never charged more than $5 for the treatment and according to Tobey Jr. it had cured many people. "I saw

hundreds of people who were getting well; I saw hundreds of husbands and wives who felt that they had new hope, and felt they were going to some one who was honestly trying to help them." Tobey Jr. underwent the Lincoln treatment, experienced a full recovery from cancer and credits the treatment for saving his life.[11]

After hearing that his son was cancer free and watching U.S. health authorities refuse to investigate the Lincoln treatment, his father – the prominent U.S. Senator Charles Toby - launched an official investigation into the cancer establishment. For the position, Toby appointed investigator Benedict Fitzgerald of the US Interstate Commerce Commission. His findings, titled *The Fitzgerald Report* , were presented to the U.S. senate in 1953, but the senate took no action and the inquest was never made public.[12] Here are some conclusions from his investigation, finally made public in 2007:

"My investigation to date should convince this committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value. Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations.

There is reason to believe that the AMA [American Medical Association] has been hasty, capricious, arbitrary, and outright dishonest…in an interstate conspiracy of alarming proportions. Behind and over all this is the weirdest conglomeration of corrupt motives, intrigue, selfishness, jealousy, obstruction and conspiracy that I have ever seen."
- Benedict F. Fitzgerald, Jr., The Fitzgerald Report

Fraudulent Cancer Research?

One of the schemes used by the tobacco industry to mislead the American public about the safety of cigarettes was they paid scientists to fabricate evidence declaring cigarettes weren't harmful.[13] Is it possible that the cancer industry too has been involved in fabricating scientific evidence to misrepresent the safety and efficacy of its cancer screening tools or treatments ?

One study cited repeatedly by the industry in recent years as 'the perfect example' of the benefits of mammography was conducted in Denmark and published in 2005. Looking at the effects of mammography screening on women from Copenhagen for the first 10 years after it had been introduced in 1991, the study reported that mammography decreased mortality by 25%.[14]

However, in 2010, scientists from the Nordic Cochrane Centre in Denmark re-analyzed this group's findings and came to some startling conclusions. By expanding the scope of the study to include breast cancer mortality data from 10 years before screening was introduced and 10 years after screening was in practice in areas that weren't using screening, they discovered significant flaws in the original work. Published in the *British Medical Journal* , the study concluded that breast cancer actually slightly *increased* as a result of mammography screening.[15]

With an estimated 48 million mammograms performed in the United States every year, [17] at prices ranging from $43 to $1,989 for the test, [18] mammography represents between $2 billion and $91 billion dollars in annual revenue for the cancer industry, let alone the treatments that follow.

I contacted the Nordic Cochrane Centre and asked them if they knew of any industry funding behind this original work. They replied, "No industry funding of the BMJ-study you refer to. The problem is intellectual bias, which is sometimes a problem of similar magnitude."

What the cancer industry did do in this case was exploit flawed research to sell a service that often causes unnecessary mutilation and increased death – which is no less immoral. There are a number of other studies that may have been funded by the industry to deliberately confuse the issue of mammography's safety and effectiveness. I'll present them and we can let the judge decide.

One of the most damning studies ever conducted on cancer screening and treatment was published in the journal *Medical Hypotheses* in 1996.[16] For the study, scientists re-examined 7 randomized mammography screening trials commonly cited as having produced evidence for reduced breast

cancer mortality in order to resolve opposing claims about whether or not lives are saved through early detection. Their conclusions were as follows:

- **Early detection:**
  "No correlation was found between reduced breast cancer mortality and earlier surgical intervention. In fact, the trial with the most earlier surgical intervention had the smallest reduction in mortality; and that with the least earlier surgical intervention had the largest reduction in mortality. This demonstrates that the earlier-diagnosis hypothesis is invalid."
- **Cancer surgery:**
  "The conclusion from the previous analysis, that surgery has not been shown to reduce mortality for any form of cancer, is therefore still valid."
- **Radiotherapy:**
  "Some correlation was established between reduced mortality and reduced use of radiotherapy…"

While inspecting the 7 mammography screening trials, researchers identified up to five factors that were variable in each trial, confounding the results. The reduction in deaths attributed to mammographic screening in the 7 trials resulted from the use of flawed statistical data that had reclassified a number of breast cancer deaths "as deaths from other causes following ischaemic heart damage caused by radiotherapy." In other words, people who were killed by radiotherapy treatment following early detection with mammography were labeled dead for reasons other than breast cancer, creating the false appearance of reduced breast cancer deaths and thus, the false appearance of a mortality benefit from both treatment and screening. Sound familiar?

You'll recall from the radiotherapy chapter, as first exposed by Dr. Ralph Moss, that official cancer mortality statistics have been altered to make it appear that cancer treatments are more effective than they actually are.[19-22]

By setting up a system in which cancer mortality statistics are calculated using death certificates, the stage was set so that even unbiased scientists would draw favorable conclusions for the ineffectual cancer screening programs and orthodox treatments - concealing the truth about their dangers and temporarily circumventing the cancer industry's inevitable collapse.

The Battle for Truth

The unceasing battle being waged before us is one between individuals seeking empirical truth and those seeking monetary gain. The way people and organizations respond to criticisms of cancer screening tools and treatments reveals which side they are on.

When the U.S. Preventive Services Task Force publically recommended against PSA screening in 2011 "with moderate to high certainty" that its harms outweigh its benefits, the urology community - who rely on the steady influx of mostly-misdiagnosed prostate cancer patients provided by the PSA test to stay in business - fought back.

But instead of searching for flaws in the evidence used by the Task Force to make their recommendation, the urology community responded emotionally, calling their decision "cynical," "wreckless" and "unconscionable."[23] Skip Lockwood, CEO of the non-profit prostate cancer organization ZERO even went as far as saying their decision would amount to a death sentence for thousands of men each year. "The decision of no confidence on the PSA test by the U.S. government condemns tens of thousands of men to die this year and every year going forward…"[24]

Dr. Peter Gotzsche, leading Danish professor, statistician and head of the Nordic Cochrane Center, has been studying mammography for over two decades. Not only do mammograms do little to reduce death from breast cancer, but because women haven't been told the truth about the risks of mammography, he explains, some endure painful disfigurement and completely unnecessary treatment that may have shortened their lives.[25]

In 2000, Dr. Gotzsche and his colleague conducted a meta-analysis of eight randomized trials on mammography screening.[26] All six trials that had reported a mortality benefit from screening were found to have imbalances or inconsistencies in the way they were randomized, and of the two

remaining trials that had been randomized adequately, neither reported a mortality benefit, prompting researchers to conclude, "Screening for breast cancer with mammography is unjustified." The study was published in *The Lancet* and its results generated a furious response.

In typical fashion of an industry fighting for its existence, the profiteers of mammography and breast cancer treatment didn't challenge the validity of Dr. Gotzsche's findings, but instead chose to attack him personally. "Often the attacks didn't even challenge my research - they were simply personal. I was said to be ignorant, careless and on a crusade against screening," said Gotzsche. Industry 'experts' urged women to ignore the report, government 'authorities' claimed there was no evidence behind it and Laszlo Tabar – author of one of the trials analyzed in the study – branded Gotzsche a 'woman hater.'[25]

The backlash against scientists reporting the ineffectiveness and dangers of cancer screening and treatments represents a desperate struggle by those who profit from cancer screening and treatment to prevent the public from realizing their greatest fear: *we are better off without them* .

Many 'Cancers' Not Even Harmful

In a 2016 study published in the *Journal of the American Medical Association,* an international panel of doctors declared that a type of thyroid cancer, called Encapsulated Follicular Variant of Papillary Thyroid Carcinoma, is no longer cancer.[27] Although these tumors have been diagnosed as cancer and treated for decades, they have been found to never actually produce symptoms or any problems at all for patients when left untreated.

The push for reclassification began after Dr. Yuri E. Nikiforov from the University of Pittsburgh was asked his opinion about a small thyroid tumor in a 19-year-old woman. "I told the surgeon, who was a good friend, 'This is a very low grade tumor. You do not have to do anything else.'" But the surgeon replied that guidelines mandate she must remove the woman's entire thyroid gland and treat her with radioactive iodine. "I said, 'That's enough. Someone has to take responsibility and stop this madness."

As a result of Dr. Nikiforov's successful initiative, "…thousands of patients will be spared removal of their thyroid, treatment with radioactive iodine and regular checkups for the rest of their lives…" reported the *New York Times* .[28] But this particular type of thyroid tumor is not the only type of cancer that is harmless and in need of reclassification.

Prostate Cancer

The most astounding thing about the worldwide trillion-dollar[29] prostate cancer industry is that, even without treatment, almost no men diagnosed with prostate cancer will die from the disease.

In 1992, researchers followed up with untreated prostate cancer patients 10 years after they were diagnosed to determine their rate of survival. Results showed that only 8.5% of patients had died of prostate cancer. Some of the patients died of other causes but the overall survival rate of untreated prostate cancer patients at 10 years was almost 90%.[30]

But there's a catch: some of the patients were given the hormone estrogen as treatment, which was probably rationalized by the mistaken belief that prostate cancer is caused by testosterone.[31,74-77] Since estrogen is officially classified a carcinogen, the 10-year survival rate of untreated prostate cancer patients - who are not given estrogen - is likely even greater. I searched for more studies on long-term survival rates of untreated prostate cancer patients and found the following.

In 2010, Swedish researchers published a study in the *Journal of the National Cancer Institute* that looked at how many men with untreated prostate cancer actually died from it. 10-years after being diagnosed with early-stage prostate cancer, results showed that only 2.4% of men died from the disease.[3 2]

"Of all the men diagnosed each year with prostate cancer, their lifetime risk of death from the disease is only 3 percent, which means, of course, that a man has 97% chance of surviving a diagnosis of prostate cancer..." explains Dr. Richard Ablin.

Because of the misuse of a simple test, millions of men have been shelling out $20,000-$50,000 or more[33] for treatments that have left them impotent

and having to wear diapers - sometimes for the rest of their lives - all to treat a 'cancer' that was never even a threat.

Breast Cancer

More than 60,000 women in the United States are diagnosed every year with a type of early-stage breast cancer called ductal carcinoma in situ (DCIS). [34] Between the years 1983 and 2003 there was a 500% increase in the number of women diagnosed with DCIS,[35] most of whom underwent damaging and unnecessary surgical procedures.[36] And in similar fashion to prostate cancer, virtually no women diagnosed with DCIS will die if their 'cancer' is left untreated.[27,39]

A study published in the *Journal of the American Medical Association* in 2015 investigated the 20-year mortality rates of more than 108,196 women diagnosed with ductal carcinoma in situ. Results showed that 20-years after diagnosis, treated or not, only 3.3% of the women died of breast cancer.[37]

The results of this study prompted Laura Esserman, M.D., and her colleague Christina Yau, Ph.D., from the University of California to write an editorial, in which they stated, "Given the low breast cancer mortality risk, we should stop telling women that DCIS is an emergency and that they should schedule definitive surgery within 2 weeks of diagnosis."[38] While women diagnosed with DCIS are routinely frightened into quickly undergoing treatment, this study suggests the best treatment for these patients is no treatment.

Many Other Cancers

One of Dr. Peter Gotzsche's critical messages is that many of the occult tumors detected during breast[39] and prostate cancer screening[40] may never become advanced enough to harm patients. As a result, thousands of people who would have remained perfectly healthy – because their cancers would have never caused a problem – become cancer patients.

"It is a biological fact of life that we cannot avoid getting cancer as we get older," says Dr. Gotzsche. "It's so common nearly all middle-aged people will have some sign of it and most of them will die without having had any symptoms as a result."[25]

For years, many cancer experts have been calling for the reclassification of small cancers of the breast and prostate, lung, brain, thyroid, skin and kidney.[27] A growing body of experiments conducted by forward-thinking scientists are showing that when we avoid harming the body with destructive treatments, many cancers may ultimately undergo spontaneous regression .

Spontaneous Regression of Cancer

Spontaneous regression, or the complete disappearance of cancer in the absence of treatment, was first documented in the medical literature in 1742.[41] Since then, spontaneous regression has been documented in virtually every type of cancer; including breast,[42] prostate,[43] sarcoma,[44] seminoma,[45] melanoma,[46] basal cell carcinoma,[46] leukemia,[47] stomach,[48] kidney,[47] colon,[49] cervical,[50] liver,[51] lung[51] and brain.[52]

In the early to mid-1900's, the frequency of spontaneous regression of cancer was believed to be 1 in 80,000-100,000 patients,[61] but modern research is showing that spontaneous regression is vastly more common. "One of the reasons that spontaneous regression of tumors seems so rare is undoubtedly that most tumors are quickly cut out by surgeons," wrote Dr. Ray Peat.

When patients aren't scared-to-death and rushed into treatment by their doctors, rates of spontaneous regression can be seen as high as 7% in renal carcinoma patients,[62] up to 15% in melanoma patients[63] and up to 20% in patients with low-grade lymphoma.[64] Some studies have recorded even higher rates of spontaneous regression.[65-68]

A Closer Look…

- A 1984 study from the New England Journal of Medicine examined survival rates of 83 untreated cancer patients with advanced non-Hodgkin's lymphoma. Results showed that 83% of patients were alive at 5-years and 73% were still alive at 10-years

and remarkably, "Spontaneous regressions occurred in 19 untreated patients (23 percent)." [65]

- A 2008 American study examined the prevalence of invasive breast cancer in 100,000 women who received either mammography screening or no screening. The first group was screened every two years (receiving six more mammograms per woman on average) and the control group underwent a single screening at the end of their six-year observation period to assess for cancer. At the end of the six-years, the study found that 22% more women in the screening group had invasive breast cancer than the control group - suggesting that 22% of cancers detected by repeated mammographic screening had spontaneously regressed in the absence of screening. In other words, by simply avoiding the repeated doses of ionizing radiation administered during mammography, the body is given a chance to heal on its own; and often it does. [66]
- In 1997, scientists from the Royal Prince Alfred Hospital in Australia looked at the prevalence of spontaneous regression in skin tumors. Published in The Australasian Journal of Dermatology, the study found that 25% of melanomas and 50% of basal cell carcinomas spontaneously regressed on their own. Additionally, in two other types of skin tumors called keratoacanthoma and epithelioma, "nearly all the tumours regress completely." [67]

A number of studies have suggested that spontaneous regression is mediated by the body's immune system;[53-60] "Analysis of the regressing tumors revealed heavy infiltration by T lymphocytes as compared to non-regressing tumors," concluded scientists from Kuwait University in 2005.[60]

Given that only about 2 percent of patients survive 5-years following chemotherapy, simply by rejecting harmful orthodox cancer treatments, survival rates can be increased by 5-times, 10-times, even 25-times. Now, imagine the prospect of survival if the rejection of orthodox cancer treatments is accompanied by the use of medicines that are both safe and effective.

The Cancer Industry's Biggest Secret

There's a reason why women and men are never fully-informed about the dangers and potential implications of mammography screening, PSA screening, surgery, chemotherapy or radiotherapy - because if they were, nobody would ever agree to undergo them.

Doctor's see first hand that surgery, chemotherapy and radiotherapy commonly increase the rate of cancer metastasis 100-fold,[78] and that's why almost 90% of doctors have said they would refuse these treatments for themselves if they were terminally ill and dying.[79]

In the previous chapter, three large mammography screening trials, all of which reported no mortality benefits from mammography screening were presented. A closer look at the data from two of those studies reveals that mortality was actually *increased* in women who underwent mammography screening.[69,70]

A Closer Look…

- At the 7-year follow-up of the Canadian National Breast Screening Study 1, researchers discovered a 36% increased mortality among women in the mammography screening group; "38 women in the mammography group and 28 women in the usual care group had died of breast cancer." [69]
- At the 25-year follow-up of the *Canadian National Breast Screening Study* 1 and 2, researchers found that 180 women died

of breast cancer in the mammography screening group and only 171 women in the control group. [70]

- Another large-scale mammography study was The Malmö Mammographic Screening Trial of 1988. The Malmö study included over 40,000 women to determine whether repeated mammographic screening reduces mortality from breast cancer. At an average follow-up of 9 years, results showed that in women under the age of 55 who underwent mammography screening, breast cancer deaths *increased* by 29%. [71]

THE UNTREATED LIVE LONGER

In 1979, American Biologist Dr. Maurice Fox published an article in the *Journal of the American Medical Association* comparing survival rates of breast cancer patients treated using orthodox methods with those who were left untreated. After reviewing data from studies conducted at the Harvard School of Public Health, Dr. Fox concluded, "Those who refused medical procedures had a lower mortality rate than those who submitted."[72]

Dr. Hardin B. Jones, professor of medical physics at the University of California, Berkeley and leading US cancer statistician for over 30 years, sent shockwaves through a 1969 seminar for the American Cancer Society when he announced the results of his 25-year study[73] comparing survival rates of treated cancer patients with untreated cancer patients:

"My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation, chemotherapy or surgery, other than when used in immediate life-threatening situations."

In 1975, twice as many women were diagnosed with breast cancer than in 1935 and twice as many women died,[72] evidencing what appears to be the most vile, appalling and despicable truth those in the cancer industry have

worked so diligently to conceal: *Cancer deaths have increased in parallel to the number of people treated .*

Timeless Quotes

"We have a multi-billion dollar industry that is killing people, right and left, just for financial gain."
- Dr. Glen Warner

"If I contracted cancer, I would never go to a standard cancer treatment centre. Cancer victims who live far from such centers have a chance."
- Professor Charles Mathe

“Everyone should know that the ‘war on cancer' is largely a fraud.”
- Linus Pauling, PhD, Two Time Nobel Prize Winner

“You see, it is not the cancer that kills the victim. It’s the breakdown of the defense mechanism that eventually brings death. With every cancer patient who keeps in excellent physical shape and boosts his health to build up his natural resistance, there’s a high chance that the body will find its own defense against cancer. He may have many good years left in good health. He shouldn’t squander them by being made into a hopeless invalid through radical intervention which has zero chance of extending his life.”
- Dr. Hardin B. Jones, Ph.D

"It is better not to apply any treatment in cases of occult cancer; for if treated, the patients die quickly; but if not treated, they hold out for a long time."
- Hippocrates (460-370 BC)

“It is from nature that the disease comes, and from nature comes the cure, not from physicians.”
- Paracelsus (1493-1541)

CONCLUSION

When a human being is sick with cancer, they deserve the safest and most effective medicines ever discovered. Period.

Yet in this world, cancer patients are routinely rushed into oncology centers where doctors send them to their deaths using treatments, which make industrial animal slaughterhouses look humane.

When somebody survives the total onslaught of surgery, chemotherapy and radiotherapy, they have not survived because these war weapons have somehow healed them; they have survived *despite* these so-called treatments because they are extraordinarily strong .

In writing this book I have come to the realization that what I had long suspected about my mother's death was in fact true: My mother never died of cancer. She was murdered for profit by an industry that cares more about making money than saving lives.

What else are we to expect from an enterprise claiming that butchering sick people with knives, poisoning them with mustard gas and burning them with ionizing radiation will improve their health?

The monstrous $126 billion dollar cancer industry, hell-bent on preserving its profits at any cost, continues its murderous rampage to this day. The mind of the beast wells up with excitement at the thought of 50% of all human beings alive being one day diagnosed with cancer. Only an informed population of people, willing to stand up for themselves and make their own health decisions, can put an end to the cancer industry's reign of terror.

With this raging bull charging directly at humanity the question remains:

Are we going to continue letting the cancer industry annihilate us and everyone we love until there's no one left - or stand up for ourselves and watch this beast plummet into the eternal, fiery depths of hell?

THE CANCER INDUSTRY CRUMBLES

If our goal as a society is to reduce the suffering in this world and create better future for all human beings, then it's clear the present screening tests

and treatments offered by the cancer industry no longer have a place here .

If you decided to never submit to the cancer industry's diagnostic tests or its so-called treatments like myself, then make that decision clear to both yourself and the people around you. Be vocal about it. Speak the truth.

Never be afraid to assert yourself and say '*no'* to your doctor or anybody trying to sell you a product or service. Remember, it's your body and your choice.

This is literally all it will take in order for us to forever eliminate the insane practice of using weapons of war on the sickest among us. As with all products and services that go unpurchased, they will quickly cease being produced.

Healing the world and Ending Cancer

We know that our chances of survival from cancer are greatly increased simply by saying '*no'* to useless cancer screening tests and mainstream cancer treatments like surgery, chemotherapy and radiotherapy. Now imagine our prognosis if we couple the elimination of these damaging treatments with healing protocols that actually enhance both the speed and quality of healing without side effects.

This is the next step in our investigation into cancer. Equally critical as understanding that the cancer industry is doing more harm than good is knowing what to replace that void with.

In the next book in this *Curing Cancer Series* we will be investigating human physiology to determine and finally solve some of cancer's greatest mysteries, including:

- What is cancer?
- What causes cancer?
- What is a tumor?
- What are the safest and most effective ways to prevent and reverse cancer?

Thank you for reading. I hope you learned many valuable things that will empower you to make your own health decisions and live a long and healthy life. Be sure to share this book with someone you love.

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