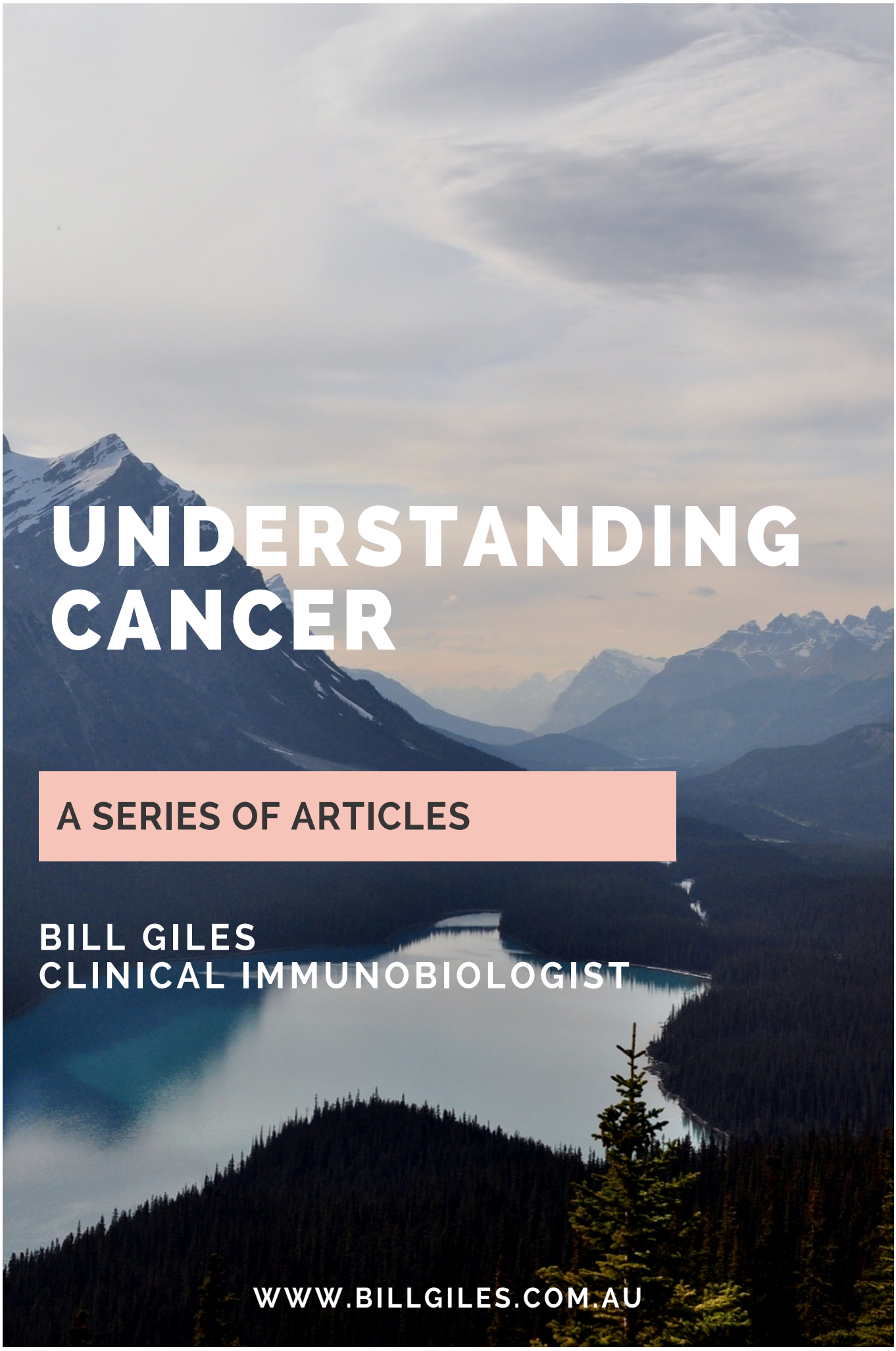


UNDERSTANDING CANCER

A SERIES OF ARTICLES

BILL GILES
CLINICAL IMMUNOBIOLOGIST

WWW.BILLGILES.COM.AU

About Bill Giles

I have quietly achieved many things in my life. I have built hotrods and surfed as a teenager while studying engineering, but a shakeup in my early 20s changed all that, and if I was to make sense of my world I needed a new direction and a new perspective. So like many young people of my generation, I set out to understand what my life was all about and how it fitted in with others. I chose to use biology and yoga to help me with this. As soon as I finished my engineering studies, I enrolled for another seven years studying biology. My focus was ecology and ethology.

Following a few years in research I spent another 30 years in a clinical setting helping people with their mental and physical health challenges—from a biology perspective. I founded, directed and still work in the Canberra Medical Ecology Centre as a clinical biologist focusing on immune-related illnesses (immunobiology). I established the Samyama School of Yoga in 1987 and have taught weekly classes in hatha and raja yoga.

After completing several thousand case studies on the interaction between the human immune system and the natural defence chemicals in the plant foods we eat (vegetables, salads, fruits, seeds and grains), I founded the Deeks Health Bakery in 2004 with my close friends, Rob de Castella and his wife Theresa. This had been the world's first totally grain and gluten free bakery—the products of which have helped many people across Australasia to live a more normal lives despite their diagnosed chronic immune related diseases. These health products also promote better overall fitness.

I have published eight books on yoga and several self-help books on chronic immune-related illnesses. Combining useful knowledge and techniques from yoga and biology I created a 10-week Self-discovery Program which uses both the internet and physical workshops to guide people to achieve a 'sweeter' pathway for their lives. Along with Larisa Zoska who has worked with me in the clinics for 20 years, we created the 10-week Kickstart Program to assist immune function by tutoring people in a protocol to self-determine a 'Signature Diet' specific only to them and the state of their immune system. This way of eating promotes the best mental and physical health possible for each person as an individual at the present stage of their lives. In workshops, classes and seminars I am still keen to continue to teach people lifestyle techniques, tools and skills that can improve their mental and physical health and allow them to live longer with better health and achieve their particular higher purposes in life.

I still practice martial arts (after 55 years of interest). I still like to surf and snowboard and I am still keen on hotrods. I am blessed with a loving family, grand children and friendships.

Yoga publications:

Zen Shiatsu 1990. (out of print)
Trunk Exercises and Yoga Nidra 1993 (available as CD)
The Yoga Sutra of Patanjali—a practical interpretation. 2001 (Hard Copy)
In Search of Yoga. 2005 (Hard Copy)
The Yoga of Happiness. 2005 (Hard Copy)
The Yoga of Samadhi. 2005 (Hard Copy)
The Hatha Yoga Pradipika. 2015 (Hard Copy)
Trunk Exercises (with CD). 2015 (Hard Copy)

Books on Chronic immune-related illnesses:

Death Begins in the Colon 1996. (Out of print)
No More Chronic Fatigue 2001. (Hard Copy) (PDF download)
The Melody of Healing 2007 and 2010. (Hard Copy)
Atypical Coeliac Disease 2007. (Hard Copy) (PDF download)
Coeliac Disease 2007. (Hard Copy) (PDF download)
Healing Cancer—A six month immune boosting program. 2008 (PDF download)
For Lasting Health—The balance between nature and technology. 2007 (PDF download)
Fructose is Satan's Sugar 2010. (PDF download)
Maximising Health and Longevity 2011. (PDF download)
Understanding Cancer—a series of articles 2017. (PDF download)
Autoimmune Diseases 2016. (PDF download)

General Introduction

You found a lump. You tell yourself its nothing, shrug it off to yourself. Don't mention it to anyone. You try not be make a big deal out of it even though your thoughts keep returning to: "No, not me, not this. Please…"

You speak to your partner. You both go to the doctor—quietly. Nether of you are religious, but you pray silently—please, not that.

But it is that. The doctor delivers the news to you. He is sombre and he has a list of instructions for you. What? ... Wait? ... I need time to think ... it's all moving so fast.

You look at your family in a different light. How to tell them ... should you tell them? You start to see the little things that you failed to notice before. You become strong, you will beat this. Then your down, what if it beats you? You're not ready yet, there is still so much to do, see, learn. You are not ready to go.

Suddenly you are propelled into a world you are vaguely familiar with from stories and television shows. Your body is suddenly not yours. You feel you have lost control, your choices are being ripped away. You are in a system that has a process and you don't know if this is what you want … but you know you want to beat this thing inside of you. What else is there to do, but do as you are told.

Wait, hang on. You want to know more. There must be other things you can do to influence this outcome. You don't want to lose parts of your body, although, of course, you would sacrifice them for more time ...

You seem to be at the mercy of everyone else. What can you do? You have support around you, family and friends want to help. But what can they do? What can I do?

When you receive a diagnose of cancer—whatever the severity—it can seriously derail you. Why me? What did I do to cause this? Did I deserve this? WHY ME?

At this point in your life you need options so that you can choose which would be the best path ahead for you as an individual. However in most cases, the medical system will only give you limited options—you will be treated within a hospital system framework of 'one size mostly fits all'. In reality, when there is only one option, there is no option. But when it comes to cancer your do have options. You can use the medical system to tip the balance in your favour through their operations, and choose whether to have chemotherapy and radiotherapy based on available research and guidance from your doctor.

At the same time you can choose to start on a journey to change your life and address the circumstances in your life that caused your body to break down. Remember you do not catch cancer from another person, or from a toilet seat—your lifestyle and attitude to your life are the primary causes, and the medical system will not be addressing these.

Once you can understand how lifestyle and attitude/vitality link to cancer, and why it forms in some people and not others, you will put yourself firmly in the position of being able to take control and choose how you repair your body. Once you are given the options to address your lifestyle and mindset, you can take the steps to shift your life around.

After your diagnosis, you don't want to lose the vitality for your life, your hope for excellence in a future and the power of your will to live—because these are primary things that power you immune system's efficiency.

Supporting Cancer Recovery

Over more than 25 years, we have worked with tens of thousands of clients to overcome their immune-related illnesses, testing what works and what doesn't. There are three ways you assist people to better health: either through the prescription of medicines (natural or drug based), the use of physical and mental therapies (including operations, physical manipulations, massage, acupuncture, counselling, hypnotherapy, psychotherapy, etc), and changes to a more optimal lifestyle (based on human ecology, immunobiology and psychobiology). We incorporate these to repair, regenerate and renew people's immune system.

Your doctor has been taught to focus on cancer masses, by performing operations to remove billions of cancer cells, then directing radiation and chemotherapy to kill pockets of cancer masses, and sometimes using immunotherapy (injecting living organisms, or vaccines from living organisms) to tip the balance. Doctors do not prescribe natural medicines, nor do they give therapy, and they are not strongly educated in lifestyles that unload, boost, and refocus immune systems to prevent cancer from returning.

Cancer is a disease, not an invasion of the body. Like any disease, our body fights it. Each of us has cancer cells and as long as we assist our body to locate and eliminate newly forming cancer cells, we will not die from cancer masses blocking our organs.

Cancer cells are body cells that have lost the ability to act in a community manner—they are the person's own cells. Our immune cells (specifically CD-8 T cells and Natural Killer Cells) are locating and killing billions of cancer cells in us every day. A cancer mass forms only when there is an influence that stops these immune cells being effective in removing their daily quota of cancer cells. Fixing cancer requires the removal of the source that is causing the transformation of normal cells into cancer cells, and periodic unloading and refocusing of our immune cells to keep achieving their quota. When a mass of cancer cells grows to a certain size, they start to disrupt functions of the body and we experience ill-health symptoms. The crudest way to attempt to heal body tissues is to immerse them with poisonous chemotherapy and toxic radiation—this simply starts a war in the body.

Chemotherapy is toxic to all body cells, and radiation is disruptive to DNA integrity and can itself create new cancer cells. Doctors use chemotherapy and radiation to attack all body cells in the hope that the cancer cells will die (because they are unwell cells in the first place), before the rest of the body dies. The doctors are simply attempting to tip the balance back in favour of the body's immune system by killing off large numbers of cancer cells. But if the body's immune system is itself damaged, and if the initial cause behind the creation of cancer cells is still active, cancer will more than likely return. Complete eradication of cancer is never a realistic possibility and the side effects of chemotherapy are also notoriously grim: hair loss, nausea, extreme fatigue, crippling of the body's immune system, anaemia, etc.

It seems to me that each new generation of medical scientists has a 'breakthrough' when they start to think that 'going with nature', 'working with the immune system', and 'harnessing the power of innate healing' could be a better way to treat cancer than high-dose chemotherapy. It is well known that high-dose chemotherapy eventually creates resistant cancer cells to the chemotherapy. This is similar to the situation we have with antibiotics. Through broad application of antibiotics, nature evolves antibiotic-resistant bacteria. Nature has a wonderful capacity to adapt to assault, so when there is indiscriminate killing of body cells using chemotherapy (or radiation), all-too-often there evolves a type of cancer cell that is tough, resistant and more lethal than the original.

'New' research is showing that working with far lower doses of chemotherapy would give better results in many cases, than working with high-dose chemotherapy. The aim of low-dose therapy is not to kill all the cancer cells, but tip the balance in favour of the immune system and learn lifestyle changes to assist the immune system to control any cancer mass and thus to learn to live with low-grade cancer. Every person on this planet has cancer cells within their body, but most of us do not have a large mass growing. There will always be some scientists trying to control cancer rather than trying to kill every last cancer cell in the body. The low-dose method could be a decent way to fight some cancers.

There is now an anti-cancer treatment called 'Insulin Potentiated Treatment'. This is a therapy in which cancer cells are first weakened by reducing the patient's blood sugar using insulin (cancer feeds on sugar) and then when the tumour cells are weak from hunger, subject them to a gentler form of low-dose chemotherapy which does a fraction of the damage that high-dose chemotherapy does. (Incidentally, the primary sources of energy for the cells of your body—except for your brain—are free fatty acids [saturated fats] and amino acids [proteins] while glucose is used as a backup food. Healthy eating to prevent cancer, or to reduce the growth of cancer cells, is really a high fat, moderate protein and very low carbohydrate diet. Saturated fat also easily converts to the type of glucose upon which our brain thrives).

Current cancer treatments usually involve aggressive treatment with absurdly high doses of chemotherapy in an attempt to wipe out as many tumour cells as possible. But complete eradication of cancer is never a realistic possibility. There will always be some hidden cells which survive to go on and become a greater threat. A second round of tumour formation is much more likely to be fatal—because these second generation cancer cells will be resistant to the chemotherapy.

The new low-dose strategy is designed to prevent chemo-resistant tumour cells from establishing. Rather than trying to eradicate a tumour, the treatment stabilises it by deliberately allowing a small population of drug-sensitive tumour cells to survive. For example, the drug Paclitaxel was tested by a team of US scientists led by Dr Robert Gatenby, from the H Lee Moffitt Cancer Centre and Research Institute in Tampa, Florida, using it for chemotherapy to treat mice with two different kinds of breast cancer. Standard chemotherapy initially shrank the mouse tumours and as soon as the treatment was stopped the tumours grew back. But by giving an initial brief high dose, followed by regular low doses, the treatment successfully controlled cancer growth. In fact, the treatment was so effective that the majority of the mice

were weaned off the drug completely over an extended period of time, without suffering relapses. More on Gatenby's work can be found in the peer-reviewed journal: Science Translational Medicine.

While the work by Gatenby is a positive step forward, little is still being done for the lifestyle changes that people should be undertaking to prevent cancer masses forming in the first place, or reducing masses when they do form. There are specific changes people can make to their lifestyle to assist orthodox cancer treatments. They can take natural medicines made from herbs and homoeopathics that are not toxic and have a surprisingly wonderful effect on lifting immune and general body health. They can incorporate self therapies (psychotherapies, meditation, corrective exercises) along with attending appointments with professional complimentary practitioners. With tuition they can do much more.

At the Canberra Medical Ecology Centre, we have evolved our therapy, medicine and lifestyle techniques to unload, strengthen and focus the immune system and all these techniques are presented in two programs—The Kickstart Program and the Nada Program.

While your oncologist will focus directly on the tumour mass you can maximise your chances of recovery you can increase your chances of repairing, as well as uncovering the key drivers for your decline in health, and in addition learn proven tools that will enable you to maintain better health throughout a longer life.

The Kickstart Program

Part 1. The Dietary Side of the Program

This is a 12 week program that will unload your immune system, strengthen it with specific medicines and improve its focus to make you feel and look 20 years younger in health and wellbeing.

The program is **more** than a 'nutrition' program. It will guide you to discover which foods negatively affect both your immune system and your mental health. It is not like any other in existence and is based on original research over 30 years of more than 10,000 case studies investigating the effects that certain chemicals in our common plant foods have on chronic immune related illnesses (such as the role that gluten has, causing the autoimmune disease known as coeliac disease).

Your Own Signature Diet

A signature diet is one that is tested by the individual and is specific to them only, as opposed to the *'Join-the-Club'* diets which are generalisations based on dietary guidelines—which may **not** suit you, because you are unique and your immune system is unique.

In order to determine the best diet for your immune system you have to first 'unload' it from having to prop up body organs, control specific bacteria and fungi that are always trying to over-run your body, as well as unloading your immune system from expending valuable resources on acclimatisation responses.

What is Acclimatisation

Acclimatisation is the process in which your body cells are able to adjust to stress inside your body. This means that certain immune cells use valuable energy to neutralise toxic chemicals in the vegetables/salads/grains/fruits and nuts you eat. When your immune system is strong it can effectively do this, allowing your body to function normally without any illness or pain. When it is weak it cannot do this, and ill-health symptoms develop when you eat these foods.

Plants use Chemical Warfare

While animals can run away when their lives are threatened, plants can't. All the plants you eat, such as the vegetables, defend themselves against viruses, bacteria, fungi, insects and animals that might eat them, by using toxic and poisonous chemicals. Cooking plants denatures many chemicals but not all, and when your immune system is weak or has scarring, it may not appropriately handle these chemicals. The results will include lymph swelling, pain, organ dysfunction, and auto-immune disease symptoms.

Your personal **KickStart Program** allows you to find the foods that are doing this to you and you can adjust how much

you eat of these foods or cook them more to eliminate ill-health symptoms.

Using Graphs and Controls

Finding immune reactions to plant chemicals is complex and you will need to use graphing techniques and a control to reduce any mistakes. A food diary can assist, but usually is not accurate enough to determine correlations between foods and symptoms. We guide you through all the difficulties.

Guide to the KickStart Program

Weeks 1 to 4. *An Effective Cleanse/Detox*

By improving the function of your liver, kidneys, gastro-intestinal tract, blood and lymph system, your body is able to efficiently remove unwanted chemicals, debris and micro organisms, as well as unload your immune system from having to perform extra work.

All the required instructions, medicines and nutrients are supplied. You have weekly contact, guidance and support with any health problems during this time.

Weeks 5 to 8. *The Signature Diet Trials*

With your immune system unloaded, by now you will be noticing improvements in your long-term symptoms. You will then be able to more accurately find out which foods it has difficulty dealing with, by following a specific method of dietary trials. You have access to webinars, literature, discussions, and personal counselling to ensure you get your results. (Since there are no medical tests that can isolate these foods, you have to do personal control trials). By now you will have developed a natural state of optimism, clear brain and happy moods.

Weeks 9 to 12. *Fructose Challenge*

The public are slowly waking up to the health problems of over-eating sugar. Now people are learning that the fructose molecule in sugar activates opioid responses in the brain and can cause all manner of mental illnesses. We have more than 20 years of clinical experience dealing with hereditary fructose intolerance, partial fructose intolerance, and fructose malabsorption. We will guide you to uncover the volumes of fructose that causes you to become emotionally stressed, lose discipline and feel bad about yourself.

Webinars, Instructions, Videos, Personal Contact

Most people have little idea about the behaviour and ecology of the human immune system, so we teach the essentials during the program. Most peoples' focus on foods and diet is related to nutrition, which is the supply of energy from fats, proteins and sugar (carbohydrates), along with the balance of micro nutrients as vitamins, minerals and trace elements. **Our** principle focus is the relationship between the foods you eat and the ability of your immune system and organs to effectively deal with their natural defence chemicals along with the polluted commercial chemicals that accumulate in some of our foods.

If your immune system collapsed right now, you would die within the next 24 hours. Your immune system has mobile red blood and white lymph cells that defend your body, maintain homoeostasis, and allow you to live to the potential human life span of 100 to 108 years, only if it is able to keep reserves for emergencies, and does not suffer scarring that reduces its ability to function normally.

Humans, like all animals and plants on this planet, live best in genetically adapted environments. We are healthier when: We are loved; eat foods to which our ancestors were adapted; exercise moderately; live in mild climates; and keep away from unhealthy 'bugs' and chemicals. Living outside the optimal human environments stresses the adaptive part of our immune system and we suffer ill-health symptoms and a reduced lifetime. Modern commercial foods are one of the main causes of immune stress, and because your immune system is unique, if you want to live a long pain-free life, you will need to be careful with some foods past the age of 35.

Foods for Both Health and Entertainment

The foods and drinks we use for entertainment are made from: table sugar, fruits, tea, coffee, chocolate, beer, wine, spirits, herbs and spices. We can add street drugs and tobacco as other forms of entertainment. All these are derived from plants and they affect our brains in various ways. We know that some people also have brain reactions to some common vegetables and grains.

Without these chemicals in their lives, most people would find life dreary and a burden. In this program, we guide people to discover which entertaining foods their bodies can tolerate, and how often they can have them without compromising their health.

Freedom and Independence

Once you have competed the KickStart Program you will find that you have more confidence in choosing the diet that suits you, and you won't feel confused by the myriad of diets that are presented through the media, nutritionists, dietitians, doctors and governments. You will **know** how to push the boundaries and how to regain control over your health.

Cancer and Autoimmune Diseases

This is a perfect way to begin to help your immune system. All cancer cell live on carbohydrates, not on proteins and fats (Otto Warburg, 1931 Nobel prize), and we assist those with cancer to test a ketone diet, then modify it to suite their particular cancer condition, to unload their immune system, and slow or stop cancer growth, while being satisfied with their diet and improved health.

Assessment of Organs and Immune System Function

In the Canberra Medical Ecology Clinics (Bowral and Deakin), we have tested more than 20,000 people for organ function and immune system efficiency using electro-dermal testing protocols. This gives us a means to compare changes in health throughout the program. We use these tests to create customised medicines, therapies, or further experiments for lifestyle change.

Part 2. Lift the Immune System—with medicines and therapies

- Customised immune boosting herbs and homoeopathic medicines.
- Innate immunity/apoptosis herbs (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4213780/).
  (Reishi, Baical skullcap, Isatsis, Corticeps, Tumeric, Lemon balm, etc.)
- General anti-cancer Herbs including: Mistletoe, Astragalus, Burdock, Cat's claw, Fenugreek, Pau d'arco, Withania, etc.
- Cancer anti-angiogenesis herbs (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1891166/).
  (Artemisia annua, Resveratrol-proanthocyanidin, Magnolia officinalis, Ginkgo biloba, Zingiber officinalis, Panax ginseng, etc.)
- Specific herbs for specific cancers (eg. Barberry for liver cancer or red clover of hormonal cancers)
- Authoimmunisation to control Epstein-Barr virus.
- Specific herbs to support the liver due to loss of immune function to control EBV (See page 44).
- Colloidal Silver to make the body environment uncomfortable for pathogenic bacteria.
- D-manose to assist elimination of pathogenic bacteria (and fungi).
- Classical homoeopathic medicines for reducing age-related gene influences.
- Laser self-therapy (similar to acupuncture). Provide a 'clinic' laser and basic teachings.
- LED therapy (See Page 45 for summary about therapy).

Part 3. Increase Immune System Focus on Tumour Cells

- Customised homoeopathic Autho-immunisations and Nosodes to heighten CD8 T-cell targeting specific tumour cells. This oral treatment can be used on a daily basis. This medicine is used for several months then re-customised.

Part 4. The Nada program

Because more than 90% of cancers are caused by the lifestyle/environment to which the person has been connected, this program is all about you. You are invited to a ***quest of discovery*** to find which facets of your life are strong and robust and which are deficient and need to be changed. This is a journey of action to discover options that can drive positive changes and benefits to your life and obtain your highest desires for a life of quality.

Our team will motivate, inspire and stimulate you. But make no mistake, YOU ARE THE AUTHOR OF YOUR LIFE STORY, which is based entirely on your individual beliefs, goals, needs and your motivations. Only you can define the vision for your quality life.

The question is not: "Whether or not you can create your dream life", it is whether or not you WILL—and that is your decision. The keys are not in your intelligence, your abilities nor ambitions. They will be in your commitment and a decision that will change your life forever. This quest is one of the best things you can ever do for yourself in life.

Answer these questions about yourself:

• Are you succeeding in all areas of your life or could you do with a little more quality in some?

• Do you really understand why some days you feel good about yourself and some you don't?

• Is your life allowing you to feel 'free' and contented?

These are great questions of life. They summon the real you from deep within, and call on you to think through what needs to be considered, to clarify what is unclear, to address what needs to be addressed, and to find the strategies and steps to achieve higher meaning and purpose around what lies ahead in your life.

The answers to these questions are different for every person. When it comes to defining the vision for the best life you can live, there is no 'one-size-fits-all'.

Life can be Wonderful when you can Achieve your Highest Desires

If you are stuck in a particular area of your life, there are tools that can get you un-stuck. If you have been living below your potential, there are practical tools from biology and yoga that can create so much more life-quality for you—if you apply them. And if you are already living a pretty good life, there are practical tools and techniques that will allow you to break through to higher levels of experience.

There are Seven-facets to Quality Living

1. ***Quality Purposes***—*that cause an inner drive to make you experience life in a certain way.*
2. ***The Health and Fitness of your Body***—*which make life appear easier in order to achieve high quality purposes.*
3. ***Your Relationship with your Inner Self***—*which gives you your love, joy, happiness and willpower to keep living.*
4. ***Your Relationships with other People***—*through whom you identify and use to define your existence in life.*
5. ***Your Assets consisting of Finances and Life Skills***—*to experience, grow and contribute.*
6. ***Your Connection between Nature and Culture***—*which supports life-passion and high mental and physical health*
7. ***Determining your future***—*to ensure continued growth in live by balancing acceptable familiarity with newness.*

The Ten Week Online Program

The target of this online quest is to increase life-quality, fulfilment and richness of experience in every one of these life facets, every day. That means very high levels of health and fitness, a fulfilling successful career, financial stability balancing life skills. If you are married, it means a deeper passionate and intimate relationship, not a mediocre one like you see around you. If you are a parent, it means aiming to be a high quality parent, not an average one. It means growing high level character traits that both you and others can count on. It means having a comforting and interesting social life that nourishes and inspires you.

So the first step in this quest is to get crystal clear about your life vision. Next is to define with absolute clarity the person you want to become and the life you want. You have to get a clear understanding about what you think happiness, success and fulfilment is in every facet of your life. Now this is not the easiest thing in the world to do, because it is vastly complicated and often overwhelming. You may have no idea what your happiness and fulfilment requires. It is not easy to define a crystal clear life vision. Most people need guidance.

You can learn the techniques, normally only taught to classical yoga teachers, that increase the quality of your life across these facets. This quest is all about giving you a balanced and integrated perspective of the seven facets along with tools and techniques that you can immediately apply every day.

The Structure of the Online Program

After you join the program, each week for 10 weeks you will receive a discussion paper related to each one of the life facets. Each of these will also have specific questions for you to answer and write down—like a clinical counselling session designed to enable you to uncover your hidden rules, beliefs, philosophies, wants, needs, goals, and desires within each of the life-facets. A few days after receiving these you will have access to a weekly webinar that uses techniques to find solutions, options and insights to each life-facet you have been writing about. A day or so after the webinar you will then have access to a discussion group where a tutor will answer your queries and inspire, motivate and support you while holding you accountable for the results on your journey ahead.

Practical Techniques

Along with the weekly homework of self discovery are techniques to uncover the real you. These include specific breathing and mind techniques from raja yoga and psychobiology. The basic exercises are introduced during the first week and each week other techniques are added for you to practice. You start by extending the alpha state on waking and use techniques to produce extra production of beta-endorphin, noroepinephrine and dopamine brain chemicals which are linked to feeling mentally relaxed, calm and comfortable with broad mental clarity, memory and enthusiasm. You learn how to extend these throughout the day so your life becomes dynamic and carefree. You accomplish more, achieve more.

What You get out of this Program

During this program you will realise that you have crossed a threshold and have your life figured out better than you ever have had in the past. By the last day you will no longer be struggling about how to get into shape, you will have the insight and motivation to be in-shape. You will know how to be more relaxed. You will no longer be searching for that exciting-fulfilling career, you will know where to look. You will know that you do not have to work like a dog for financial adequacy, you will have your options and know the steps to financial freedom.

You will no longer feel frustrated in your intimate relationships—you will have a new understanding of how you tick and how they tick, and what you have to do to bring out more love and joy for yourself and how best to contribute to them. You will have the focus to live in a place that satisfies your natural tendency for beauty and you will have the motivation to live more with this beauty.

You won't be struggling like you were to create happiness and contentment—you will have the insight which leaves the struggle behind. Stress will have been replaced with fulfilment, and urgency replaced with "flow" and more quality time. You will then have more overall quality and be growing and expanding from this place onwards.

As you define your quality-life one step at a time, your insights will grow. Your personal breakthroughs will build on each other, and your vision for a higher quality life will continue to take shape, until you are living it.

If you are interested in participating in your own healing, talk to us today. Phone 0421889164 or 0262826800.

Bill Giles, Larisa Zoska

The following are blogs I have written from the perspective of a clinical immunobiologist

UNDERSTANDING CANCER

Page **Blogs**

Cancer is a Disease of Civilisation

Being diagnosed with a cancer mass is the result of something about your mental and physical health being wrecked. Diagnosis is not in any way, a death knell, but it is a wake-up call, telling you that there are other deeper issues taking you away from a potential 'sweeter path' that you could be living. If doctors really understood the ecology of this disease process they would know that you cannot beat this illness by simply amputating a part of the body, without treating the disrupting lifestyle factors that caused the disease in the first place—or the disease will simply re-emerge in a different form, in a different part of the body. I'm not the first person to think this way. There have been many before me who have attempted to influence the powers of our civil systems that guide the health of our populations, and yet are blind to the disrupting influences of civil living on certain individuals.

For example, Dr. Stanislas Tanchou, a physician, and one of Napoleon's surgeons, gave a lecture to the Paris Medical Society in 1842 at the time when France was a world leader of science and medicine. This was an era of scientific focus to support the political intention for Europeans to conquer and civilize the world to make it safer for Christianity. Against this political culture, Tanchou in his lecture claimed he could predict the exact incidence of cancer in all the major European cities over the next fifty years, and it was mostly dependent on the percentage of grain-derived foods in an individual's diet.

Tanchou's recorded predictions proved true—a certain percentage of people in Berlin fell to cancer, a different percentage for Munich, and so on. This set off a major outrage across the civilised world, since the great mission of this European age had been to civilise every inch of the globe. Here was somebody in the centre of civilisation who declared that uncivilised people following a more indigenous hunter-gatherer diet and lifestyle, were free of cancer. Probably nothing is more damning about the extreme influences of our civilised lifestyles than the fact that it is the harbinger of cancer to those who fail to thrive in its structure.

Civilization started about twelve thousand years ago in the Fertile Crescent surrounding the Tigris and Euphrates Rivers. The civilising process can be thought of as the process of controlling certain resources of nature in order to benefit one particular group of people over another. Its relative complexity is dependent on population density and expansionism. It is characterised by urban development, monumental structures, social stratification, specialisation of labour, recorded laws, taxation, and a separation from and domination over, nature. It is directed by a cultural elite minority, who control centralised power to ensure their supremacy, by forcing other people with lesser authority, to be followers of their culturally ingrained ideologies of progress.

There have been many claims by researchers that cancer masses were virtually unknown in hunter-gatherer clans. For example, Harvard anthropologist Vilhjalmur Stefansson lived with Inuit peoples for 10 winters (1906-1918), without seeing a single case of cancer (http://uudb.org/articles/vilhjalmurstefansson.html). While there, Stefansson shared the typical Eskimo diet of almost-raw fish and blubber, supplemented by an occasional chunk of meat. There were no carbohydrate vegetables (sugar based), no salads, no fruits, no grain-based foods, and no nuts/seeds. He and the Eskimos were lean and active and cancer free.

Unfortunately as typically occurs following first contact between technological people and hunter-gatherers, the material advantages of civilised living are alluring. By the late 1920s, these Eskimos began to adopt a Western lifestyle and diet—and they started getting cancer. The first recorded case of the death of one of these Eskimo's (from liver cancer) occurred in early 1933 with a second Eskimo death from colon cancer in the same year. Since then, cancer death rates have steadily risen in these people to parallel civilised records of cancer. Stefansson noted this in his 1960 report: 'Cancer: A Disease of Civilization?' (https://www.amazon.com/Cancer-disease-civilization-anthropological-historical/dp/B0007DXZQG).

Another well known example is that from the diaries of the Nobel laureate Dr. Albert Schweitzer, who founded a hospital at Lambaréné in French Equatorial Africa in 1913, and except for relatively short periods of time, spent his life maintaining this hospital for nearly half a century. During this time he reported no occurrence of cancer among the people who ate their ancestral paleolithic diets and expressed a way of life that nurtured contribution equally to themselves and to those clan peoples with whom they connected as a reflection of themselves.

While there are many, other examples, I have my own observations of health challenges while living with traditional and semi-traditional aborigines of the Wik-speaking aboriginal people in Cape York Peninsula during the 1970s, Those who rejected the mission life offered at the Archer River Mission established at Aurukun in the early 1900s (https://www.qld.gov.au/atsi/cultural-awareness-heritage-arts/community-histories-aurukun/) and had maintained their traditional eating and cultural lifestyles, were far more mentally and physically healthy, than those who took up the civilised lifestyle and eating practices during the time of the mission and then following this.

The ancient philosophy of Traditional yoga, expounded in both 'The Yoga Sutra of Patanjali' and the 'Hatha Yoga Pradipika' by Yoga Swami Svatmarana, are also very practical attempts to buffer suffering due to particular forces of civil living. Both texts proposed methods to get the best out of civil living, yet retain peace, contentment and satisfaction with the moments of a one's life.

The diagnosis of cancer is a signpost indicating that you are living a life that is giving you poor overall mental and physical health, compared to what you could be experiencing. You have been led astray by aspects of civil living, and you are advised to change your lifestyle to reflect a 'sweeter pathway' for your life. Besides taking natural medicines and having therapy, there are nine lifestyle influences that directly relate to civilised living, that should be addressed in most people diagnosed with cancer.

Powerful systems in civilisation can cause so much grief for the unwary. For example, currently across the internet is the following story that the 'Sugar Industry' had paid Harvard scientists the equivalent of about $50,000 in today's dollars to overturn the original findings from extensive research in the 1950s, which was showing a link between increasing coronary heart disease and increasing sugar consumption. Their two-part review was published in the respected New England Journal of Medicine in 1967 where the scientists chose only those studies that minimized the link between sugar and heart health and suggested saturated fat to be the dietary bad guy.

Following this, the industry spent $600,000 ($5.3 million in 2016 dollars) to teach the average citizen who had never had a course in biochemistry, that sugar is necessary to keep every human being alive and provide enough energy to face their daily problems. The sugar industry subsequently boomed and so did heart disease and the incidence of cancer throughout the civilised world.

The Warburg Effect describes the observation that all cancer cells ferment glucose to energise themselves, even when adequate oxygen is present for normal cellular respiration. And so, if you have a diet which provides elevated blood sugar, this will allow cancer cells to feed and proliferate. However, while understanding that sugar directly fuels the growth of cancer cells, this fact now creates confusion and stress in many people from the last three generations, as they come to realise that an 'Anti-cancer Diet' is one that is low in carbohydrates (both simple and complex—this means grains, and certain vegetables), high in fats, and moderate in proteins—and this is the reverse of the message that they had been taught throughout their lives.

Cancer Explained: Signs and Symptoms

The word cancer strikes fear into the hearts of most—but it doesn't have to be that way. You can feel more in control by improving your understanding of the disease.

What is Cancer?
Cancer is the name given to a group of diseases which involve body cells that become abnormal due to degenerative physical and behavioural changes. These cells accumulate to form an 'out-of-control' mass. A cancer mass exists and grows because of a consequential breakdown in immune defence efficiency that was originally designed to remove them. Untreated cancers can cause serious illness and death.

Normal body cells
Life existed first as single cells (protozoans) for billions of years before colonies of cells (metazoans) evolved to attach together and communicate as a team—a body of cells. Today there are tens of millions of different bodies of cells making up plants and animals. A healthy body is made up of trillions of normal cells which focus their behaviour as a community or team making up the various organs of the body. Individual cells work as a team through communication using chemical and ionic signals with those adjacent to them and at a distance. These cells grow, divide, live as long as they can and as healthily as they can, then die, according to the integrity of the organ group to which they belong. The various cells of the immune system work to provide an optimal environment to enable the body cells to live healthy long cooperating lives by protecting them from toxic chemicals and pathogens and removing those cells that lose the ability to communicate as part of the community—the cancer cells.

How cells become cancerous
The basis of all cellular life, and its longevity, is derived from DNA. The DNA in every cell creates the structure of the cell as well as directing its behaviour. In healthy cells, when DNA gets damaged or develops a mutation, the cell either repairs the damage or it commits suicide (apoptosis). In cancer cells, damaged DNA is unable to be repaired and the cell is unable to commit suicide. If damage occurs to those parts of the DNA that create the communication structures (similar to our eyes, ears, tongue, nose and tactile senses) then the cell begins to behave like an isolated cell without reference to the other organ cells. Cancer cells always occur in tiny numbers in every healthy person from birth. A healthy immune system however, always identifies and removes them before they can grow into a mass and cause damage.

Although it is rare, some individuals inherit 'cancer inclined' DNA which give them a very high risk of developing one of three types of very rare cancers (the polyposis coli tumours, the xeroderma pigmentation cancers and retinoblastoma cancers) if their immune system reduces in efficiency during life. Most people at birth, while they have variation within a DNA genome, have a low risk of developing cancer. Most cancers develop through DNA damage caused by mistakes (undesirable mutations) that happen while a normal cell is reproducing; or by toxic chemicals that get into cells, interact and modify the DNA; or superantigen viruses such as the Epstein-Barr virus which infect cells and actively destroy the integrity of the cells, including the DNA.

When an immune system is normal it has the capacity to remove all cancer cells, even when there are abundant carcinogenic chemicals and superantigen viruses in the body. When the immune system is weakened it has less ability to target cancer cells. In the majority of cancers, large numbers of cells clump into a mass of useless dysfunctional tissue. People don't normally die from the occurrence of cancer cells in their body, although cachexia does kill people in advanced stages of cancer. Most people die because the uncontrolled growth of a cancer mass eventually inhibits the function of an essential organ.

Some cancers however, such as leukaemia, rarely clump into a mass. Leukaemia is a cancer of immune white-blood cells which travel throughout the body. All red and white blood cells grow in the bone marrow and if useless white-blood cancer cells become the dominate cell type produced, the efficiency of the army of immune cells is decreased and diseases or infections that an efficient immune system would normally control, end up killing the individual.

How cancer spreads from its primary site
Healthy cells in an organ bind according to the organ blueprint. Cancer cells in an organ do not bind to the other

organ cells, rather they clump like stacked bricks without mortar. As more cancer cells are replicated the loose mass of cells moves in the direction of least resistance, creating the crab-like structure of many cancers. If the loosely clumped mass of cells pushes into arteries they are quickly distributed around the body with the flowing blood. If they are not mopped-up by the immune system, they can continue to replicate and form new masses at distant sites to the origins of the original cancer mass. However if the immune system still has some efficiency through its natural killer cells, these quickly replicating cells will be destroyed. The efficiency of the immune system in different parts of the body is dependent on many factors including emotional stress. The process of cancer spreading is called metastasis.

No matter where a cancer mass grows, it is always named for the organ in which it originated. For example, breast cancer that has spread to the lungs is called metastatic breast cancer, not lung cancer. Likewise, bowel cancer that has spread to the brain is called metastatic bowel cancer, not brain cancer. The different types of cancers are all different in many ways. Stomach cancer is a vastly different disease to a melanoma cancer. They have different causal mechanisms, proliferate at different rates and avoid immune cells in different ways. Because there are combinations of both genetic and lifestyle influences that underpin the different cancers, each type of cancer has to be addressed differently, indeed each personal cancer has unique properties that should be taken into account.

Not all useless masses are cancer

Useless masses are known as tumours. Not all tumours are cancerous. Those that do not form into cancer are called benign tumours. Benign tumours lack the ability to metastasis because they are typically surrounded by an outer fibrous sheath of connective tissue. Common examples of benign tumours include moles (nevi) and uterine fibroids (leiomyomas). Benign tumours can cause problems if they grow really large and press on healthy organs and tissues and disrupt essential function.

How common is cancer?

All people have cancer cells in their bodies but most do not have cancer masses that threaten their lives. Nearly half of all men and one-third of all women will develop diagnosable cancer masses during their lifetimes.

Today, millions of people are living with cancer or have had cancer. The risk of developing many types of cancer can be greatly reduced by changes in a person's lifestyle—seeking out the optimal emotional, mental, social, physical, chemical and food environments to which humans have been genetically adapted. Most people need to attend sociobiology workshops to assist them to recognise and adjust to these environments. This is not the advice of most medical practitioners.

The signs and symptoms of cancer

Signs and symptoms can be considered as signals of injury, illness, disease or that something is not right in the body. Sometimes we are aware of them, sometimes it requires others to point them out to us as unnatural, such as our friends and family members, or a doctor, nurse, or other health care professional. For example, lumps, fevers, rashes, laboured breathing, feeling weak, specific aches and pains could be indicating a cancer mass (mostly not however).

Cancers can cause a variety of signs and symptoms which will depend on where the cancer is, how big it is, and how much it affects the organs or tissues. If a cancer has spread, signs or symptoms may appear in different parts of the body. As a cancer grows, it can increase pressure on nearby organs, blood vessels, and nerves which can give symptoms of organ dysfunction. If the cancer is in a critical area, such as the brain, even the smallest growth of the mass can cause symptoms.

Sometimes cancer originates in places where it will not cause any signs or symptoms until it has grown quite large. Cancers of the pancreas, for example, usually do not cause symptoms until they grow large enough to press on nearby nerves or organs to cause back or stomach pains. Cancers of the liver may grow for quite some time before the mass of cells press on the bile duct and block the flow of bile causing the eyes and skin to look yellow (jaundice). By the time cancers such as these cause signs or symptoms such as fever, extreme tiredness (fatigue), or weight loss, they are usually in an advanced stage.

Cancer cells are usually damaged cells (dysplasic). They are inefficient at utilising energy and when in advanced stages, they use up much of the body's energy supply or release toxic by-products of inefficient digestion and produce signs and symptoms of toxic poisoning. Also some cancer cells release chemicals into the bloodstream that

cause symptoms which are not normally recognised as relating to a cancer. For example, some pancreatic cancers release chemical substances that increase clotting of the blood causing damage to the veins in the limbs. Some lung cancers release hormone-like substances that raise blood calcium levels affecting nerve and muscle function, which may cause the individual to feel weak, uncoordinated and dizzy.

Many times people simply ignore symptoms and get on with their lives. Certainly most people do not have the knowledge to relate certain symptoms to the possibility of cancer. Some people become frightened of what the symptoms could really mean and find they have an inability to act decisively. Many chronic symptoms, such as exhaustion, recurrent pains, headaches, and indigestion, are most likely caused by other disease states than cancer. Commonly people reason that a symptom such as a breast lump is probably a cyst that will go away by itself, however any persistent symptom should be not be ignored or overlooked, especially if it is getting worse.

It can be a benefit to yourself, or even to your family and friends, if you know some of the general signs and symptoms of cancer. Having some of these does not mean that you have cancer because there are many other things that can cause these. The signs and symptoms listed below are the more common ones seen with cancer, but there are many others that are not listed here.

- Mystery weight loss—This happens most often with cancers of the pancreas, stomach, oesophageal or lungs.

- Recurrent fever—Fever more often occurs when cancer has metastasised. Almost all people with cancer will have fever at some time, especially if it is associated with the immune system itself, such as with leukaemia or lymphoma.

- Extreme fatigue—Fatigue that does not get better with rest and good eating. Colon or stomach cancers which cause blood loss cause constant fatigue. Leukaemia which affects the immune function causes mystery fatigue.

- Ongoing pain—Intense and continuous headaches that do not get better with treatment may be a symptom of a brain tumour. Lower back or sacrum pain can be a symptom of cancer of the colon, rectum, uterine, prostate, bladder or ovary. Sometime pain is due to metastasised cancer. Deep pain may be an early symptom with bone, kidney or testicular cancers.

- Changes to skin—Along with the obvious signs of skin cancers, some other cancers can cause changes to the skin including:
  Darker looking patches of skin (hyperpigmentation).
  Skin and eye whites turning yellowish.
  Reddened patches of skin (erythema) and itching skin.
  Excessive hair growth.

- Changes to bowel movements—Long-term constipation, or increasing diarrhoea, or a change in the size of the stool may be a sign of colon cancer.

- Urinating traces of blood—Pain when passing urine, blood in the urine, or a change in bladder function (such as needing to pass urine more or less often than usual) can be a sign of bladder or prostate cancer.

- Chronic sores—Skin cancers may bleed and look like sores that don't heal. A long-lasting sore in the mouth could be an oral cancer, especially in people who smoke, chew tobacco, or heavily drink alcohol. Sores on the penis or vagina may either be signs of infection or an early cancer.

- White patches on the tongue or inside the mouth—These may be indicating the development of precancerous tissue known as leukoplakia, that is caused by frequent irritation, smoking or chewing tobacco. Leukoplakia can evolve into mouth cancer.

- Mystery bleeding or discharge—Unusual bleeding can happen in early or advanced cancer. Coughing up blood may be a sign of lung cancer. Blood in the stool could be a sign of colon (black) or rectal (bright red) cancer. Cancer of the cervix or the lining of the uterus can cause abnormal vaginal bleeding. Blood in the urine may be a sign

of bladder or kidney cancer. A bloody discharge from the nipple may be a sign of breast cancer.

- Thickening skin or lumps—Many cancers can be felt under the skin, such as the breast, the testicles, the lymph nodes (glands). A lump or thickening that is obviously growing in size or becoming inflamed.

- Painful indigestion or trouble swallowing—mystery indigestion or swallowing problems and recurring pains in the stomach or throat, that just develop and don't go away, could be signs of cancer of the throat (pharynx) or the oesophagus (the tubular extension from the mouth to the stomach) or the stomach itself.

- Changes to moles or warts—Changes to the colour, size, shape, or the sharp borders of moles or warts could be indicating progression to a type of skin cancer including melanoma.

- Nagging cough or hoarseness of voice—A nagging cough is often associated with lung cancer. Hoarseness of the voice can be a sign of cancer of the voice box (larynx), lymph nodes of the neck or cancer of the thyroid gland.

Things people do that predispose them to cancer

If people could live an ideal life—within a loving family, with adequate food, housing, money, experience a compelling life close to the environments to which humans adapted genetically—then the chances of getting cancer would be staggeringly low. The chances of getting cancer increase when people do things or expose themselves to situations, chemicals and pathogens which can harm their immune systems and cells in their bodies. For example, smoking can increase the chances of contracting cancers of the lungs, mouth, throat, bladder, kidneys, and other organs. Alternating exposure of your skin to intense sunshine and salt water for some days then being indoors for weeks and repeating the behaviour over months and years predisposes your skin to skin cancers (when it is combined with meridian dysfunction—according to Chinese Medicine theories on the causes of skin cancer).

Injuries do not cause cancer

It is a myth that injuries can cause cancer. There are cases when a person visits their doctor for a physical injury and subsequent scans locate a cancer. The stress that follows injuries and traumas can temporarily weaken immune efficiency allow masses to form. On the other hand, there are cases where burn scars can be the resultant site of skin cancers many years after the burn has healed.

Cancer is not contagious

A healthy person cannot "catch" cancer from someone who has it. There is no evidence that close contact or things like sex, kissing, touching, sharing meals, or breathing the same air can spread cancer from one person to another. Cancer cells from one person are unable to live in the body of another healthy person. A healthy person's immune system recognizes foreign cells and destroys them, including cancer cells from another person.

How and Why does a Normal Cell Revert to a Cancer Cell?

Introduction

This is a very 'dry' essay which I thought could be useful for those people unfortunate enough to have been diagnosed with cancer, and who do not understanding the orthodox explanation of the creation of a cancer mass.

How does a cancer cell form?

Cancer is an incredibly complicated disease and it is acknowledged that, just as every person is unique, every cancer mass is unique, and can have hundreds of different mutations in its cells. Mutations denote that these cells are damaged and struggling to survive. Also, if two breast cancer specimens are compared, the set of mutated genes are never identical. However, with all these differences, scientific medicine suggest several underlying hallmarks that every cancer cell shares in its transformation from being a single healthy cell, into a cancer cell.

Scientists have isolated several anti-cancer defence mechanisms that are hard-wired into each cell to stop it from becoming cancerous. These mechanisms have to be circumvented for a cell to go through a transition from being a 'cooperating community cell' to behaving independently of the general community behaviour—that is, as a cancer cell.

It must be noted that when a normal cell evolves into a cancer cell, our immune system will attempt to identify and eliminate it. The following discussion is not focused on immune system activity on eliminating cancer cells—that will be presented in a later essay. Rather this discussion is focused on the accepted ideas that explain how normal cells become cancerous, form cancer masses, and metastasis to distant tissue sites in the body.

Common Traits of Cancer 1.

Cancer cells don't have the same language as normal cells

Healthy cells that compose an organ (heart, liver, kidney etc) need to communicate with each other so they can act as a community to buffer changes that may threaten the survival of the organ. Much of this communication occurs through chemicals, known as 'growth-factors'—which are exchanged between cells as one way to coordinate feeding and detoxification, as well as cell division and other behaviours. This communication between cells is a super-complex signalling web of growth-factor chemicals activating and repressing one another to form a chemical 'song' of community coordination.

Each organ cell will not divide without being 'told' by the growth-factor song. Damaged cells with a poor ability to respond to this communication (because of damage to their surface receptors or changes to their internal cell environment) lose the ability to interpret the songs correctly. They have difficulty synchronising with other cells, and at that point when they have extreme difficulty cooperating with other cells, they change their behaviour from supporting the community to competing with the community—they 'do their own thing'.

A cancer mass is not made entirely of cancer cells. Cancer masses contain a heterogeneous mix of both normal and abnormal cells, because cancer cells use growth-factor chemicals to co-opt and subvert normal behaving neighbouring cells, such as blood vessel cells and connective tissue cells, to assist their survival.

The following medicinal herbs have been reported to moderate growth-factor communication by cancer cells: Garlic (Allium sativum), Licorice (Glycyrrhiza glabra), Plantain (Plantago major), Sea buckthorn (Hippophae rhamnoides) and Gotu Kola.

Common Traits of Cancer 2.

Cancer cells have lost the ability to synch with community cells.

The formation of a cancer mass occurs because the broader cellular community (including the immune system cells visiting the organ) has lost its influence over the replication cycles of cancer cells. Cancer cells replicate whenever they can—when there is sufficient nutrition to power their replication—rather than in sync with the overall community's need for new cells to replace old or dying cells. What goes wrong in a cancer cell to make it independent of the community of which it was an original member? One of the reasons is due to the loss of 'safety valves' in the replication cycle of cells—due to metastases.

Think of a cell replication cycle being similar to the control system of a washing machine. A washing machine passes through several stages in a wash cycle—soaking the clothes; adding detergent at the correct time; rinsing the clothes for the appropriate duration to remove the detergent; adding the fabric softener at the correct time; a final rinse and then spinning the clothes to remove as much water as possible.

In much the same way, the cell replicating cycle is a series of tightly regulated events inside a cell that leads to its division from one cell into two cells. In between these 'start and end' states, the DNA inside the parent cell first has to double itself, and then divide equally into the two developing cells. There are feedback loops that guide the cell through replication checkpoints at every stage. These checkpoints act as 'safety valves' to ensure that an incorrectly dividing cell with damaged DNA, is able to be destroyed rather than allow it to continue its development into a damaged cell—a cancer cell.

A cell replication cycle has four stages.

Stage 1. A cell grows in size and prepares the chemicals for DNA synthesis. At the end of this stage, there is the first checkpoint to make sure there aren't any 'stop' signals. If everything is normal, the DNA then replicates. If there is damage to the DNA, the checkpoint prevents further replication. Each checkpoint is made up of regulatory protein chemicals (called cyclins and cyclin-dependent-kineses) that are similar to growth-factors, except they inhibit growth rather than promote it.

Stage 2. Following DNA replication the cell continues to grow, and when large enough, a second checkpoint determines if the completed replication of DNA is also error-free. If it is damaged, the replication stops and the cell dissolves the new DNA.

Stage 3. The cell re growth is complete and the cell completes the division into two equal 'daughter' cells (mitosis).

Stage 4. At any stage, cells can be forced into a resting stage which stops replication if everything is not right. They can resume replication when the conditions are right. When cells are totally mature, they stop replicating permanently.

Thus, each cell has three choices: it can grow and divide by staying in the first three cell cycle stages; or it can take a temporary break by entering a resting stage (Stage 4.); or it can permanently exit the cell replication-cycle into the mature state. The checkpoint proteins are responsible for stopping cell replication by directing the cell into either the resting stage, or the mature state.

Cancer cells divide without responding to the checkpoint signals. Nearly all checkpoint chemical 'mechanisms' are linked to a 'tumour-suppressor-protein' in the DNA, known as retinoblastoma-protein (discovered in 1971). This protein acts as the main 'brake' in the cell cycle progression, through monitoring the 'yes' or 'no' community signals to produce more cells. The majority of cancer cells have 'mutation-induced defects' in the retinoblastoma-hand brakes which prevent them stopping replication. Thus cancer cells can continue to replicate independent of any community 'instructions'.

The medicinal herb Periwinkle (Catharanthus roseus) have been successfully used in the treatment of various cancers such as Leukaemia, Hodgkin's lymphoma, Malignant lymphomas, Neuroblastoma, Wilm's tumours, Kaposi's sarcomas, Mycosis fungoides. It is believed that Periwinkle boosts retinoblastoma-protein function to prevent cells forming into cancer cells.

Common Traits of Cancer 3.

Cancer cells evade apoptosis (cellular suicide)

Apoptosis is a term that means the opposite of cell growth—it means 'cell death'. To divide and grow uncontrollably, a cancer cell not only has to 'not-respond' to normal cellular-replication checkpoints, but it must avoid any normal mechanisms that trigger cell death. Indeed, this resistance to cell death is characteristic of all types of cancers.

Apoptosis is hard-wired into every cell. It is like a cyanide capsule, which quickly delivers death if the circumstances require the cell to 'commit suicide'. If a normal cell detects that its DNA has become damaged, it has the option (among others) to trigger apoptosis and thus remove itself from the community population. Apoptosis, is an entirely

normal function of community cells. A similar apoptosis response is activated when a tadpole changes into a frog—the cells in the tail die through apoptosis, and the tail disappears. Apoptosis is a tidy process in which the cellular walls break down; the chromosomes degrade; the DNA breaks up into fragments; and the dying, shrinking cell is then swallowed up by neighbouring cells or patrolling immune cells.

So how does apoptosis work? The 'machinery' of apoptosis is responsible for monitoring both the interior and exterior environments of the cell for conditions of abnormality, in order to decide whether that cell should live or die. Abnormalities can be: DNA damage, signalling irregularities, lack of available oxygen, lack of available nutrition, toxicity, etc.

The suicide machines of the cell—are called caspases

The control for apoptosis is located in the mitochondria of a cell. Mitochondria are tiny organelles floating in a cell which function as the cell's energy factories. They contain signalling molecules known as cytochrome-c. In response to the signals to commit suicide, the mitochondria release cytochrome-c molecules, which form into proteins known as caspases—which then kill the cell (apoptosis).

The repairers of the cell DNA—are called P53 genes

The P53 genes are repairer-genes, and they are used to maintain the integrity of the DNA structure of the cell. More than half of all cancers have defective P53 genes. When activated by either DNA damage or chromosome abnormalities, the P53 gene can stop the cell cycle and initiate DNA repair. If repair is successful, the cell cycle is restarted. If repair is not successful because the damage is too great, then normal P53 genes facilitate cell apoptosis.

So why do cancer cells not have healthy P53 genes? The most common reason appears to be the actual loss of the P53 gene due to DNA mutations and/or viral activity. The cells of highly active cancers usually have defects in both retinoblastoma and P53 genes which results in low levels of cell death and high levels of cell division.

The concentrated derivatives from some medicinal herbs and also some nutritional foods, are being connected with improvements in P53 activity. These include curcumin from turmeric; genistein from soybean; tea polyphenols from green tea; resveratrol from grapes; sulforaphane from broccoli; isothiocyanates from cruciferous vegetables; silymarin from milk thistle; diallylsulfide from garlic; lycopene from tomato; rosmarinic acid from rosemary; apigenin from parsley and gingerol from gingers (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4017674/).

Common Traits of Cancer 4.

Cancer cells evade the cellular timekeepers

Normal cells are hard wired with a timer that keeps track of their age as well as the number of times they divide and grow. Most cells in our body will only undergo a limited number of successive cell growth-and-division cycles. This limit has been named the 'Hayflick Limit' after its discoverer, Leonard Hayflick. After undergoing between 40 to 60 divisions, cell growth slows down and eventually stops altogether. At this final stage it is known as senescence, and is irreversible. The cell does not grow or divide anymore, but just remains alive.

When normal human cells are cultured in a petri dish, almost all the cells grow and divide a set number of times, and then enter senescence. A small number of cells continue beyond the senescence stage and continue to divide for a little while. However these cells eventually undergo another phenomenon known as 'crisis', in which the ends of their chromosomes simultaneously fuse with each other, and cause the total population to die due to apoptosis.

How does a cell 'count' the number of times it divides, and 'know' when to stop? The answer is telomeres. Telomeres are regions of DNA that cap and protect the ends of the chromosome from degrading or from fusing with another chromosome. Without telomeres, each time a cell divides our genomes could lose information. Telomeres are like heat-shields of a spacecraft—they protect the spacecraft by absorbing damage. With every replication of a cell, some of the telomeric DNA is lost. This progressive loss eventually causes the telomeres to lose their ability to protect the ends of chromosomes. If left unprotected, these exposed ends become damaged, and at some point, a DNA damage response is activated to stop further growth—this is the senescence stage. With complete telomere erosion, the chromosome ends are exposed, and then they are able to fuse with each other to producing irreversible DNA damage, and the cell dies.

Cancer cells repair their telomere structures

The defining feature of cancer cells is their ability to divide endlessly, without exhaustion, generation after generation. They achieve this by destroying the cellular timekeepers—the telomeres.

When cells are grown in petri dishes in the lab, repeated cycles of cell division lead first to senescence, and then if they survive, they move onto the 'crisis phase' and eventually die. In very rare cases (about 1 in 10 million) a cell moves past the 'crisis phase' into an immortalised phase in which they divide endlessly.

Cancer cells breach the in-built telomere replication limit that is 'hard-wired' into each cell. How do they achieve this? All cancer cells maintain their telomeres. About ninety percent of them do so by increasing the production of an enzyme known as telomerase. As its name implies, telomerase functions by continually adding telomeric DNA to the ends of chromosomes. Apart from foetus cells and stem cells, most normal cells have low telomerase activity. Scientists have found that a mutation in the region of the 'TERT' gene for producing telomerase, makes this gene hyperactive, and the length of the telomeres are extended much more than what is considered normal. A mutation like this will allow the cell to keep replicating.

Living a long life appears to come at a price for some people. The accumulation of DNA damage to certain cells of the body increases with time—which is why cancer is mostly a disease of the ageing population. One thing that alters DNA integrity and telomere length is 'oxidative stress' due to circulating free radicals, which can increase if aging people don't exercise adequately or eat appropriately.

Oxidative stress is an imbalance between the production of an 'oxygen containing molecule' that has one or more unpaired electrons (known as free radicals) and the ability of the body to counteract or detoxify their harmful effects through neutralisation using antioxidants. Oxidative stress is connected mostly with being overweight, not exercising and consistently indulging in 'entertaining' eating lifestyles which accumulate toxic pollution. This occurs through over consumption of grain products along with hydrogenated oils from plants that are cooked at higher temperatures; cigarette smoke; table sugar, high fructose corn syrup and fructose in fruits and some vegetables; food preservatives, colourings and flavourings; various prescribed drugs; plastics; and petrochemicals in general.

The herbs that are most likely to assist with telomerase production stability are: Astragalus root and Milk Thistle. Other medicinal herbs which can be used in conjunction are: Pau d'Arco, Thyme, Echinacea Root/leaf, and Cloves. Foods that are also being linked to telomerase production stability are eggs and saturated animal fats.

Common Traits of Cancer 5.

Cancer cells sustain angiogenesis

In a developing embryo or a wound that is healing, the communities of cells are organised by the immune system to undertake specialized tasks beyond the ability of any single cell, such as the complexity associated with tissue formation. These cells are also supplied with oxygen and nutrients by the immune system, which also organises the removal of metabolic wastes. Under direction the immune system, these cells also form tissues for new blood vessels in a process known as angiogenesis. This assists the supply of oxygen and nutrition into any growing tissue, as well as the removal of cellular metabolites due to cell respiration. In a similar manner, a growing cancer mass also requires more and more access to nutrients as well as increased waste disposal.

Nutrition in the form of glucose can be obtained by cancer cells mostly through intra-cellular diffusion through a cancer mass. However when a mass grows larger than about 1mm in diameter, the movement of glucose through a cancer mass is generally insufficient to supply those cells at the centre of the mass. So these cells will starve unless they can successfully signal the nearest healthy blood vessel cells to start growing towards them. If this subterfuge works, then micro-arteries grow off from an artery, and form a new supply pipe to carry food directly into the centre of the cancer mass. Angiogenesis in a cancer mass is a perversion of a normal cellular process, a perversion that is an essential requirement for the development of cancer masses of any size above 1mm in diameter.

Many experiments show that there are certain chemicals which can block angiogenesis and impair the growth of tumours. While 'Avastin' was the first commercially available angiogenesis inhibitor, there are natural medicinal herbs that also do this job without the side effects of 'Avastin'. The herbs that are traditionally used for anti-cancer

treatment, and that are anti-angiogenic through multiple interdependent processes (including effects on gene expression, signal processing, and enzyme activities) include Artemisia annua (Chinese wormwood), Viscum album (European mistletoe), Curcuma longa (curcumin), Scutellaria baicalensis (Chinese skullcap), resveratrol and proanthocyanidin (grape seed extract), Magnolia officinalis (Chinese magnolia tree), Camellia sinensis (green tea), Ginkgo biloba, quercetin, Poria cocos, Zingiber officinalis (ginger), Panax ginseng, Rabdosia rubescens hora (Rabdosia). (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1891180/).

Common Traits of Cancer 6.

Cancer cells invade other tissue

If a cancer mass keeps growing it must eventually spawn 'pioneer cells' which move out of the original mass to invade adjacent tissues as well as travel to distant sites where they can grow into new masses—which are called metastases. With the exception of the leukaemias and some brain tumours, metastases cause the majority of cancer deaths.

When cancer cells move away from an original site of growth in an organ, they either migrate through the blood stream or through the lymph system. The immune system will destroy most of these free-travelling cancer cells while they move through these channels. But what allows a new mass of cancer cells to grow at a distant site and not be mopped up by the immune system?

In biology theory, our bodies have a blueprint to create our physical body—this basis is in the DNA of our differentiated cells originating from ovum and sperm DNA. Similar cells tether themselves to one another to form tissues that perform specific functions. Tissues form as organs and organs combine to form our bodies. Our immune system regulates our cells to adhere to community dynamics.

Our tissues are composed primarily of two types of cells—epithelial and mesenchymal cells. Epithelial cells adhere to one another to form cell layers, which act as barriers to isolate our bodies and organs from the external environment. Mesenchymal cells are solitary and can migrate. Our body is not made up solely of cells. A large proportion of our body consists of extracellular space, which is filled with a mixture of carbohydrate, fat and protein molecules. This space is known as the extracellular matrix.

Several classes of proteins are involved in the tethering of cells to their surroundings. Immunoglobulins and cadherins mediate cell-to-cell adhesion's while integrins link cells to the extracellular matrix. All of these interactions convey regulatory signals to the cell and should not be viewed as static connections that simply hold cells in place. The most important protein cementing cells to each other is known as E-cadherin. The coupling of cells by E-cadherin results in the transmission of anti-growth signals. This is one of the mechanisms of a phenomenon known as 'contact-inhibition', where cells that touch one another do not grow any further. Metastasis therefore requires the un-tethering of these bonds, to allow types of cancer cells to migrate freely. Not surprisingly, E-cadherin function is lost in migrating cancer cells. Conversely, another molecule known as N-cadherin shows increased levels in migrating cancer cells, as this molecule helps the cancer cell to slip through blood vessels during migration.

Migrating cancer cells change their appearance from a somewhat, variable cobblestone-like shape, to being spindly. The cells also un-tether themselves from the extracellular matrix. They stop expressing E-cadherin, so that the cement that binds them to other cells is eliminated. They express more N-cadherin, so they can move through blood vessels to distant sites more efficiently. A metastatic cancer cell has increased motility and is resistant to apoptosis.

Metastasis and invasion are complicated processes. For example, macrophages, one type of immune cell, appear to be easily exploited by cancer cells to contribute to cancer migration. These cells are attracted to the edges of a tumour and supply it with enzymes to enable cancer cells to break free of surrounding tissue and begin the process of migration. These subverted macrophages can also supply growth factors to cancer cells which assists them to proliferate. Cancer cells stimulate the macrophages by producing a chemical they require called 'Essential Growth Factor'—also known as 'Colony-Stimulating-Factor'.

Metastasis has been traditionally thought of as the final stage of cancer, once a cancer mass had grown to a size which forces newly growing cancer cells 'out of the nest', for want of enough space to continue to grow. Recent evidence now suggests that metastasis does not necessarily happen in the final stages of cancer progression, but can

occur at any time in the growth of a cancer mass—even before a primary cancer can be detected with conventional equipment. The ability to invade and metastasis at distant sites is a signature of cancer cell aggression.

The following herbs (in combination) have been used in Chinese medicine to stop metastasis: Cordyceps fungus (Cordyceps sinensis), White flower snake-tongue grass (Hedyotis diffusa), Qing dai (Indigo pulverata levis), Butt rot fungi (Polyporus umbellatus), Astragalus (Astragalus propinquus), Ginseng (Panax ginseng), Black nightshade (Solanum nigrum), Patchouli (Pogostemon cablin), Black atractylodes rhizome (Atractylodis macrocephalae rhizoma), Chinese cucumber (Trichosanthes radix), Clematis (Clematis radix), Broad leaf privet (Ligustrum lucidum), and Chinese liquorice (Glycyrrhiza radix). (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2880989/).

Common Traits of Cancer 7.
Cancer cells have DNA mutations that assist them
In the same way that normal cells have to adapt to environmental changes in the body, cancer cells also have to cope with these challenges, and more. A cancer cell has to compete with other cancer cells as well as normal cells for resources; evade attack by immune cells; cope with their internal self-destruct mechanisms; take advantage of unfortunate circumstances of healthy normal cells to exploit their behaviour to their own advantage; and adapt to the extra challenges encountered when migrating to other areas of the body (metastases).

There are over one hundred million-billion cell divisions occurring throughout the average human life-span. It is estimated that each of our genes is prone to several hundred million mutations during this time (each gene has about 1,700 nucleotides and each nucleotide has about a one-in-several-hundred-billion chance of being mis-copied). Most mutations are repaired in healthy cells. Typically, this repair involves cutting out and re-synthesizing damaged portions of the DNA. There are several different ways the DNA repairs itself, and these repair processes are so important for a species survival that these repair-proteins are found in every life-form, from bacteria to our own cells.

Of course there are occasions when mutations cannot be corrected. An important question is whether mutations can be beneficial for a cell or not, to enhance its quality of survival. To propose and argue that mutations, even in tandem with 'natural selection', are the basis for the successful survival of the 6,000,000 species of life-forms on this planet, is not really logical, and it also goes against the fundamentals of mathematical probability. Mutations have a very limited 'constructive capacity' and they also occur incoherently. They are not complementary to one another, nor are they cumulative in successive generations toward a given direction. They modify what preexists, but they do so in disorder. As soon as some disorder, even slight, appears in an organized life-form, sickness then death follow.

To accept that a mutation would produce a super-viable cancer cell, capable of more efficiently adapting to the human environment than normal cells that have helped create their own body environment, is somewhat equivalent to believing in miracles. It is almost impossible for a mutation alone in a cancer cell to enable it to grow faster, or survive longer and produce more offspring than the surrounding normal cells, without other factors being involved.

However without any other major understanding of the forces causing cancer evolution, science has to keep its focus on mutations as the transitive 'cause' of cancer formation. So most scientists accept that mutations enable cancer cells to embark on their uncontrolled growth within our bodies through changes to telomeres, apoptosis programming, gate-keeper control, and retinoblastoma-hand-brake mechanisms through mutations. But what if there were other factors that set conditions for alterations in DNA to be of temporary benefit?

The 'behavior-regulators' of DNA may be responding to emotional stress
One point five percent of the DNA material in human chromosomes is called 'protein-coding' DNA and it composes our genes. 98.5 percent of our DNA is called 'non-protein-coding' DNA, and this resides outside our genes. The protein-coding gene regions contain the information necessary for a cell to make proteins for its physical construction. Non-protein-coding regions are not related directly to making proteins, but essentially are involved with all levels of internal behaviour within cells, and they regulate how much of a particular gene is expressed at any time—that is, the non-protein-coding DNA dictates whether a gene is to be switched 'on' or 'off'. This type of DNA has opened many new fields of scientific research which comes under the banner of behavioural epigenetics.

Several forms of non-protein-coding DNA sequences have been isolated (Noncoding functional-RNA; Cis- and Trans-regulatory elements; Introns; Pseudogenes; Repeat-sequences; Transposons; Viral elements; and Telomeres). For example, Noncoding functional-RNAs are predicted to control the translational activity of approximately 30% of all protein-coding genes in mammals and are suggested to be vital components in the progression of various diseases including cancers and the immune system responses to infection.

Mutations can occur in the non-protein coding DNA which then can affect the binding of activators or repressors, chromatin states, nucleosome positioning, and other regulatory elements. This can result in aberrant gene behaviour which causes decay and mostly death of a cell. However there is much speculation that non-protein coding DNA responds to changes to both internal cellular environments as well as the external environments in which a cell resides—that is—the organs and regions of the body.

According to new insights of behavioural epigenetics, traumatic emotional experiences in our past, or in our recent ancestors' past, leave 'molecular scars' adhering to our non-protein-coding DNA, which can activate under similar emotional stressed conditions. It seems likely that intense and prolonged emotional stress that we feel in parts of our body, may affect non-protein-coding DNA, and this may cause, telomere, P53, apoptosis programming, gate-keeper control, and retinoblastoma-hand brake mechanisms to dysfunction.

There is quite a following in cancer research that suggests that emotions contribute to cancer formation, along with changes to DNA that is induced by a chemical agent, radiation exposure, or insertion of viral genes, and in a few cases, abnormal DNA which is present in the genetic heritage of the individual. The cycle of progression from a healthy cell to a cancer cell is believed to occur through a series of steps (mentioned earlier), combined with a loss of the ability of the immune system to consistently destroy cancer cells at a certain rate.

Thus, lung cancer is mostly caused by breathing carcinogens such as in cigarette smoke; stomach and colon cancer are mostly caused by carcinogens in the food supply; skin cancer may be induced by excessive exposure to the ultraviolet light of the sun; and leukaemia may be induced by exposure to industrial chemicals, radiation, or a virus that resides in the bone marrow.

There is little financial incentive for researchers to undertake detailed studies of the possibility that persistent or repeated suppression of emotions contributes to the risk of cancer. However, the field of psychoneuroimmunology (the study of how psychological states impact the nervous and immune systems), has developed some evaluations that do suggest that emotional stress strongly increases a person's susceptibility to cancer.

There are occasional studies that support a link. For example, one published study (Fan RL, et al, 'A Study on the relationship between lung cancer at a preclinical stage and psycho-social factors: a case control study' in The Chinese Journal of Blood Diseases, 1997; 18: 289-292.), involved 750,000 people in Beijing, where an attempt was made to determine if psycho-social factors contributed to the incidence of primary lung cancer. Their study reported three factors correlating with lung cancer occurrence:

- *A period of emotional stress that appeared out of control.*
- *Poor working relationships between co-workers.*
- *Extended periods of depression.*

Indeed, it is thought possible that even a single period of intense stress lasting a few months, such as occurs with a divorce, death of a family member, loss of job, or other life-changing events, is likely to lead to serious damage to tissues in specific parts of the body, which could be part of the process of the development of cancer. Stress hormones might themselves stimulate latent cancer cells into reproduction, or the hormones or their metabolites might transform a normal cell to a cancer cell, or the damage to the tissues may lead to failure of normal cancer-control mechanisms.

Emotional stress is a factor that medical systems have little capacity to address. Performing standardised operations, giving standardised chemotherapy and radiation is more in line with system processes.

Has Mainstream Science been Looking in the Wrong Place for a Cure for Cancer?

If we can put a man on the moon, why can't we cure cancer? Richard Nixon's signed the National Cancer Act of 1971 and launched the "war on cancer". In 46 years, hundreds of thousands of research scientists have spent untold hours attempting to find a cure for cancer, and what they are finding more and more is that cancer masses are a disaster zone of many diseases that are constantly changing, both in response to the environment in which the cancer cells grow, and to the chemical treatments that are thrown at them.

Doctors and researchers now keep telling the public that cancer is not a single disease. Each type of cancer can be many, even dozens, of different diseases in itself, and although there are many common themes in cancer—such as loss of responsiveness to growth signals allowing unchecked growth; evasion of programmed cell death (apoptosis); manipulating surrounding tissue to provide a blood supply (angiogenesis); evasion of the immune system; and use of the blood or lymphatic systems to travel to other parts of the body to start new colonies—it is impossible for individual cancer cells to renew their behaviour back into being community cooperating cells to live healthy and long lives.

Over the last decade or so, it has become more apparent than ever before, that it is not primarily individual genes that determine cancer, or even a handful of genes, but hundreds or even thousands of genes that form complex networks of interactions that are essentially messed up in unique ways for each cancer. Even worse, as a cancer mass progresses, it tends to become more heterogeneous, meaning that the number of different populations of cells tends to increase as pieces of DNA from one part of the genome breaks off and re-attaches itself in another location—cancer cells become sicker and sicker if they cannot access the influence of some type of 'living blueprint' of the body, to assist DNA integrity.

The genes of cellular cooperation that evolved within animals and plants over more than a billion years, are the same genes that malfunction to cause cancer. While certain viruses, chemicals and radiation have been linked to genetic mutations or epigenetic malfunctions, that then result in dysregulated expression of anit-cancer genes (oncogenes) and tumour suppressor genes in the DNA, what if the DNA itself is responding to something else beyond the physical structure of the cell in which it resides?

This does not mean that the "Mutation Theory" does not still hold truth. It is well established that genetic damage and mutations do in fact contribute to cancer. However, rather than viewing them as 'causing' the complex set of behaviours associated with cancer, they may be the result of an inability of a cell's DNA structure to maintain integrity within a body environment—which is failing it.

What is the force that keeps cells of an organ mutually committed to act as a community? What causes some cells of an organ to stop acting as community cells, and become cancerous in behaviour? Why this cell in an organ and not those next to it? It is presumed by science that cancer happens by 'chance', and because it is by chance, it is irreparable within a cancer cell.

Basic cellular evolutionary theory

To survive in nature, cells organize in one of two possible forms: either as self-sufficient, single-celled organisms or as multicellular organisms formed into communities of mutually committed, inter-dependent cells with diverse specialized functions. All animals and plants are classified as multi-cellular lifeforms that are able to form and maintain cooperative communities of cells from one generation to the next. Their evolutionary origin, started about 2000 to 1000 million years ago. All living cells on this planet share, not only the same physio-chemical structures (DNA, RNA), and the processes needed to perform life's basic functions (protein synthesis, and metabolism), but they also share the same types of genes to regulate those functions.

Once a community cell transforms into a cancer cell, the resulting replicated mass of cancer cells from this one cell, must either exist in harmonious cooperation among themselves and with the host's cells to survive (which we know does not happen), or they must become self-sufficient and independent units to survive. It is highly improbable for a 'damaged' cancer cell to out-compete 'healthy' community cells in an organ environment that has evolved for a specific type of community cooperation over billions of years, unless certain environmental factors associated with the body are adversely affecting cellular DNA performance specifically in one organ—and this is what probably is hap-

pening for a cancer mass to form in a particular part of the body. And these environmental factors must be something other than the chemical environment—which is tightly regulated within cells.

Biophoton emissions affect DNA performance.

Biophotons were first discovered in 1923 by the Russian medical scientist Professor Alexander G.Gurvich (who named them "mitogenetic rays") and in the 1930s were widely researched in Europe and the USA. Since the 1970s there has been a good deal of research by European scientists, particularly the German biophysicist Fritz-Albert Popp, to prove that biophotons are linked to the function of cellular DNA. There is now a 'Biophoton Theory' which explains their role influencing cellular biochemical processes, growth, differentiation and reproduction.

Biophotons, or ultra-weak photon emissions of biological systems, are low-grade electromagnetic waves in the optical range of the spectrum. All living cells of plants and animals (including humans), emit biophotons which cannot be seen by the naked eye but can be measured. Dead cells do not emit biophotons. Cancer cells have been shown to have differences in biophoton emission compared to surrounding normal cells.

According to the biophoton theory, light can be 'stored' in the DNA structure of a cell and it can be emitted. A dynamic web of 'light' is constantly being emitted and absorbed between cell organelles, cells, tissues, and organs within a living body (plants and animals) and just as we use light to send messages via telecommunication devices, it has been postulated that biophoton storage and emission serves as a basic communication system to assist all cells of an organ/body to be in contact as a community. It has been suggested that this signalling allows for potential coherence, integrity, longevity and health for all cellular life processes within a body.

If this is so, cancer should not be viewed as something that happens by 'chance' to an intrinsically healthy body. Rather, cancer will the result of a breakdown in the basic communication harmony of a body that affects the integrity of cellular DNA. This communication harmony is highly likely to be associated with emotional stress and poor sleep quality.

There is substantial evidence from both healthy populations as well as individuals with cancer, that emotional stress causes a reduction in immune system strength and efficiency. Stressful life experiences and emotional depression are linked with poorer survival and higher mortality across a diverse array of cancer types (e.g. breast, lung, head and neck, hepatobiliary, lymphoid, and hematopoietic cancers). There is growing evidence that psychological therapy enhances immune function and survival for cancer patients.

For example, there appears to be a healing power in music and song. It lifts our spirit, it buffers emotional stress. Every person with diagnosed cancer should be coupled to music and song to help their immune system even by a small amount. Music that lifts our spirit could also be lifting the biophoton communication system—both require harmony in energy to exist.

Yoga traditionally has used the music of specific ragas to assist with specific ailments. It has been known as Nāda Chikitsa or the Principles of Healing through Sound. Both light and sound transmit energy and while different in frequency, both affect the mind and body. Musical notes have a message which reaches both the conscious and subconscious facets of mind with positive effects for healing. Music therapy has been shown to reduce the nausea in patients undergoing chemotherapy. The music of Nāda yoga has spiritual influence and brings comfort, hope and peace of mind to listeners and alleviates depression and pain. Hence it is integrated in cancer treatments as a supportive therapy, especially in patients undergoing treatments including chemotherapy and radiotherapy, and in assisting patients in hospice and in pain clinics.

Yoga has also talked of Nāda as "the internal sound that cannot be heard". I believe it is referring to conscious sensing of the changes to biophoton storage and emission. This changes with emotional, physical, and chemical stress—lifestyle and attitude to life. People with cancer are advised to become enveloped daily in emotionally uplifting song, laughter, music and dance.

Anti-cancer Diets – Which One to Follow & How do you Know?

My perspective regarding the effects of diets on cancer is based on my training as a biologist, not as a nutritionist, nor a doctor. I did my nutrition studies in the mid 1960s, based on old-school perspectives of cultural diets our forefathers ate, and although I have studied modern 'science-based' nutrition/diets, I still support the old-school ideas.

It is also worth noting when considering diet advice and cancer, that when the adaptive immune system (See download on autoimmune diseases) is scarred in its ability to accurately identify the natural plant toxins found in all plant foods to varying degrees, and these are regularly eaten, the toxins can assist the progress of a healthy cell into a cancer cell.

Human diets and cancer

The advice about what is a healthy diet, has been slowly changing away from high carbohydrate, plant-based, fast-food commercial diets, to more balanced diets, primarily based on animal fats and proteins, along with sensibly-cooked vegetables and salads (along with a reduction in eating fruits). This move is towards the old-school dietary advice of pre-Ancel Keys influence.

There is also now more and more reports questioning the popular advice about 'Anti-cancer Diets'. For decades now, 'healthy' diet ideas have been based on vegetarian philosophies with extensions to being 'balanced' with some proteins and no saturated fats. These ideas had suggested consuming an extended variation of juiced raw drinks, high carbohydrate vegetable meals and fruits several times a day. These ideas also advocated using vegetable oils instead of saturated animal fats, and a total reduction or even elimination of all red meats.

The beginnings of more common-sense 'Anti-cancer Diets' is starting to show up on the conservative sites/publications on the internet. For example, here is a quote from 'The Physicians Committee for Responsible Medicine', about what constitutes an 'Anti cancer Diet: "… high in vegetables such as broccoli, spinach, and beans, to help protect against stomach and oesophageal cancer. Eating oranges, berries, peas, peppers, leafy greens and foods high in vitamin-C to protect against oesophageal cancer" (http://www.pcrm.org/media/news/six-dietary-guidelines-for-cancer-prevention).

However, 'The Physicians Committee for Responsible Medicine' is representative of conservative systems that are having challenges in changing their advice about animal products. They suggest that: each 50-gram daily serving of processed meat, equivalent to two slices of bacon, increases the risk of colorectal cancer by 21 percent. Each 120-gram daily serving of red meat, equivalent to a small steak, increases risk of colorectal cancer by 28 percent!

Conservative approaches to eating animal products are still suggesting (with associated jargon) that a person with cancer should: *"Avoid grilled, fried, and broiled meats to reduce the risk of cancers of the colon, rectum, breast, prostate, kidney, and pancreas. Four types of heterocyclic amines (HCAs) are associated with cancer of the colon and rectum. HCAs form from creatine and amino acids when cooking meats at high temperatures. When ingested, HCAs can disrupt DNA synthesis. In addition HCAs are also associated, to a weaker extent, with cancers of the breast, prostate, kidney, and pancreas"*.

Not only is this advice skewed, but it needs to be put in perspective. The latest research is showing that the carcinogenic chemicals called: heterocyclic amines and polycyclic aromatic hydrocarbons, are formed when the meats are cooked quickly at high temperatures. Polycyclic aromatic hydrocarbons are also found in cigarette smoke and emissions from diesel fuelled-engines. Both of these chemicals have been found to be mutagenic and carcinogenic in rodents, but the biological evidence for a connection with human cancers has not been established, principally because no human cancer-inducing studies have been performed and a human has a vastly different gastrointestinal tract, immune system and liver to a rodent. (http://www.cancer.gov/about-cancer/causes-prevention/risk/diet/cooked-meats-fact-sheet). My advice on eating all meats is to slowly cook your meats as much as possible, invest in a slow cooker or crock pot or slow roast in the oven. However, we all know how delicious a steak is when the fatty parts are caramelised, so create really tasty meats for very special occasions only.

Heme in red meats

What is heme? Heme in red meat is an iron-containing chemical which gives red meat its red colour. While dietary iron is crucial to good health, heme is considered slightly toxic. Although the jury is still out on the effects of heme

and its link to human cancers, organisations and people in positions of authority make exaggerated and alarming statements about foods such as heme in red meats and its links to cancer. For example, the organisation mentioned above also indicates: *"Note, the heme iron, nitrites, heterocyclic amines, and overabundance of essential amino acids in red and processed meats are all believed to contribute to cancerous cell growth in the body"*.

Now population-based cohort studies, have found low-grade mixed-evidence, between the dietary consumption of heme and increased incidence in cancer when lab rats eat excessive amounts of red meat (rats in nature only consume a minute amount of red meat in their diet—eating small reptiles)—but there still has been no concrete link between heme and cancer in human studies (because humans have consumed predominantly meat in our diets for more than four million years).

When you closely look at the research, it is saying that red meat may contribute to cancer because carcinogenic by-products occur when red meats are cooked quickly at high temperatures' and this is exacerbated when commercial additives, in the form of nitrites and nitrates, are added to processed meats, such as bacon, sausages, and hot dogs. We could also add that the effects of red meat contamination is contributing to cancer, due to the growth hormones fed to cattle, and the commercial insecticide sprays used in high-intensity farming.

Because red meats in most countries are now contaminated with hormones, pesticides, heavy metals, petrochemicals and other industrial chemicals, the World Health Organisation's International Agency for Research on Cancer, has classified 'red meat—including beef, pork, lamb and goat—as probable carcinogens, and has added them to its Group-2A list, which also includes the active ingredients of many weed killers'.

I believe that good Australian beef, lamb, and pork are not predisposing Australians to gastrointestinal tract cancers. Rather, I believe that the commercial additives, flavourings, preservatives, colourants, sweeteners, and spices added to meats, along with fast, high temperature cooking, has a greater influence on predisposing Australians to cancers.

What to do?

I see no reason to avoid red meats but rather to source the best quality you can afford. Find a local butcher who you can talk to you about where the animals are sourced, and ensure that high quality farming methods are being employed. Even better is to find some organic farmers who will sell and butcher a whole beast for you—this may seem a costly outlay, but it takes time to consume an entire cow-pig-sheep. It also can reduce your visits to the supermarkets, and eventually it will be an economical choice, especially if you split the costs with friends.

Human evolution and foods

Of the 450,000 species of plants on this planet, our ancestors only ate a few hundred regularly, after cooking them to denature their natural defence toxins. Understand that if you attempted to make grass from your lawn a part of your daily diet, because herbivores such as horses, cattle, sheep, and kangaroos eat it, then in all probability, besides making you forever sick, you would predispose yourself to some form of cancer!

Understand that the foods our hunter-gatherer ancestors in Africa ate during the Paleolithic era, from about 2.6 million years ago to the beginning of the agricultural revolution (about 13,000 years ago), are the principle foods to which today's humans are mostly adapted. My personal experience, having lived with hunter-gatherer Australian aborigines in the 1970s, agrees with evolutionary biology that hunter-gatherers ate predominantly red meats (from freshly killed land animals), birds, fish and crustaceans; and in lean times reverted to tubers (yams and corms); water bulbs, select legumes and select seeds-nuts which were ground into flours and baked in ground ovens, like today's bush damper. Occasional valued condiments for entertainment, were seasonal, and these included honey, eggs, a few non-toxic fruits and berries, and occasional vegetables such as bush carrots. Medicine foods were the main use of plants and they were taken in very small doses. These medicines were made from thousands of different toxic leaves, roots, shoots, herbs and water weeds—similar to the medicinal herbs we use today for healing.

In our modern world we now eat a few hundred species of plant foods (grains, fruits, salads, vegetables, herbs, spices, nuts, seeds) gathered from all four corners of the earth. Of all the species of plants on this planet, we still only eat a few hundred types, because just about all plants are too toxic and poisonous for our organs to denature, even with extensive cooking. Note: infants need to have their vegetables super-cooked and Granny in her great age, also cooks the 'buggery' out of her vegetables—because if she eats them raw it could bring on her arthritis!

Healthy young people up to their mid 30s, should be able to eat almost all human foods, even raw, and not get poisoned. And this is because their liver, kidneys and immune system function normally with a perfect ability to denature poisons and toxins. Most of the raw-vegan diets are promoted by super healthy looking young people! However, as people age they are more likely to develop intolerance to the naturally occurring defence toxins-poisons in plants.

Trans-fatty-acids are made from plants

We now know that to reduce our likelihood of getting cancer, we should not eat trans-fatty-acids. However trans-fatty-acids are created in an industrial process that adds hydrogen to liquid vegetable oils to make them more solid—to be then used in commercial baked goods and deep-fried foods. This is another reason to put into perspective, the questionable role some plant foods have in our diet. My advice is to avoid ANY vegetable oils (and limit virgin olive oil) in your diet. Cook with lard, butter, ghee, tallow, duck-fat.

Pesticides are mostly made from plants

Science has shown that many pesticides are carcinogenic. Thousands of years ago in the Middle East, Rome, and China, the crushed petals of the pyrethrum (a type of chrysanthemum), sulphur, and arsenic were used as pesticides. A pesticide consists of an active ingredient coupled with inert ingredients. The active ingredient kills the pests, while the inert ingredient facilitates spraying and coating the target plant.

Although active ingredients were once distilled from certain plants and other substances, now they are largely synthesised in a laboratory and almost all are hydrocarbons derived from petroleum (a fossil fuel formed from the remains of ancient algae and other plants). Liquid pesticides mostly use kerosene (derived from petroleum) as a carrier, although water has recently begun to replace kerosene. Powdered pesticides typically contain vegetable matter such as ground up nut-shells or corn cobs, clays such as diatomite, or powdered minerals such as talc or calcium carbonate, as a carrier. Limit your eating of salads, vegetables and fruits that have been sprayed with pesticides.

Foods that feed cancer cells.

Ask yourself these questions to gauge your understanding of the foods that fuel cancer cells. Which foods would be more likely to feed cancer cells:

1. Complex carbohydrates such as potatoes, carrots, pumpkin—or protein animal foods, eggs, butter?……..……..

2. Complex carbohydrates such as grains (wheat, corn, rice, oats)—or complex carbohydrates such as legumes (peas, soya, beans, quinoa, amaranth)? ……

3. Which commercial bakery foods are more likely to feed cancer cells; normal grain-based breads—or grain-free breads (such as Deeks Grain-free bakery products)? ……..……..

'The Warburg Effect'

The Warburg Effect describes the observation that all cancer cells ferment glucose to energise themselves, even when adequate oxygen is present for normal cellular respiration. The 'Warburg Hypothesis' indicates that 'The Warburg Effect' is the root-cause of cancer. Otto Warburg won the Nobel Prize in Physiology in 1931 for this research—which is still well accepted today.

And so, if you have a diet which provides elevated blood glucose, this will allow cancer cells to feed and proliferate. However, while understanding that sugar directly fuels the growth of cancer cells, it can also create confusion and stress in many people as they come to realise that an 'Anti-cancer Diet' is one that is low in carbohydrates (both simple and complex) and high in fats, and moderate in proteins. Often this is going against all the messages we are given from a young age, by our parents, teachers, and government endorsed dietary professionals.

While the recommended balanced diet incorporates low fat and protein with a high carbohydrate diet of fruit and vegetables, all carbohydrate foods you eat are broken down to simple sugars in the intestine, where they are absorbed into the blood stream to raise blood glucose levels. Of course the rate of rise of blood glucose is dependent on the amounts of dietary fibre, water, protein and fat in a meal. Most people normally attempt to eat every piece of food on their plate, and this tends to cause people to overeat. Also satiation varies with the types of foods we eat and the way they are prepared. We can get higher volumes of liquid foods into our stomach more quickly than we can of solid foods. We can eat soft foods more quickly than hard foods, and tender foods more quickly than tough foods.

How quickly we can fill our stomach can have an effect on subsequent blood glucose levels. The 'Anti-cancer Diets' attempt to starve cancer cells by not letting blood glucose rise above 'normal' levels. Protein and fat foods do not change blood glucose, however all carbohydrate foods do. In order to reduce the possibility of glucose spiking when eating plant-based foods, the volume eaten in time has to be restricted, and yet we still need to feel satiated.

Some foods will more easily contribute to a feeling of fullness (satiety) than others. The quickest satiating responses are experienced by eating meals with water along with protein/fat that require extensive chewing (Green SM, Delargy HJ, Joanes D, Blundell JE, 1997; A satiety quotient: a formulation to assess the satiating effect of food. Appetite 29, 291-304). The amount of chewing, and the force required to chew the protein in meals, along with the distention effects on the stomach of drinking extra water with a meal, has the quickest satiation responses for most people—and this way of eating will not induce a rise in blood glucose. This is an adequate, if boring, 'Anti-cancer Diet'.

Carbohydrate-rich foods (pasta, rice, wholegrain breads and cereals) potatoes and pumpkins, etc also have a high satiating response by simply filling the stomach quickly without forceful chewing, but they will elevate blood glucose well above normal for some hours. Because there is not a great deal of forceful chewing, satiation is achieved more by blood sugar elevation, and this will take from several minutes to as much as 40 minutes to occur in most people. Because of this, most people overeat these rich-in-carbohydrate foods and provide good feed for cancer cells.

Then there are the carbohydrate 'fast' foods that we can 'eat-on-the-run'. These give rapid increases in blood glucose levels for a small time—before insulin spiking eliminates the elevated blood glucose and stores the glucose as body fat—and we feel hungry again, forcing us to snack several times a day to feel intermittent satiation. This is a very effective diet to feed cancer cells.

Food entertainment

Plant derived foods and drinks such as bakery products, vegetables, salads, fruits, nuts, seeds, herbs, spices, alcohol, coffee, tea and sugars are entertaining and for this reason are a necessary part of our modern diets. But how do you still eat these, and yet not increase your blood-glucose levels to feed cancer cells? The 'Interrupted-eating Model' can simplify food choices and reduce the stress of having to select between eating a protein-fat-water 'Anti-cancer Diet' and an entertaining carbohydrate dominant diet—and it's related to the style of eating.

The Interrupted-eating Model

Take a 180 mm plate and prepare your meal with the following ratio's: Fill 50 percent with a variety of vegetables, 15 percent with animal proteins (meat, fish etc) and 30 percent with saturated fats such as avocado, butter or ghee, including the fat associated with meats.

Firstly, without eating any of the carbohydrate vegetables, eat all the protein meats and any protein vegetables, such as mushrooms and salads, as well as all the fats. Drink a glass of water or have a cup of tea. Then go for a walk or wash the dishes. Do something that would take 15 minutes or so, to create a satiation response.

Come back to your meal (heat it up if you need to) and take two fork-fulls of your favourite vegetables. Drink a little more tea or water. Following this, go away again for 15 more minutes. With most people, they will feel satiated by this stage, and with minimal discipline, will be able to stop over-eating the carbohydrate foods, which can be prepared for inclusion in another meal as 'bubble and squeak'.

Try the Interrupted-eating Model, and you should find that you feel much fuller (and for longer). There will also be a benefit in twice cooking your vegetables, as this will further assist in denaturing their natural defence toxins.

As part of our Healing From Cancer Support Program, we take people through 'Signature Diet Trials' which enables them to determine which plants are causing stress to their immune system. They then experiment with the Interrupted-eating Model, during their recovery. Following full recovery they can then experiment with a normal entertaining 'balanced' diet.

Creating their individual 'Signature Diet' enables them to know and trust which foods 'work' for them and their body—there is no more confusion about adhering to 'Join-the-club' diets or eating foods and then waiting to see what affects they have with no forewarning.

Take Control: How You Can Starve Cancer Cells With Lifestyle, Not Drugs.

There are three causes of cancer. There are the genetic causes, estimated to be between 5-10% of all cancers; the familial (hereditary) causes estimated to be between 3-10%; and, then there are the environment/lifestyle causes estimated to be 80-90% of all cancers. The medical system's research on a cure for cancer is not strongly focused on environment/lifestyle causes, but on genes—does this surprise you?

The story of modern research for a cancer cure really began shortly before the first world war with Theodor Boveri, a German scientist, who discovered that when he fertilized sea urchin eggs containing two sperm rather than one, many of the embryo cells ended up with the wrong number of chromosomes—and they developed cancer. He surmised that cancer was caused by abnormal genes—now called the Somatic Mutation Theory (See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018816/).

About the same time, Otto Warburg, a German physiologist/medical doctor was also a studying sea urchin cells, but came to a different conclusion about the causes of cancer. He discovered that cancer cells only use glucose for energy instead of oxygen which healthy cells use. He surmised that cancer was caused through environmental influences around getting energy (a metabolic theory). This became known as the Warburg Effect. For this he was awarded a Nobel Prize in 1931.

In the decades that followed, researchers were divided between these two hypothesis until 1953. In this year, Cambridge scientists James Watson and Francis Crick discovered the chemical structure of DNA, and this changed the course of cancer research for more than 60 years. The duo solved a fundamental mystery of science by revealing how genetic instructions are passed from one generation to the next.

The breakthrough revolutionised biology and medicine. It allowed scientists to hypothetically link genetic differences with health outcomes. Scientists refocused from a metabolic link causing cancer, to regard cancer as a disease governed by mutated genes. The mutations were thought to drive cells to relentlessly divide and form cancer masses. This supported the Somatic Mutation Theory and Warburg's metabolic theory was quickly swept aside—dropped like a hot potato. Today, Warburg's metabolic theory is largely absent from all medical textbooks and the mutation theory is widely taught.

So our textbooks tell us we all carry cancer genes, 'oncogenes', that control cell growth. These are genes that when mutated cause cancer. The theory is that certain triggers, such as cigarette smoke, sunlight, and chemical carcinogens, damage cancer genes. When they are damaged, cell growth spins out of control—and this is what causes cancer. This theory has been regarded as the bedrock truth of oncology.

The history of mainstream cancer research is filled with moments of great hope continually followed by disappointments. Over the years, you've no doubt heard of 'breakthroughs' that have held the promise of a true cancer cure. None have panned out. Few have shown any effectiveness at all, and many researchers are now believing that the genetic theory for cancer may be completely untrue. (For more, see this article: https://www.nytimes.com/2016/05/15/magazine/warburg-effect-an-old-idea-revived-starve-cancer-to-death.html?_r=2).

In 2005, a collaboration between the National Cancer Institute and the National Human Genome Research Institute created *'The Cancer Genome Atlas Project'* to enhance the mutation theory and cancer. The Cancer Genome Atlas Project set out to catalogue all the genetic mutations that were believed to cause cancer. It was predicted that the data would reveal an orderly sequence of several cancer genes, that when mutated, would cause the different types of cancer. In theory, this would then allow researchers to devise treatments to fix the genetic pathways that caused cells to grow out of control—and the 'cure' for each cancer would be achieved.

In 2006, glioblastoma brain cancers, lung cancers and ovarian cancers were genetically mapped. By 2014, thirty other types of cancer had been sequenced. The findings were shocking to those who believed in the mutation theory.

Three Shocking Findings

• The first finding was that cancer mutations are vastly different among patients with the same type of cancer. A

single colon cancer mass can contain more than 11,000 mutations and there was no way to know which of them, or which combination, actually causes the cancer.

• The second finding was that with few exceptions (such as the BRCA gene that increases a woman's risk for breast and ovarian cancers) single cancer-causing mutations could not be identified.

• An even more significant third finding was that in some cancers, they could not find any genetic mutations at all. This means that in theory the cancer should not be occurring in the first place!

Revival of the Warburg Effect

These findings have indicated without doubt, that mutations cannot be the soul driver of cancers (except for the three genetic cancers—the polyposis coli cancer, the xeroderma pigmentation cancer and retinoblastoma cancer). Nor could treatments based on the mutation theory be created to cure the disease—because if every patient's cancer is different, then a different treatment would have to be devised. This is well beyond current medical capabilities. Because of these findings, there has been increasing pressure by cancer researchers to discard the prevailing Somatic Mutation Theory of cancer.

The resurgence of research into cancer metabolism has recently broadened interests beyond creating energy from glucose through the Warburg effect to other nutrients, including the amino acid, glutamine that can be synthesized from glucose. Cancer cells can uptake glutamine in excess of their metabolic needs, and shuttle excess glutamine back out of the cell in exchange for the other essential amino acids to build the structure of a new cell on replication. Such is the demand for glutamine by cancer cells that they cannot survive without a continuous supply of it—known as "glutamine addiction"—and glutamine blockers have now become the target of pharmaceutical companies, for the future of cancer treatment.

Otto Warburg's cancer theory relating to cancer metabolism can be used by people who want to reduce the formation of cancer cells or kill existing cancer cells. It is well accepted that people can prevent cancer forming as well as kill existing cancer cells if they changed their diet to one that is high in fats, moderate in proteins and very low in carbohydrates. (For a summary, see: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215472/).

The Lifestyle Ways to Starve Cancer Cells

If you wish to take more control over cancer following an operation to remove a cancer mass, there are alternative treatments to poisoning it (and yourself while you're at it) or burning it with radiation. You can experiment with dietary protocols based on the Warburg Protocol—where you can starve cancer cells and give yourself a better chance to defeat cancer and prevent it from returning.

• Eat principally a ketone diet. When you eat a high fat, moderate protein, low carbohydrate diet, your body goes into stages of 'ketosis'. That means you deprive any cancer in your body of fuel while your healthy cells run on ketones.

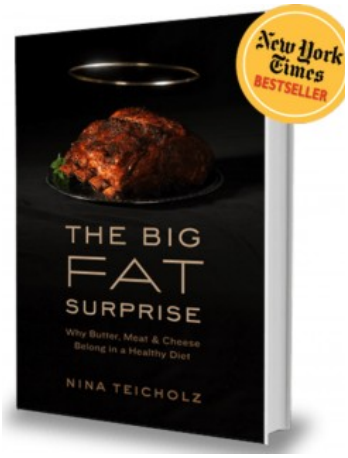
• Additionally, if you stop eating three meals a day and go down to two (or even one), then your blood glucose normalises for longer periods, and this starves cancer cells.

• Adding daily breathing exercises to regularly increase blood oxygen ratios creates stress in cancer cells.

• Also you can take a combination of the following medicinal herbs to keep blood sugar/insulin low and rob cancer cells of nourishment: Bitter Melon (Momordica charantia), Barberry (Berberis vulgaris), Cinnamon (Cinnomomum cassia), Goat's Rue (Galega officinalis) and Gymnema (Gymnerria sylvestre). For further reading: http://www.nature.com/cddis/journal/v7/n6/full/cddis2016105a.html).

Book review: How we've been Duped into thinking Fats are Bad

This is a review of Nina Techolz's book *'The Big Fat Surprise—Why Butter, Meat and Cheese Belong in a Healthy Diet'.*



Based on my own experiences in the 1970s with near-traditional Australian hunter gatherers, I know they ate mainly meat and they prised saturated fats as well as the blood, kidneys, marrow, brain, liver, and the tongue. This is what my family also ate in the 1950s as part of the traditional Australian diet. Prior to World War II, heart attacks were so rare that Australian doctors could practice through their entire careers with seeing only a handful of cases. Australians prior to the 1960s ate far more saturated fats and meats than they do now, however today cardiovascular disease is the leading cause of death in Australia. (Take a look at: Michaels, L, 1966, The Etiology of Coronary Artery Disease: An Historical Approach; Brit. Heart Journal, 28, p258).

Most Australians today would believe that our forefathers in 19th century Australia predominantly ate grains and vegetables with a small quantity of meat when they could get it. This was not so. Meat was the predominant food that produced the healthy, strapping, long-lived Australian bushmen and bushwomen of yesteryear. How did we go from a meat-eating, butter-using, lard-cooking society to the fat-fearful, heart attack prone, overweight and constantly dieting people of today? The blame for that can be laid directly at the doorstep of one man: Ancel Benjamen Keys. This story is wonderfully documented by Nina Techolz.

Ancel Keys was a pathologist from the University of Minnesota, who came up with a 'diet-heart hypothesis' proposing that fats in our foods raised cholesterol and directly caused heart disease. Through his aggressive and forceful personality he single-handedly drove the movement that has led us to the diets most of us eat today. He has led millions of people around the world into an eating lifestyle which promotes poor mental and physical health, and he did it because he let his monstrous ego override whatever modicum of scientific integrity he had.

The Story

In a 1952 presentation at Mt Sinai in New York (later published in a paper that received enormous attention), Keys formally introduced his diet-heart hypothesis that fat in the diet increased blood cholesterol which resulted in heart disease. A graph he presented showed a close correlation between fat intake and death rates from heart disease in six countries. It was a perfect yet simple upward curve, suggesting that if you reduced fat intake to zero your risk of heart disease would almost disappear

This almost naive connect-the-dots presentation in 1952 was the con that built our mistrust of fat today. All the illnesses that have subsequently tried to be linked to eating fat—heart disease, obesity, cancer, diabetes and others—originated from the implantation of this idea into the scientific establishment by Ancel Keys and his obsessiveness in promoting this at a political level rather than for scientific inquiry. Today when you choose cereals for breakfast, lean chicken breast and salad for lunch and pasta for dinner, this eating style can be traced back to Ancel Keys.

In the 1950s, Keys travelled broadly to promote his 'fat-causes-heart-disease' hypothesis and used the six-countries chart as the persuader. However, he ran into scientific opposition by Jacob Yerushalmy, founder of the Biostatistics Department at Berkeley. He considered that Keys had massaged his data, omitting some and including only that which supported a correlation between fat consumption and heart disease. If all the data was used, he suspected that it would only show a scatter of dots not the clean curve that was presented. Yerushalmy published a strong rebuttal of Keys' work (Yerushalmy and Hilleboe 1957, 'Fat in the Diet and Mortality from Heart Disease': A Methodologic Note, NY, State, J. Med.).

For her book, Nina Teicholz interviewed Henry Blackburn, a long-time associate of Keys who was present when Keys first read the rebuttal. Blackburn described Key's response: "I'll show those guys' … and he went off and designed the Seven Countries Study, not to undertake better science to retest his hypothesis, but to prove his point"—and rise above anyone who would challenge him. Instead of following the scientific method and attempting to refute his diet-

heart hypothesis, he made it his mission to search for any evidence that confirmed his personal ideas, while ignoring or belittling any conflicting evidence.

Keys' formidable powers of persuasion along with his political academic credentials assisted over time to get his 'diet-heart hypothesis' accepted by the establishment. Anyone who dared to disagree was attacked with great vitriol in the pages of any journal in which an opposing argument to his ideas appeared.

Through his political affiliations, Keys ran roughshod over his detractors. In 1961 he graced the cover of Time magazine, and got the American Heart Association and the National Institutes of Health to accept his hypothesis on the evils of fat. With these two establishments, Keys had the money and the political influence to strongly promote his anti-fat bias to both doctors and the public. With the diet-heart establishment promoting the bias, Americans and then the rest of the world, cut their fat intake and changed from eating the traditional animal fats, to eating plant-derived polyunsaturated fats.

This initially posed a problem for the food industry because saturated animal fats have cooking properties that are difficult to reproduce when using polyunsaturated plant fats. So the food industry switched over en masse to using trans fats to emulate the cooking properties, and the public was led by these scientific organisations to believe that these new trans fats were health foods.

Through concentrated political pressure, Keys was eventually able to persuade the United States government to accept the 'diet-heart hypothesis' and intervene in the health of all its citizens by recommending a diet in which saturated fat was reduced to 10 per cent of all calories and the recommended dose of carbohydrates was increased to 55-60 per cent. This was a major change from the high meat/fat/dairy diets of previous generations with their very, very low rates of heart attack.

With the government now promoting for its citizens a high carbohydrate-based diet, recommending polyunsaturated oils over saturated fats, the large food companies that sold these products began to make huge profits on their fast foods such as biscuits, breads, cookies and crackers. The political orientation to healthy eating suited the corporate food manufacturers just perfectly.

While most doctors blindly accepted and promoted this new establishment dogma, paediatricians were having doubts. Children didn't get heart disease, so why should they have to reduce their fat intake, drink skimmed milk, and increase their carbohydrate loading? Eventually the paediatricians were won over and they began to change the first solid foods introduced to infants from that of soft meats such as organs, and meats with fat chewed by their mothers, to eating rice, then this was followed by cereals, fruits and carbohydrate-based fast-foods such as crackers.

Nina Teicholz describes a study undertaken by British researchers to test the low-fat healthy diet hypothesis on infants. This involved putting Gambian children after weaning, on a low-polyunsaturated fat diet. These infants were compared to English infants on a traditional diet of whole milk and meat. Both groups received the same number of calories. By the age of three, however, the Gambian infants weighed 75 per cent less than they should have, according to traditional standard growth charts, while the Cambridge infants were growing normally and weighed 8 pounds more than the Gambian children, on average at this age. (Nina Teicholz notes that while rice porridge, the first solid food fed to Gambian infants, contained 5 per cent energy as fat, the processed rice cereals that American parents have been feeding their babies contains zero grams of fat). From this it could be considered that if children are raised on low-fat diets, they could be heading for health problems later in life.

During the years Keys had been promoting his 'diet-heart hypothesis', he had been spending a good deal of time in Italy, in a house he built overlooking the sea south of Naples. With this Mediterranean influence, he focused on various diets of the cultures around the Mediterranean that supported his ideas. By combining a number of the low-fat meals, Keys laid the foundation for what was to become known as the Mediterranean Diet. In 1975, Keys reissued a low-fat cookbook he had previously published and renamed it: 'Eat Well and Stay Well the Mediterranean Way'. This was basically a repackaging of his low-fat diet with a Mediterranean slant. The dogma was taken up by other scientists from Italy and Greece who used Keys' bogus data to promote their cultural predisposition to eating with olive oil.

They were funded by the olive oil industry, and their association essentially evolved into a campaign to seduce scores

of foreign scientists and food writers into attending 'medical conferences' on the Mediterranean coast, drinking free wine and eating free food. The food journalists could experience tasty olive oil-drenched foods to compare with the less tasty low-fat, high carbohydrate foods back home. As the Mediterranean Diet gathered momentum in America and other countries, a handful of scientists focused on researching this highly recommend diet. They soon found that there was not one diet but a diversity—there was no single Mediterranean Diet, so each research group basically created its own idea of the Mediterranean Diet and studied this. Today in a vein similar to the many 'join-the-club-diets' there is considerable variation in the understanding of what constitutes a Mediterranean diet.

Over the last 50 years because of this change to a high-carbohydrate diet over a fat-protein dominated diet, most Western countries are in the midst of obesity, diabetes, and heart illness epidemics. The big food companies have grown bigger and more politically powerful. By funding and grooming food scientists these giant industries have been able to keep the detrimental effects of plant-derived trans fats from becoming public knowledge. The public thought they were eating polyunsaturated fats because, from the day hydrogenated oils were introduced in the form of Crisco in 1911 right up until the year 2005 (nearly a century later), not one major scientific conference had been devoted to the benefits or hazards of trans fats. Today the real hazards of trans fats are more broadly known to the public, thankfully because of the internet, and all in a short 10 years of exposure.

While more people are reading labels, most still believe that saturated fats are bad. Most also now understand that trans fats are also bad for health. So to keep their profits intact, the big food industries cannot profitably advertise that their foods have either saturated fats or trans fats. So the race has been on for many years now to find other plant oils that can replace these two types, and it is a bit scary where our big-business commercial foods are leading us. It's a big step into the unknown for our health because there is no easy way to determine the effects of new plant oils on population health, except by looking at the results of changes to general health over another generation.

The dietary guidance by the establishment has followed Keys' view for 50 years now, and despite half-a-billion dollars having been spent trying to prove his hypothesis, the evidence of its health benefits has never been produced. Meanwhile, rates of obesity, cancer and diabetes are rising and heart disease remains a leading cause of death. It's worth wondering if the establishment's working hypothesis will ever be changed now. And if alternative ideas are to be considered, nutrition science must, like any science, provide an open, civil and unbiased climate for genuine debate and inquiry, and enter a post-Keysian era for the health of us and our children.

Either Nina Teicholz will be burned at the stake, or she will be applauded as a heroine for health. She can allow us to return to the high-fat diets of our ancestors and eat our way to better heart health with a clearer conscience for doing the 'right' thing for our bodies. I recommend reading her book—it demonstrates a common sense understanding of foods and dieting.

High-Fat Diets to Starve Cancer Cells

Cancer is a genetic disease because we can inherit mutations associated with increased cancer risk, but most of these mutations are in fact linked to disruptions in the way a cancer cell is able to use energy to survive. Cancer-causing mutations are closely linked to what is known as 'mitochondrial disfunction'. Mitochondria are the energy-producing organelles of a cell. Cancer cells are unable to use the preferred way mitochondria create energy through fats and proteins, and they must revert to a primitive pathway of fermenting sugar to survive.

In 1931, Dr. Otto Warburg won the Nobel Prize for Physiology for his discovery that cancer cells have a fundamentally different energy metabolism compared to healthy cells. This is how Otto Warburg summarised his findings: *"Cancer, above all other diseases, has countless secondary causes. But, even for cancer, there is only one prime cause. Summarized in a few words, the prime cause of cancer is the replacement of the respiration of oxygen in normal body cells, by a fermentation of sugar. All normal body cells meet their energy needs by respiration of oxygen, whereas cancer cells meet their energy needs in great part by fermentation … Oxygen gas, the donor of energy in plants and animals is dethroned in the cancer cells and replaced by an energy yielding reaction of the lowest living forms, namely, the fermentation of glucose".* Read more here (http://www.stopcancer.com/ottolecture3.htm).

A cell can produce energy in two ways: aerobically efficient in the mitochondria, or anaerobically inefficient in the cytoplasm—the latter of which generates lactic acid as a toxic by product of sugar fermentation. Warburg discovered that in the presence of oxygen, cancer cells overproduce lactic acid. This is known as The Warburg Effect.

To reverse cancer, he advised disrupting the energy production cycle that allows a tumour to feed, and this would effectively starve it into remission. He was never able to conclusively prove this, and his theories were abandoned when researchers turned their attention to a possible link between gene mutations and cancer, following Watson and Crick's discovery of DNA in 1953.

In May this year, the New York Times published a long, detailed article about the history of modern cancer research, including Warburg's theories on cancer (http://www.nytimes.com/2016/05/15/magazine/warburg-effect-an-old-idea-revived-starve-cancer-to-death.html?_r=1). In 2006, the Cancer Genome Atlas project, which was designed to identify all the mutations thought to be causative for cancer, came to an astonishing conclusion—that genetic mutations are so random that it is virtually impossible to correlate a genetic origin to cancer (https://cancergenome.nih.gov). Some cancerous tumours even have no mutations at all.

Rather than offering the conclusive evidence needed to put an end to cancer, the Cancer Genome Atlas project revealed something was clearly missing from the equation. With time, researchers began pondering whether cancer development might in fact hinge on Warburg's theory on energy metabolism. In recent years, most scientists have come to realize that it is not the genetic defects that cause cancer, rather it is mitochondrial damage which create compounds called "reactive oxygen species" which damage DNA in the first place, and it looks like this in fact promotes genetic mutations in the DNA.

Late in life, Warburg grew obsessed with his diet. He believed that most cancer was preventable and thought that agricultural plant-based foods were the modern link to tumours, because most promoted anaerobic respiration.

The revival of research into the Warburg Effect has been aimed at finding a way to slow, or even stop, tumours by disrupting a cancer cell's ability to create energy in order to divide, and thus starve cancer cells. The Warburg revival has allowed researchers to develop the hypothesis that carbohydrate-heavy diets that cause permanently elevated levels of the hormone insulin over time, are driving cells into the Warburg effect and promoting cancer.

To starve cancer cells involves reducing the volume of carbohydrate foods in your diet and increasing the volume of healthy fats. It's important to remember that cancer cells lack the metabolic flexibility to burn fat and this is why a healthy high-fat diet now appears to be such an effective anti-cancer strategy. When you switch from burning glucose as your primary fuel to burning fat for fuel, cancer cells really have to struggle to stay alive. At the same time, healthy cells are given an ideal and preferred fuel, which lowers oxidative damage and epitomises mitochondrial function. The sum effect is that healthy cells begin to thrive while cancer cells are starved.

From my clinic case studies on cancer prevention, the best results are occurring with a diet of 60 to 70 percent healthy fat, 20 percent good proteins and 10 percent complex carbohydrates. The key is to eat healthy proteins and healthy fats—saturated fats rather than monounsaturated fats. Avoid all processed and bottled oils except third-party-certified olive oils (as the vast majority have added polyunsaturated vegetable oils). There is a limit to how much protein your body can actually use, and eating more than your body requires for repair and growth can stress the body's organs including the liver and kidneys. When it comes to carbohydrates, there are the fibre-rich low-net varieties, and the non-fibre carbohydrates such as sugar, fruit juices and all types of processed grains. Ideally, you want the fibre-rich carbohydates. We cannot digest plant fibre, which means fibre-rich carbohydrates do not affect our blood sugar as do non-fibre carbohydrates such as fruit juices, wine, beer, fruits, bakery products.

The following foods support an ideal anti-cancer diet:

- Olives and olive oil
- Lard, tallow or ghee
- Butter made from raw grass-fed organic milk (if not dairy intolerant).
- Nuts such as macadamia and seeds such as sesame, cumin, and pumpkin (if no micro-intolerance reactions).
- Organic-pastured eggs (up to 12 a day).
- Avocado.
- Grass-fed, free-range derived meats, fish, poultry.
- Cheeses (if no allergy responses).
- Lettuces.
- Mushrooms.
- Root vegetables and tubers (only a limited volume with each meal).

One of the reasons why a high-fat, moderate protein, low-net carbohydrate diet works so well as an anti-cancer diet is because it drives inflammation down to almost nothing and allows healing.

Unfortunately in the field of modern medicinel have found the following quote true:
As Max Planck (Nobel Prize 1918 in Physics) so rightly said, *"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die."*

Red Meat and Cancer: There's much more to the story

Each time we see 'new research' stories in the media, how much of it should we believe? How much should we question? How much of the advice should we follow? For example, the World Health Organisation recently declared processed meats as carcinogenic, and declared that red meat "probably" causes cancer.

The presentation of health related information in the media can have powerful impacts on the public's understanding of what they should do to stay healthy. Mis-reporting causes confusion and stress and erodes trust in science and medicine. Although it is common to blame media outlets and their journalists for science-related news perceived as exaggerated, sensationalised, or alarmist, there is another source of the sensationalism.

University press releases have long been used to deliver important aspects of most scientific research, and because journalists are increasingly expected to produce more copy in less time, they now use university press releases as the authoritative source of most scientific research.

Recent studies have determined that most distortions, exaggerations, and changes to the main conclusions drawn from scientific research do not begin in the media, but are presented in the university press releases. The results of one study by the British Journal of Medicine (which examined 462 university press releases) found that 40% contained exaggerated advice, while 33% contained exaggerated causal claims and 36% contained exaggerated inference to humans from animal research.

It is important to understand that these results are not simply shifting the blame from one group of non-scientists (journalists) to another (press officers). Most press releases issued by universities are drafted in dialogue between scientists and press officers are not released without the approval of scientists. Thus most of the exaggeration is occurring from the scientific authors themselves. The blame, if it can be meaningfully apportioned, lies mainly with the increasing culture of university competition and need for self-promotion, interfacing with the increasing pressures on journalists to do more with less time.

I have always advocated a common sense approach to the unfolding of scientific research, because one of its aims is to disprove earlier research—soft science may never reach absolutes. I recommend reading as widely as you can, and consider there may be other conclusions drawn from the same research being presented.

The release by the World Health Organisation that processed meats cause bowel cancer, and red meat "probably" does too, sent shockwaves across the globe, with a mixed response from health professionals, scientists, farmers and the general public. I for one am concerned by the response of the media and the hype across the globe pronouncing meat as a cancer-causing agent. I simply don't believe red meat to be a catalyst for cancer.

The WHO's International Agency for Research on Cancer (IARC) has added processed meats like sausages, ham and salami, to the same Group-1 category of cancer-causing agents such as asbestos and tobacco smoke. It has also classified meats such as beef, pork, lamb and goat as a probable carcinogens and added these to its Group-2A list—which also includes the active ingredient of many weedkillers. Note that a substance that only very slightly increases the risk of cancer after prolonged exposure to large doses, is still placed in the Group-1 category—even though it has no risk if used normally.

The following are the main scientific hypotheses that have been presented by some epidemiologists and medical scientists to explain a possible link between red meat intake and increased cancer risk (I have added my thoughts below each finding).

1. Carcinogenic by-products from cooking meats at high temperatures

When red or white meat is barbecued, grilled, or fried at high temperatures, chemical by-products called heterocyclic amines and polycyclic aromatic hydrocarbons are formed. Polycyclic aromatic hydrocarbons are also found in cigarette smoke and emissions from diesel fuelled-engines. Both of these have been found to be mutagenic and carcinogenic in rodents, but the biological evidence for a connection with human cancers has not yet been established, principally because no human cancer-inducing studies have been performed, and humans have a different

gastrointestinal tract, and immune system to rodents.

My advice: Slow cooking meats is probably the safest but not the most tasty. We all know how delicious a steak is when we caramelise the fatty parts. I suggest you simply limit how many times a month you caramalise your meats.

2. The use of nitrites and nitrates to preserve meats

Nitrites and nitrates are added to processed meats such as bacon, sausages, and hot dogs. In our large intestine, these compounds react with the naturally occurring amines in meat to form carcinogenic N-nitroso compounds which have been found to cause various gastrointestinal cancers in over 40 different animal species, but not humans. It has only been inferred that these compounds should also cause cancers in humans.

My advice: Buy the more expensive preserved meats without the added nitrates and limit how much of the low-grade preserved meats you eat. For example, eat bacon a couple of times a week not every day.

3. Commercial hormone residues in meats

Growth hormones are fed to cattle in what is known as 'high-intensity farming', but not in free-range farming. Most countries have banned the use of growth hormones, such as recombinant-bovine-growth-hormone.

My advice: Sourcing meats without added hormones removes this issue (it is usually only found in chickens). Buy Australian and as an extra precaution, buy poultry that is labelled ‘hormone free'.

4. Heme in red meat

Heme is an iron-containing chemical in red meat which gives it its red colour. While dietary iron is crucial to good health, heme is slightly toxic. Population-based cohort studies have found low-grade mixed results, linking the dietary consumption of heme from red meat with any increased incidence in cancer in animal studies. This has not been found in human studies—the jury is still out it seems.

My advice: I have seen no evidence that eating red meat causes harm to the body. I advise you to eat the best quality 'red' meats you can afford, and vary the way you cook it and enjoy it!

In my experience it is not red meat that leads some people to gastro intestinal tract (GIT) cancers, rather it is the commercial additives, flavourings, preservatives, colourants, sweeteners, herbs and spices, the commercial insect sprays that accumulate in the tissues, as well as the fast, high temperature cooking that most of us use.

It must be remembered that for a cancer mass to develop, the immune system must be both weakened and stressed for a period of time. If you can maintain a healthy lifestyle, minimise emotional stress, get adequate sleep, exercise and live in a healthy environment, then red meat will not be a large force contributing to cancer.

Also remember, humans have been eating slow-cooked red meats as our major food source for millions of years. This is another reason why you should question any exaggerated statements by some authorities that are contrary to common sense.

Is there Such a Thing as a Cancer Personality?

Are there different cancer personalities for different types of cancer? Although many researchers have examined these questions, no definable categories of personality types have been found that conform to the various cancers. The connecting factor however, is probably the intense emotional suffering that comes from feeling loss of control along with a personal decision to resign oneself to defeat. Most people who develop cancer are 'good' people, generally thought by others to be fine, gentle and uncomplaining.

Since Galen wrote in the second century AD, that cancer accompanies melancholic personalities, others have looked for a connection between personality and cancer. In 1983, Steven Locke and Mady Hornig-Rohan published a book called *'Mind and Immunity: Behavioral Immunology',* dealing with the relationships between mind and immunity'. They suggested that there has been sufficient evidence to link cancer with personality factors such as depression and an outlook of helplessness/hopelessness. In studies of breast cancer for example, there has been a tentative link to sadness due to the loss of an intimate relationship shortly before the diagnosis, combined with a feeling of hopelessness reflecting to a similar loss or rejection experienced in childhood.

The most common cancer-personality factors that researchers agree upon are those associated with holding resentment, having difficulty in forgiving others, self-pity, a poor ability to develop and maintain long-term relationships, a poor self-image, feelings of rejection, and loneliness-hopelessness stemming from the perceived lack of a connection and security during childhood. These characteristics when combined with the mind states reflecting loss and depression, seem to increase vulnerability to developing cancer.

People with multiple personalities have always created interest because of their abilities to dramatically switch behavioural characteristics such as facial language, speech mannerisms, handwriting, physical skills, phobias, memories, different brainwave patterns, different handedness and sometimes different illnesses. Clinical hypnotherapists know they can similarly change physiological characteristics through suggestion, and since the therapist is only using suggestion to elicit these changes, this is compelling evidence that we have more conscious control over our physiology than doctors would have us believe.

Cancer cells are continually forming in every person's body throughout their lives and an efficient immune system removes them as fast as they develop. When the immune system is weakened, the chances of a cancer mass forming is increased. One understanding of how immunologic defences are weakened, is through hormonal and endocrine changes that accompany depression, repressed hostility, and feelings of helplessness. Other factors influencing cancer and predisposing to cancer include lack of sleep quality, toxic defence chemicals in vegetables, superantigen pathogens such as EBV, lack of exercises, chemical poisons, inappropriate vaccinations, poor nutrition, damaging environmental influences and genetic predispositions. But regardless of whether or not stress causes cancer, there is general agreement that the body's ability to fight cancer is hindered by stress—the body's immune defences are compromised by stress.

For a cancer patient, there are combined stresses to deal with. There is the stress which predated the cancer. There is the stress of having cancer and dealing with the threat to self-identify and personal security, and there is the stress of treatments that can be uncomfortable, frightening, and depleting. Fortunately, we humans are great learners. With coaching we can change who we are and how we respond to stresses in our lives. This is what yoga has been teaching for thousands of years. By learning how to regulate our emotional responses to specific life situations, we can gradually evolve our character traits to deal more effectively with these, and feel a sense of momentum and exhilaration rather than worry and despair.

The idea that we can assume responsibility for the course of our illness suggests to some people, that those diagnosed with cancer are being accused of causing their cancer. No one chooses to have cancer or causes their body to become cancerous in any deliberate way. However the way our bodies unconsciously respond to the focus and meanings we ascribe to our situations in life can be a powerful contributing factor. Once you realise this, you are fast approaching a position of authority to be able to change your health through your force of mind.

There have been studies to determine the character traits of those who survive cancer. In general the findings sug-

gest that these people refuse to give up, rate higher than average in nonconformity and personal determination, and change their sense of self either through meditation, prayer, or their own spiritual insight. They are the ones who make interpersonal decisions to change how they relate to others, how they care for, and felt about their physical bodies. Every one, without exception, looked upon their recovery not as a gift or a miracle, and not as a spontaneous remission, but as a long, hard struggle that they had won!

The circumstances surrounding remissions for cancer are as varied as you can imagine, from religious sojourns to nutritional approaches, to changes in diet, fasting, specific exercises, medicines, and lifestyle changes. The common factor with all cases of remission is linked to connecting with themselves through emotional self-regulation, embracing self-responsibility by deciding to change their attitude/meanings to specific life situations, elevating hope, applying personal effort and determination, and striving for other higher purpose character traits.

The power of belief and expectation has never been more amazingly illustrated than in the famous case of a male with terminal lymphosarcoma who came to believe in a cancer cure known as Krebiozen. This is a true story about a 'Mr. Wright' lingering near death after exhausting every possible medical treatment (http://www.nytimes.com/1998/10/13/science/placebos-prove-so-powerful-even-experts-are-surprised-new-studies-explore-brain.html?pagewanted=all&src=pm). He was almost permanently on oxygen and fluid was daily being drained from his chest so he could breathe. Although told that his disease was terminal he had formed a belief that a cure by medical science was imminent.

He found out about Krebiozen, and the hospital where he lay dying had decided to test it. Because of his immediate terminal condition he wasn't eligible to be included in the research but with effort convinced his doctor to include him. Four days after the first injection of Krebiozen was given to him he was moving around the ward, showing patients and staff alike how much he had recovered because of this new drug. By this time his tumour masses were less than half their original size. Other patients who had been given the Krebiozen treatment had not responded at all to the treatment. Within the next few weeks the man regained normal health, left the hospital, and resumed his normal life. Months went by with normal health.

His belief in the effectiveness of the treatment was beginning to be challenged as hospital after hospital began to report no significant changes using this treatment. He began to question what had really happened to his cancer, lost his belief in the treatment, became miserable and resigned to his fate. His body returned to its terminal state. His doctor, intrigued at this turn of events decided to test the placebo effect, told the man that a new discovery had given new hope to the efficiency of Krebiozen. He suggested that the treatment had been having little success because it was now known that it had a very short shelf life, and most of what had been used, had denatured. He said that he had a fresh batch of Krebiozen which he wanted to try again. The man's faith in the treatment was restored. The doctor decided to simply give him a water solution to see if the placebo was really working, and within a short time after this water treatment, his tumours melted. He regained normal health for several more months until the American Medical Association announced that Krebiozen treatment was worthless as a treatment for cancer. He readmitted to the hospital and soon after died.

How do we explain these two spontaneous remissions except by acknowledging that the mind has authority to influence physical changes of state in the body when clear direction, belief and strategy line up to achieve a desired goal. This is the placebo effect—the mental ability to regulate self through connecting with self for a determined outcome. Another example is 'Pointing the Bone'. This psychosomatic response is well documented as a real response in traditional aboriginal believers. If a psychosomatic response or placebo is really an emotional experience that influences biochemical responses, it should be used as an important therapeutic tool for a patient's belief in the healing power of the physician. Modern medicine practices defensive medicine, and this nullifies any placebo affect and in fact destroys any mind authority that may assist the patient.

Part of illness is a response to a life challenge and a life-threatening illness such as cancer reflects a perceived or imagined inadequacy in the character of the sufferer. Something internal needs to be dealt with to improve the quality of survival of the patient into their future. Faced with a diagnosis of cancer, people react in different ways. Some people resign themselves the moment the cancer diagnosis is pronounced. Cancer becomes the central focus of their lives. Their self-image incorporates dying, and they act out this role to the finish. On the other hand, some patients shift into gear with a purpose of getting well at any cost.

Some people do indeed want the doctor to cure them while they take on the roles of passive recipients of their treatment. To a large extent, our medical system fosters this, by pressuring the patient to take a passive role, follow instructions and be compliant. It engenders an expectation that the patient will be cured if they totally conform to the procedure based on operations, chemotherapy, radiotherapy and sometimes biotherapy. Doctors are discouraged from tapping the self-healing potential of their patients.

The psychological effect of a diagnosis of cancer drives some people to identify with death, which then becomes the organizing focus of their lives. Others change their focus and address deficiencies in their personality for coping with life. They embrace the moments of their life as precious, reconstruct their priorities/relationships, aim to free themselves from restriction, and develop real feelings of love for themselves. We all have the power of choice. Imagine being able to prevent cancer by building an anticancer personality—one that allows you to be anywhere at anytime, with any person, gathering your experiences, whether you wanted this or not, and feel love and joy for yourself and others, while you grow with confidence/freedom, enveloped by the belief that life is compelling and ideal for you.

The Attitude that Beats Cancer

Over the years researchers have looked at a range of attitudes of people as they attempt to prevent their cancer from returning following the hospital treatments. Typically these attitudes have related to being: optimistic vs. pessimistic; passive vs. aggressive; introvert vs. extrovert; neurotic vs. emotionally stable; truthful vs. untruthful and others.

While there is merit in looking at these particular character traits, in my experience they skirt around the most important trait, which is self-commitment to freeing themselves from perceived restrictions, and also having the courage and determination to not let people and circumstances stop them growing their lives to a mythical quality they alone perceive. Over and over again, I have seen people who use the cancer diagnosis as a wake-up call to re-define themselves and 'get on with a quality life'. Then there are some who only prolong their lives for a certain time, not in an arbitrary way, but in order that they may experience the last fulfilment of certain dreams—like a 'last hurrah'. For example, they may prolong their life and not die until the last grandchild is born, until the last award is given—and then they are out of here.

Then there are those people who, when diagnosed with cancer, feel an overwhelming depression at the forward-looking task to achieve a mythical quality that has been importantly defining their life—and has been challenged for some months or years in the lead-up to cancer diagnosis. These people tend to become passive and resigned to not being able to overcome particular circumstances that they alone define as powerful hurdles to their dreams and desires. Deep in hidden recesses of their minds, they keep visiting the circumstances, reviewing the related negative definitions of themselves and wrapping themselves in accompanying negative emotions. Sometimes, people pull themselves up in the midst of this, and with help from family, friends, or lovers, they refocus and mythically realign themselves to the momentum, dreams and definitions of these helping people—and they recover from their cancer.

Those who cannot change their focus, nor their negative definitions, form a resigned and depressive fog of defeat to never being able to live out their dreams. They mythically link certain unfulfilled passions, needs and wants from earlier times in their lives, often from childhood or adolescence. They find ways to ignore and suppress the desires that define their growth-dreams, along with ignoring the hopelessness of the present ongoing circumstances. This does not help them overcome the circumstances nor make the circumstances go away. They eventually separate from some nature of themselves, and eventually their resignation reduces zest and enthusiasm for other important parts of their life—and their cancer returns.

When a person brings the concept of hopelessness into their cancer treatments it lessens their long-term ability to overcome the cancer, even with strong treatments. However, the word 'hopeless' should never be applied to any person's fight against cancer. While a person lives there is ALWAYS hope. Hope needs to be turned into resolve, courage, determination and willpower to grow their lives once again.

The formation of a cancer mass in an individual sometimes can be quick to develop to a detectable size—when they strongly resign themselves to some limiting life-defining circumstances. A few months of resignation in some people is enough to develop a cancer while in others it could take years. However, in people who determine never to accept resignation, the formation of a cancer mass will almost never form into a detectable size. Those with a belief in their own uniqueness of personality, and who feel enough freedom to refocus and dream of higher-purpose needs to fulfil their lives, tend to be able to stimulate their body's self-healing abilities and keep cancer masses to a minimum.

I have known people who had been declared terminally ill and given only a few weeks to live, yet are still alive and well years later. In general, these are the people who have either used the diagnosis of cancer as a 'wake-up' call to focus on being true to themselves, in emotions, life beliefs, their self-definitions, and how they behave to fulfil these beliefs—or they hook their momentum to others, use contribution to connect, and in time and experience, mythically redefine themselves and get on with life.

Every person has to breathe their own air in their own ways. Every person is responsible for the health of their mental attitudes. Each person needs to strive to continually re-experience their own higher-purpose quality life, and not allow themselves to be overly controlled by another person's (or system's) idea of what a quality life should be. While we all may respond differently to life events according to our particular character traits, our responses have to enable

congruence between ourselves and our inner nature—to enable us to experience happiness, contentment, freedom and satisfaction with ourselves. People who get diagnosed with a cancer mass have recently gone through life experiences which have lacked some of these mental qualities. They have given up, embraced a type of depression, and become resigned for a period of time.

The Mind in Cancer

There are two parts to our minds. There is our conscious self, with its intellect and sense perceptions, and then there is that part of our mind we call our non-conscious, with its emotions and intuition. While we, our conscious mind, collects experiences of the changing world, our non-conscious mind responds to whatever we focus our senses upon, and how we filter these with meanings, and it links these experiences to our lifetime of memories and meanings—metaphors that tell the story of our life journey.

There are those who use mostly intellect and sense perception to make decisions from moment to moment for the quality of their existence. They generally distance themselves from their emotions and intuition. They are more difficult to hypnotise, are usually organized, directive, decide quickly, take an analytical approach to problem solving, are consistent, vigilant, self-assured, will be most influenced by their own preexisting beliefs, opinions and private agendas. They tend to have a stable sense of self, don't like ambiguity, and relate to hard facts. They like to make their own decisions and restrict surrendering control. In clinic interviews they always ask a lot of questions and can be labelled resistant patients by the medical system, but if you let them participate in working out their treatment plan, they mostly do very well.

Then there are those who use more intuition and feeling to incline their decisions from moment to moment. They shy away from intellectual debate. They are more easily hypnotised, are biased towards feeling emotions over logic, are sensitive to emotional environments and are more easily deceived by the salesman's persuasive logic. They tend to be more poetic in their description of symptoms, have a greater tolerance for ambiguity, and tend to be very suggestible. These people fare better with positive reinforcement particularly from a counsellor, psychologist or hypnotherapist, whom they trust.

Then there are the array of people who fall between these two. Depending on the situation, they vary in the way they balance their intellect, sense perceptions, intuition and emotions. They vary in their abilities to use concrete thinking and/or abstract creation.

Many of the people who overcome cancer, re-engage some of the following character traits: a belief in a positive outcome and a determined spirit. They accept responsibility for their disease along with whatever outcome occurs. They see their disease as another challenge from which to grow, and they demonstrate this by their positive emotions and commitment to live way past the cancer treatment. They develop a renewed sense of life purpose and change their lifestyle to achieve this. The faith in their own abilities to control their own life, resurfaces, and they balance their contribution to themselves and to others.

Jungian Timeline Techniques

Suppose a magician can wave a magic wand to grant prime physical health, along with anything else you ever wanted to come true, and it will happen over the next several years—for your growth, momentum, enjoyment, passion and contentment. There will be no restrictions to age, sex, education, finance, qualifications, acceptability, success, abilities, and so forth. But there is a catch. You must write the experiences down and as you do, commit yourself to doing them, then and there, 100%—otherwise the magic offer will be permanently removed. If you do this you will have just described your heart's deepest desires, and where and how and with whom you would obtain love, joy and contentment (total happiness) without ever feeling restricted.

And so you agree. However there is one last necessary requirement for the magician to permanently grant this wish. You must voice the mythical 'buts' that have been holding you back. These are the limiting rules that you have been using to define the restrictions to your life. Once these are concretely written down, the magician can remove them, and then you will be free to grow your life as your heart desires.

There are many types of psychotherapy that are useful for boosting an immune system against cancer. They aim to dissolve the limiting definitions of self along with their accompanying destructive emotions—the (rules/beliefs/likes/

dislikes through which the person filters their circumstances in life) based on the myths of their earlier life. As well, most psychotherapy creates the required character traits to fulfil the wants/needs/wishes/goals that mythically define their idea of a quality life for the future. When some people with cancer are asked how they can move on to a 'sweeter, more fulfilling life', often they will respond with: 'I'm not sure'. The aim of any Cancer Support Program then is to get these people to accept that this is the most important question at this stage of their life—that answering this question is critical, and that a commitment to finding out the strategies and steps towards a 'sweeter-life' goal, will have a positive effect on assisting their immune system to prevent the return of cancer.

For more than twenty-five years using Jungian Timeline Techniques, and Self-psychotherapy, I have observed that most people with cancer fall into one or more of the following broad resignation categories of beliefs:

- Being resigned to never being able to experience love and intimacy with 'that someone' ever again.
- Being resigned to never feel free enough to express themselves as they would have desired.
- Being resigned to never to feel free to experience social equality and a right to share.
- Being resigned to never again have the ability to physically do things to a certain level.
- Being resigned to being stuck and nor having the ability to risk experiencing something new in order to grow.

I have observed that every person who profoundly overturns their resignation, dissolves their limiting beliefs/rules, and starts to feel a sense of freedom; also begins to feel more love for themselves; becomes more fulfilled; finds ways to change their relationships; behaves more socially positive and feels more accepted by others.

Our Inner Self Yearns for Vast Horizons and Options

For decades we have been guiding our clients to take control over their own destiny, by transforming how they identify themselves, so that they no longer are framed by what they should do according to others, versus what they should do to grow with love and joy for themselves. They need to understand what it is that truly fulfils them in relating, creating, expressing, doing and becoming, that would bring them to a life of momentum and enthusiasm. The answer to this question is the thing that most profoundly improves their immune system against cancer.

Can a cancer patient take on this life-altering work alone? Yes, there are strong characters who can commit to this, even if it forces them to walk through every one of their worst doubts and fears. But then if you are a person who would like help with this journey, consider doing our Cancer Support Programs which firstly involve working with a combination of Signature diet and low (but delicious) carbohydrate diet, (The Kickstart Program), and follow this with a life quest to achieve a higher quality life in all the areas that you live (The Nada Program).

Tools to Overcome Cancer by Developing the Yoga Mind

The yoga mind is different to others. The average person's mind focuses on the external world almost exclusively, and this is where reality is for them. They believe they are part of the outer world, they believe their body is them—they define their inner selves from the outside world. This opens them to suffering. In the philosophy of yoga, this is the mindset of prakriti-layanam. (prakriti-layânâm = being attached to nature). The yoga mind knows it is not primarily of the physical world.

For the average person, any challenges to the equilibrium of the physical world can disturb how they define their sense of self, and this can effect the 'passion-pull' and the ability to get the most of the moments of a life. When people place too much focus on the reality of the physical world, then they are drawn into emotional and physical suffering, along with identity stress, as they attempt to live to their definition of a 'quality' life. The average person does not know that there are other realities that can exist for their mind—realities that are metaphysical and cannot have suffering.

In order to survive we must collect sense perceptions of a changing universe and use our brain's intellect to form reality into patterns that relate the past (beliefs) with the now and the future (needs). Challenges to the equilibrium of the outer world are filtered by our mental landscape of reality. But when we are forced to focus all our waking hours on the physicality of the natural world, with no time to renew our connection with that essence which allows us our lives, we are simply weaving a web of reality only made up of physicality. We then lose ourselves to our need to experience what we believe is our 'quality' of survival. And if we resign ourselves that this quality cannot be achieved—that is beyond our abilities—then our physical bodies will suffer.

It can be very unsettling on those rare occasions when we wake up in the middle of the night and find we do not know where we are, nor who we are—our personal history, our identity, nor where we are on the story line of our physical lives. Waking to this state of mind, is an experience of being separated from our created beliefs of physical reality. During these short moments, with no worldly references, we still know we exist as a mind within itself. Of course this state of mind never lasts, because we quickly engage in attempts to become linked once again with our physicality and its narrative referencing the outer world—we ask ourselves questions: Where am I?; Who am I?; What time is it?, etc.

It is when we can experience and understand that there is a duality to our states of mind, that we can reduce the powerful pull of nature's world, and then develop a sense of freedom from suffering, a sense of spaciousness, and liberty—rather than defending, defining, thinking, jockeying, planning, doing, comparing, expressing, etc in our attempts to find and keep what we believe is quality for a physical life. Merging the dual states of mind into one on a daily basis, is like taking a holiday from the stresses of our life. Holidays renew our determination, dissolve resignation, redevelop passion.

If you can only experience the mystery of being two minds, you will begin to understand that you have been thinking that your life has only existed as your body. when you find, however, that there is a 'shadow' mind along side you, then you will find out that there is another experience of aliveness. When you begin to know your other existence, you can unlearn the reality that your intellect has fashioned through your sense perceptions, and you can then start a quest to re-learn life apart from what you cannot see, hear, smell, taste or feel.

In order to expand your reality, you need to delve into the world beyond the physical, to strip away the myth that, what you are experiencing right now is all that is real. If you can understand that what you think as being 'alive' right now, is actually a dream that you reference, then you can take a holiday from it, refresh yourself, renew your passion for life, and be able to help your body repair. This is what the yoga mind is able to do following saktipat. The yoga techniques to know the dual reality of mind, and harmonise them into the reality of one mind, are known as samyama yoga.

There is No Broad Cure For Cancer

Medical science, governments, universities, and institutions—are fixated on curing this disease—and there is no lack of knowledge around cancer, but I wonder if the answers we are generating are being viewed through the lens of the wrong science.

As a biologist I believe that seeking a cure for cancer is the wrong question to be attempting to answer. There is no one cure for cancer. As a human ecologist I know that there are innumerable variables that impact all lifeforms—far too many to be able to 'solve' with simply one answer.

Think of this person over here who lives to be 100 in reasonably good health. What about that person over there who dies of cancer at 50—Why?

The question relates to the lifestyle/environment that has been impacting this person as opposed to that person—and the coping skills that each person uses to deal with these.

While pure research has been investigating a more holistic approach to cancer, the commercial and practical focus of most medical science has been directed at cancer masses in isolation of the lifestyle/environment conditions. Simply focusing on a cancer mass and not on the environmental-lifestyle conditions which set up the conditions for cancer to occur in the first place, as well as the life coping skills of the individual involved, simply increases the chances that the cancer mass will reoccur.

To comprehensively treat cancer requires a multistep approach involving tipping the balance in favour of the immune system over the growth of the cancer mass through effective operations to remove the mass, along with an alteration to the environmental-lifestyle influences affecting the individual and most importantly refining of the inappropriate life coping skills of the person with the cancer. Of course this requires treating the person as an individual not as a 'one-size-fits-all' approach, because there will be many variables to address in such a multistep approach—from childhood conditioning, to the rules and beliefs that are defining the person, along with the wants and needs they have developed to cope with social and physical environments in which they have been living.

The development of a cancer mass is linked to the development of a communication problem in the body's public service—the immune system. Now communication can be efficient or it can be terrible. When it is efficient it has a type of harmony and all the body cells live healthily. When it is inefficient it can create a cacophony and some cells will suffer. Consider the sound an orchestra makes when the individual musicians are separately tuning their instruments—you have a cacophony—which is disruptive, but when they play together, harmony is produced—which is healthy.

So what causes public service cacophony? Emotional stress, lack of quality sleep, overloading of the body with poisonous chemicals and infections, and loss of body fitness are just a few environmental-lifestyle influences that do this. All body cells then have a harder time to work in harmony and the weaker and damaged cells revert to looking after themselves rather than working as community cells. This is always happening to some cells throughout every part of the body. But if the immune system has some harmony and some efficiency, it mops up these cells as fast as they form.

So for a cancer mass to form in an area of the body, the public service fails in its efficiency to remove enough of these cells as quickly as they grow—there is cacophony in an area of the body. The more cells that accumulate in a mass, the greater is the difficulty to remove them—they find ways as a mass to evade and avoid the immune system. If however the immune system re-develops harmony in that area of the body, it has a greater chance of removing the cells and returning the organ to normal.

So the next obvious question is: "Are their some things that are more powerful at disrupting immune system communication than others"? The most powerful modulator of the harmony-cacophony symphony in your body involves changes to a quality of life that gives life-momentum. People who live a life with certain qualities, where they feel good about themselves—experience a passion and a pull in life, balance their desires with their rules for life—are

more likely to have communication harmony within their bodies.

Those who find themselves in life environments which makes them depressed and resigned to never achieving the desires their believe they should be experiencing, will have a loss to their momentum. They will experience emotional stress and not feel good about who they are. Body tension will build, organ disruption will occur, infections and symptoms will then be heralding an immune system in cacophony in part of the body.

Emotional stress over a longish period is the most destructively powerful influence on immune communication efficiency. The real challenge once a cancer mass has been removed with an operation, is to shift a person's rules and desires about their life so they can regain harmonious immune system communication and prevent cancer masses forming and reforming.

The following are the life-quality coping skills that people with cancer, or with cancer in remission, need to address:

1. Quality in Physical Health and Fitness:

- Knowing through self-testing which specific foods weaken your immune system—and developing the willpower to discipline yourself to your diet.
- Knowing through self-testing how fructose affects your mental-emotional capacity and sense-of-self—and developing the willpower to discipline yourself to regulate this sugar in your diet.
- Knowing how to regulate carbohydrates (sugars) with each meal so you don't feed cancer cells—and developing the willpower to discipline yourself to regulate carbohydrates in your diet.
- Knowing which corrective exercises assist your immune system (Strength, flexibility, balance, coordination, endurance, relaxation, joint alignment, fascia tissue-neurological balance)—and developing the willpower to discipline yourself to regularly exercise.

2. Quality in Character:

- Knowing how to integrate your senses, with intellect, emotions, and your intuition to evolve the characteristic personality traits that will buffer the life challenges that have allowed a cancer mass to form.

3. Quality in Relationships—Knowing how to have higher-purpose connection with:

- Your partner.
- Your children.
- Your extended family and friends.
- Your community.

4. Quality in Balancing Career with Finances

- Knowing which profession you feel competent in performing, and gives you enjoyment and having the courage to pursue it.
- Knowing how to effectively contribute financially to both yourself and others.

5. Quality in Knowing where to Live on the Nature-Culture Spectrum

- That satisfies the balance you need between nature and your material world, where you live, where you have holidays, where you work, and the materials you need to live.

6. Quality future to create

Knowing how to guide your life to its 'sweetest' path.

Transcend Cancer

Being told by your doctor that you have cancer is a sure way to remind you of your mortality. Being diagnosed with a cancer mass however, is not necessarily a death sentence. Many people survive cancer without chemotherapy or radiation and it is believed that each of us have had spontaneous remission of many cancer micro-masses throughout our lives—without us even being aware of it. And, many times in post mortem, recognisable cancer masses have been found in people who have died naturally in old age—showing that many, if not the majority of people 'have cancer'.

The bigger a mass gets however, the less likely spontaneous remission is going to happen. The medical system has a tendency to induce fear in the general public with the threat that cancer is pretty well a death sentence. Often the system backs this up by urging 'emergency' treatment within a week of diagnosis. The medical system primarily focuses on the cancer mass, not on what causes the cancer mass to form in the first place. Cutting out, poisoning and burning cancer masses is not addressing the root cause of the disease, and many doctors have been led to believe that cancer occurs through a chance mutation only—and you cannot treat 'chance'.

The cause of a cell reverting to cancer behaviour at the DNA level is often viral-toxin manipulation of the DNA to cause changes to the fail-safe mechanisms related to replication. However, the formation of a cancer mass composed of zillions of cancer cells, occurs when over a few months to a couple of years, the immune system loses its efficiency to daily remove billions of cancer cells. Simply treating the end-result (the cancer mass) is only doing the easy part of the work, and it generates easy money. We all understand that even with billions of dollars invested in cancer research, the treatment of cancer has progressed very little since surgery and chemotherapy were first used.

There are a very few REAL treatments that assist the body to eliminate the formation of cancer masses. I have found that the most successful protocol to treat a client with cancer is to firstly slow down the ability of cancer cells to feed by removing carbohydrates from the diet, then take steps to unload the immune system and keep it that way for several months, and at the same time, strengthen the immune system's communication focus to identify and eliminate cancer cells. Finally each individual must be taught various approaches to lifestyle in order to maintain a 'buffer'—in case the person finds themselves 'in-the-wrong-place-at-the-wrong-time', which could damage their immune system.

Maintaining a buffer for your immune system throughout your life—and understanding how to do this (it differs for each individual based on immune scarring) ensures that you have reserves to handle any unexpected illness or stressful event, without your immune system losing the cancer battle completely.

The immune system can be unloaded through:

- Removing any toxic chemical load—by improving organ functions through a detox/cleanse
- By reducing pathogenic load—making the body environments toxic to specific pathogens.
- By adhering to a 'Signature Diet'—a self-tested optimal immune-diet, only applicable to an individual.
- By reducing any chemical, physical or mental stresses in a person's life.

The strength of immune communication can be improved:

- By refocusing to detect more cancer cells—using specific immunisations and immune boosting natural medicines.
- By learning therapies, eg. yoga techniques to reduce and unload emotional stress and boost the 'Sense of Self'.
- By neutralising any effects of inappropriate vaccinations—for example, common ones that adults have, such as flu or whooping cough, as well as addressing any scaring from vaccinations given earlier in life.

A 'buffer' for an immune system can be created and maintained:

- By improving the quality of sleep.
- By reducing (in your home and work environment) geopathic stress to a minimum.
- By undertaking exercises—including oxygen improvement through corrective exercises and dynamic endurance.
- By providing appropriate nutrition for the cells.
- By daily alignment of the muscular-skeletal body.
- Through daily boosting of specific acupuncture points using laser on: Spleen 6, Liver 3, Stomach 36, Gall Bladder 20, Lung 1, Governing Vessel 16 and Large intestine 4.

Except for the three ‘genetic’ cancers, all other cancers are driven through lifestyle influences—which also means the causes can be addressed once uncovered. While there is a hierarchy in the various influences that tend to cause cancer cells to accumulate as a mass, it is vital to understand that there are ALWAYS psychological factors at play with cancer.

If people approach their diagnosis and pending treatment with despair, they very often tend to lock themselves into only two ways ahead. In the first way, they can choose not to submit to the severe and often brutal orthodox treatments, and rely on their skill-sets and find their own way through the illness. However, if they do this they often feel alone, because this is a way that is not acceptable to the hospital system, and sometimes of family and friends. The loneliness and the sense of doing something wrong, can be very difficult to bear.

If, on the other hand they follow the other way, which is to adapt to the wishes and demands of the medical system and doctors (which they perhaps may not fully understand nor have any control over), they are most likely on a path to lose their 'Sense of Self', and their individuality as they submit to the rules of the medical system.

If they do take the second way, they will most likely be accepted by friends, family and the medical people, but not for who they are, but for what they are doing. When this happens, people often have to go to battle inside their minds to connect with themselves, and work hard to dissolve feelings of self-rejection. While this may occur subconsciously, nevertheless it will add additional cruelty and a harder burden to bear for the patient. If these are the only two pathways that you perceive as your options to overcome cancer, the outlook will seem bleak and cause much despair.

There is a third way, however, which can increase your options and sense of control, as well as a way to increase your chances of recovering from your cancer. It is this: You can accept limited or specific actions by the doctors, such as an operation to remove a cancer mass (which will tip the balance in favour of the immune system). But if you stop there, you are relying on luck or hope that your immune system will be strong enough to clear any remaining cancer cells away—and keep them away for the rest of your life. This could be a risky gamble.

If at the same time you change your lifestyle to one that unloads your immune system. You can then use natural medicinal anti-cancer herbal medicine to strengthen your immune system. You can follow this with homoeopathic immunisations that can refocus your immune system. You can recognise and define those things in your life that have been restricting you from freedom to live your life at a very high level of quality and start working towards this end. this will lift your immune system function. And in combination, this approach, if taken as a lifestyle, will provide a buffer for your immune system over the years ahead. You will be essentially freeing it up to do the job it was designed to do—allow your body to age gracefully, to its potential longevity in excess of 90 years with good health and without detectable cancer masses.

The Cure for Cancer is in 'New Paradigm Medicine'

In 2012, Professor Candace Pert (www.candacepert.com) published a book titled *'Your Body is Your Subconscious Mind: Mind-Body Medicine Becomes the Science of Psychoneuroimmunolgy'*, and she indicates that: *"My research has shown me that when emotions are expressed…all systems are united and made whole. When emotions are repressed, denied, not allowed to be whatever they may be, our network pathways get blocked, stopping the flow of the vital feel-good unifying chemicals that run both our biology and our behaviour."*

"We know that the immune system, like the central nervous system, has memory and the capacity to learn. Thus, it could be said that intelligence is located not only in the brain but in cells that are distributed throughout the body, and that the traditional separation of mental processes, including emotions, from the body is no longer valid."

"We have coined the phrase 'New Paradigm Medicine' to reflect the fact that it uses the established scientific method and will require quantum physics to understand the scientific underpinnings. The terms alternative, integrative and complementary are political, not scientific terms. We believe that New Paradigm Medicine will be fully scientifically validated one day. … We are not a collection of separate organs or systems, but an information network in which our cells are constantly moving from one location to another as they are being formed or replaced, and regulated by the molecules of emotion."

"Thus cancer, in particular, will be appreciated as a disease of the mind as well as the body and treated at centres where body, mind and spirit are considered. One day, cancer will be cured by interventions that release emotions in a controlled fashion such as guided imagery, art therapy, animal therapy, massage and bodywork, neurolinguistic programming, energy psychology, chiropractic and last but not least, music therapy. These will be used in combination 'cocktails', scientifically optimised and validated protocols by skilled practitioners, and will actually cure or prolong high quality life in many cancers. Whatever the pain, it's actually the brain where it is perceived. Sophisticated biofeedback methods instead of drugs or surgery will be used to treat it more successfully, along the methods above—and more."

Dr. Pert suggests a program of eight ways to use the information in her book to stay healthy—or to heal if a disease state is already present. The list below suggests you should claim all your feelings because they are the entrance point into the bodymind's communication network.

• **Become conscious.** Educate yourself about these processes and become aware of how your bodymind operates to maintain wellness. Learn to access the 'Psychosomatic Network' in order to enter the bodymind's conversation and redirect it when necessary. Use an awareness of the past experiences and conditioning that are stored in the receptors on your cells, to release them at an emotional level. Help for this process can include psychotherapy, personal growth seminars, guided visualization, meditation, hypnotherapy, prayer etc.

• **Explore your dreams.** Dreams are one of the bodymind's methods of exchanging information for growth and healing. "Capturing that dream and re-experiencing the emotions can be very healing, as you either integrate the information for growth or decide to take actions toward forgiveness and letting go. Your dreams relate not just to your mind, but to your body as well. Dreams can be your own early-warning system, letting you know if a medical condition is developing and helping to bring your attention to the problem area. The body may be discussing this condition with the mind, and you can get in on the conversation by consciously recalling the dream, once you make the decision to pay attention to your dreams, they will start to speak to you, and you will understand them with ever-greater fluency over time, with practice."

• **Get in touch with your body**. "Your body is your subconscious mind and you can't heal it by talk alone." We can access our minds and our emotions through the physical body. Use bodywork or movement therapy to heal stuck emotions. Take a walk, run, have a massage or spinal adjustment, get a few hugs and see how you feel. Using touch, massage, physical manipulation of various types can release stored or blocked emotions by clearing internal pathways. All injuries and traumas are stored in the tissues of the body. Pert concludes, "…almost every other culture but ours recognises the role played by some kind of emotional catharsis or energy release in healing."

• **Reduce stress.** In Pert's opinion, the most effective way to reduce stress is to learn to meditate and do it regularly.

• **Exercise.** Modern lifestyles make us sedentary. The body was made for moving. Pert suggests trying yoga.

• **Eat wisely.** "Eating, because of its survival value, has been widely interpreted by evolution to be a highly emotional event." Our gastro-intestinal tracts are densely lined with peptides and receptors which busily process information rife with emotional content. Here is also where our "gut feelings" happen. Pert also tells us that she considers sugar to be an addictive substance.

• **Avoid substance abuse.** These addictive substances bind to our receptors, blocking the natural flow of our own peptides. For example, alcohol binds to what is known as the GABA receptor. Using alcohol to excess, floods our GABA receptors, eventually causing them to decrease in sensitivity and/or number, making recovery more difficult over time. This same kind of action applies to marijuana, tobacco, cocaine and sugar.

Professor Pert concludes her book with the following simple recommendations, gleaned from all the scientific data she has included in describing the tenets of psychoneuroimmunology and their implications for healing: "Aim for emotional wholeness. When you're upset or feeling sick, try to get to the bottom of your feelings. Figure out what's really eating you. Always tell the truth to yourself. Find appropriate, satisfying ways to express your emotions. And if such a prescription seems too challenging, seek professional help to feel better."

This is why our clients going through our Kickstart and Nada Programs find they can understand and reverse—even, in some cases, terminal diseases, through addressing themselves as a whole, mindbody, entity. We know from conducting over 15,000 case studies and working with over 30,000 clients for 30 years that emotional stress is the biggest challenge to your immune system—and yes, can definitely cause scarring of the immune system. So even an emotional trauma of old, can trigger ill health, if a scar is triggered. So, a symptom or disease that comes up can still be linked to a part of your life from any time.

The general population are increasingly questioning what they are told by media, the medical system and the science world about health and well-being, and more and more are seeking the opinions of those who look at the individual and seek to uncover the root causes of symptoms; not simply band-aid the symptom with a drug that will almost always cause another (side) affect.

Most of us intuitively know that emotional stress can bring us down. We can all relate to an emotion causing a physical affect—think 'butterflies' in the tummy. The emotion is anxiety (even if its nervous excitement). In fact, all emotions are 'felt' in the trunk area: shame—bowel area, fear—genital area, anxiety—tummy, sadness—chest, anger—throat/jaw region. If you have chronic symptoms, or a cancer, it is worth looking at where you have them or where the cancer mass has formed. Almost always we see a correlation between the main emotions affecting that person and the location it has manifested physically in the body. This is not beyond most of us to understand.

Treating an individual as an individual, is not an alternative approach to orthodox medical treatment. Really it's a common sense approach. Why did this person have this symptom and not their sibling, or friend, or parent, and why in this part of the body not another? There is always more to a symptom than the symptom—the symptom is merely your body's way of communicating with you and directing you to change something.

The only real question then is to ask: Will you listen to your body?

Spontaneous Remission in Cancer Sufferers

Every person on this planet has cancer cells in their body and specific immune cells continually keep the numbers low so that they cannot form a mass, block the function of the organ and cause death.

It is interesting to understand that if all the cancer cells in your body could be collected in one spot, every person probably would have a tiny cancer mass that could be detected by conventional scanning methods (about a gram in weight). However, in healthy people, the growth and decay of cancer cells is unnoticed because cancer cells are generally spread throughout the body. There are ecological reasons why a cancer mass forms in one area of the body and not another, and there has been much speculation that if some cancers are left alone, the immune system will remove them. This could definitely be the case if the very thing that weakened the immune system's ability to remove cancer cells in the first place, is removed, rather than causing body trauma by directly attacking a tumour mass.

The spontaneous healing (remission) of cancer has been observed for hundreds and even thousands of years. An early documented case of spontaneous regression was in the late 13th century involving a bone sarcoma in Peregrine Laziosi, that spontaneously disappeared after a severe bacterial infection. Spontaneous cancer remission has been a controversial subject for decades, but is now accepted as an indisputable fact. Spontaneous cancer remission is usually associated with acute infections, fever, and heightened immune activity. Tumours have been known to disappear spontaneously in the absence of any targeted treatment, and it usually occurs after an infection.

Could this mean that simply stimulating the immune system can cause regression?

I have observed spontaneous cancer remission throughout my clinical career. I know it can be assisted by certain changes to lifestyle, certain therapies and certain medicines. In 1891, Dr. William Coley of New York's Memorial Hospital developed an effective anticancer therapy which stimulated the immune system to 'see' cancer that it could not 'see' by itself. It was called Coley's Toxins and was made from naturally occurring substances and injected into solid tumours. While modern day cancer therapies are now standardized, and don't use this approach, it is interesting to note that modern cancer patients do not fare any better than those treated 100 years ago. (Jessy, T., Immunity over Inability: the spontaneous regression of cancer. Journal Nat Sci Biol Med Vol.2(1); Jan-Jun 2011. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312698/]).

Despite these historical observations of tumour regression, medical scientists still do not know the mechanisms that naturally cause this spontaneous remission. It is very difficult to quantify, and many cases are probably unreported in research journals.

However, over my years in supporting the immune system of people with diagnosed cancer, I have identified that there are nine lifestyle influences that can and do assist spontaneous remission.

Cancer Sufferers MUST Shut down this Virus

The Epstein–Barr virus (EBV) is one of eight known viruses in the herpes family, and is one of the most common viruses in humans, with more than 95 percent of the world's population suspected of having this human virus, either active or dormant in their bodies. This virus is an opportunist virus, much like its cousin, the cold sore virus (Herpes simplex). This virus is able to recognise when your immune system becomes weakened, and it then activates. The Epstein-Barr virus is the principal cause of many cancers, and autoimmune diseases, however it has the aggressive ability to displace and drain the very immune resources that are used by the body to consistently remove cancer cells, that makes it such a threat to successfully recovering from cancer.

In 1976, scientists at the Karolinska Institute in Sweden when studying the chromosomes (lengths of DNA) of cancer cells in Burkitt's lymphoma, which is directly caused by the activity of the Epstein-Barr virus, noticed that the same sequence of one particular chromosome always breaks off, and re-attaches to a different chromosome. This chunk was identified as a cancer-driving gene (an oncogene called C-myc). This cancer-driving gene usually tells cells to reproduce when the times and body conditions are right. In healthy cells this gene activity is tightly controlled, but in Burkitt's lymphoma and the other cancers directly linked to EBV, this cancer-driving gene becomes permanently switched on, giving the cells instructions to keep growing—to behave like a cancer cell does. It is believed that by doing this the virus will have access to incubating cells, in which it can increase its population.

Epstein Barr virus-linked cancers develop due to a combination of factors, but they share one thing in common—a swing in the delicate and ongoing 'war' between immune system defences against the viral populations and the viruses attempting to increase their population. Scientists now know that the ability of our immune defences to keep the Epstein-Barr virus in check, is one of the crucial barriers stopping cancers forming. (http://scienceblog.cancerresearchuk.org/2014/04/09/epstein-barr-virus-and-the-immune-system-are-cures-in-sight/).

The lack of a robust immune defence against the Epstein Barr virus, caused by emotional stress, poor sleep, plant phyto-chemicals, drugs, disease, and other lifestyle factors, in combination with small variations in our inherited gene structure, means that our immune cells will have times when they lose what little control they apply to the Epstein Barr virus population, and then the population will increase in the body. When the virus population increases to the extent that the body's lymph nodes are swelling periodically over a four week cycle, then the viral population is large enough to produces sufficient amounts of the proteins that cause the C-myc oncogene to switch on, and change a normal cell into a cancer cell. It must be remembered that this virus has been found in all types of human tissue, and has its resevoir inside B-lymphocytes of the immune system (much like a spy embedded in the war cabinet of the enemy). Because of this, the Epstein Barr virus has the potential to be linked at some level, with almost all types of cancers.

You don't need monthly blood tests to determine the activity of this virus in your body. You can determine the state of aggression of this virus yourself in your home. Although scientific medicine does not yet have medicines or therapies to shut this virus down, I have successfully used an effective oral homeopathic immunisation for twenty-five years, on tens of thousands of people, to reduce the cycling pattens and eventually shut this virus down so that there is no viral activation. Although this serum does not eliminate the virus permanently, it is always effective as a stimulating focus to direct the immune system to quickly overcome the subversive tactics the virus uses and strongly reduce the overall viral population. This serum is inexpensive, long lasting, and it is easy for you can determine its effectiveness from week to week.

Anyone who is attempting to recover from cancer should learn about this virus and take steps to keep its population under control, to have a greater chance of total recovery. Get a bottle of an Epstein-Barr nosode or authoimmunisation and test it upon yourself.

Using Light to Improve Long-term Health Following Cancer Treatments

We love to be in sunlight. From the invisible to the visible, sunlight is essential for both plant and animal life to exist on this planet. Sunlight nourishes plants by triggering photosynthesis, which powers plants to uptake carbon dioxide, water and nutrients to form the plant structures. Herbivorous animals then survive from eating these plants.

A well known benefit of sunlight is its ability to boost the body's vitamin-D production, and it is known that vitamin-D deficiency is mostly linked to a lack of sun exposure. Vitamin-D is necessary for calcium metabolism, neuromuscular and immune system functioning. Whereas skin cancer is associated with too much exposure of the ultraviolet spectrum of light, other cancers result from too little sunlight.

People living at high latitudes have an increased risk of contracting Hodgkin's lymphoma, as well as breast, ovarian, colon, pancreatic, prostate, and other cancers, compared with people living at low latitudes. A randomised clinical trial by Joan Lappe, a medical professor at Creighton University, published in the June 2007 issue of the American Journal of Clinical Nutrition, confirmed that taking 2–4 times the daily dietary intake of 200–600 IU vitamin-D and calcium, resulted in a 50% to 77% reduction in the incidence of all cancers in post-menopausal women living in Nebraska, over a four-year period.

Moreover, although excessive sun exposure is thought to be an established risk factor for malignant melanomas, moderate sun exposure has also been linked with increased survival rates in patients with early-stage melanoma—reported by Marianne Berwick, an epidemiology professor at the University of New Mexico, in the February 2005, Journal of the National Cancer Institute. Interestingly, most melanomas occur on the least sun-exposed areas of the body, and it has been reported that occupational exposure to sunlight actually reduces melanoma risk, in a study reported in the June 2003, Journal of Investigative Dermatology.

An alternative to getting out in the sun, is to use a blue-light emitting diode (LED) lamp, to stimulate vitamin-D production, which then minimises any risks associated with ultra violet exposure. You can also use LEDs of different colours to improve your health. In recent years there has been growing interest in using LED light to increase plant growth rates, and it is now known that plant cells exposed to red-light LEDs will grow many times faster than plants in normal light. There is something in concentrated light from red LEDs that is really healthy for plants and animals.

The idea that concentrated light could be a therapeutic tool, first occurred in 1965, shortly after lasers were invented. In that year, Professor Endre Mester of Semmelweis University in Budapest, Hungary, undertook pioneering research to see if lasers could cause cancer. He shaved the hair off the backs of mice and treated them to long-term low-level-laser light, and not only did the mice not develop cancer, but to his surprise the hair on their backs grew back more quickly and more lush. Today professionals use low-level-laser light to heal wounds, give pain relief, reduce inflammation, perform cosmetic anti-aging treatments, and stimulate hair growth.

Low-level-laser light was the forerunner to the LED light. LEDs are now used in thousands of applications, from electronic clock displays to jumbo TV screens. LEDs now provide light to grow plants on the NASA Space Station and units are available at your supermarket, to increase growth in household pot plants. However more exciting are the findings that lasers and LEDs are useful in anticancer therapies (http://www.nasa.gov/centers/marshall/news/news/releases/2003/03-199.html).

The safe use of lasers in therapy, requires training, and they really are tools of health professionals. However, LED light technology can be used safely for personal use in the home. Most newly built houses and buildings now install LED downlights. Manufactured LED light-therapy units show the type of coloured light they emit by the LED wavelength—measured in nanometers (nm). The human eye sees different light wavelengths as colours. Visible light ranges from the violets at about 380 nm to the deepest reds at about 750 nm. There is also light that is invisible, such as infrared light greater than 750 nm, and ultraviolet light at less than 380 nm. While ultra violet light damages skin, on the other hand, the 640 to 670 nm red-LEDs, well outside the UV range, have the wonderful potential to heal the body, without any of the side effects of ultraviolet light.

Red spectrum LEDs have been shown to increase energy inside cells, through increased adenosine triphosphate

(ATP) production. ATP transports chemical energy within cells for metabolism. Most cellular functions need energy to be carried out for the synthesis of proteins, to make membranes, to move cells, to divide cells, etc. ATP is the molecule that carries energy to the place where the energy is needed, and it is also a critical signalling molecule that allows cells and tissues throughout the body to communicate with one another in healing responses. Combining red-LEDs along with blue-LEDs (to increase vitamin-D production), gives a cheap and safe device to assist with health in general—and specifically for recovery from cancer after operations and chemotherapy.

Higher intensity LEDs (above 5 watts) will generate heat that can burn, if applied too close to the skin. Lower intensity units (less than 20 milliwatts) are better suited for personal and home use, as they are safer and can readily be used without medical supervision. Some companies making LED therapy devices, claim that the intensity of their light output is more powerful, and so are superior to those devices with lower intensity light output. However, since the intensity of light is an indicator of the dosage of light received per treatment, a lower intensity unit would just need to be applied longer than a higher intensity unit, in order to receive the same dosage of light—that's all. Higher intensity red LEDs penetrate the furthest into the body. Light-stimulated healing continues for considerable time after the light has been removed, and it has been found that many 'light sensitive regions' of the body coincide with acupuncture points. One acupuncture point that I recommend should be lasered every day for people recovering from cancer, for about 30 minutes over 4 months, is Stomach 36 (look it up on the internet).

LEDs are reported in the literature to:
• Increase blood capillary circulation and vascular activity by promoting improvement in the metabolism of nitric oxide for vasodilation and the formation of new capillaries, which in turn provides additional oxygen and nutrients to accelerate natural tissue healing.

• Stimulate fibroblastic activity, to promote wound healing through the increased formation of collagen fibres.

• Increase synthesis of adenosine triphosphate (ATP)—the energy source for muscle contraction and the metabolism of all cellular processes to sustain life.

• Relax muscles through reduced nerve excitement.

• Increase lymphatic drainage.

• Increase phagocytosis—the body's natural process to remove dead and degenerated cells following infection.

• Increase RNA/DNA synthesis for cellular reproduction.

• Increase the production of endorphins and encephalin in the brain, which reduce the feelings of pain and improve mood.

• Reduce inflammation in arthritis, bursitis, and tendonitis.

As with any topic, there are lots of differing opinions out there. Mine are based on my clinical experience and my research on things what work in my clinics. From my experience I think LED Light Therapy has real potential for health, particularly for people recovering from cancer, but it's really up to you to decide, and I respect your ability to do so. Do your homework, do research, read, ask questions. Seek out health practitioners you trust for their advice. The information I've brought together isn't provided to diagnose, treat or cure your condition, and of course results can't be guaranteed, because all of us are unique individuals and one size really doesn't fit all.

Angelina Jolie's Rare Breast Cancer

An example of exploitation through trust

Although there is vast information now known about cancer, the average person—including those diagnosed with the disease—know little about it. A recent survey of 2,500 Americans published in the journal, *Genetics in Medicine*, indicated that despite 75 per cent knowing about actress Angelina Jolie's preventative double mastectomy, most remained in the dark about the risk of breast cancer. Fewer than 10 per cent of people had an accurate understanding of the BRCA gene mutation that Jolie carries. And as Christie Nicholson reports in *Scientific American*, Jolie's story has left the public with an inaccurate knowledge of breast cancer.

It is important to note that all women carry the BRCA1 and BRCA2 human suppressor genes, but fewer than 1 per cent of all women have any mutations in these genes.

Those women who develop the mutations have up to an 80 per cent risk of developing breast cancer by the age of 90. About 55 per cent of those women with BRCA1 and 25 per cent of women with BRCA2 mutations will also have an increased risk of developing ovarian cancer.

Of the total number of breast cancer cases, fewer than 13 per cent are linked to BRCA mutations. Epidemiological studies also show that there are more breast cancers diagnosed in women with no family history of the disease, than there are in women with a history of breast cancer in the family.

Found in all humans, BRCA1 and BRCA2 are human tumour suppressor genes found in breast and other tissue. They are caretaker genes that repair DNA so that when a cell replicates it does not duplicate errors. If these genes cannot repair the DNA, they make the cell commit suicide (apoptosis).

If BRCA1 or BRCA2 themselves become damaged by a mutation, they will have increased chances of not being able to repair the DNA, nor make the cell commit suicide. This increases the risk for these cells forming a mass within the breast. It is the mutation to these genes and not the genes themselves that are linked to breast cancer.

While a woman can be born with faulty BRCA1 or BRCA2, it does not mean she will automatically develop breast cancer. She will have to be exposed to specific environmental influences which then alter the DNA of her breast cells. These then require the BRCA1 or BRCA2 genes to repair them, and because they are faulty, they may not be able to successfully do this (or make the cell commit suicide). The major influences that cause mutations to these genes are emotional stress, lack of quality sleep, food with specific plant lectins, superantigen viruses, as well as certain poisons and toxins.

Thus a woman can be born with damaged BRCA1 or BRCA2 genes and never develop breast cancer by living a lifestyle that avoids any mutation of the genes. So while Angelina Jolie's story may have helped raise awareness of breast cancer as a whole, it is important that people seek their own understanding of the risks of the disease and don't limit their knowledge to Hollywood media reports.

Why Did Olivia Newton-John's Cancer Return After 25 Years?

Science is now recognising that most, around ninety percent, of all cancers are driven by lifestyle-environment factors, hence over the decades there has been much pure research investigating a holistic approach to cancer, however commercial and establishment medical science has continued to direct its research and application for 'curing' cancer by focusing treatment on cancer cells in isolation from the lifestyle/environment conditions that allowed the resultant cancer mass to form in the first place. Taking this simplistic approach of focusing only on a cancer mass and not on the environmental-lifestyle conditions that set the conditions for cancer to occur in the first place, as well as the more important variable which is the life-coping skills of the individual for the environmental conditions in which they live (self, social and physical), simply increases the chances that the cancer mass will reoccur at some later time in their life.

Each of us has a 'zoo' of microorganisms permanently living in our bodies, known as a microbiota. The population of these 'bugs' is currently estimated to be two to three times greater than the total number of cells that make up our bodies. The 'zoo' includes bacteria, viruses, fungi and cancer cells. The role of most resident microorganisms to the health of our bodies is not well understood. Some 'bugs' are necessary for our health; some just live in our bodies without harming us; and then there are those that cause us illness.

Your immune system is fighting to prevent microorganisms from entering your body and it is managing the 'zoo' of established microorganisms living in your body—and this includes cancer cells. Cancer cells were once normal body 'community' cells that de-volve into single-celled microorganisms and become members of the body 'zoo'. They can be considered to be like harmless protozoa when they exist as individuals, but when they grow into a population mass, they can cause organ disruption and death, similar in a way to what happens when enough amoeba occur in our gut and cause amoebic dysentery. Thus cancer cells along with other dangerous microorganisms need to be managed and/or eliminated by the immune system, when it can find them.

When a cancer mass grows in an organ, it is simply a concentration of cancer microorganisms that are able to evade and avoid the immune system in a specific part of the body. While ever the immune system has some strength and efficiency it will manage this concentration as best it can, and in most cases if a mass cannot be eliminated, it will oscillate around a particular size over the years. Most people in the world have small micro-masses of cancer in their bodies that go nowhere. A reasonably efficient immune system can keep a micro-population of cancer cells stable for years or even decades with no increase of the mass.

It is only when the immune system falters that a 'zoo' mass can expand.

Following cancer operations, there is always a huge chance that a few million cancer cells escape into the body and join the microorganism 'zoo'. The immune system hunts them but they can evade and avoid weakened immune system surveillance when lodged in certain areas of the body. Sometimes they get eliminated and sometimes they reform into a cancer mass in a part of the body where the immune system continually falters in its surveillance. This is what has occurred when someone gets a metastasised cancer in another part of their body.

Recently the media has reported that singer-actor Olivia Newton-John (68 years) has been diagnosed with metastasised breast cancer in her sacrum. The original cancer was removed in 1992 through a mastectomy and Olivia embraced changes in her lifestyle initially through dietary changes, yoga and supplementation among other things. Even though she loaned her support to breast cancer research and support through the 'Olivia Newton-John Cancer Wellness & Research Centre', I feel something was missing in her therapy and advice. Obviously some of the breast cancer cells had survived as part of her microbiota 'zoo' and when her immune system kept faltering over a period of time—some months to years, a mass of these single-celled organisms accumulated in her sacrum.

In my belief, to comprehensively treat cancer requires a multi-step approach, which involves firstly tipping the balance in favour of the immune system over the growth of the cancer mass through effective operations to remove the mass. Then there must be an alteration to the environmental-lifestyle influences that have been affecting the individual. Most importantly and most difficult, is to work with the person on redefining the specific limiting 'life-coping' skills that they have developed to deal with the environmental-lifestyle influences stressing their body-mind. These will be

the rules and beliefs that a person has developed—normally over a lifetime—that drive their lives in a certain way, and their perception of their lives.

Of course, to work this way requires treating the whole person, their body and mind, and this requires working with each person as an individual and not with a 'one-size-fits-all' approach as is occurring in our medical systems. There will be many variables to address in such a multi-step approach—from childhood conditioning, to the rules and beliefs that are defining the person, along with the wants and needs they have developed to cope with social and physical environments in which they have been living, as well as their array of purposes for living.

Over tens of thousands of case studies I have tracked through my clinical practice, I have found that the most powerful modulator of the immune system is the changes to life quality. Every person's understanding of life quality is different and unique to them and is based on many early life factors that form beliefs, likes, dislikes—our rules for survival. We all have life experiences that we want, need and desire to have. People who live a life with a certain quality, where they feel good about themselves in their social and physical environments, where they experience a passion and a pull in life because they have a connection between their desires and their rules for life, will be unknowingly keeping their immune system strong and efficient.

When your life has harmony, so too will your body.

When people find themselves in stressful life situations which make them feel depressed, if they resign themselves to never achieving the desires they believe they should be experiencing, they will have a loss to their life-momentum and life-quality. They will experience emotional stress and may not feel good about who they are in the situation in which they find themselves. Body tension will build, organ disruption will occur, infections and symptoms will then be heralding an immune system faltering.

Your emotional state can disrupt the harmony of the body's ability to function.

Emotional stress over a long (ish) period is the most destructively powerful influence on immune communication efficiency. The real challenge once a cancer mass has been removed with an operation, is to shift a person's rules and desires about their life, along with their wants and needs, so they can maintain a strong and efficient immune system over the rest of their life to prevent cancer masses re-growing.

It is impossible to fully know how individuals internally cope with emotional stress, even when they are members of your family or your long-term partner. Certainly Olivia Newton-John has had her fair share of emotional trauma. In the late 80s and early 90s, she lost her mother and father and was declared bankrupt, and who knows what other traumas (environmental-lifestyle) she was experiencing in her life in the lead-up to her breast cancer in 1992.

After the loss at sea of her partner, Patrick McDermott in 2005, she is reported as suffering depression for years. In 2013 Olivia unexpectedly lost her sister Rona Newton-John who suffered an aggressive brain tumour, and most likely like most parents she has worried for her daughter's happiness in recent years.

As occurs with most sufferers of breast cancer, Olivia's pre-diagnosis emotional environments for a few years have appeared to include intense emotional sadness around her family and life. Her perception of her life quality could have been faltering—who will ever know. However I have observed this in similar case studies through my clinic over the decades.

A comprehensive approach to treating cancer needs to include shifting the basic limiting beliefs, rules and concepts that instigate emotional distress and pull a person's 'Sense of Self' down. The Programs I have conduct (Kickstart and Nada programs) work to stabilise, refocus and strengthen the immune system and teach individuals how to uncover and remove their limiting beliefs and rules to free them for a higher quality life with long-term good health.

Cancer Recovery and the 'Melody of Healing'

All of us, regardless of age and circumstance, have small numbers of cancer cells in our bodies. A strong healthy immune system has the ability to control and remove cancer cells so they never accumulate into masses that can disrupt the function of our organs and kill us. However when our immune system is inefficient in being able to identify, attach to, kill and remove cancer cells, then a mass of cancer cells can grow unchecked and if it disrupts the function of an essential organ, then our life is threatened.

If you have a cancer mass, your doctors will attempt to give your immune system a second chance by tipping the balance of dominance in its favour. They use operations to physically remove billions of cancer cells, and use chemotherapies, radiotherapy and biological therapies to reduce the volume of cancer cells, hoping that your immune system can then maintain control over the remnant population of cancer cells. However if your immune system is still too weak, another cancer mass will grow.

For more than 150 years medical researchers have been trying to find ways to boost immune efficiency against cancer cells through immunisations, and recently through gene therapy. However with all this research they still have not been able to create any 'cure' for the vast majority of cancers. You can however help the doctors by unloading, boosting and focusing your immune system by modifying your lifestyle.

All plants and animals live to their full potential with good health when they live closer to the optimal environments to which they are genetically adapted. Their immune systems have evolved for these environments. The further away plants and animals live from these optimal environments, the greater their chances are of experiencing illness and having their life shortened. This is an ecological tenet which also applies to humans. The further you live away from a human's optimal environments, the more resources your adaptive immune system has to use to fight foreign pathogens and deal with unfamiliar chemicals and it will have more difficulty coping with emotional stress. Lifestyle changes closer to the optimal for humans will greatly assist recovery from cancer.

Most people who develop cancer go through a period of emotional stress during which they feel overwhelmed and resign themselves to their situation, whatever that may be. They quietly suffer sadness, anxiety, fear, shame, anger. They live for a time in emotional-mental turmoil that is destructive to the functioning of their immune system. Emotional stress must be addressed as part of the healing process.

If you are interested in participating in your own healing, talk to Larisa or myself today.

Phone 0408942178 or 02 6282 6800.