

STOP

FIGHTING

CANCER

From the author of
"Help, My Body Is Killing Me" Solving the Connections of Autoimmune Disease.

**&
START TREATING**

the CAUSE

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Section 4

From 2015 Updated Edition

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Cancer is...

A SYMPTOM,

An Expression of Dis-ease,

An Outcome,

An End Product,

An Effect,

A Survival Instinct,

An Autoimmune Disorder,

A Compensation

A Warning Sign

A Wake-up CALL

It's time to wake up and change your life!

Anti-Inflammatory Foods

Processed sugars and other high-glycemic starches increase inflammation, just as they raise blood sugar and feed cancer cells, according to an article in the *American Journal of Clinical Nutrition*.

What we eat is either pro-inflammatory or anti-inflammatory inside your body. Here are 11 of the best anti-inflammatory foods (because I think that the best way to get your nutrition is through your food):

1. Cold-water fish, including salmon, contain 'whole food' anti-inflammatory fats. Wild salmon have more of these super-healthy fats than does farmed salmon so never buy farm-raised fish of any kind s they are fed processed, fish-food. Shopping tip: All salmon from Alaska is wild, whereas Atlantic salmon is usually farmed. Eat fish – wild-caught, cold water fish but don't buy the fish oils; getting PARENT omegas from cold-pressed seeds IS BEST!

2. Grass-fed beef and other animal foods that are organically raised. As opposed to traditional, grain-fed livestock, meat that comes from animals fed grass contains anti-inflammatory omegas, but in lower concentrations than cold-pressed seed oils. Free-range livestock that graze in pastures build up higher levels of omega-3s. Meat from grain-fed animals has virtually no omega-3s and plenty of poor quality saturated fat.

Cooking tip: Unless it's ground, grass-fed beef may be tougher, so slow cook it.

3. Olive oil and Coconut oil. Olive oil is a great source of oleic acid (omega 9), another anti-inflammatory oil. Researchers wrote in the October 2007 Journal of the American College of Nutrition that those who consume more oleic acid have better insulin function and lower blood sugar. Coconut oil is BEST!

Shopping tip: Opt for extra-virgin olive oil, which is the least processed, and use it instead of other cooking oils. Other "cold-pressed" or "expeller-pressed" oils can be good sources, too. Use Coconut oil whenever cooking at higher temperatures as it is more stable than olive oil.

4. Salads. Dark-green lettuce, spinach, tomatoes, and other salad veggies are rich in vitamin C and other antioxidants, nutrients that dampen inflammation.

Suggestion: Opt for olive oil-and-vinegar salad dressing (vinegar helps moderate blood sugar), and skip the croutons – grains are VERY pro-inflammatory.

5. Cruciferous vegetables. These veggies, which include broccoli, cauliflower, Brussels sprouts, and kale, are also loaded with antioxidants. But they also provide one other ingredient -- sulfur -- that the body needs to make its own high-powered antioxidants like glutathione.

6. Cherries. A study in the April 2006 Journal of Nutrition showed that eating cherries daily can significantly reduce inflammation. Cherries are also packed with antioxidants and relatively low on the glycemic index. They are one of the 'stone fruits' (fruits with pits) that are great for diabetic and cancer patients.

Tip: Frozen cherries are available all year long and make a tasty treat when blended in a smoothie.

7. Blueberries. These delectable fruits are chock-full of natural compounds that reduce inflammation. Blueberries may also protect the brain from many of the effects of aging. Frozen blueberries are usually less expensive than fresh -- and just as good for you.

8. Turmeric or Curcumin. This spice contains a powerful, natural anti-inflammatory compound, according to a report in the August 2007 Biochemical Pharmacology. There are perhaps a thousand more studies out on the benefits of Turmeric in cancer and inflammatory disorders. Curcumin has long been part of curry spice blends, used in southern Asian cuisines and is best assimilated in the body when blended with a good fat. Therefore cooking with this spice greatly increases its absorption. When I recommend it for a supplement (almost every patient with cancer must be on this) I use a brand that is pre-emulsified in a fat (coconut oil) so it is more readily used by the body.

To use in food: Buy powdered curry spice (which contains high amounts of turmeric and other spices) and use it as a seasoning when pan-frying chicken breasts in coconut oil.

9. Ginger. This relative of turmeric is also known for its anti-inflammatory benefits, and some research suggests that it might also help control blood sugar, heal the stomach and digestive tract, and help breakdown walls of inflammation that surround cancer.

Suggestion: Brew your own ginger tea to sip between juices (juicing vegetables is a must for cancer). Use a peeler to remove the skin off a piece of ginger, then add several thin slices to a cup of hot water and let steep for a few minutes.

10. Garlic. The research isn't consistent, but garlic may have some anti-inflammatory and certainly helps increase Th1 responses that are necessary to kill cancer cells. At the very least, it won't hurt and makes for a tasty addition to food.

11. Green tea. Like fruits and vegetables, green tea contains natural anti-inflammatory compounds. It may even reduce the risk of heart disease and cancer. The EGCG compounds found in Green Tea extracts are absolutely essential for every cancer patient. Green Tea is typically a Th2 stimulant except that it also is one of the only compounds that reduce the only pro-inflammatory cytokine in the Th2 reaction – interleukin 6 (IL-6).

Suggestion: Drinking Green Tea is NOT going to give one enough EGCG to reduce IL-6 levels but it certainly helps. I suggest one take Green Tea Extract as a supplement.



Recipes:

Honey-amino Broiled Salmon

This sweet, tangy and salty mixture does double-duty as marinade and sauce. Toasted sesame seeds provide a nutty and attractive accent. Make it a Meal: Serve with gently steamed broccoli and sautéed red peppers and zucchini slices.

Ingredients

- 1 scallion or green onion, minced
- 2 tablespoons Bragg's brand Aminos
- 1 tablespoon rice vinegar
- 1 tablespoon honey
- 1 teaspoon minced fresh ginger
- 1 pound center-cut salmon fillet cut into 4 portions

1 teaspoon toasted or raw sesame seeds or pumpkin seeds

Instructions

1. Whisk scallion, Bragg's Aminos, vinegar, honey and ginger in a medium bowl until the honey is dissolved. Place salmon in a sealable plastic bag, add 3 tablespoons of the sauce and refrigerate; let marinate for 15 minutes. Reserve the remaining sauce.
2. Preheat broiler. Line a small baking pan with foil and coat with cooking spray. Transfer the salmon to the pan, skinned-side down. (Discard the marinade.) Broil the salmon 4 to 6 inches from the heat source until cooked through, 6 to 10 minutes. Drizzle with the reserved sauce and garnish with sesame seeds.

Curried Ginger Soup

- 1 teaspoon coriander seeds
- 1/2 teaspoon yellow mustard seeds
- 3 tablespoons coconut oil
- 1/2 teaspoon curry powder
- 1 tablespoon minced peeled fresh ginger
- 2 cups finely chopped red onions
- 1 1/2 pounds organic carrots, peeled, thinly sliced into rounds (about 4 cups)
- 1 1/2 teaspoons finely grated lime peel
- 5 cups organic chicken broth
- 2 cups coconut milk
- 2 teaspoons fresh lime juice
- Plain yogurt (for garnish)

Grind coriander and mustard seeds in spice mill to fine powder. Heat the coconut oil in heavy large pot over medium-high heat. Add ground seeds and curry powder; stir 1 minute. Add ginger; stir 1 minute. Add next 3 ingredients. Sprinkle with salt and pepper; sauté until onions begin to soften, about 3 minutes. Add all the chicken broth and coconut milk; bring to boil. Reduce heat to medium-low; simmer uncovered until carrots are tender, about 30 minutes. Cool slightly.

Now you have a choice:

1. Eat and enjoy as is by adding the lime juice and a bit of salt and pepper or...
2. Working in batches, puree in blender until smooth. Return soup to pot. Add more broth by 1/4 cups if too thick. Stir in lime juice; season with salt and pepper. Ladle soup into bowls. Garnish with yogurt and serve.

Chick Pea, Cumin, and Coriander salad

You can also make this the day before serving to allow all of the aromatic flavors to marinate and blend together. (makes 8 servings so you can have it for lunch the next day)

Ingredients:

Dressing:

- 3 tablespoons fresh squeezed lemon juice
- 2 tablespoons white-wine vinegar
- 2 garlic cloves, minced and mashed with 1/4 teaspoon sea salt
- 1 1/2 teaspoons peeled and grated fresh ginger root
- 1 teaspoon ground cumin
- 1/4 teaspoon dried hot red pepper flakes
- 1/2 cup extra virgin olive oil
- Freshly ground black pepper

Salad:

- Four 19-ounce cans chick-peas, rinsed and drained well
- Finely chopped green, red or yellow bell peppers
- Thinly sliced green scallions
- Finely chopped red onion
- 1/2 cup finely chopped fresh coriander
- Lemon wedges
- Mixed organic green leafy lettuce (mixed spinach and spring greens)

Preparation:

In a bowl, whisk together the lemon juice, the vinegar, garlic, ginger root, cumin, cayenne, sea salt and freshly ground pepper to taste. Add the oil in a stream, whisking, and whisk the dressing until it is emulsified.

In a large bowl stir together the chick-peas, the bell peppers, scallions, coriander, and the dressing and chill the salad, covered, overnight.

Serve on lettuce leaf and garnish with lemon wedges.

Quinoa-Avocado Salad

- 1 cup quinoa
- 2 cup water or organic chicken broth
- 1 cucumber, chopped up
- 2 avocados, pitted, skinned and chopped
- 1/4 cup dried cranberries
- 1/2 cup slivered almonds
- 1 green onion, finely chopped
- Fresh coriander or parsley, finely chopped

Dressing:

- The juice of one lemon
- 1/4 cup extra virgin Olive oil
- 1 tablespoon apple cider vinegar
- Sea salt
- Dash of Cayenne pepper to taste

Directions

- Rinse quinoa and cook in broth in a rice cooker or sauce pan and wait until it fluffs up, about 15-20 minutes (stirring occasionally).
- Whisk together lemon juice, olive oil, apple cider vinegar, salt and cayenne pepper.
- When quinoa is finished cooking, allow to cool slightly.

- Add chopped cucumber, avocado, cranberries, green onion, herbs, and lemon juice, stirring to combine well.
- Add more salt and pepper to taste, and chill before serving.

Roasted Root Vegetables

- 1 - 2 -3 pound butternut squash, peeled, seeded, cut into small pieces
- Several large sweet potatoes, peeled, cut into small pieces
- 1 bunch beets, trimmed but not peeled, scrubbed, cut into small pieces
- 1 large red onion, cut into small pieces (about 2 cups)
- 1 large turnip, peeled, cut into small pieces (about 1 cup)
- Several large carrots, cut into small pieces
- 1 head of garlic, cloves separated, peeled
- 2 tablespoons olive oil

Preheat oven to 425°F. Oil 2 large rimmed baking sheets. Combine all ingredients in very large bowl; toss to coat with oil. Divide vegetables between prepared baking sheets; spread evenly. Sprinkle generously with sea salt and pepper. Roast vegetables until tender and golden brown, stirring occasionally, about 1 hour 15 minutes. (Can be prepared 2 hours ahead; let stand at room temperature. Rewarm in 350°F oven 15 minutes.)

Inflammatory Foods to Avoid

The following is a list of inflammatory foods that everyone could consider either avoiding completely or limiting to achieve maximum health. Though I list these as “no-no’s” in the cancer diet section, it may be wise to comment on them here:

- DAIRY - (All pasteurized dairy products) - AVOID
- REFINED SUGARS (white sugar, brown sugar, confectioners’ sugar, corn syrup, processed corn fructose, turbinado sugar, etc.) – AVOID
- CHEMICAL SUGAR SWEETENERS and ARTIFICIAL SUGAR SUBSTITUTES – AVOID
- MSG (Monosodium Glutamate or Hydrolyzed Vegetable Protein) – AVOID Note: MSGs can be ‘hidden’ in foods under labels like “natural and artificial flavorings” so watch out!
- ALCOHOL – AVOID
- CAFFEINE – AVOID (except in your coffee enema!)

- RED MEAT - Reduce or Avoid (only eat grass-fed meats)
- PROCESSED FOODS - Reduce or Avoid
- GRAINS – especially gluten-containing grains (wheat, rye, barley, malt and spelt)

OTHER FOODS TO BE CAUTIOUS OF:

Often in regards to Rheumatoid Arthritis and some other autoimmune disorders (including cancers) I advise some patients to avoid the Night Shade Vegetables. This group of foods can be easily tested by avoiding the entire group for a week to a month while monitoring progress. After a period of avoidance, slowly allowing these foods back into the diet, monitoring the effect, will tell you if these are foods that your body can or cannot tolerate. The only problem with testing this food group is, for some reason you may not react immediately, the reaction could be 2-5 days later.

Keep in mind when avoiding this group of foods that if you are eating processed foods, you are not likely to be completely eliminating the night shade vegetables as they are found in most processed foods and sauces.

Nightshade vegetables include, eggplant, all white potatoes, all tomatoes, bell peppers (not black pepper) and tobacco.

What do cancer cells feed on?

Anaerobic (without oxygen) metabolism primarily consumes glucose as a fuel source. Cancer cells respire anaerobically, consuming 7-8 times more glucose than normal cells. Since it is so inefficient compared to aerobic metabolism, cancers have a voracious appetite for glucose to sustain them. This is why excess consumption of sugars tends to promote cancer growth.

It is less well known that cancers have an equally voracious appetite for glutamine, an amino acid. Briefly, glutamine is the most important "nitrogen shuttle" in the blood. It brings the organic nitrogen to the cancer cells so they can use it to make the essential amino acids and thus proteins required to make more cancer cells. As the glutamine supply goes to zero, tumor growth goes to zero.

In order for cancer cells to survive they basically require three conditions:

- Availability of glucose
- Anaerobic surroundings - less oxygen
- Availability of glutamine

One avenue to reduce the growth of cancer cells is simply to starve their food sources such as glucose and glutamine-rich foods, and then increase the amount of oxygen in the blood, which they hate.

A rich dietary source of glutamine is red meats. This is why excess consumption of red meats and other concentrated sources of animal protein tend to promote tumor growth. Since normal cells also require both glucose and glutamine, reducing the intake of either to zero would have an undesirable outcome. Consumption in moderation (small quantities), along with fruits and vegetables seems to be the best approach.



OTHER FOODS THAT SHOULD BE AVOIDED IN CANCER:

GLUTAMINE-RICH FOODS SUCH AS:

- Red meats (fish and eggs is better in small quantities)
- All dairy products except cottage cheese
- Wheat (which is rich in glutamine)

SUGAR-RICH FOODS SUCH AS:

- All refined sugar products
- All refined foods (white flour products, white rice)
- Fruit juices (homemade vegetable juices are fine and highly encouraged in the Gerson Therapy program which we highly recommend!)

FOODS THAT ARE DISEASE-CAUSING IN GENERAL:

- High saturated fats (animal fats)
- Trans fats from fried foods and hydrogenated fats in margarine
- All food additives, coloring agents and preservatives

With regards to a cancer treatment, every food that we eat or drink can be categorized into several different categories:

1) Foods that feed and strengthen the cancer cells and/or the microbes in the cancer cells and body. Examples would be: refined sugar, refined flour, soda pop, dairy products, etc.

2) Foods that cause cancer (e.g. trans fatty acids [margarine, French fries and virtually every other processed food you buy], aspartame [Diet Coke, NutraSweet, Equal, etc.], MSG, polyunsaturated oils [e.g. corn oil], etc.)

3) Foods that directly interfere with alternative treatments for cancer (e.g. chlorine, fluoride, alcohol, coffee, etc.)

4) Foods that occupy and distract the immunity system from focusing on killing the cancer cells (e.g. beef, turkey, etc.)

5) Foods that contain nutrients that kill the cancer cells, stop the spread of cancer, or in some other way help treat the cancer (e.g. purple grapes with seeds and skin, red raspberries with seeds, strawberries with seeds, broccoli, cauliflower, several herbs, carrots, pineapples, almonds, etc.)

Sugar and Glutamine

I've stated above that the Cancer Diet should decrease sugar and glutamine consumption and here are a few reasons. Researchers at Huntsman Cancer Institute (HCI) at the University of Utah have uncovered new information on the notion that sugar "feeds" tumors. The findings may also have implications for other diseases such as diabetes and Metabolic Syndrome. The research is published in the journal *Proceedings of the National Academy of Sciences (PNAS)*.

"It's been known since 1923 that tumor cells use a lot more glucose than normal cells. Our research helps show how this process takes place, and how it might be stopped to control tumor growth," says Don Ayer, Ph.D., a Huntsman Cancer Institute investigator and professor in the Department of Oncological Sciences at the University of Utah.

Glucose and glutamine are both essential for cell growth, and it was long assumed they operated independently, but Ayer's research shows they are inter-dependent. During both normal and cancerous cell growth, a cellular process takes place that involves both glucose (sugar) and glutamine (an amino acid). Ayer discovered that by restricting glutamine availability, glucose cannot be well utilized by cancer cells. "Essentially, if you don't have glutamine, the cell is short circuited due to a lack of glucose, which halts the growth of the tumor cell," Ayer says.

The research, spearheaded by Mohan Kaadige, Ph.D., a post-doctoral fellow in Ayer's lab, focused on MondoA, a protein that is responsible for turning genes on and off. In the presence of glutamine, MondoA blocks the expression of a gene called TXNIP. TXNIP is thought to be a tumor suppressor, but when it's blocked by MondoA, it allows cancer cells to take up and utilize glucose as its primary energy source, which in turn drives tumor growth.

Ayer says the next step in his research is to develop animal models to test his ideas about how MondoA and TXNIP control cell growth. "If we can understand that, we can break the cycle of glucose utilization which could be beneficial in the treatment of cancer," Ayer says.

So, make sure you are not taking any glutamine in your supplements. Since this is an amino acid, you would most likely find it in a protein powder. Another common source of glutamine would be in products to heal the gut. Glutamine is a primary player in intestinal healing and though healing intestinal permeability issues (leaky gut syndrome) is important for cancer patients, do NOT use a product with glutamine!

BPA (bisphenol A)

"More than 130 studies have linked BPA (bisphenol A) to breast cancer, obesity, and other disorders," concludes a report from President Obama's 2010 Cancer Panel.

Because BPA is a chemical compound that is practically inescapable in modern American life. It is used in virtually every plastic container, plastic bottles, and coffee cup lids where it is known

to break down and contaminate the liquid contents. It is sprayed inside of the vast majority of our country's canned goods, and has routinely been detected in staggering levels in the food it is supposed to be protecting. Cash register and credit card receipts are covered in BPA which give them the slippery feel. In fact, 92% of the food and drinks in the U.S. that come in plastic or metal packaging contain BPA. If you eat ANY prepared foods, even rice and beans that come in plastic bags, you are being exposed.

Why are they bad? BPA's mess with your hormones! Even small amounts of BPA can act as "endocrine disruptors," altering your body chemistry in alarming ways.

"Hundreds of independent peer-reviewed scientific studies have found harm from low doses of BPA," Laura Vandenberg, a BPA researcher at Tufts University said in a recent statement.



The problem is that they are everywhere – you can run but you can't hide from BPA's. But it can be removed from our society. Japan quietly stopped using BPA in the 90's. Canada has banned it from infant toys and bottles, as have a handful of U.S. states. Senator Diane Feinstein has now proposed a much heftier ban of BPA that extends to all food and drink containers used in America but don't expect the chemical companies, who profit extensively from its use to quietly surrender.

"I think the outlook is that it's going to be a struggle," Feinstein said of the prospects for passage of the ban. "There's no question about it. There are powerful interests that don't want us to pass this bill."

What to do until a ban will someday be enacted? Here are a few suggestions adapted from Lisa Farino, a writer for MSN Health & Fitness:

Limit canned foods & beverages. The epoxy liners of metal food and beverage cans most likely

contain BPA. Vom Saal especially recommends avoiding canned foods that are acidic (tomatoes, tomato-based soups, citrus products, and acidic beverages like soda) and canned alcoholic beverages, since acids and alcohols can exacerbate the leaching of BPA.

The good news: Many foods and beverages can be purchased in glass containers (olive oil, and tomato paste) or frozen (like vegetables).

Don't store foods in plastic. Glass food storage containers are inert and there are plenty of wonderful Pyrex containers on the market. Just be sure to wash the lids, which are made of plastic, by hand.

Filter your drinking and cooking water. Since detectable levels of BPA have been found in the water, vom Saal recommends removing it using a reverse osmosis and carbon filter, which generally can be found for less than \$200. "In the long run, it's cheaper than buying bottled water, which isn't tested for BPA," he says. If you buy bottled water, you are defeating the purpose if you store it in a plastic container. We have BPA-free plastic water bottles at our office. I believe I ordered them off of www.amazon.com.

Filter your shower and tub water. According to vom Saal, the relatively small BPA molecules can easily be absorbed through the skin. BPA can be removed from the water by adding ceramic filters to showerheads and tubs. Just be sure to change them regularly or they just dump contaminates.

Don't transport beverages in plastic mugs. Instead, opt for an unlined stainless steel travel mugs or glass mugs/containers. This is especially important when transporting hot beverages, like coffee or tea.

Limit use of hard plastic water bottles. Those colorful light-weight plastic bottles may be great for hiking, but unfortunately, they are made of polycarbonate plastic. For everyday use when a little extra weight isn't an issue, choose a stainless steel water bottle, and make sure it's unlined—some metal water bottles contain a plastic liner that may contain BPA. Again, use stainless steel or glass.

Minimize hard plastics in the kitchen. Hard plastic stirring spoons, pancake flippers, blenders, measuring cups, and colanders regularly come into contact with both food and heat. Fortunately, all of these can easily be replaced with wooden, metal, or glass alternatives.

Skip the water cooler. Those hard plastic five-gallon jugs that many companies use to provide their employees and customers with "pure" water are usually made of BPA-containing polycarbonate. Opt for tap water instead.

If You Must Use Plastic

- Avoid using plastic storage containers for anything that contains acid ingredients, like tomatoes or citrus products.

- Avoid putting any warm beverages or citrus products in plastic mugs or travel bottles.
- Wait for foods to cool to room temperature before placing in plastic storage containers.
- Transfer foods to ceramic or glass before placing in the microwave. Microwaving will break down the plastic, causing it to release BPA into the food.
- Wash all plastic containers by hand. The harsher detergents and hotter temperature in the dishwasher will cause the plastic to break down more quickly.
- Throw away any plastic food storage containers that are showing signs of age. If the plastic looks hazy or warped, feels “sticky,” or has any visible lines or cracks, it is beginning to break down and could be releasing even more BPA.
- Choose plastics that have the recycling number 2 and 5. These are made out of far less reactive polypropylene and polyethylene.

Especially For Kids

Choose BPA-Free Baby Bottles. There are several alternatives to polycarbonate baby bottles. First, there’s the old-fashioned, inert glass baby bottle. If you prefer a plastic alternative, check out Born-Free’s new line of BPA-free plastic baby bottles.

As with any plastics, you should still avoid harsh detergents, dishwashers, and microwaves.

Choose BPA-Free Sippy Cups. Stainless steel sippy cups, like those by Klean Kanteen, are a great alternative to polycarbonate plastic sippy cups. Klean Kanteen also offers a BPA-free sippy-cup top adapter.

If you prefer a smaller, lighter-weight, totally plastic sippy cup, check out Born Free’s line of colorful, BPA-free sippy cups.

Again, it’s still wise to avoid exposing plastics to microwaves, harsh detergents, and dishwashers.

Limit Plastic Toys. Unfortunately, polycarbonate plastics are used to make toys, which young kids are so known for chewing on. Since chewing can break down the plastic and release BPA into a toddler’s mouth, minimizing plastic toys during the chewing stage is a good idea.

Especially for pregnant women

Here’s one more reason to keep taking that folic acid. Not only does it help prevent birth defects, it may also help protect a developing fetus from the effects of the BPA you’ll inevitably consume even if you take steps to reduce exposure. In pregnant mice, nutritional supplementation with folic acid has shown to protect fetuses against maternal BPA exposure.

Dairy and rbGH

An epidemic rise in one under-publicized category of cancers should sound an alarm for all Americans. There is a powerful link to the dramatic surge in lymphatic cancer: the 1994 approval of the genetically engineered bovine growth hormone (rbGH). Before 1995, lymphatic cancers were comparatively rare. Today, if one adds up the total number of cancer deaths from breast, prostate, lung, pancreatic, and genital cancers, they do not cumulatively equal the number of deaths from lymphatic cancers.

Americans annually consume nearly 180 billion pounds of dairy products that will average out to over 650 pounds per American. Cheese, ice cream, yogurt, and milk will be ingested from hormonally-treated cows – cows treated with rbGH. Most people are unaware that laboratory animals treated with rbGH experienced enormous changes in their lymphatic systems.

The controversial genetically modified cow hormone was approved for human consumption in February of 1994. Cancer statistics have recently been published by the U.S. Census Bureau comparing death rates from cancer by sex and age groups in 1980, 1990, and 1995. These data support evidence of a runaway plague. All of America became a laboratory study for rbGH, which is now in America's ice cream, cheese, and pizza.

There are small increases and decreases in lymphatic cancer rates from 1980 to 1990 depending upon sex and age group. What happened in 1995 represents **the most dramatic short-term increase of any single cancer** in the history of epidemiological discovery and analyses.

DEATH RATES FROM LYMPHATIC CANCER BY SEX AND AGE (1980 - 1995)								
(Deaths per 100,000 population in specified age group)								
AGE GROUPS	MALE				FEMALE			
	1980	1990	1995	increase	1980	1990	1995	increase
35-44	4.3	4.5	36.5	811%	2.4	2.1	44.0	2095%

45-54	10.2	10.9	143.7	1318%		6.6	6.0	140.7	2345%
55-64	24.4	27.2	480.5	1767%		16.8	16.7	357.5	2141%
65-74	48.1	56.8	1089.9	1919%		34.4	39.5	690.7	1749%
75-84	80.0	104.5	1842.3	1763%		57.6	71.2	1061.5	1495%
85+	93.2	140.5	2837.3	2019%		63.0	90.0	1249.1	1588%

The approval process for rbGH was the most controversial drug application in the history of the Food & Drug Administration (FDA). In order to address that controversy, the FDA published an article in the journal SCIENCE (August 24, 1990).

Data in that paper reveal that the average male rat receiving rbGH developed a spleen 39.6 percent larger than the spleen of the control animals after just 90 days of treatment. The spleens from rbGH-treated females increased in size by a factor of 46 percent. These are not normal reactions and portray animals in distress. These animals were "under attack" by the genetically engineered hormone. The spleen is the first line of defense in a mammal's lymphatic system.

Lab animals treated with rbGH developed lymphatic abnormalities. This same hormone causing changes in lab animals was introduced into America's food supply in 1994. As Americans continue to ingest genetically engineered milk and dairy products, lymphatic cancer rates soar. Americans have become laboratory subjects in genetic engineering's experiment, and the resulting data indicates extreme cause for concern.

Lesson: If you stay on the Cancer Diet, you won't have to worry about genetic modification of dairy because you won't be eating dairy. Any dairy consumed, like yogurt, must be rbGH-free!

I could spend the entire book talking about dangerous toxins that have influenced cancer growth, but I want to mention just one more: genetically modifies food (GMO).

Again, I am NOT a conspiracy theorist, but to think there are NOT financial ties by major industries that financially benefit from GMO and rbGH is absurd! Here is a list for you:

NAME	MONSANTO JOB	GOVERNMENT JOB	ADMIN
Toby Moffett	Monsanto Consultant	US Congressman	D-CT
Dennis DeConcini	Monsanto Legal Counsel	US Senator	D-AZ
Margaret Miller	Chemical Lab Supervisor	Dep. Dir. FDA, HFS	Bush Sr, Clinton
Marcia Hale	Director, Int'l Govt. Affairs	White House Senior Staff	Clinton
Mickey Kantor	Board Member	Sec. of Commerce	Clinton
Virginia Weldon	VP, Public Policy	WH-Appt to CSA, Gore's SDR	Clinton
Josh King	Director, Int'l Govt. Affairs	White House Communications	Clinton
David Beler	VP, Gov't & Public Affairs	Gore's Chief Dom. Policy Advisor	Clinton
Carol Tucker-Foreman	Monsanto Lobbyist	WH-Appointed Consumer Adv	Clinton
Linda Fisher	VP, Gov't & Public Affairs	Deputy Admin EPA	Clinton, Bush
Lidia Watrud	Manager, New Technologies	USDA, EPA	Clinton, Bush, Obama
Michael Taylor	VP, Public Policy	Dep. Commiss. FDA	Obama
Hilary Clinton	Rose Law Firm, Monsanto Counsel	US Senator, Secretary of State	D-NY Obama
Roger Beachy	Director, Monsanto	Director USDA	Obama

	Danforth Center	NIFA	
Islam Siddiqui	Monsanto Lobbyist	Ag Negotiator Trade Rep	Obama

From: <http://organicconsumers.org/monsanto/index.cfm>

Below you'll see a picture from a great website: www.realgirlfood.com



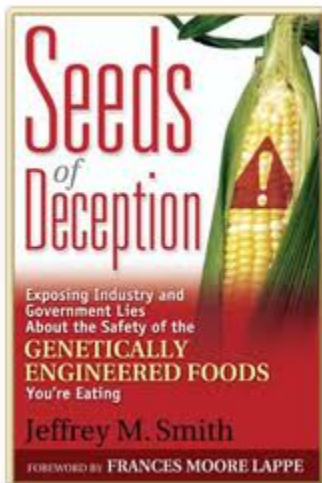
Genetically Modified Foods

Genetically modified (GM) food has been around for decades. Most corn and soy purchased in the United States is GM food. Proponents argue that there are no ill effects on humans with GM food but I completely disagree. I'm not in the minority with my belief that changing the genetic structure of a food product is playing with disaster. Recent studies reveal that GM corn destroys the intestinal lining of mice causing absorption problems and leaky gut syndrome. What is it doing to our gut?



Today's GMOs are based on adding new genes to crops like corn, soy, and cotton in order to alter the way the plants function, make them more tolerant to disease and bugs, and able companies to patent the seed and create an endless need for farmers to repurchase, year after year. Gone are the days of saving seeds; it's against the law – Monsanto owns the patent. To say that our food supplies, laced with toxins, filled with additives, colorings and chemicals, and now genetically altered don't negatively affect our bodies is ludicrous. This book does not contain enough space to discuss these things in detail and I have recommended various books for your personal research, but it suffices to say that removing these poisons from your diet is of utmost importance.

Bottom line: Eat only organically grown foods. Do your own research into the foods you put into your mouth and make sure they are not genetically modified. If we all create a greater demand for good food, the supply will follow.



A book I highly recommend

Electromagnetic Fields (EMFs)

Electromagnetic fields (EMFs) from power lines, high power lines, normal home wiring, airport and military radar, all types of electrical substations, electrical transformers, computers and other home appliances have the potential to disturb human body cells. I believe that EMFs can contribute to the cause of brain tumors, other cancers including leukemia, a variety of birth defects, miscarriages, and chronic illness of all sorts.

Dr. David Carpenter, Dean at the School of Public Health, State University of New York believes it is likely that up to 30% of all childhood cancers come from exposure to EMFs. The Environmental Protection Agency (EPA) warns "*There is reason for concern*" and advises *prudent avoidance*".

Martin Halper, the EPA's Director of Analysis and Support says, "I have never seen a set of epidemiological studies that remotely approached the weight of evidence that we're seeing with EMFs. Clearly there is something here."

The initial concern over possible problems with EMFs exploded after Paul Brodeur wrote a series of articles in the New Yorker Magazine in June 1989. His articles had a catalytic effect on scientists, reporters and concerned people throughout the world. In November 1989, the Department of Energy reported that "It has now become generally accepted that there are, indeed, biological effects due to field exposure."

The EMF issue gained more publicity in 1990 when alarming reports appeared in Time, the Wall Street Journal, Business Week and popular computer publications. ABC's Ted Koppel and CBS's Dan Rather both aired special segments on EMFs.

One prominent cardiovascular surgeon, Dr. Stephen Sinatra, MD, has written several books on the subject that I recommend one read. Search for his name on Amazon.

By 1990, over one hundred studies had been conducted worldwide and at least two dozen epidemiological studies on humans indicated a link between EMFs and serious health problems. In response to public pressure, the Environmental Protection Agency (EPA) began reviewing and evaluating the available literature and drafted several reports.

The EPA recommended in a 1990 report that EMFs be classified as a Class B carcinogen, stating that EMFs are a "probable human carcinogen and joined the ranks of formaldehyde, DDT, dioxins and PCBs". After the 1990 EPA draft report was released, utility, military and computer lobbyists forced a final revision did NOT classify EMFs as a Class B carcinogen and the following explanation was added:

"At this time such a characterization regarding the link between cancer and exposure to EMFs is not appropriate because the basic nature of the interaction between EMFs and biological processes leading to cancer is not understood."

After the EPA placated to the various pressures (I never said they accepted bribes) the report also stated: "In conclusion, several studies showing leukemia, lymphoma and cancer of the nervous system in children exposed to supported by similar findings in adults in several/ occupational studies also involving electrical power frequency exposures, show a consistent pattern of response that suggest a causal link."

When questioned about the contradictory nature of these statements, the EPA responded that it was "not appropriate" to use the probable carcinogen label until it could demonstrate how EMFs caused cancer and exactly how much EMF is harmful.

Power Lines

Electrical generating stations both create and lose energy. The giant power lines that transmit the high-voltage electricity to be down-graded at local stations and transformers give off an enormous amount of stray electricity that disperses into the air and travels through our bodies. All power lines radiate electromagnetic fields into the environment, how much are the power lines near YOUR home radiating? The amount of EMFs coming from a power line depends on its particular configuration, the age of the wires, other interferences in the conductivity and even your home, work or environment that may contribute to the EMFs attraction. Power companies know which power line configurations are best for reducing EMFs but most don't feel the evidence supports costly changes in the way they deliver electricity.

An electrical substation is an assemblage of circuit breakers, disconnecting switches and transformers designed to hold and transmit electricity to neighborhoods. Substations have been blamed for causing cancer clusters among nearby residents. Paul Brodeur wrote about several such cancer clusters in the July 9, 1990 issue of the New Yorker Magazine and I've personally seen areas of specific cities that have high incidences of brain cancers.

A key component of a utility's electrical distribution network depends upon numerous, small transformers mounted on power poles around town. A transformer looks like a small metal trash can, usually cylindrical, mounted at the top of the pole. Even when electrical service is placed underground, you will often see a metal box (usually square) located on the ground near the street. Many people don't realize that when they see a transformer, the power line feeding the transformer is 4000 to 13,800 volts and is transforming that voltage down to a usable (120v/240v) service for the nearby homes.

EMFs near a transformer can be quite high, but due to its small structure, the field strength diminishes rapidly with distance, as it does from any point source. For this reason, having a transformer located near your home is usually not a major source of concern, although just to make sure, everyone should measure the field strength around it. One can use a meter called a gauss-meter to measure such EMF fields.

Your Home

With our patients that have a diagnosis of cancer, we make a point to go to their home and

measure the extent of EMFs that may be a contributing factor in their recovery. We not only want to measure EMFs in their home but sources of environmental toxins like chemicals gasifying off carpets or building materials, hidden fungus or mold, to chemicals used in the home. I just believe that we CANNOT leave ANY stone un-turned!

If your home has high EMF readings, it is important to determine the sources of the EMF so that remedial action can be taken – this is called GROUNDING. Many times a particular room will have higher EMF readings due to the configuration of the wiring, the appliances in the home, or something outside that area.

Sometimes, the source of a high magnetic field is incorrect/faulty wiring/grounds. If you suspect that your home is wired improperly, obtain the services of a licensed electrician. Warning: Do not touch electric wires, even if you think the current is turned off. If you need to disconnect electrical circuits to determine the source of magnetic fields, you should call a licensed electrician.

There are several techniques that we employ when we GROUND a home. The first thing to understand is that each of us is a unique electrical conduit. We truly are little antennas walking around that filter electrical impulses as energy. A crude understanding of quantum physics tells us that everything, broken down to its smallest component is simply energy vibrating at a specific frequency. EMFs disturb our body's frequency.

Computers, Electric Blankets and Waterbeds

EMFs radiate from all sides of the computer and can pose a serious health risk. Thus, you must not only be concerned with sitting in front of the monitor but also if you are sitting near a computer or if a computer is operating in a nearby room for it is a major generating source of EMFs.

The Swedish safety standard published in 1990, specifies a maximum of 0.25 mG at 50 cm from a computer display. Many US manufactured computers have EMFs of 5 - 100 mG at this same distance. Screens placed over monitors do NOT block EMFs; even a lead screen will not block ELF and VLF (very low frequency) magnetic fields.

I know that it is almost impossible to live without a computer – I certainly couldn't! Try this – turn it off and unplug it when not in use.

Maybe one of the worst things to own, electric blankets create a magnetic field that penetrates about 6-7 inches into the body. It is not surprising that an epidemiological study has linked electric blankets with miscarriages and childhood leukemia. Just throw it away!

This pioneering work was performed by Dr. Nancy Wertheimer and Ed Leeper, who originally discovered that magnetic fields were linked to childhood leukemia. Similar health effects have been noted with users of many electric blankets and waterbed heaters will emit EMFs even when turned off.

Electric Clocks, Fluorescent Lights and Appliances

Electric clocks sitting on bedside stands across America have a very high magnetic field, as much as 5 to 10 mG up to three feet away. It's like sleeping in an EMF equivalent to that of a power line. Think about moving all clocks and other electrical devices (such as telephones and answering devices) at least 6 feet from your bed – or better, NOT in the room which you sleep.

Fluorescent lights produce much more EMFs than incandescent bulbs. A typical fluorescent lamp in an office ceiling have readings of 160 to 200 mg 1 inch away – that's horrible.

Microwave ovens and radar from military installations and airports emit two types of radiation - microwave and ELF. All microwave ovens leak and exceed safety limits. In addition, recent Russian studies have shown that normal microwave cooking converts food protein molecules into carcinogenic substances.

Electric razors and hair dryers emit EMFs as high as 200 to 400 mG for the sort time they are in use. There just are not enough studies that prove whether short-term, high EMF exposure is more or less damaging than chronic exposure to a 2-3 mG field. Some EMF consultants recommend that hair dryers not be used on children as the high fields are held close to their rapidly developing brain and nervous system can be a problem.

Telephones and Cellphones

Telephones, especially cordless telephones, can emit surprisingly strong EMFs from the handset. This is a problem because of course; we hold the telephone so close to our head. Place a Gauss meter right against the ear piece and the mouth piece before buying a phone or better yet, do NOT use cordless phones in your home. Cellphones have gotten a ton of press regarding EMFs. Surprise, surprise, every study that produced that show no ill-effects from cellphones was paid for by the cellphone industry. Always read into the possible biases of scientific studies.

What to DO

Dr. Sinatra wrote a book with Clinton Ober and Martin Zucker titled "Earthing". It goes into details on the need for all of us to remain 'grounded' with the earth. I know to most reading this book, these concepts sound more like something out of the hippy generation, but it makes scientific sense. Grounding or Earthing as spoken of in the book I referred to is natural and simple, and affects every aspect of your physiology. When you ground yourself, you physically add electrons to your body and thereby increase pH to the tissue – an important concept in those with cancer.

James Oschman, Ph.D., an internationally renowned expert on energy medicine and author of "Energy Medicine; The Scientific Basis", describes the phenomenon of personal grounding/Earthing: "Recently I attended a meeting on the East coast. One of my colleagues came in from the West coast. She had a bad case of jet lag. I told her to take her shoes and

socks off and step outside on the grass for 15 minutes. When she came back in, she was completely transformed. Her jet lag was gone. That is how fast Earthing works. Anyone can try this. If you don't feel well, for whatever reason, just make barefoot contact with the Earth for a few minutes and see what happens. Of course, if you have a medical problem, you should see a doctor. There is nothing that comes close to Earthing for quick relief. You can literally feel pain draining from your body the instant you touch the Earth."

The human body is mostly water and minerals and is therefore a good conductor of electricity (electrons). The free electrons on the surface of the Earth are easily transferred to the human body as long as there is direct contact. Remember, you are simply an antenna. Unfortunately, synthetically-soled shoes made of rubber and plastic act as insulators so that even when we are outside and walking on the ground; we are insulated from the Earth's electric field. When we are in homes and office buildings, we are also unable to receive the Earth's balancing energies.

Is this 'new age'? No, it is simply physics. The Earth's electric field is mainly a continuous direct current (DC) producing field that is a giant transmitter of electrons. By comparison, home wiring systems in the U.S. use 60-cycle per second alternating current (AC) and other forms of man-made environmental electromagnetic fields (EMFs). Some people are just more sensitive to EMFs than others. One person may develop cancer due in part to EMF exposure and another family member with equal exposure appears unaffected. Again, this is just one more causative factor!

So what does one do? There are some simple steps that everyone can take (not just people with cancer) to ground their home and themselves. First, start with looking at your footwear. Standard plastic/rubber or composite soles on your shoes do not conduct the Earth's electric energy and can contribute to a host of illnesses. You need leather or hide soles, which used to be the primary footwear materials in the past. Leather itself isn't conductive, but the foot perspires and the moisture permits conduction of the energy from the Earth through the leather and up into the body. In addition, moisture from walking on damp ground or sidewalks could permeate up into the leather-soled shoe. Thickness of the sole can also be a factor, and specifically that very thick leather soles may not allow the moisture through. Moccasins are the best type of natural conductive footwear. Leather isn't quite as good as bare feet on the ground but certainly much, much better than standard soles that are insulating.

There are companies that sell grounding kits and Earthing products around the world. Remember, there is a difference between personally grounding yourself to the earth (Earthing) and grounding your home or office in a protective measure against stray EMFs. In our practice, we attempt to send a team out to the home of every cancer patient to make sure their house is as free from EMFs as possible. We also test for hidden mold, fungi, etc. There are lots of things that can make you and keep you sick!

Grounding your home includes physically checking grounding rods that were supposed to be installed to see if they are working properly, installing new rods and connections if this is not done, utilizing special volcanic materials called dragonite (it's a ground basalt) to block stray EMFs as well as other techniques to 'clean' the home. There are personal products that can

help also like grounding mats that one can stand on, mattress pads, seat cushions, attachments to computers and other things. But start simply by unplugging appliances that are not in use, stop using some things I wrote about previously and get the electrical things out of your bedroom.

***Grounding material may be purchased from our office store below:

www.connersclinic.com

I highly recommend the book Earthing to all my readers to help them understand the concept. It is easy to explain to my Minnesota patients who love to hunt. I often hear men say something like, "I just love to go sit in the woods next to a tree. I don't even care if I see a deer; I just love being out in the woods." They are grounding themselves, whether they know it or not. They are receiving an abundance of electrons from the earth and alkalizing their bodies and decreasing inflammation. They are healing.

This is exactly what the RIFE light is doing for my patients with cancer. The photons dispersed from the Tesla tube act as electron donors and ground the patient by adding electrons and alkalizing and healing the patient. The more specific we can be to the frequency of the tissue treated; the body receives the more electrons.

So it is with grounding and Earthing. The more stray EMFs we can erase from the environment and the more electrons we can receive from the earth, the healthier one will become.

Our Integrative Approach

“Competition has been shown to be useful up to a certain point and no further, but cooperation, which is the thing we must strive for today, begins where competition leaves off.”

Franklin D. Roosevelt

Why I Do What I Do

“Always ask the reason why”. For anyone who has ever been in my office that’s the big three-letter word with the big question mark behind it that I teach ad nauseam. If there is only one thing to learn from me, it would be to ask, “*Why* do I have this problem?” I want you to become a Sherlock Holmes of your own healthcare, desiring to look deeper and say “why?” Never, ever, EVER be satisfied with a diagnosis.

I am eighth of nine children; born the fifth of five boys with four sisters. From an early age as a grade-schooler, even though I always hated school (there were always too many things to do at home or outside) I always had a great love and curiosity for science.

In about 6th or 7th grade I started getting horrible headaches and body aches. My mom brought me to our family doctor at that time – a medical doctor – and he took x-rays of my head and neck. His conclusion was that I was suffering from ‘growing pains’. I remember walking out of the clinic after the appointment and hearing my mom say, “He’s crazy. It doesn’t hurt to grow!” We climbed into the car and that was the last time I would go to a medical doctor for almost 25 years.

My symptoms were happening at the same time that my mother was delving into natural health care, having sought help for some issues of her own. A few years earlier she had suffered from Bell’s Palsy (a paralysis of cranial nerve 7 – your facial nerve – causing one side of your face to droop). We lived in a town with a population of about 10,000, with only one chiropractor in practice. My mother sought his help and he completely cured her Bell’s Palsy.

In effect, my mother asked the right questions, received the right answers and was able to solve her problem. Since then, both of my parents had become believers in natural health care and went to the chiropractor for various issues.

So, abandoning the medical doctor’s “growing pains” diagnosis, Mom brought me to her chiropractor and my headaches and body aches were quickly resolved. As my siblings and I grew (and became involved in school athletics), we continued to pursue chiropractic care and were always well cared for.

The largest turning-point in my life (career-wise) was when I was in 10th grade. I noticed I excelled in my science classes but I despised English class, especially when it came to reading. I would receive “A’s” in the rest of my classes but in reading I would be lucky to get a “C”. I was unable to keep pace with my fellow students and ended up being placed in a remedial English class – extremely embarrassing. I just could not keep up; I couldn’t even read through a single page without forgetting everything I just read.

I finally went to a special kind of chiropractor, one who did some kinesiology work. After some neurological testing he diagnosed me as having mild dyslexia and spent time teaching me some specific brain-based therapies he knew at the time. With the chiropractor’s help, my dyslexia was miraculously corrected (within about 3-5 months), so much so that I was accepted in an Honors class that required more reading than I ever attempted – I did great and my life slowly changed.

With the healing I experienced through this chiropractor, the direction of my life also changed. I was absolutely intrigued. I thought, “I want to do this – what he is doing”, and from that point on I was committed. By the time I was a junior in High School I had my post-graduate schooling laid out - exactly what courses I needed to take to become a doctor like him. I wanted to figure people out; I wanted to help people who did not have an answer or worse, didn’t even realize they had a problem. I thought that there must be others out there like me, others who didn’t know that what they were struggling with was even a problem. I’m sure there are others, who think that, like me, “this is just the way that I am – I’m just a horrible reader, I’m just stupid, I’m just fat, I’ve just been dealt with _____”. We can easily think that we are just “stuck” with a fate in life without any possibility to change. That’s what I once thought, but I was wrong.

I went into my whole field – my endeavor/everything that I do - partly based on the experiences I had back then. I have a desire to help people, to dig and figure out the *cause*, even after people and patients and other medical professionals have given up and just settled on a label. Those experiences are what brought me to where I am today – with a relentless drive to find the answers.

There is another thing that drives me: My relationship with Jesus Christ. Years ago I committed myself to Him and though I stumble daily and often fail miserably in my walk, He is faithful, always good, and chooses to use me from time to time. I believe that God is sovereign, holy, and sent His Son to become sin and the sacrifice on my behalf. I am forgiven, not because I am good, but because He is good. So I'll be honest; this is a profession that I chose but how I practice is what He chose for me. It really wasn't my desire to take care of patients diagnosed with cancer, it was God's.

On average, our patients have been to a multitude of doctors, both traditional and alternative, and just can't seem to find satisfactory answers to their problems. We are based in Minnesota and many of our patients have been to the Mayo Clinic, even *turned away* from Mayo because there's nothing left that can be done to help them. It is then, I believe, that God often sends them to us.

I have to be honest in that sometimes I wish He wouldn't because it gets to be a little excruciating. Death has not been a stranger in our clinic. Many of our patients are seemingly teeter-tottering on the edge of leaving this world, and it's a dose of reality when some of them do. It is heartbreaking and in many ways it makes me furious. But it is also this reality that just drives me. It makes me a better person, it makes me a better doctor and it forces me to do everything I can to figure my patients out.

My belief system is this: If God brings a patient to me, He's going to have to give me the wisdom to figure him/her out." And it's not like God speaks to me audibly and tells me what's wrong, because He doesn't. He makes me study and He makes me work and He makes me dig. My purpose as a doctor has always been toward constant, never-ending improvement. I believe I can *always* be better than I am right now. I can say it is God's giftedness for me – because I enjoy it and it is my absolute passion – but it is also a serious challenge. Every day I am faced with knowing people are placing their lives, and the lives of their loved-ones, in my care. But I do love a good challenge.

It is actually kind of boring for a patient to come to me and say "I fell down and hurt my knee." It's boring because we already *know* the cause and we can fix it. That's boring. It is much more exciting for a patient to come to me and say, "I have stage 4 cancer, the doctor sent me home to die, I have two weeks left to live, I have never, EVER, dug in to the possible reasons WHY I have it, I've just followed the medical route to the "T", it hasn't worked, and now I'm here." Obviously, it's not "good" considering what the person is dealing with, but it *is* exciting that he/she is in our office and that we have the opportunity to seek God's face and find some answers. Those are the cases that I like: the more difficult, the better.

A few years ago I held a seminar for doctors called "The Cancer Symposium" which consisted of me lecturing, teaching, and often pleading with doctors to learn how to properly support patients with cancer. I crammed as much of my last 25 years of training into 15 hours of endless speaking. Doctors from around the country - the best of the best - flew to Minnesota right at the time our temperatures dipped to zero degrees. It didn't even faze them!

I love to teach (as I'm sure you could tell by the content on our website as well as this book) but two straight days of talking was exhausting. But it was so necessary! We need more doctors with the knowledge to help people with cancer. It seems that a search of the internet either reveals pharmaceutical companies advertising their drugs with pretty butterflies and smiling supermodels as if chemotherapy is glamorous, or "non-profit" organizations that raise hundreds of millions of dollars for cancer yet do very little to help any individuals but themselves.

We NEED an integrative approach. Sometimes chemo, radiation or surgery IS necessary to 'debulk' a rapidly growing tumor, but NONE of them will kill circulating tumor cells (CTCs) or cancer stem cells. Every patient with cancer, even those who have been declared "cancer free" by their oncologists STILL have CTCs and cancer stem cells. This is why it comes back!!!

An integrative approach to cancer - one that addresses root causes, requires lifestyle changes, and develops a game-plan that is realistic and self-manageable is necessary, absolutely necessary, for ultimate patient success. I know we are all going to die but it just sickens me to see the statistics of what's going on with traditional cancer treatment alone. "We've done all we can," seems to be the mantra of the oncology demi-gods when 'all they can' consistently falls short. I am so often reminded of the movie Patch Adams, about a young man of the same name as the title, struggling with his identity, depressed and afraid, checked himself into a hospital finally realized his purpose in life when he helped fellow patient - he wanted to be a doctor and help others.

Patch went to the MD that governed the psychiatric institution to demand he be discharged to follow his 'calling'. The doctor, who ruled with a callous disposition that would rather drug a patient into oblivion than listen to them and feel their pain was obstinate about letting Patch go, "what is it that you think you want to do with your life," he sneered. "I want to help people; I want to be a doctor," Patch proudly stated. "You can't be a doctor," the MD soured, "I'm a doctor." "Yeah, but you SUCK at it," Patch pounced back with a simple honest conclusion.

Robin Williams was brilliant in his performance and if you haven't seen the movie, do so. That line, "Yeah but you SUCK at it" has resounded in my head for years. I do NOT want to be that kind of doctor but I've personally experienced dozens of them! If you've "done all you can do" then MAYBE there is SOMEONE ELSE who can DO MORE!!!

Just another 'Reason' why I do this

While I wrote the original edition this book (several years ago), I had a sweet, little angel of a girl - 8 years old, with Medulloblastoma. She had surgery to debulk (remove all that the surgeon

could) the tumor before her parents brought her to see me. Medulloblastoma is a primary, typically aggressive cancer in the fourth ventricle of the brain, just in front of the cerebellum - a horrible brain cancer that usually attacks young children.

The surgeon believed he 'got all the cancer', BUT, the Oncology Department at the University of Minnesota demanded that she still do FULL skull and spine radiation AND FULL chemo with 3 chemo drugs (ADULT chemo drugs!!!!!!!!).

The parents were in shock and simply requested some time to think about it. That immediately prompted the Oncologists to call CPS (Child Protective Services) who would forcibly remove the child from the parent's custody should they not proceed with the demands of the demi-gods of medicine. Is it REALLY in the 'child's best interest'?

I find it amazing that CPS puts abused kids back into the home of the abuser because they went through a few weeks of 'anger management training' and yet they can remove a child from loving parents because the pharmaceutically-controlled monopoly demands blood. If a parent dares to ask, "Hold on, we have to think about that...", we instantly become a police-state where 'big brother' knows better than us lower-life forms who are unable to make a rational decision. I am afraid of what this country has become!

After speaking to a new oncologist who promised to 'work with her', and then two weeks of adjunctive care at my office which included use of a Rife machine at home (what we do for all patients that come to us with cancer) the parents agreed to some medical testing to see if there was any progression. An MRI of her brain and microscopic testing of her cerebral-spinal fluid was next. Prior to the test, the new oncologist called me to ask if I'd help encourage the parents to proceed with the radiation and chemotherapy because she was afraid that if the testing came back clean, the parents would be against proceeding. I cannot even come close to entering into those decisions and asked the oncologist if she was trying to entrap me, for I am not an oncologist and do not treat cancer. She understood, but felt that I could help influence the parents. I asked some very pointed questions including why she would want to progress with such harsh treatment which, she was honest about, would produce some potentially horrible side-effects. It all came down to protocol.

I'm all for protocols as long as they work. Dr. Oncologist assured me that 63% of Medulloblastoma patients had a 5 year survival rate at their facility and according to her, the patient had a ZERO percent survival should the parents not follow their protocol. Zero percent is pretty bad, so I asked the same question several different times in different ways and received the same answer - in her professional experience, the patient had a zero percent cure rate if their protocol was not followed!

The next logical question was, "How many Medulloblastoma patients have you had that did NOT follow your treatment?" So I asked it. "Oh, none," was her answer. Excuse me, did you just say *none*? I'm no mathematician but to claim that a parent is abusive for deciding to NOT follow your recommendations that you claim to have a 37% death rate and NOT have any REAL patients that have opted-out as a comparison is utterly ludicrous. How can they say there is a

zero percent survival rate if you do not follow recommendations when they've never had anyone not follow those recommendations? Doesn't that make it a 100 percent survival rate?

These are the RUBBER NUMBERS used to manipulate you into doing something! I am sick over this!!!! I ended my conversation with Dr. Oncologist (and I at least give her credit for being nice and talking to me) after she said something like, "I believe in praying too and I believe in miracles, but miracles are few and far between." I answered, "Maybe you should come to my office because I see them every day."

The tests came back and there were NO traces of anything on the MRI or the CSF!!!! Hurrah!!!! It was a short-lived celebration; CPS is at the door and demanding cooperation with the powers that be. Hundreds of hours in prayer, dozens of prayer-chains and multiple conversations with attorneys leaves the parents with little choice: either do what the establishment thinks is best or lose control of their child.

The parents felt they had NO CHOICE. Well...this past weekend she had her first 3-day, in-hospital, chemo-assault and she is NOW in my office - SICK, having SEIZURES (which were GONE for last 3 weeks since starting here), and COMPLETELY MISERABLE.

Her mom is beside herself!!!!!!!!!!!! I am in tears writing this and this poor, little sweetheart of a child suffers at the hands of almighty medicine. We are trying to do everything we can to protect her little body from the effects of the powerful drugs. Just please pray!!!

Understand; I am NOT saying that I know what the BEST thing to do in this case is. I AM SAYING that the oncologists with their rubber numbers ALSO do NOT know. Why can't we let everyone (all professionals) give their BEST recommendation based upon experience, research data, and clinical certainty and then LET THE PARENTS DECIDE.

I know there are those who will argue that the parents just are not smart enough to make such a tough decision so the government must do it for them. Hogwash!

I'm reminded of the Apostle Paul when he heard that new believers were required by some to be circumcised in order to follow Christ. He was outraged: "Look out for those dogs [Judaizers, legalists], look out for those mischief-makers, look out for those who mutilate the flesh," (Philippians 3:2)

Our purpose as a clinic is to be a blessing to the people who come to us. We believe we have a responsibility to every person we accept as a patient, a responsibility to dig and figure each person out. We may not *SOLVE* the problem (I want to be very clear about that), but for the most-part we can figure out what's going on or find someone who can.

These are the types stories we hear on a fairly regular basis since we committed to this type of work and quite frankly, they drive me! We are in a battle, not against cancer but against an enemy. Cancer is an outcome; cancer is awful and devastating but it is not our enemy. Our enemy is alive and active and desires to kill, steal and destroy. Our advocate is also alive and

well; He is more powerful than anything the enemy can throw against us and will always, ultimately have victory! The battle may be fierce, but the victory is secure.

Cancer is a disease that sick people get; I take sick people and help them get better and sometimes the cancer, or MS, or seizures, or headaches, or Autism - goes away. It's kind of like the farmer who had a horrible problem with rats that were infiltrating his barn from a giant trash heap near the south pasture. He would spend all afternoon sitting on his tractor with his 22-gage rifle waiting for the little buggers to present themselves and he would gun them down. Several weeks and dozens of hours 'hunting' later, he asked a young man at the feed mill if he wanted to earn some extra money sitting on his tractor shooting rats. The next day the young man paid a visit and assessed the situation. After about 15 minutes he gave the farmer a proposition, "If I can get rid of all the rats, will you pay me \$100?" The farmer agreed and the young man took the farmer's tractor, dug a big hole and buried all the garbage, destroying the very environment that 'fed' and nourished the rat population. The rats were gone forever.

So it is with every disease. We can chase the illusion of destruction or create a healthy environment that promotes self-healing. Cancer is no different. The purpose of care is to detoxify the body, create a healthy environment, and stimulate the body's immune function. Is cancer 'curable'? Only you can answer that. My job is to help access the dysfunctions that promoted/allowed the disease and to assist the correction of that. I have earned in a Fellowship in Integrative Cancer Therapy through The American Academy of Anti-Aging Medicine and South Florida School of Medicine where I am privileged to crunch ideas with the brightest minds in oncology.



Hand and Photo By Tim Hewitt

Learning to ask better questions is essential to successful treatment of any disease. Once a patient receives the dreaded diagnosis, there is a fearful stigma that seems almost stamped on the brain that causes many to follow traditional approaches and surrender all responsibility to a profession that has been less than successful in their treatment. The truth is: according to *Oncology*, a peer reviewed medical journal, the average cancer patient is worth nearly \$300,000 to the hospital and doctors who land the big fish. I hate to paint such a grim picture and must make it perfectly clear that I am NOT against all chemotherapy or radiation, but to ignore and often negate approaches that promote changing the patient's internal environment is malpractice. (my opinion, of course)

My heart cries to hear young and old dying from cancer that have never even attempted alternative cancer therapy approaches. Surely we all will die, some of cancer. God's sovereignty does not preclude the need to seek answers and ask for wisdom.

Below are brief descriptions of some alternative approaches for cancer that educate members on that I discuss in my book, "Stop Fighting Cancer and Start Treating the Cause". I do NOT suggest a 'shotgun' approach to cancer or any disease! I test patients out to find the exact nutritional approach that their body will best respond to. I commonly hear patients say that they are 'so confused' with the information out there and they don't know who to believe. The truth is that all these approaches DO work for SOME people. Which approach is going to be best for YOU? That's the question you want to answer; that's the question we help you with. I have test kits and supplies for these and many more 'cancer cures'. Usually a person test out positive on just one or two; you do not want to guess at the best treatment. There's too much at stake to be playing that game.

Rife Light Frequency Technology

Possibly the most impressive method of detoxification ever developed, this technology was developed in the 1920s and 1930s by one of the true geniuses of the 20th Century, a microbiologist named Dr. Royal Rife. It involved aiming specific sound frequencies (piggy-backed onto a particular carrier wave for deep penetration) at cancer patients to kill their cancer. The treatment was so easy and non-toxic, it merely involved lying or sitting in front of the light. Documented cancer recoveries that resulted were phenomenal. However, this approach was finally suppressed to the point where it became virtually impossible to find a true Rife Machine that used the exact same technology and specifications of the original creator. Since many machines are being produced today that claim to be authentic, yet are not truly effective, it is important for cancer patients to know about the history and issues revolving around this particular treatment approach (believe me, I tried many!).

The reason why Rife had his clinics shutdown by the AMA and the FDA was because he was claiming that the light frequency "killed cancer cells". Though this was his belief at the time (and no one could deny his success rate) it is NOT the current understanding of how light frequency works. We believe that since light is a photon, a particle on a waveform, it has different characteristics than other wave forms. Everything, on a quantum physics level, is

made up of energy vibrating at a specific frequency. Bombarding cancer or any other particle (toxins, virus, etc.) with its own frequency simply vibrates it, making it recognizable to one's own immune system for destruction. RIFE technology does not kill cancer, it allows your body to recognize it and do its job in bringing you back to health.



Integrative Therapies I may Recommend

First, let me again make one thing perfectly clear – I do not treat cancer! In truth, I don't treat anything. My 'scope of practice' allows me to 'treat people', which makes much more sense. I do not treat diseases, don't diagnosis, nor do I desire to give any patient a label of *any* disorder. My feeling is this – if more doctors looked at a patient with wonder and curiosity, seeking desperately to figure out WHY they are manifesting such symptoms, worked vigilantly to trace back and correct the mechanisms that brought them to such a state – I think we'd get more sick people well. That's my goal!

Cancer is a disease that sick people get; I take sick people and do everything I can to help them get better and sometimes the cancer, or MS, or seizures, or headaches, or Autism – goes away. It's kind of like the farmer who had a horrible problem with rats that were infiltrating his barn from a giant trash heap near the south pasture. He would spend all afternoon sitting on his tractor with his 22-gage rifle waiting for the little buggers to present themselves and he would gun them down. Several weeks and dozens of hours 'hunting' later, he asked a young man at the feed mill if he wanted to earn some extra money sitting on his tractor shooting rats. The next day the young man paid a visit and assessed the situation. After about 15 minutes he gave the farmer a proposition, "If I can get rid of all the rats, will you pay me \$100?" The farmer

agreed and the young man took the farmer's tractor, dug a big hole and buried all the garbage, destroying the very environment that 'fed' and nourished the rat population. The rats were gone forever.

So it is with every disease. We can chase the illusion of destruction or create a healthy environment that promotes self-healing. Cancer is no different. The purpose of care is to detoxify the body, create a healthy environment, and stimulate the body's immune function. Is cancer 'curable'? Only you can answer that. My job is to help access the dysfunctions that promoted/allowed the disease (whatever name your previous doctors have given to it) and to assist the correction of that. I am currently enrolled in a Fellowship in Integrative Cancer Therapy through The American Academy of Anti-Aging Medicine and South Florida School of Medicine where I am privileged to crunch ideas with the brightest minds in oncology.



Learning to ask better questions is your first step to success. Once a patient receives the dreaded diagnosis, there is a fearful stigma that seems almost stamped on the brain that causes many to follow traditional approaches and surrender all responsibility to a profession that has been less than successful in their treatment. Again, the truth is: according to Oncology, a peer reviewed medical journal, the average cancer patient is worth nearly \$300,000 to the hospital and doctors who land the big fish. I hate to paint such a grim picture and must make it perfectly clear that I am NOT against all chemotherapy or radiation, but to ignore and often negate approaches that promote changing the patient's internal environment is malpractice.

A November, 2011 article by Karol Sikora published in Britain's The Telegraph reports:

"Much of the technology is changing so fast that it has become a very challenging field for clinicians at the frontline. And patients are often left bewildered and frightened by the discrepancy between what is being offered to them and what they read and can find on the internet.

This week's report from The Lancet Oncology Commission on the cost of cancer care in high-income countries, written by a series of experts, patient advocates and economists, provides a stark conclusion. Quite simply, no healthcare system can afford to pay for the huge increases

involved in prolonging cancer patients' lives for a few weeks. We are truly at a crossroads."

Though I am saddened that the pharmaceutical companies may be 'pricing themselves out of the market', it just may be the best thing that ever happened to the patient. My personal belief is that if every patient had to pay out-of-pocket for every medical bill accumulated, they would make wiser decisions regarding their care and more carefully access outcomes. As an 'alternative doctor' I've spent 25 years under the scrutiny of each potential patient as they carefully make their decision as to whether 'this type of care' best suits them since they will be footing the bill, not the insurance company.

Though we live in a capitalistic society where the market dictates goods and services, medical care in America is more of a socialistic endeavor. The market doesn't decide what care is best, the insurance company does. Would the average patient still follow through with surgery, chemo and radiation for their cancer if they had to find the \$300,000 - 900,000 for the care?

My heart cries to hear young and old dying from cancer that have never even attempted alternative approaches. Surely we all will die, some of cancer. God's sovereignty does not preclude the need to seek for knowledge you may not possess. There is wisdom in a multitude of counselors.

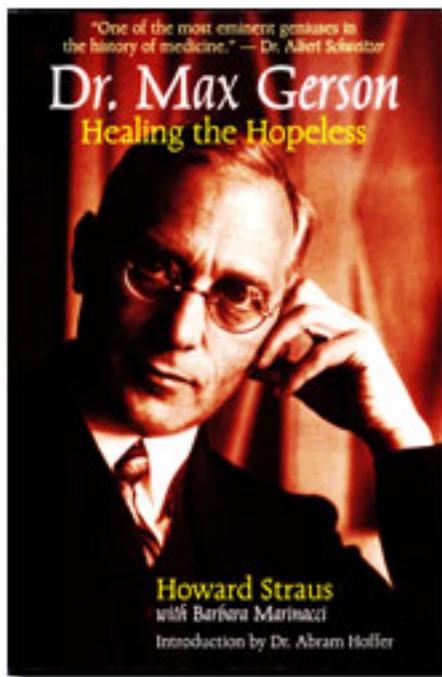
Below are brief descriptions of some alternative approaches for patients diagnosed with cancer that we use in our office. I do NOT suggest a 'shotgun' approach to cancer or any disease! I test patients out with a technique called Applied Kinesiology, that, although not perfect, has been a God-send to find the exact nutritional approach that a person's body will best respond to. I commonly hear patients say that they are 'so confused' with the information out there and they don't know who to believe. The truth is that all these approaches DO work for SOME people. Which approach is going to be best for YOU? That's the question you want to answer; that's the question we try to help you find peace with. I have test kits and supplies for these and many more 'cancer cures'. Usually a person may test out positive on just one or two; you do not want to guess at the best treatment. There's too much at stake to be playing that game.

Gerson Therapy

Dr. Max Gerson fled socialist Germany in the early 20th century to bring his natural method of healing to the United States. He treated many hundreds of patients – primarily those with cancer - and continued to develop and refine his therapy up until his death in 1959, at the age of 78. One of his most famous patients was Dr. Albert Schweitzer, whom Gerson cured of advanced diabetes when Schweitzer was 75. Schweitzer later returned to his African hospital, won the Nobel Prize, and worked past age 90. Schweitzer directly commented about Gerson in his writing, "I see in Dr. Gerson one of the most eminent geniuses in the history of medicine."

In May of 2005, Dr. Gerson was finally recognized as a pioneer in his field when he was inducted into the Orthomolecular Medicine Hall of Fame in Ottawa, Canada. He joined seven other giants of medicine whose seminal work has been influential in the medical and scientific worlds, and are considered pioneers in their respective fields.

One fact always haunted Gerson: It is rare to find cancer, arthritis, or other degenerative diseases in cultures considered "primitive" by Western civilization. Is it because of diet? The fact that degenerative diseases appear in these cultures only when modern packaged foods and additives are introduced would certainly support that idea. Max Gerson said, "Stay close to nature and its eternal laws will protect you." He considered that degenerative diseases were brought on by toxic, degraded food, water and air.



What has come to be known as "Gerson Therapy" is really a diet, regenerating the body to health, supporting each important metabolic requirement by flooding the body with nutrients from almost 20 pounds of organically grown fruits and vegetables daily. Most is used to make fresh raw juice, one glass every hour, 13 times per day. We utilize and recommend a 'modified Gerson approach' that encompasses a smaller number of juices combined with other therapies listed in this section. Consuming raw, juiced vegetables doubles oxygenation and increases pH; as oxygen deficiency in the blood contributes to many degenerative diseases (and obviously cancer). The metabolism is also stimulated through the addition of thyroid, potassium and other supplements, and by avoiding heavy animal fats, excess animal protein, sodium and other toxins found in processed foods.

Degenerative diseases render the body increasingly unable to excrete waste materials adequately, commonly resulting in liver and kidney congestion and eventual failure. To prevent

this, the Gerson Therapy uses intensive detoxification to eliminate wastes, regenerate the liver, reactivate the immune system and restore the body's essential defenses - enzyme, mineral and hormone systems. With generous, high-quality nutrition, increased oxygen availability, detoxification, and improved metabolism, the cells - and the body - can regenerate, become healthy and prevent future illness.

I do not recommend a complete Gerson protocol for many of my patients. The intensity of juicing 13 glasses of juice each day is daunting for most and not always necessary. We recommend a 'modified Gerson Therapy' which Gerson die-hards might call heresy. But remember, I have been trained in integrative cancer therapy and utilize many different techniques, not just one. I also have some philosophical problems with my patients tied to a juicer all day long. I never want an ill patient to become so consumed in their healing that they then make healing an idol and destroy their relationships and quality of life they ironically seek to retain. I also want my patients to work, volunteer, and live life for others. Again, there is a reason this book is titled "Stop Fighting Cancer..." I want you to focus less on your cancer and more on LIFE. Balance in everything is the key!

A recent 5-year survival study on patients with Melanoma revealed promising results with Gerson Therapy in all stages of the disease:

"Conclusions: Stage-related 5-year survival rates for adult, Caucasian melanoma patients who used Gerson's therapy are considerably higher than rates reported elsewhere in the melanoma literature. Also, in contrast to the experience of other reporting centers, female and male survival rates were equal in regionally metastasized (stage III) melanoma.

These outcomes suggest a possible direction for broader clinical investigations."

- *5-year survival rates of melanoma patients treated by diet therapy after the manner of Gerson: a retrospective review*
 - *G. L. Gar Hildenbrand, Gerson Research Organization*
 - *L. Christeene Hildenbrand, Gerson Research Organization*
 - *Karen Bradford, Gerson Research Organization*
- *Shirley Cavin, University of California, San Diego, Cancer Prevention and Control Program*

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We recommend the Rife machine to all seriously ill patients. However, the frequencies we program the units with are unique to each person. A Rife machine is NOT magic; it is a tool. Like any tool, it can be used by a skilled craftsman or a weekend mechanic. I prefer that the programs be as specific as possible for the condition the patient is dealing with. We utilize several specialized techniques to determine the programs that we set for patients. Most people have seven different overnight programs and several daytime programs depending on our findings on examinations. I NEVER recommend that the Rife be used exclusive to everything else necessary to achieve optimal health. If a person refuses to change lifestyle habits, follow their diet we layout, and take their specific supplements, the Rife will do little good.



See the section on the Rife for more information or visit our website at www.connersclinic.com

Gc-MAF

I've stated before that should intracellular failsafe procedures to ensure cell death collapse, it is the function of your immune system to destroy rapidly replicating cells. How does the immune system do this? It takes a strong Th1 system –the predominant part of an immune response that kills invaders to attack a growing cancer mass. One type of cell in this Th1 response is called a macrophage. In destruction of cancer, the macrophage attaches to a binding receptor on a cancer cell and then activates to destroy the cell. With many types of cancer, an enzyme created by the growing cancer can halt this activation process. This is not good as it renders the immune response null and void.

A protein molecule circulating in the blood called Gc protein (also called Vitamin-D binding protein) is abundant in healthy individuals and aids in the destruction of pathogens and cancer cells. It is a glycoprotein, meaning that it has specific sugars attached to it that form something like a key. Found in human blood serum, Gc protein becomes the molecular switch to activate macrophages when it is converted to its active form called Gc-macrophage-activating-factor (Gc-MAF). Gc protein is normally activated by conversion to Gc-MAF with the help of the B and T cells (white blood cells in the immune response). Unfortunately, cancer cells get smarter over time and begin to secrete an enzyme known as alpha-N-acetylgalactosaminidase (also called Nagalase) that completely blocks conversion of Gc protein to Gc-MAF, preventing the 'last ditch' macrophage protection against cancer. This is the way cancer cells escape detection and destruction - they disengage the immune system's ability to kill the cancer. This also leaves cancer patients prone to infections and many then succumb to pneumonia or other infections, stuck in a Th2 dominant state.

I must also remind you that a suppressed immune system (from radiation or chemotherapy) leaves a similar result. Without a healthy immune response, a growing cancer is left on its own, unrestricted. This is why I'll say it again:

You cannot kill cancer with chemotherapy, radiation

And surgery alone! You MUST

Do other, immune stimulating therapies

And search for the cause!

Understanding the above phenomenon, there is another promising way to stimulate the activation of a macrophage through the use of a nutrient called GcMAF. Taking GcMAF injections directly, activates the macrophage response thereby sharply stimulating a Th1 reaction that 'turns-on' macrophages.

Researchers testing GcMAF stated it, "works 100% of the time to eradicate cancer completely, and

cancer does not recur even years later.” (This was stated based on the tested group of patients – nothing works 100% for everyone) The weekly injection GcMAF, a harmless glyco-protein activates the human immune system which then can kill the growing cancer. Studies among breast cancer and colon cancer patients produced complete remissions lasting 4 and 7 years respectively. This glyco-protein ‘cure’ is totally without side effect but currently goes unused and completely ignored by cancer doctors. Why? Maybe it is because there is little money to be made in selling it. For less than \$2000USD a cancer patient can obtain an adequate amount of GcMAF.

The once-weekly injection of just 100 nanograms (billionths of a gram), can activate macrophages and allow the immune system to pursue cancer cells with vigor, sufficient to produce total long-term cures in humans. But remember, there is not one drug, medicine, herb, or nutraceutical that works for everyone. Everyone’s body is unique.

I just spoke to Dr. Nobuto Yamamoto, director of the Division of Cancer Immunology and Molecular Biology, Socrates Institute for Therapeutic Immunology, Philadelphia, Pennsylvania. He told me that GcMAF is “the most potent macrophage activating factor discovered yet oncologists ignore the research.” As I discussed a patient with him, he laughed at the treating oncologist’s demand for the patient to continue chemotherapy, “they don’t even know what they are doing,” he said, as he then pointed me to research data published in peer-reviewed Cancer journals from as far back as 1996 and as recent as 2008 that proved the benefits of GcMAF.

Unfortunately, there is too much money in chemotherapy!

How do you know if GcMAF will work for your cancer? There are a few ways to tell. A specialized medical lab test measuring Nagalase enzyme levels will reveal either normal (low) levels, indicating that GcMAF is not going to be your first choice, or abnormal (high), indicating GcMAF may be a perfect complement to help stimulate Th1 macrophage responses. One can also utilize kinesiology to easily test if GcMAF will potentially help a patient with cancer or measure other markers through blood.

Once a sufficient number of activated macrophages are produced, another Gc-MAF injection is not needed for at least a week because macrophages have a half-life of about six days. The studies revealed that after 16-22 weekly doses of Gc-MAF the amount of Nagalase enzyme fell to levels found in healthy people, which serves as evidence tumors have been completely eliminated. “The treatment was fool-proof - it worked in 100% of 16 breast cancer patients (tested) and there were no recurrent tumors over a period of 4 years,” says a report in the January issue of the International Journal of Cancer.

[International Journal Cancer.2008 January15; 122(2):461-7]

In my conversations with Dr. Yamamoto, he kept telling me that he has always been “neutral” in the traditional vs. alternative cancer fight. He repeated that he just wished doctors would look at the facts. He and colleagues stated in an article published in Cancer Immunology Immunotherapy, “Gc-MAF therapy totally abolished tumors in 8 colon cancer patients who had already undergone surgery but still exhibited circulating cancer cells (possible metastases).” After 32-50 weekly injections, “all (the tested) colorectal cancer patients exhibited healthy control levels of the serum Nagalase activity, indicating eradication of metastatic tumor cells,” said researchers, “an effect that lasted 7 years with no indication

of cancer recurrence either by enzyme activity or CT scans.” [Cancer Immunology, Immunotherapy Volume 57, Number 7 / July 2008]

Though Dr. Yamamoto first described this immuno-therapy in 1993, [The Journal of Immunology, 1993 151 (5); 2794-2802] there are very few clinics utilizing the therapy.

In an animal experiment published in 2003, researchers in Germany, Japan and the United States collaborated to successfully demonstrate that after they had injected macrophage activating factor (Gc-MAF) into tumor-bearing mice, it totally eradicated tumors. [Neoplasia 2003 January; 5(1): 32–40] In 1997 Dr. Yamamoto injected GcMAF protein into tumor-bearing mice, with the same startling results. A single enzyme injection doubled the survival of these mice and just four enzyme injections increased survival by 6-fold. [Cancer Research 1997 Jun 1; 57(11):2187-92] In 1996 Dr. Yamamoto reported that all 52 cancer patients he had studied carried elevated blood plasma levels of the immune inactivating alpha-N-acetylgalactosaminidase enzyme (Nagalase), whereas healthy humans had very low levels of this enzyme. [Cancer Research 1996 Jun 15; 56(12):2827-31]

In the early 1990s, Dr. Yamamoto first described how the human immune system is disengaged by enzymes secreted from cancer cells, even filing a patent on the proposed therapy. [US Patent 5326749, July 1994; Cancer Research 1996 June 15; 56: 2827-31]

Activated Gc protein has been used in humans at much higher doses without side effect. This Gc macrophage activating factor (Gc-MAF) has been shown to be effective against a variety of cancers including breast, prostate, stomach, liver, lung, uterus, ovary, brain, skin, head/neck cancer, and leukemia. Although GcMAF is also called Vitamin-D binding protein, the activation of macrophages does not require Vitamin D (though many cancer patients are deficient).

GcMAF is a naturally made molecule and is not patentable (hence the reason why drug companies have ignored the data), though its manufacturing process is patent protected. One could argue that if an effective treatment for cancer would come into common practice, the income stream from health-insurance plans for treatment would collapse the medical monopoly in America. The National Cancer Institute estimates cancer care in the U.S. costs \$100,000 to over a million dollars per year, per patient and produces only marginal improvements in survival. [Targeted Oncology 2007 April, 2 (2); 113-19]

The AMAS Test is another alternative to Nagalase Testing and is easier to obtain here in the United States. Its promoters state that the AMAS test is useful both as a screening test for early cancer and for monitoring cancer therapies. AMAS is elevated when cancer is present and goes down below baseline when cancer is undetected. They say it is over 99% accurate (when done twice) and can be used instead of Nagalase to find and follow cancers.

The AMAS test measures a naturally occurring antibody present in blood serum accurately detecting early cancer of all types. It will show positive if any type of cancer exists with greater than 95% accuracy; repeat testing greater than 99% accurate; false positive and false negative rates less than 1%. AMAS results will help monitor treatment choice as well as the numbers decrease with successful cancer treatment; normal levels in successfully treated cancer patients indicate absence of malignancy. I cannot

promote the AMAS test personally though as I do not have experience using it and cannot find much data supporting it. That doesn't mean that it is not valid; I would consider utilizing any newer test alongside current acceptable testing. It isn't an expensive test and is sure worth the expense.

Unfortunately, at the time of the most recent update of this book, GcMAF is NO LONGER AVAILABLE. For whatever reason (you can only guess)

Hoxsey Therapy

Currently, this herbal approach to cancer therapy, involving an internal tonic, a topical salve, and a topical powder, can be obtained in its original form from Mexico. But for decades it was a thriving cancer therapy in the U.S. It was the first widely used non-toxic cancer approach, but was so heavily opposed by the American Medical Association that it was finally forced out of the United States in the 1950's. Melanomas and lymphomas are considered the best responders to this herbal approach.

Hoxsey Therapy is a mixture of herbs, was first marketed as a purported cure for cancer in the 1920s by Harry Hoxsey, a former coal miner and insurance salesman, and Norman Baker, a radio personality. Hoxsey claimed that he traced the treatment to his great-grandfather, who observed a horse with a tumor on its leg cure itself by grazing upon wild plants growing in the meadow. John Hoxsey gathered these herbs and mixed them with old home remedies used for cancer. Among the claims made in his book, he purports his therapy aims to restore "physiological normalcy" to a disturbed metabolism throughout the body, with emphasis on purgation, to help carry away wastes from the tumors he believed his herbal mixtures caused to necrotize.

Over time, people sought out Hoxsey for the treatment of their cancer and he opened 17 clinics that he would eventually be closed by the FDA. Dogged in many states by legal trouble for practicing medicine without a license (he wasn't a doctor), Hoxsey frequently shut down his clinics and reopened them in new locations. In 1936, Hoxsey opened a clinic in Texas which became one of the largest privately owned cancer centers in the world. At one point in the 1950s, Hoxsey's gross annual income reached \$1.5 million from the treatment of 8,000 patients. No one can doubt the success he had in treating cancer patients and he won the respect of several heavy critics after successfully treating their family members, but Hoxsey made some critical errors. His ego was his downfall. He claimed to 'cure cancer' and stuck to his statements of 'cure' despite what the AMA and FDA did to shut him up. He may have 'cured' many cancer patients but NO ONE can claim a 'cure' regardless of how a patient responds. Ego and pride is the downfall of many.

The truth: The Hoxsey formula is a great detoxification tool which we make good use of with many of our patients. One does not need to go to Mexico to utilize Hoxsey protocols.



Essiac

A cold herbal tea, Essiac was first obtained from a Native American healer in Canada. Based on age-old traditions, this combination of herbs has proven successful for thousands of people with cancer over many decades. It was eventually rigorously tested and endorsed in the United States by President Kennedy's personal physician, Dr. Charles A. Bruschi. As the story goes, many herbal supplements began with trial and error cures:

In 1922, a kindhearted nurse of Haileybury, Ontario, noticed a female patient with a severely scarred and disfigured breast. Asking the woman about her scars, she was told an amazing story of how years earlier the woman had been diagnosed with breast cancer. Canadian doctors had told the woman she must have her breast removed immediately. However, in desperation, the woman turned to a more natural route that had been told to her by an Ojibwa Indian medicine man.

The Indian medicine man told her of a combination of herbs to brew into a tea and drink daily. He told her this would cure the cancer in her breast and not require it to be removed. She did as the medicine man instructed and as she sat telling her nurse the story years later, she obviously had not had the

surgery and yet she had no recurrence of the cancer!

The nurse asked the patient for the formula for the tea and wrote it down but never really pursued making it. A few years later when her aunt was diagnosed with inoperable cancer, Rene began giving the tea to her aunt. After two months of drinking the tea daily, The aunt rallied and lived an additional 21 years with no recurrence of cancer just as the lady with breast cancer had done!

In her desire to help the sick, the nurse began to give the tea to others with wonderful results. People with various kinds of cancer, diabetes and more seemed to improve with the use of this tea. She decided the unique combination of these particular herbs somehow seemed to cause the different organs in the body to "normalize" helping the body's own immune system to fight and "correct" whatever was wrong.

This amazing formula, made up only four simple herbs, is believed to normalize body systems by cleansing the blood, purging toxic build up, promoting cell repair and aiding in effective assimilation and elimination. While incredibly simple, when combined with each other, these four herbs and their separate individual effects are greatly enhanced.

The nurse decided to call the tea "Essiac®," her last name spelled backwards. As time went on, Rene Caisse continued to "treat" those considered terminally ill with very positive results. Health officials vacillated back and forth between a love/hate attitude toward her. While she never openly claimed the tea would cure ALL cancers it did seem to have a definite effect on many and it undeniably promoted wellness, general good health and strengthened the immune system.

Her desire was to make the tea available to everyone. She operated a Cancer Treatment Clinic in Canada using her tea for many years, but never charging for any services.

She used the herbal tea herself every day and finally died in 1978 at the age of 90.

Her desire was never for financial gain but rather that the formula for this old Indian herbal tea could be used to help mankind. Rene did not want to "sell" her formula to drug companies since she did not want it to get tied up in bureaucratic "red tape" or "shelved" and discredited like so many other "natural" remedies. However, as she grew old, she finally sold the rights to this formula for only \$1. She did this hoping the tea could be developed and made easily available to the public. Now many companies are using a combination four herb formula and making it available to everyone.

Essiac is currently mass-produced in a variety of forms and by a variety of companies. Many people have continued to experience success with it for cancer, but as with any mass-produced herbal treatment, finding a good quality product is extremely important. Combining Essiac with some other alternative cancer approaches has also proven helpful for many cancer patients. (However, it cannot be combined with Protocol)



Remarks

Regardless of what you choose about healthcare, I pray that you make wise, rational decisions based on facts (though often hidden) and not fear. You need to take responsibility and not hand it over to any practitioner, conventional or alternative. Get advice from many, weigh it all against their biases, and pray for peace about your decisions.

Kevin Conners, Pastoral Medical Association, Fellowship in Integrative Cancer Therapy and Fellowship in Anti-Aging, Regenerative and Functional Medicine, both through the American Academy of Anti-Aging Medicine.

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