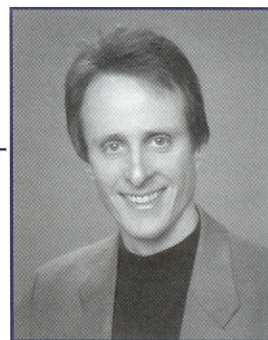


CHEMOTHERAPY, AN INTERESTING CHOICE

By Jon Barron



Mark Twain quoted Benjamin Disraeli, the prime minister of England, as saying: "There are three kinds of lies in the world: lies, damn lies, and statistics." That statement is even more true (and dangerous) when applied to medical studies. One example is the recent Oxford University study published in *The Lancet* which touts the effectiveness of today's conventional cancer treatments. It supports the use of chemotherapy and states that women who used tamoxifen for five years reduced the breast-cancer death rate by one-third.

Very impressive, until you realize that you've just been "statistic-ed."

As presented, the newspaper cites studies proving the efficacy of tamoxifen that consistently read something like "The National Cancer Institute's (NCI's) Breast Cancer Prevention Trial reported that there was a 49 percent decrease in the incidence of breast cancer in women who took tamoxifen for five years."

That's stunning. If your doctor told you that using tamoxifen cut your chances of getting breast cancer by 49%, would there be any question in your mind about whether or not to use it? Not in mine – at least until I talked to Benjamin Disraeli. If you look past the statistics, the truth is that according to the study, your odds of getting breast cancer **without** using tamoxifen were only 1.3%, and **with** tamoxifen it dropped to .68%. **That represents a 49% difference between the two numbers (as cited), but just a little over one-half of one-percent difference (.62%) in real terms.**

And for that meager sixth-tenths of one-percent difference, we now need to consider that tamoxifen can cause cancer of the uterus, ovaries, and gastrointestinal tract. A study at Johns Hopkins found that tamoxifen promotes liver cancer; and in 1996, a division of the World Health Organization, the International Agency for Research on Cancer, declared tamoxifen a Group I carcinogen for the uterus. In another abruptly curtailed NCI study, 33 women that took tamoxifen developed endometrial cancer, 17 suffered blood clots in the lungs, 130 developed deep vein thrombosis (blood clots in major blood vessels), and many experienced confusion, depression, and memory loss. Other permanent damage includes osteoporosis, retinal damage, corneal changes, optic nerve damage, and cataracts. In short, the half percent of those who received

a reduction in breast cancer by using tamoxifen traded it for an increase in other cancers and life threatening diseases. A half percent in real-world terms is vastly different from the 49% "statistic-ed" improvement cited in the studies – and hardly worth the increased risk.

Once you look behind the numbers, is it any wonder the "war on cancer" continues to fail so miserably? The problem is that the doctors themselves believe the statistically manipulated numbers they feed to the public. And yet, the general trend is undeniable. Things are not getting better. The incidence rate of cancer has exploded from around one in five hundred in 1900 to approximately one in two today. And for every statistical blip downward in selected cancers such as breast and prostate cancer (after years of soaring incidence and mortality, mind you), there is a significant jump in "new," even more deadly cancers such as liver, pancreatic, and lymph cancers.

Chemotherapy: The Good, the Bad, and the Ugly

For those of you who are new to the debate, let me explain some of the pros and cons of chemotherapy. Unfortunately, there is a high probability that you or someone you know will have to face the decision on how to treat cancer.

Before we get into how chemotherapy works, it's probably worth a little digression to talk about its history. The first drug used for cancer chemotherapy was not originally intended for that purpose. Mustard gas was used as a chemical warfare agent during World War I and was studied further during World War II. During a military operation in World War II, a group of people were accidentally exposed to mustard gas and were later found to have very low white blood cell counts. It was reasoned that an agent that damaged the rapidly growing white blood cells might have a similar effect on cancer. Therefore, in the 1940s, several patients with advanced lymphomas (cancers of certain white blood cells) were given the drug by vein, rather than by breathing the irritating gas. Their improvement, although temporary, was remarkable. That experience started researchers studying other substances that might have similar effects against cancer.

Chemotherapy is used to kill cancer cells anywhere in

the body, including cells that have broken off from a main tumor and traveled through the blood or lymph systems to other parts of the body. Many doctors have successfully slowed cancer cells by using chemotherapy after a tumor has been surgically removed. How does it work? Chemotherapy drugs are cytotoxic, meaning they poison the cells in our body that multiply the most rapidly, which is how the majority of cancer cells perform. So, if your cancer cells are rapidly multiplying, you may find chemotherapy effective.

The major disadvantage to chemotherapy is that the drugs don't just kill the cancer cells that are dividing, but any dividing cell, including the multitude of healthy cells all over the body caught in the act of dividing. For those whose "healthy" cells are multiplying faster than the cancer cells, there isn't even a theoretical chance of success. This explains why chemotherapy is effective in only 2 to 4% of cancers – primarily, Hodgkin's disease, Acute Lymphocytic Leukemia, Testicular cancer, and Choriocarcinoma.

For the majority of people who have healthy cell division, you may end up killing the body before the cancer. For instance, there is a high probability that certain fast multiplying immune system cells, including our T and B lymphocytes, will also die, contributing to our body's inability to fight opportunistic diseases that arise as a result of the treatment. Other cells that grow fast are cells of the bone marrow that produce blood cells, cells in the stomach and intestines, and cells of the hair follicles, which is why a patient's hair usually falls out.

In either event, the drug's objective is to poison the system — creating horrendous pain and illness often worse than the disease itself. The toxins attack healthy, dividing blood cells and cause blood poisoning. The gastrointestinal system is thrown into convulsions causing nausea, diarrhea, loss of appetite, cramps, and progressive weakness. Some drugs can slough the entire lining of the intestines. Reproductive organs are affected, causing sterility. The brain loses memory. The hair falls out. Eyesight and hearing are impaired. The kidneys are damaged. Sores appear in the mouth and throat. The body bleeds and bruises easily and can't fight infections. Every conceivable function is disrupted with such agony for the patient that many of them elect to die of the cancer rather than to continue treatment. It makes you wonder how most people die when they report the rising cancer death statistics.

It is especially telling when a number of surveys over the years show that most chemotherapists would not take chemotherapy themselves or recommend it for their families. Today's chemotherapy drugs are the most toxic sub-

stances ever put deliberately into the human body. In fact, personnel who administer these drugs take great precautions to avoid exposure. The *Handbook of Cancer Chemotherapy*, a standard reference for medical personnel, offers strict warnings for handling cytotoxic agents and sixteen OSHA safety procedures for medical personnel who work around the chemicals. In addition, increased concerns regarding mutagenesis and teratogenesis (deformed babies) continue to be investigated.

The sad part is that we accept these types of results, feeling that we have no choice in the matter. We submissively believe the medical community's statement that chemotherapy "improves quality of life" even though most doctors find this absurd. Some doctors, such as Dr. Ulrich Abel, go so far as to state that there is no scientific evidence for chemotherapy being able to extend the lives of patients suffering from 80% of all cancers.

Bottom line, orthodox chemotherapy is toxic, immunosuppressant, and carcinogenic. As death rates keep going up, so why then do the majority of doctors and oncologists still push chemotherapy?

First, effective cancer treatment is a matter of definition. The Food and Drug Administration (FDA) defines an "effective" drug as one that achieves a 50% or more reduction in tumor size for 28 days. In the vast majority of cases there is absolutely no correlation between shrinking tumors for 28 days and the cure of the cancer or extension of life. So, when a doctor says "effective" to a cancer patient, it does not mean it cures cancer — only that it temporarily shrinks a tumor. (Sound like Disraeli again?)

Secondly, most doctors just don't know what else to do. They face patients that they feel have hopeless conditions and justify the continual loss of life brought about by these drugs because it is the only alternative they know (along with surgery and radiation). They refer to this stage not as therapy, but as experimentation, which is better than telling a patient there is no hope. As for oncologists, they have devoted countless hours to the understanding of poisonous, deadly compounds and how to administer these drugs. This too is all they know. They all want to help cancer patients, but they don't have other options in their arsenal — certainly not options that come from outside the medical fraternity.

Third, and commonly seen in all major industries, as long as drug companies and the cancer industry see profits, there will be little motivation to change. It is not surprising that the cancer industry turns over in excess of \$200 billion annually. Or, that the few who sought alternative cancer methods encountered armed raids, loss of

licensure, professional smearing, and ostracism. One such person is Dr. Lundberg, editor of the *Journal of the American Medical Association*, who stated at a recent National Institute of Health meeting, about chemotherapy: “[It’s] a marvelous opportunity for rampant deceit. So much money is there to be made that ethical principles can be overrun sometimes in a stampede to get at physicians and prescribers.”

And last but not least, in a small percentage of cases, chemotherapy absolutely does help – which is not to say that other approaches wouldn’t work as well, or better. But it is, in fact, this minimal success rate that fuels the continued use of the therapy. Based on these occasional successes, doctors will often pressure patients to opt for the therapy even when it has little chance of success in their particular cases.

Also, it is worth noting that the benefits of chemo vary widely from cancer to cancer – sometimes improving “short-term” survivability by as much as 50%; but also, in many cases, by 1% or less. For example, the statistical chances of chemotherapy being helpful with lung cancer are less than 1 in 100, and yet doctors often pressure their patients into using, what is in this case, a non-effective and debilitating treatment. And on top of everything else, the success rate for chemotherapy is highly age dependent. It is much more likely to be effective with the young who have strong immune systems, dropping to about 50/50 by age 50. And by 50/50, I don’t mean that it’s effective 50% of the time, but rather that it’s a 50/50 call as to whether doing chemo or nothing at all is the better option in terms of survivability. And by age 55, you’re statistically better off doing nothing rather than subjecting yourself to chemo.

Keep in mind that whatever else you can say about chemotherapy, no one can ever claim it addresses the cause of cancer. It merely attacks the symptom. No one, even the most jaded doctor in the world, claims that people get cancer because they’re suffering from a chemotherapy deficiency.

Obviously, there is only so much we can do with the current state of affairs and we should not expect the industry to change any time soon. However, we do not have to sit on the sidelines when it comes to our personal health and wellness due to ignorance, money, and bureaucrats.

Solution — Take an Active Role

I always encourage people to take an active role in their health, and this is even more important when you are dealing with a catastrophic illness such as cancer. Ask as many questions as you can and research your specific type of

cancer to understand both the conventional and non-conventional success rates for specific remedies. Look for strategies that strengthen the body, not weaken it, allowing the body to heal itself. I also encourage you to read my book, *Lessons from the Miracle Doctors*, which gives many suggestions for those fighting cancer as well as preventative measures everyone should take to avoid cancer in the first place. (You can download a free copy at www.jonbarron.org. And while you’re there, be sure to check out the newsletter archives.) And, finally, be careful what you read or what conclusion you draw from any study or statistic. Know the motive behind the study. Don’t be “statistic-ed.” In the end, we are the ones responsible for our health and our bodies. It is only prudent to look at the details.

And one final note. There is more hope than you can possibly imagine in terms of dealing with cancer. There are at least 18 different peoples on Earth today who do not suffer from cancer – many of these cannot record even one victim of the disease in their entire culture. Do genetics play a role? Quite probably. But when entire cultures are cancer free, it makes the environmental and lifestyle connections undeniable – especially when those cancer rates change once they move from their original environment. That means that for most of us, we can dramatically improve our odds when it comes to getting cancer in the first place, or curing it if we do get it, simply by modifying our environmental and lifestyle circumstances. ■

The author, Jon Barron, is an authority on cutting-edge nutritionals, an international lecturer, a pioneer in the study of nutrition and anti-aging, and author of the book “Lessons From the Miracle Doctors.” Mr. Barron solved the mystery behind why brewing herbal tinctures to the phases of the moon actually produces stronger tinctures and then developed a process that incorporates this “Barron Effect” into a brewing process that produces herbal tinctures 50-100% stronger. Copyright © 2005 Baseline of Health Foundation. All rights reserved. www.jonbarron.org

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