

Cancer and the New Medicine

By Dr Patrick Kingsley

This is the opening chapter of Dr Kingsley's forthcoming book *The New Medicine*, and he has allowed us to share his inspiring words with you

Cancer is such an emotive subject. Being given a diagnosis of cancer is so frightening. But why is it so frightening? Is it because you somehow feel there is something uncontrollable growing inside you, or is it because of the stories you have heard of the awful forms of treatment you are likely to have to have? Yet we all have cancer in us. It is absolutely normal, but our immune systems deal with the cancer most of the time. It is only when we let it get out of control that a problem arises. Even then we can easily sort things out ourselves, but we have to change our life styles, and that is something far too many people don't want to have to do.

If you don't want to do anything for yourself, that is fine by me. Go ahead and let the Surgeon or Oncologist treat you. If they eventually give up on you, you are welcome to come back. It need never be too late.

While your own General Practitioner sees people with any problem, he will often refer you on to a 'Specialist'. In fact people find it perfectly reasonable to be referred to a Dermatologist if they have a skin problem, a Gastro-Enterologist if they have a bowel problem, or a Chest Physician if they have asthma, etc. So it sometimes comes as a surprise when they meet a doctor who is interested in the whole person, yet is still a Specialist, but in Nutritional and Environmental Medicine, or "Integrated Medicine", as is becoming the modern description.

The current approach followed by the majority of doctors at present concentrates on the organ that seems to be producing the symptoms. Doctors try very hard to make a diagnosis, but, if you listen to the words of that diagnosis, they either have the name of the doctor who first described it – such as Von Recklinghausen's Disease – or it simply describes the symptoms themselves. A typical diagnosis is

irritable bowel syndrome (or IBS for short) – listen to the words. Any word ending in “itis”, such as tonsill-itis, cyst-itis, or appendic-itis, simply means “inflammation of” a particular part of the body.

Once the doctor has made a confident diagnosis, he then has to select the most appropriate treatment for that diagnosis. The choices open to him come from two main areas, namely a surgical operation (and there are thousands of operations being carried out every day) or a prescription item, which includes chemotherapy or radiotherapy for cancer (and again there are literally thousands of prescriptions being written out every day). A small miscellaneous area that is sometimes recommended could involve a dietician, a physiotherapist, or other professionals.

This approach clearly has its uses, especially in acute situations, such as a heart attack, a stroke, acute appendicitis or an accident, for example. But, in long term, chronic conditions, such as migraine, arthritis, multiple sclerosis, cancer, etc., it may be less appropriate. This is where my approach has its merits.

For some doctors, a patient will be considered as “a case of arthritis”, rather than “Mrs. Bloggs who has arthritis”. In my opinion, everyone is a person who is unique, i.e. different from the last or next person. Therefore I need to know everything about that person. So, if you will let me, I will teach you to understand all about yourself, to understand where things went wrong and therefore what you can do about them.

The Missing Question

Another missing point is “why?” Why has your condition developed? What is the reason, since there must be a reason? Understanding the reason or reasons will help you to do something about them. In addition, there can also be some value in trying to understand when things started to go wrong, because that happened some time before the symptoms of cancer first appeared. Let me explain that further.

Some time ago, it became possible to analyse the presence in the urine of the breakdown products of neurotransmitters, which are chemicals that are produced to instruct the body to think, breathe, digest, work the immune system, etc. They are therefore the basic control chemicals that make the body function on a day-to-day basis, together with a whole host of other chemicals that act as messengers between one cell and another.

As is often the case when something new becomes available, I carried out these analyses on patients with severe cancer or multiple sclerosis, to see if they could be of value to them. Allowing for some variations, they were all grossly abnormal. Out of interest, I carried out those same tests on patients who had recently had their first multiple sclerosis symptom or had a lump that had just been diagnosed as cancer. What interested me was that they were just as bad as in the severely affected patients. This gave me scientific evidence that what I had always expected was true, that is that the person's problems began long before the first symptom or sign appeared.

It is interesting to note that people suffering from Alzheimer's Disease may have lost something like 80% of a certain part of their brain before the first features of memory loss begin. This means that the body has an amazing ability to put up with what we do to it, or what we have done to it. Presumably, the body finally decides it can no longer tolerate the insults, and starts to produce more obvious evidence of the harm being done to it.

Since it is therefore reasonable to assume that your life's events have somehow been responsible for your current problems, I need to help you to identify what these life events are. We need to discover what went wrong and when, and what you did, or had done to you, that you didn't realise wasn't wise. I need to show you how to uncover these problems as though you are in front of me and we are doing it together. We therefore need to consider your personal history, even going back into childhood. We need to do some simple detective work, which is why I often refer to myself as a "Medical Detective". In fact I wrote a book of my experiences in a narrative form in 2010 entitled *The Medical Detective – Memoirs of a Most Unusual Doctor*.

As to the reason "why?", there must be a reason or reasons. To put this into perspective, I use the examples of a blister on your foot or the effect of peeling a pile of onions. Both cause inflammation and pain, but you don't go to see a doctor about them because you know what the cause is. More to the point, stop rubbing the blister or peeling the onions and the symptoms subside.

But imagine you didn't realise what the cause of all that pain was and you kept rubbing the blister or peeling more onions. What a mess you would be in! These two examples are, of course, of an acute and obvious nature. However, to my way of thinking, it is very likely that you are doing something similarly wrong that is causing your problems, but it is not as obvious as my two examples, so you haven't stopped

doing it. Hence, you aren't getting better. More to the point, your condition is progressing because you've not stopped doing it.

Possible Causes

What if, together, we could identify the causes and eliminate them? Wouldn't that give you a chance to start getting better?

Over the more than thirty years that I have been practising this type of medicine, I have found that the causes of someone's problems can be considered among the following: diet; infections, especially fungi; toxic substances such as heavy metals and chemicals; environmental agents, nutritional and hormonal deficiencies or imbalances; other deficiencies; emotional problems and stresses of all kinds, plus there may be something unusual in a new patient that I haven't yet thought of.

Each of these needs to be considered in each person, although it is sometimes obvious where to begin. The person's history (medical jargon for all the details of a person's life) gives the game away. Personal stresses may be hidden or the person may not feel comfortable talking about them until they get to know me better.

Nobody can doubt the wonderful value and principle of the National Health Service in the United Kingdom, that is that treatment is effectively free at the point of need, whatever is needed, as soon as it is needed. Sadly, however, the NHS hasn't adopted the approach that many people are looking for yet, although things are slowly changing. Doctors simply don't have the time to spend on you, but I do.

What Cancer Is

Before we go any further, I want to explain to you what cancer is, how it develops, and what a tumour (a lump) is. As we go through it, you will start to see how such knowledge will help you to understand some of the things that you will need to do to sort it all out.

I think it is generally accepted that chemotherapy can kill cancer cells, mainly because they are rapidly dividing, primitive cells. If you have a tumour the size of the 'lead' sticking out of the end of a pencil (which no scan system in use today can possibly find), there will be about 1 million cancer cells in it. If a tumour is 2 cm in size, there will be approximately 10 billion cancer cells in it. Your Oncologist hopes to kill 100% of all cancer cells, but that is totally unrealistic. If he is lucky he might

kill 99.9% of them, but 0.1% of 10 billion is an awful lot of cells that escaped his treatment, and they tend to be the more resistant ones.

Unfortunately, the chemicals used in chemotherapy are mostly still related to Mustard Gas that was used in the First World War, and, as yet, are not sufficiently targeted not to damage non-cancerous cells. So, adverse effects of chemotherapy involve other fairly rapidly dividing cells, namely the bone marrow (so damaging the blood and the immune system), the hair follicles (leading to hair loss) and the lining of the intestines (causing diarrhoea, nausea and loss of appetite). Apart from that, there are a lot of dead cells for the body to try to get rid of. Is there any wonder, then, that people often feel really unwell after a dose of chemotherapy?

In fact there is a group of cells that divide even more rapidly than cancer cells, namely the cells that form the basis of the afterbirth. In a newly pregnant woman, the first few cells of her developing foetus divide at an amazing speed, and, of course, have no shape or form to them at this stage. Some of those cells form what is called the trophoblast, which attaches to the inner surface of the womb and starts growing new blood vessels to produce the placenta (afterbirth). Because the foetus needs its nourishment, the afterbirth has to grow quickly; otherwise the foetus might not survive.

If you have ever seen a placenta after a baby has been delivered, you will have noticed the amazing number of very large blood vessels all over it, and they only took nine months to develop to that size! In this way, a pregnancy could be likened to cancer, because new blood vessels have been formed to feed the foetus, similar to the new blood vessel growth that cancer tumours sometimes develop. However, this very rapid new blood vessel growth does not go on forever. At day 56 of the pregnancy, the maternal pancreas and the newly developing foetal pancreas combine forces to produce an amazing amount of digestive enzymes, which literally stop this rapid cellular division in its tracks. From then on cell division in the placenta slows down to a normal rate.

The Importance of Enzymes

One could therefore suggest that digestive enzymes might be a very important factor in controlling the rate of cellular division, and hence might be important as part of the management of a person with cancer.

What is the connection between enzymes, cancer, and life styles? To explain this I need to give you a very simple description of what happens when you eat food. We tend to assume that, when a food is swallowed, the digestive juices are poured onto it and the food is broken down into its constituent parts, which are then absorbed into the blood stream to be used to build up tissue. That is effectively true, but there is a missing element that needs to be added. The food you swallow should contain all the enzymes and nutrients needed for its own metabolism. Yes, you will borrow them from your body pool of nutrients and enzymes, but they should be returned to that pool when they are released from the food being digested.

Your pool of nutrients should have been provided in the first instance by your mother when she was pregnant with you, and from the food you were given once you were born, from which your pool should have been constantly replenished. However, if you eat a food cooked at over 120°C, that has been pasteurised, micro-waved or is full of pesticides, or was empty of nutrients in the first place (such as refined flour products and probably most 'junk food'), you are not replenishing your stocks of nutrients but are, in fact, stealing from them. In the end, there are not enough nutrients for normal bodily metabolism. In particular, a deficiency of enzymes can lead to all sorts of problems, especially inflammatory conditions (as enzymes are anti-inflammatory) and cancer. So cancer may develop in a person because of a chronic deficiency of digestive enzymes, which, remember, have the ability to control the rate of cellular division.

When you were a foetus inside your mother's womb, there was no form or shape to you to begin with. All of those original cells were, in fact, stem cells, a name that is regularly in the news nowadays. Stem cells are truly remarkable in that they can develop into (the technical term is 'differentiate into') a lung cell, a skin cell, or any cell once they have received the appropriate instructions. Throughout life, stem cells are constantly converting into the normal cells they are supposed to be. They are the cells that create new tissue as old tissue wears out.

When a new, normal cell is created, it is endowed with a condition called 'apoptosis', which means pre-programmed cellular death. Every cell 'knows' that, after a certain length of time, it must commit suicide and die. For this to happen, however, there is a 'time-keeper' in the form of the p53 gene. This remarkable gene knows exactly when every cell's time is up, and keeps sending out messages for individual cells to die by apoptosis. Things go wrong when the p53 gene stops

working, or is damaged in some way, such as by doing all the things we now know to be wrong.

When cancer develops, mainstream science and medicine believes that three things have basically gone wrong. First, something has stopped stem cells in a particular tissue from developing into normal cells, and, second, something has stopped the p53 gene from sending out a message to certain cells to die by apoptosis. The third thing that may have gone wrong is that something has damaged normal cells so badly that they have reverted to a primitive sort of existence.

The Approach by Dr. Beard

This last attitude is assumed because, when a cancerous tumour is examined under a microscope, a trained eye can still recognise what the original tissue was, even if the majority of cells are cancerous. However, Dr. Beard, an English embryologist theorised in around 1900 that cells of the trophoblast spread throughout the developing foetus, leaving nests of primitive cells everywhere. He explained that cancer cells have five main characteristics, namely that they are primitive, undifferentiated, invasive, migratory and angiogenic. A sixth could be added - they divide rapidly. These accurately describe cells of the trophoblast. He believed that inflammation in some way causes these trophoblastic cells to start dividing, but, because they do not have normal influences controlling them, they divide in an uncontrolled fashion and produce a tumour. Inflammation is now recognised to play a part in cancer.

If certain stem cells fail to convert into normal cells in a particular tissue and they remain primitive, they will divide more rapidly than other cells around them. In fact they remain 'undifferentiated', which is the term used by doctors to describe the appearance of cancer cells under the microscope. Similarly, if previously normal cells revert to a primitive state, they will also divide more rapidly than normal cells around them. In addition, such cells are of no value to that tissue because they do not function as normal cells. At the same time, old cells may not be dying by apoptosis, i.e. when they should die, although they will eventually die by other means such as old age or necrosis. So, surprise, surprise, a lump is formed. And that, quite simply, is what a cancer tumour is.

Accepted Causes of Cancer

So what causes stem cells to fail to convert into normal cells, or to start dividing in an uncontrolled way? What causes normal cells to revert to primitive cells, if that is what sometimes happens? And what damages the p53 gene so that it fails to send out the message for old cells to die because their time is up?

Current mainstream medicine and science accept that a number of environmental factors can cause cancer, so presumably are the causes we are looking for. Known causes are radiation, asbestos, tobacco smoking (and chewing) and probably second-hand smoke, viruses such as the Human Papilloma Virus (HPV), and a whole load of chemicals such as benzene and acrylamide, to name but a few. They all cause inflammation in tissues.

Other Causes of Cancer

However, in my experience many other things can either predispose a person to cancer or directly cause it. Stress of any sort is a major cause of cancer. Time and again, when I go through a person's history, shortly before the cancer was discovered, some form of stress occurred. What is not often realised is what the stress does. In the first place, it adversely affects your immune system. Secondly, it seems to create a metabolic demand for better and more nutrition. At the same time, because of the stress, people sometimes ignore their diet, snacking on junk food because of its convenience, and drink too much tea and coffee with sugar, more alcohol, and often smoke even more. So at a time when better attention should be paid to the person's nutritional state, exactly the opposite occurs. This provides an environment more appropriate for cancer to develop in.

The Environment within the Body

In addition, stress causes the body to become more acidic. It is perfectly normal for the body to produce acid, and it tends to do so all the time. However, the liquid in the blood (the serum) has been designed to be within a narrow range of pH, at around 7.36, i.e. just on the alkaline side of neutral 7.0, and it fights hard to retain that level. If anything happens to disturb this equilibrium, the body has mechanisms to deal with it, namely to excrete a more acid urine, sweat, saliva, breath, and possibly faeces. But, this should not continue for too long, otherwise problems can develop in the long run, such as osteoporosis, as calcium is withdrawn from the bones to help neutralise

the acid. However, long before that has developed, the too acid status provides a more suitable environment for cancer to develop.

Normal cells thrive in a slightly alkaline environment, while cancer cells thrive in a relatively acid environment. However, it is not just a matter of giving more alkali to reduce the acidic state. Body metabolism is, in fact, quite complicated. For a number of reasons, the area around cells may be too alkaline, even if the cells themselves are too acid. This is part of the body's compensatory mechanisms, which may not be producing the most desirable response.

The Fungal Theory

There is a very interesting, decades old theory that cancer is actually your body trying to protect you from a 'cancer-forming fungus', as various forms of fungus have been identified in, and grown from, the centre of many cancerous tumours. If you examine a fresh sample of blood from a healthy person by dark field microscopy (that is effectively casting shadows instead of shining bright light on the object you are studying), you will see many organisms living in harmony with the body. If you drop a small amount of acid into it, i.e. make that sample slightly acidic, those organisms immediately change their level of activity. They mutate and develop into a harmful form. It is almost as if they have to change to survive in the new (acidic) environment they now find themselves in, and that that form just happens to be harmful. If you reverse that acidity quickly, the organisms lose their harmfulness. However, if the harmful form has become 'established' over a period of time (and I have already said that cancer develops in the body long before the first signs appear), it may not be quite so easy to reverse the situation simply by altering the acidity to a more acceptable level.

This idea that harmless organisms can become harmful under certain circumstances is well understood by nutritionally orientated doctors (even if their mainstream colleagues do not agree) in relation to the 'Candida' story. To be fair, it may well be more appropriate to call it 'Fungal-Type Dysbiosis', as suggested by the late Dr Keith Eaton, as the Candida organism may not always be involved, as there are many other species of yeast/mould/fungus. However, I doubt the term will catch on, so we may well be stuck for now with a name such as 'candidiasis'.

A single course of antibiotics taken orally can kill off, or at least seriously damage, the 'friendly' organisms within your intestines. This leaves potentially

unfriendly ones to proliferate unopposed, as the antibiotic does not damage them. The friendly ones have names such as *Lactobacillus acidophilus* and Bifido bacteria, which are very easily destroyed by antibiotics.

Throughout your intestines, and on your skin, especially in moist areas such as your groin or under breasts, the single-celled candida organism lives in comparative harmony with the body. But, if you change the environment, such as take oral antibiotics or eat a lot of sugar or refined white flour products, this single-celled, harmless organism sometimes converts to a harmful variety. It does so by developing 'mycelia' (long branching filaments) which can penetrate local tissues, break off and invade other parts of the body. The range of symptoms this can cause is very wide indeed.

If your Biological Terrain, i.e. the environment within your body, shows your situation to be considerably out of phase, and likely to be too acidic - and you have had antibiotics in the past, and you have eaten considerable amounts of sugar and refined white flour products - you could imagine that that acidity has allowed the 'cancer-forming fungus' to develop, and that your current cancer is trying to protect you from it. This may sound a little far-fetched to some people, but it is quite plausible, and is certainly based on many observations by plenty of open-minded people over the years. It also gives you a mechanism that might be possible to reverse.

Interestingly enough, this whole approach has been brought out into the open by an Italian oncologist. In 2007, Dr. Tulio Simoncini believes that nearly all cancers involve a fungus and that that fungus creates so much acidity locally that it is impossible to alkalinise the body sufficiently to neutralise that acidity without doing harm to the rest of the body. He simply injects sodium bicarbonate directly into the tumour with its consequent demise. Although he may be right, at present I feel he has gone too far, as he believes cancer cells are fungal cells.

In her book *Knockout*, Suzanne Somers describes how she was diagnosed confidently by many doctors as having cancer throughout her body, the most extensive cancer he had ever seen, according to the main oncologist. It was one of her daughters, a layperson, who suggested that she might be suffering from coccidiomycosis, or Valley Fever, a fungal infection. After her diagnosis of cancer was 'reviewed', it was suggested she might have TB, leprosy or coccidiomycosis, and

was recommended to start a cocktail of drugs that should never be given together, and which would probably have killed her.

Suzanne's cancer was diagnosed on CAT scan, when in fact it was an extensive form of fungus. How many people's cancer the world over is confidently diagnosed as cancer from a scan, when it may not be cancer at all? So Dr Simoncini's approach may not be so bizarre after all. Incidentally, I am fascinated by the possible connection between the increasing use (overuse or abuse some people would say) of antibiotics (including their use in livestock to fatten them) and the rising incidence of cancer generally, associated with all the other ways our world and our environment are being poisoned.

Then there is the work of Dr. Burzynski in America who has shown that cancer patients lack essential cancer-protecting peptides (rather like small molecular weight proteins) called Antineoplastins, and that, when he replaces these missing chemicals, patients' tumours often disappear.

Professor Jerry Potter, Professor of Pharmacy at Leicester De Montfort University in UK has identified what he has named 'Salvestrols', chemicals that fruits and vegetables naturally produce to protect themselves from fungal invasion. These salvestrols have cancer protective effects, but foods that are sprayed with anti-fungal chemicals don't produce their natural salvestrols. So when we eat sprayed foods, we don't consume the protective salvestrols.

So, what if our poor diet, our stress, our infections, our toxic chemicals, our hormonal imbalances, our nutritional deficiencies, the drugs we take including antibiotics, etc. kill off, or somehow damage, our ability to produce antineoplastins and salvestrols, let alone damage or overwhelm our immune systems?

If any or all of these ideas are relevant, perhaps you can now see why it is so important to go over your history in great detail to try to identify the causes of your cancer. In this way we will have something to start working on. It will help us to start relieving the burden on your body, help you to start healing yourself. I cannot cure anyone, but I believe you can cure yourself, with my help or other peoples'.

Possible Causes

What if, together, we could identify the causes and eliminate them? Wouldn't that give you a chance to start getting better? To repeat, over the more than thirty years that I have been practising this type of medicine, I have found that the causes of

someone's problems can be considered among the following: diet, infections, especially fungi, toxic substances such as heavy metals and chemicals, environmental agents, nutritional and hormonal deficiencies or imbalances, other deficiencies, emotional problems and stresses of all kinds, plus there may be something unusual in a new patient that I haven't yet thought of.

Each of these needs to be considered in each person, although it is sometimes obvious where to begin. The person's history (medical jargon for all the details of a person's life) gives the game away. Personal stresses may be hidden or the person may not feel comfortable talking about them until they get to know me better.

Cancer as a Protective Mechanism

I have felt for a long time that cancer is a protective mechanism of sorts, even if the way it has developed is somewhat bizarre, and damaging to your health as well as what it is trying to protect you from. I now feel it is perfectly reasonable to suggest that lung cancer is trying to protect you from cigarette smoke or asbestos, and cervical cancer is trying to protect you from the Human Papilloma Virus. If you accept this hypothesis, you can see that it gives you something to do to try to overcome the cancer that is affecting you at present.

This state of affairs is all the more likely to occur if you have been under a lot of stress, especially shortly before your cancer showed up as a specific symptom or lump. What we also have to explain is why cancer has appeared where it has. This is where your personal history comes in, because it is likely that you have created a target or a weak spot by doing something or by something occurring in your life.

Let me give you an example. Many women suffer from breast swelling, with or without tenderness, for a number of days before the onset of their monthly period, which settles completely as soon as their period starts. Such symptoms can occur for one or up to fourteen days, and may make life really quite miserable. They can't bear to be touched, and the whole time can be made so much worse if they also suffer from mood swings. Naturally, this affects their relationships, especially if they also suffer from prolonged, heavy and painful periods. Some women who have consulted me about their pre-menstrual symptoms have told me that they have only one reasonable week out of every four, and that that week may not be very good either.

Such a history is an immediate give-away to me that the woman has been demonstrating a serious dominance of oestrogen in relation to progesterone for as

long as she has suffered from these problems. As oestrogen's job is to make her a reproductive person, part of its function is to develop the breasts. If it overdoes this for a few days towards the end of each monthly cycle, the breast becomes more sensitive generally to anything. Most patients with breast cancer I have seen have suffered from premenstrual breast swelling and tenderness for a long time, and many of them have had lumpy breasts, becoming more lumpy in the pre-menstrual phase. They may also have had a number of breast cysts removed or aspirated over the years, further evidence of an over-oestrogenic effect. Hence they have created a target for the development of cancer.

If this oestrogen dominance theory is correct, you can see why taking the contraceptive pill or HRT (especially the oestrogen-only form) might make things worse, or at least increase a person's risk factors. This is a common example I regularly come across, so you can see that, if you have cancer somewhere else, taking a personal history will help to reveal why you have cancer where you have it, and what you may need to do to reverse the process.

I gave a lecture to two audiences in 2004, one in Germany and one in Ireland, in which I made the statement that, if you can identify and eliminate the cause of your cancer, you don't need the cancer. However, I also acknowledged that, if cancer had become 'established', it had developed a momentum of its own, and simply removing the cause would not be sufficient. So, to treat cancer, we need to know what the causes are and remove them, as well as interfere with the metabolism of the cancer itself.

Free Radicals and Anti-Oxidants

Many children with leukaemia, who are successfully treated with chemotherapy and radiotherapy, are now developing other cancers many years later. Similarly, it is accepted by mainstream medicine that if young women in their late teens or twenties have their upper chest area irradiated because of Hodgkin's Lymphoma, they are at a high risk of developing breast cancer later in life. It is therefore accepted that cancer treatment is itself cancer producing. No one thinks of giving them appropriate anti-oxidants to mop up all the free radicals that the cancer treatment produces.

Virtually all forms of chemotherapy and radiotherapy create an enormous free radical overload in the body, and also make the environment more acidic. They also damage the friendly organisms within the bowel, on which the body depends for so

many functions, including maintaining the integrity of the bowel itself. Unfortunately, they seem to leave potentially harmful organisms undamaged, so they can proliferate unopposed by friendly organisms, which usually outnumber them. This further potentiates the fungal theory.

If there is any truth in the theory I have just described, you can see why mainstream medicine's approach to cancer management (remove the cancer by surgery or treat it with radiotherapy or chemotherapy) may not be a sensible one, especially in the long run. However, it is just possible that, when the treatment does work, it has somehow managed to kill the cancer fungus, so the 'protective' cancer cells are no longer needed.

In any case, the 'causes' that have brought your body to its current situation have produced various responses over the years. Your body has tried to compensate, but it hasn't always done the best thing for you, possibly because it was not sure what was coming next. The 'current status' of your body's metabolic profile is, in fact, important to determine, and an analysis of your Biological Terrain, through an examination of samples of your urine and saliva at various times of the day, plus certain physiological measurements, may be of great value.

Cancer's Food

Cancer cells feed mainly on sugar (as do fungal cells) and iron, so there is little doubt in my mind that one of the most important dietary changes for a person suffering from any form of cancer is to avoid sugar in all its forms. I also advise refined white flour products to be avoided as well, as they are all too easily metabolised and turned into sugar, or, more to the point, can be used as nourishment by fungal-type organisms. Cooking potatoes at a high temperature, such as roasting or in the oven, convert more of the carbohydrate into 'sugar' than if merely boiled or steamed. In addition I nearly always advise cancer patients to avoid foods that contain 'yeast' in any form, such as cheese, mushrooms, vinegar, normal breads and yeast extract preparations, which includes most gravy mixes, as there is something fermentative about their metabolism.

The strict 'anti-candida' diet also usually recommends minimal intake of fruit, but I don't always go that far with cancer patients who, in principle, want to increase their intake of fruits and vegetables, because of their extensive anti-oxidant content. On the other hand, if a very strict anti-candida diet is advisable because the person's

history recommends it, capsules containing dried powder of fruits, vegetables and berries can be taken.

The second important 'food' for cancer cells is iron, which is also important in the life cycle of parasites and fungi generally. This is why I tend to advise most cancer patients to avoid red meats (which contain a high amount of haem/blood iron), and why they often become anaemic, which does not respond very well to iron supplements or blood transfusions. In fact they may make matters worse. So interrupting the cancer cell's metabolic utilisation of iron is sometimes an essential part of my cancer approach, especially if the patient is short of iron and needs supplementing for clinical reasons.

This whole area needs to be considered carefully, because I am constantly asking the question 'why?' Why have you developed cancer in the first place? Yes, it is certainly possible that you have a genetic predisposition, but that predisposition can be turned 'on' or 'off'.

Genetics

A common cause of migraine is eating cheese or chocolate, or drinking red wine. Migraine tends to run in families, so there is no doubt that people who suffer from migraines have a genetic predisposition to it. Yet, if cheese, chocolate and red wine are the only 'triggers' to migraine in a person, avoiding them totally can render the person migraine-free. Continual avoidance will keep their genetic predisposition switched 'off'. However, any time in the future, if that person were to have one of those items, their genetic predisposition could be switched back 'on' again, and a migraine would result. So, despite a genetic predisposition to migraine, a person can remain symptom-free by avoiding any triggers.

A lot of research is currently being carried out into the genetics of cancers, and a specific breast cancer gene has been discovered (the BCR 2 gene). If a woman has the gene, she is supposedly at a greater risk of developing breast cancer than other people. However, even if she has it, by following the theory I described in the last paragraph, there is no need for her to develop cancer if she does not turn her gene 'on'. She just needs to know how to keep that gene switched 'off'.

To return to the 'acid' story, unfortunately the way humans now live produces more acid than our bodies were originally developed to handle. Foods can basically be divided into two groups, one that leaves an alkaline ash when it has been

metabolised, the other leaving an acid ash. The main alkaline foods are vegetables and fruit. The acid-forming foods are all animal produce, including dairy products, all grains, sugar, tea, coffee, and all manufactured beverages. Since many people eat only the acid-forming foods, is it any wonder how unhealthy so many people are?

To be fair to governments in many countries, they have advised everyone to try to eat at least five portions of fruit and vegetables every day, and you can see how sensible that is. Fortunately there is greater alkalinity in the alkaline foods than acidity in the acid-forming foods. So a little of both in a sensible balance is not necessarily a bad thing in principle.

However, it doesn't stop there, because the chemicals that now pollute our world, diesel and petrol fumes, the effects of industry, pesticides, food additives, etc., all create additional acidity. Then there are all the extra stresses of modern life, choices to be made, the family to be helped in times of trouble, the emotional problems of birth, moving house, marriage, divorce, death of loved ones, etc. Sometimes it is all too much. The body seems unable to take it all. And sadly, when we should improve our nutritional status, we let it slip.

But don't despair, because once you understand what has allowed cancer to develop in your body, you will be able to see what you need to do to deal with it and help your body to reverse it.

Many scientists feel that man's problems are the result of the daily generation of 'free radicals'. These have been buzzwords in science and medicine for a number of years now, and are recognised as being a major cause of ill health. In some respects, however, the term may not be the correct one, but it is probably here to stay, for some while at any rate.

A free radical is basically described as an unstable, unpaired oxygen atom, and is produced by the normal metabolism and usage of oxygen itself. On this basis, everyday living produces free radicals. The best example of this is the action of oxygen on metal, turning it to rust, but at the same time, damaging the metal. To be precise, an atom of oxygen is made up of a proton in the centre, with two electrons, exactly opposite each other, spinning round at a phenomenal speed, in perfect balance. When an oxygen atom is used, however, it gives up (loses) one of those electrons and becomes unbalanced.

I like to compare the development of a free radical to the two phases of a spinning top. When it is spinning fast, it is nice and stable, and is similar to an

oxygen atom in its natural state, i.e. a proton with two perfectly balanced electrons. But, when it slows down, it becomes unstable and wobbles all over the place, bumping into anything in its way, and is now like the atom when it has lost one of its electrons and has become a free radical. As another example, when your washing machine is on its last spin, if all the clothes inside just happen to have ended up all together at one side, the machine becomes unbalanced, and has a tendency to bounce about.

It is claimed that literally millions of free radicals are produced every second of your life. However, free radicals are desperately trying to find a spare electron to pair up with and put them out of their misery, because, while they remain in this state, they rush around in a blind panic, bumping into normal cell walls, trying to steal an electron from anywhere. They don't care where it comes from, so long as they get what they want, and they will fight tooth and nail to get it, potentially causing havoc in the process.

At the same time as Mother Nature produced this rather strange, damaging metabolic process, she also produced the antidote in anti-oxidants. So, in health, the split second a free radical is formed, it is instantly 'quenched' by the donation of an appropriate electron from an anti-oxidant. Since anti-oxidants come almost exclusively from fruits and vegetables under normal circumstances, you can see why the 'correct' diet is so important.

Trouble begins when your dietary anti-oxidant levels do not equal the amount of free radicals that your life is producing. If your anti-oxidant intake is poor in the first instance because of dietary choices, and you then add additional free radical production because of an unwise life style, you can see how things start to go wrong. The chances are that such a process began years ago, long before you first found a lump or whatever it was that was eventually diagnosed as cancer.

Earlier on I mentioned the fact that neurotransmitters were just as abnormal in the urine of patients with established severe disease states as in people whose condition had only just 'appeared'. Perhaps you can now see more clearly why going back into your personal history is so important. While it is possible that you have already made considerable changes to your life style, if you haven't, you can now see why you must.

To put this all into perspective, while increasing your level of anti-oxidants seems a wise thing to do, it is logical to ensure you have adequate ability to neutralise

all the acidity you are producing on a daily basis. This is best achieved by drinking water high in redox potential (it contains adequate free radical quenching power), or doing or taking something to make sure the water you drink has such an effect. However, while some people seem to advise to ‘alkalise, alkalise, alkalise’, care needs to be taken in this regard, because it may not be as simple as that. In fact understanding your Biological Terrain will help to unravel what can sometimes be quite a complicated situation.

Doing something about all the underlying causes of your cancer is certainly very important, but, unfortunately, this has allowed a ‘life force’ (your cancer) to develop within your body. Certainly undoing all the wrong will be important as time goes on, but it is not practical to undo it all immediately. A rescue package is needed to get your healing processes kick-started. You need to be shown how to improve the environment within your body, to make it less likely that cancer cells will need to survive, and more conducive for a healing process to proceed.

Dr. Fryda’s Theory

The late Dr. Fryda, a German doctor, was convinced that all cancers are the result of chronic adrenaline (epinephrine in USA) deficiency. Adrenaline is produced in the adrenal medulla, which is in the centre of the adrenal gland, the adrenal cortex round the outside producing cortico-steroids.

Adrenaline is produced as part of the body’s immediate response mechanism to any ‘shock’. When someone ‘makes you jump’ it is the fast production of adrenaline that makes you feel the way you do. The system was developed millions of years ago as the ‘fright, fight or flight’ response. It increases the blood flow to those parts of the body where it is needed immediately, such as the heart and limb muscles. It also makes the heart pump harder and faster, and dilates your breathing tubes to allow you to take in more oxygen and blow off more carbon dioxide. Adrenaline also causes sugar to be manufactured quickly from stores of glycogen, to be readily available for your muscles to use.

At the same time, the blood flow to your skin and digestion is significantly reduced, which is why you have been told never to go out swimming when you have just had a big meal. There simply isn’t enough blood to go round to serve all parts of your body at the same time. You might then develop cramp in your muscles if the digestive processes win the battle for the limited amount of blood in your body.

When this system was originally developed millions of years ago, the result was nearly always a fight, a chase after an animal to kill it, or to run away from a marauding animal. Whatever the reason for the system to be brought into play, the effect was usually some form of physical response.

In this modern day and age, there are many times in a day when the system is 'alerted'; someone annoying you while driving; the kids making you late for work in the morning; receiving a bill you can't afford to pay; a letter from a solicitor; an argument with your boss at work. You name it. There are many such little or major episodes in most people's lives nowadays, all stimulating your adrenaline response mechanisms.

But where's the exercise? That game of squash on Friday evening is far too late. So what happens to all that sugar you keep pumping into your blood? Where does it all go, since it won't be used up in any form of exercise, except possibly by storming back to your own office?

Whenever the levels of sugar rise above a certain amount in your blood, insulin is produced to pump it into your muscle cells. Clearly this is important if you need it to fight or run away, when that sugar will be used up. However, even in the dim and distant past, exercise did not always follow the adrenaline response, so insulin would still lower blood sugar back to acceptable resting levels, by pumping it into cells.

Unfortunately, the insulin mechanism is used far too many times every day when the 'alarm' system is stimulated. In addition, insulin is produced to bring down the levels of raised blood sugar as a result of most people's diet of sugar itself and white refined flour products. This keeps pumping sugar into the body's cells, which gradually poisons them, turning them more and more acidic. As has already been said, an acidic cell favours the development of cancer.

More specific causes of cancer

If you have a hormonal cancer, such as breast, prostate, cervical, uterine or ovarian cancer, consider seriously if you have a hormonal imbalance, with dominance of oestrogen playing a major part. This is particularly likely in breast cancer. In prostate cancer, I need to raise another important aspect. Mainstream medicine effectively castrates you chemically, by blocking the effect of testosterone in your body, one way

or another. However, if testosterone really is the bad guy, why have you developed cancer in your prostate when your levels of testosterone are diminishing as you have got older? Surely, if testosterone were the big bad guy of prostate cancer, wouldn't a twenty-year-old young man develop it? In fact, testosterone itself kills prostate cancer cells, but it is the first metabolite of testosterone, namely dihydro-testosterone (DHT) that is the real culprit.

So what causes us to convert more of our dwindling supplies of testosterone into DHT? Once again, the answer is oestrogen, especially xeno-oestrogens, from pesticides, plasticisers and petrochemicals, etc. Our world is awash with xeno-oestrogens. So in prostate cancer, you need to antagonise oestrogen, namely with bio-identical progesterone, among other things.

If you have a lymphoma, i.e. swollen lymph glands anywhere in your body, think of infections. After all, that is what their job is, to deal with any local infection. It is just that your immune system has not coped with whatever your infection is, so apart from taking a specific anti-infective treatment, you will need to improve your immune system. In my opinion, it's all very basic and simple, but you have to be prepared to do something yourself.

If you have cancer in your mouth, oesophagus (gullet), stomach or any part of your intestines, think of what you have put into your mouth over the years. In lung cancer, it is nearly always what you have put into it, namely cigarette smoke, allowing for the fact that you have a genetic predisposition to lung cancer. In brain tumours, have you used a mobile phone too much over the years, especially since you were much younger, when your brain was developing?

In cervical cancer, have you had any infections in that part of your body? Have you ever had an abnormal smear? Have you ever had thrush?

In kidney cancer, what have you been passing through your kidneys? In pancreatic cancer, have you eaten many foods for a long time with virtually all the enzymes removed from them in their processing? In testicular cancer, did you have mumps some time in the past?

Do you see what I'm getting at? These explanations may not be relevant to you, but at least I am giving you some ideas of what could have caused cancer to develop in you, which then gives you something to take control of in your life.

This brings us back to the basic reasons why you have cancer. Yes, it may be as a result of the life style you have led, a poor diet, or the stresses in your life that

you couldn't avoid, or the chemical exposures that weren't your fault, or you didn't know at the time were unwise. All of these have led to a number of problems that need to be resolved as soon as possible. You need to start doing something about the state that you find yourself in now.

Your body has probably become too acid and you are most likely producing too many free radicals that are not being adequately quenched and not quickly enough. Your immune system may be overloaded or poorly functioning. Your Biological Terrain is probably in a mess. You may be harbouring the cancer-forming fungus. Your diet may be loaded with sugar or contain too much iron, which cancer cells feed on.

I have attempted to open your eyes to possible mechanisms for your cancer. Any one, or all, of these may be playing a part. Many of these mechanisms have points in common

I hope you now have a greater understanding of yourself and your cancer. I hope you will also have lost some of your understandable fear of cancer, and begin to realise there is a lot you can do for yourself. As far as I am concerned, there is no hurry, so we will take our time.

Start believing in yourself. Start believing that you can make all the difference you want for yourself. Remember, I am the teacher (the word doctor comes from the Latin word docere = to teach) and you are the pupil for now. How much do you want to learn from me? What are you prepared to do to achieve what you want to achieve? It's up to you.

So, enjoy yourself, feel enlightened, smile, be happy and radiate confidence in what you are going to do. Be positive and forget the doom and gloom merchants. If someone has given you a poor prognosis, forget it. You no longer fit into their statistics. You are going to do something for yourself. You are now in charge.