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Congress of the United States, House of Representatives,
Committee on Government Reform
Hearing on "Integrative Oncology--Cancer Care for the New Millennium"
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Testimony of Burton Goldberg

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- *Alternative Medicine: the Definitive Guide*
- *the Definitive Guide to Cancer*
- *Cancer Diagnosis: What to Do Next*
- and many others

Publisher of *Alternative Medicine Magazine*

When it comes to medical emergencies, contemporary conventional medicine is magnificent. For the treatment of trauma and when extreme, life-saving interventions are called for, conventional medicine's heroically complex surgical techniques and arsenal of pharmaceutical drugs are without parallel.

When it comes to the prevention of illness, however, and the treatment of cancer, heart disease, diabetes and the epidemic of degenerative diseases that presently afflict our society, conventional medicine has proven catastrophically inadequate.

A century ago, one in 33 people had cancer; today, according to the American Cancer Society (ACS), it is more than one in three, and growing. When I was born in 1926, cancer was the tenth leading cause of death among children--now I am 73 and it is second. No other health topic today has the urgency of cancer because no other health condition is escalating as fast. In March of this year, the National Cancer Institute (NCI) released its Annual Report to the Nation on the Status of Cancer, 1973-1997. According to the report, some types of cancer had declined more or less, while others had increased. But the NCI proudly trumpeted the fact that for the first time ever in this country, overall cancer incidence and mortality rates had both declined from 1990 through 1997. The amount of decline was the same for both: 0.8%. Taking this number at face value (the field report's raw data has yet to be analyzed by objective sources), while it might be statistically significant, this less than 1% decline pales in the face of the grim reality of the ACS's prediction that one out of two men in this country will get cancer. Or that, while in 1950 one out of 20 women got breast cancer, in 1960 it was one in 14, and today it is one out of eight. This is not much to show for spending \$2 billion per year--now \$3 billion per year--for over a quarter of a century.

Conventional medicine still admits ignorance as to the causes of cancer: without knowing the cause how can there be prevention and cure?

Our message is simple, direct, and lifesaving: cancer can be--is being--successfully reversed using alternative medicine. Although many of the alternative methods for treating cancer have been with us for perhaps 50 years, it is only recently that these approaches have achieved major clinical breakthroughs and moved into wider public awareness. I wish I had known more about them myself when my sister and my mother were dying of cancer. Seeing them ravaged not only by cancer but by the toxic treatments of conventional medicine made me think there

must be a way to treat cancer without poisoning the body and destroying the immune system, and I vowed to find it.

This is another aspect of conventional medicine that is too little addressed: even in cases in which surgery, radiation and chemotherapy can extend life, at what cost to the quality of life? Another year--or month--of debilitation and pain may be statistically significant, but is it meaningful?

Over the years I have met with hundreds of alternative doctors. I visited their clinics and talked to their patients. I looked at their records, their lab results, their x-rays and scanning images. I learned how a myriad of health conditions are successfully treated using alternative methods. Their recommendations and views became *Alternative Medicine: The Definitive Guide*, a national best-seller that changed the lives of many readers by showing them, as I tell everyone I meet, "You don't have to be sick." You can get better using safe, effective, inexpensive, and nontoxic methods from the world of alternative medicine. Let me give you an example. I have given you a copy of our latest book, *Cancer Diagnosis: What to do Next*. In Chapter One is the story of Cheryl Wilkins, who used alternative medicine to reverse malignant melanoma. Instead of chemotherapy, which she had been told would probably not be effective for her cancer, she underwent a detoxification and nutritional therapy program. Today, she is healthy and cancer free. But she is only one of a thousand I have met and spoken with.

A great deal of what you will hear about alternative medicine will probably be new to you and you may well say, "If alternative medicine for cancer were any good, my doctor would know about it and would have told me." I offer you two reasons why this is not the case. First, your doctor may not know about it. Very few physicians are taught in medical school even the rudiments of nutrition or the immune system. Until the mid-1990s, no conventional medical school discussed alternative approaches to treating illness. Too often, physicians blindly follow the conventions of their field and never look beyond to see what might work better.

Presently, 60% of medical schools teach courses on alternative medicine. They are doing so because patients and younger doctors are demanding it. Conventional doctors are losing patients to alternative practitioners. The reason for this is the superior results many patients receive from alternative medicine: it works. Sadly, while a great deal of new information about alternative approaches to cancer actually appears in mainstream medical journals, too few doctors seem to pay any attention. Conventional doctors and laypersons alike still tend to think of "alternative medicine" as an umbrella term encompassing a number of separate, unrelated types of therapy--acupuncture, chiropractic, herbal remedies and nutritional supplements are the most familiar--in the same way that conventional medicine encompasses a number of basically unrelated specialties, such as radiology, anesthesiology, oncology, etc. Alternative medicine still connotes naïve and ill-trained practitioners claiming that a little St. John's Wort is all that is necessary to cure depression. But true alternative medicine is a comprehensive system, incorporating more than 50 different disciplines, and employing sophisticated diagnostic techniques to determine the causes and mechanisms of a patient's health problems. Having determined a person's unique condition and needs, it then incorporates the appropriate detoxification regimens, nutrition programs and any of a number of treatment protocols ranging from ancient Asian traditions to high-tech, cutting edge devices using light or sound waves to enhance the healing process. This is an entirely different paradigm from conventional medicine; it is something that can hardly be grasped, let alone mastered, by taking one or two courses in medical school.

The second reason your doctor might not have told you about alternative medicine is, sadly, that he or she may not want you to know about it. Many powerful economic forces--pharmaceutical drug companies, physicians' trade groups, insurance companies, the Food and Drug Administration (FDA) and the National Institutes of Health (NIH)--want health care to stay exactly the way it is because they are thriving under it. The reason alternative cancer treatments are not yet mainstream has little to do with alleged therapeutic ineffectiveness and far more to do with political control over the therapy marketplace.

Successful alternative approaches to cancer are seen as a direct financial threat to this system. The politics of cancer have an overriding influence on the science of cancer and, ultimately, on what the public thinks about cancer treatment options. If you think that authorities in the government health agencies would never sacrifice the wellbeing and lives of Americans to maintain the status quo--if you think that "it couldn't happen here"--let me give you an outrageous example that has been well documented and would be easy for you to verify.

In the early 1970s, physician and independent researcher Joseph Gold, M.D., had an idea about a new approach to treating cancer. He realized that most people do not die from the invasiveness of cancer tumors themselves but from the side effects of the cancer process. One of the chief side effects is a wasting process called cachexia: this is extreme weight loss due to the loss of lean tissue and muscle mass.

Cancer cells use sugar (glucose) from the body as fuel and release lactic acid as a waste product. The body detoxifies the lactic acid in the liver and reconverts it into glucose with a huge energy drain on the patient. This new glucose is once again taken up and used as fuel by the cancer cells, and the vicious cycle continues; the body uses up its reserves and healthy tissue turning toxic cancer wastes into new fuel for cancer cells. Dr. Gold came upon a reference to a chemical called hydrazine sulfate, an easily synthesized substance that could block a particular liver enzyme necessary to convert lactic acid into glucose. He reasoned that this could break the cycle and inhibit the growth of cancer tumors while preserving normal tissue. He first proposed using hydrazine sulfate to combat cachexia in 1969.

Preliminary animal studies supported his concept and by 1973 about 1,000 cancer patients were using hydrazine sulfate. The FDA issued a few Investigational New Drug permits and Dr. Gold organized the Syracuse Cancer Research Center to develop the drug and its protocols. In clinical trials in the United States, the compound significantly improved the nutritional status and survival of lung cancer patients. In a study of 740 patients with various types of cancer, 51% of patients reported tumor stabilization or regression. Almost half the patients also reported subjective improvement, notably decreased pain and better appetite. Further, and this is crucial, similar studies were performed in Russia with almost identical results. Dean Burk, M.D., at that time the head of cell chemistry research at NCI, called hydrazine sulfate the "most remarkable anticancer agent I have come across in my 45 years of experience with cancer." Dr. Gold's research revealed two important caveats to the protocol:

1) Dosage amounts were critical: too high a dose would not only be devoid of beneficial effects but could create a toxic environment that would increase mortality.

2) Patients had to absolutely avoid certain other drugs, including alcohol, barbiturates and antidepressants; these negated hydrazine sulfate's action. Then, in late 1973, Memorial Sloan-Kettering Hospital in New York started clinical trials--but used dosages far higher than what Dr. Gold considered safe or effective. It is no coincidence that Sloan-Kettering is a bastion of the cancer establishment, heavily supported by pharmaceutical companies. It was clear to Dr. Gold that they were setting things up to scuttle his research and, indeed, in these trials hydrazine sulfate not only failed to work properly but produced the predicted negative results. Nevertheless, independent trials still went on, including four double-blind, placebo-controlled studies conducted in the 1980s by Harbor-UCLA Medical Center that reported increased survival rates for cancer patients using hydrazine sulfate. Because of this success, certain officials in the FDA began to look for a pharmaceutical company that would agree to undertake the expensive testing necessary to get the drug approved and so widely available.

Traditional chemotherapy attempts to kill cancer cells with poisons--cytotoxins--which also poison and weaken the entire body. Chemotherapy is expensive: every approved cytotoxin is the patented product of a pharmaceutical company that spent tens or hundreds of millions of dollars developing it and bringing it through the approval process. Hydrazine sulfate, on the

other hand, was dirt cheap--treatment cost less than a dollar a day. In proper doses it was without side effects. It represented an entirely new approach to cancer treatment. And it worked. It was, in other words, a huge threat.

At that time NCI's director was Vincent DeVita, M.D., considered one of the fathers of cytotoxic chemotherapy. In 1981 he appeared on ABC News and flippantly discounted hydrazine sulfate: "I'm very unexcited," he said about the UCLA and Russian studies. "We throw away drugs that are better than hydrazine sulfate." What a far cry from Dr. Burk's ringing endorsement! It was at this time that NCI decided the best way to handle the situation was to sponsor studies of hydrazine sulfate themselves, which allowed them complete control. And in trials they sponsored they administered hydrazine sulfate to patients who were also taking those very drugs that Dr. Gold had determined would deactivate hydrazine sulfate and even increase mortality. The mechanism which made hydrazine sulfate incompatible with barbiturates, alcohol, etc., was well understood and well publicized. Dr. Gold had even written a letter to NCI before their trials began, warning them of the dangers. Yet an analysis of a study by one of NCI's test managers, Dr. Michael Kosty of the Scripps Institute, revealed that almost everyone in his test group had ingested one or more of the incompatible substances. By sabotaging the trials, NCI managed to discredit the drug's use in the minds of most of the world's doctors who take the word of the NCI as the last and final word on cancer treatments. NCI made it as difficult as possible for other studies to be continued or to have research published. Armed raids were even staged, confiscating the substance from suppliers.

Nevertheless, hydrazine sulfate, properly administered, just worked too effectively to be totally quashed. In 1987, Jeff Kamen, at that time Washington correspondent for Independent Network News television, had seen almost miraculous results from hydrazine sulfate therapy administered for his mother's metastasized lung cancer. He started investigating all the bad press it was receiving and ran a series of articles on how NCI was trying to suppress the truth about hydrazine sulfate. His stories gained the attention of two members of Congress, Edolphus Towns of New York and Christopher Shays of Connecticut, ranking members of the House oversight subcommittee with authority over the National Institutes of Health (NIH). They ordered the General Accounting Office (GAO) to investigate the matter.

In 1994 a 14-month investigation was begun under the leadership of GAO assistant director Barry Tice, a 28-year veteran of probes of government agencies. His group compiled a report that scathingly criticized the NCI: "NCI did not conduct adequate oversight of these trials. It did not take sufficient measures to appropriately address concerns over alleged incompatible agents. . ." The report was initially titled "NIH Actions Spur Continued Controversy Over Hydrazine Sulfate Therapy."

On June 5, 1995, the report was sent out to the FDA, the Public Health Service and NCI for review and comment. When top officials at NCI read the report their reaction was characterized by eyewitnesses as going "ballistic," and "really crazy." NCI went on a campaign to have the GAO change the report--and they succeeded. In-house politicians at the GAO altered or deleted damning portions of the report and retitled it: "Contrary to Allegation, NIH Studies of Hydrazine Sulfate Were Not Flawed." Barry Tice strongly objected to having his 14 months of work distorted: "You can imagine how upset I was--and still am--about that title," he told Mr. Kamen in a subsequent interview. "The impact of the changes and a few key deletions was tremendous. Those changes took NCI almost completely off the hook." Mr. Tice has since left the GAO and is a consultant to the healthcare industry.

Mr. Kamen wrote another article on this cover-up by the GAO that caught the attention of attorney Jeff Robbins who was acting as chief counsel on the Senate Subcommittee on Investigation. Mr. Robbins ordered officials of the GAO to appear before him and explain the mutation of the report, from criticizing the NCI to exonerating it.

After going through mountains of documents and, after having to overcome GAO stonewalling before being able to locate the original critical report, Mr. Robbins brought to light the facts as

to how the GAO overruled its own staff and buckled under political pressure from the cancer establishment. He sent a letter of record to the GAO denouncing their handling of this affair. Mr. Robbins returned to private practice but, in an interview later, Jeff Kamen asked him about the validity of the NCI trials of hydrazine sulfate. "The studies are flawed to the point of being meaningless," he said. Did the GAO tell the truth about NCI? "No," he replied. "And let me add this: I am not a doctor. I do not know if hydrazine sulfate cures cancer, but I do know that the American people did not get what they paid for in all of this: an unbiased test of the drug, or for that matter an unbiased report on the conduct of the NCI. That is wrong and should not stand."

Dr. Gold, along with a few other independent physicians, is still championing the use of hydrazine sulfate. Looking back over nearly three decades of work, he tallies up the numbers of Americans who endured needless suffering because of NCI's tactics. The data from the UCLA-Harbor Hospital trials indicated that out of the one million new cases of cancer every year, about 50% would be helped. Some could have been cured outright, others have considerable extensions of their survival rates, and most would have lessened pain and an improvement in the quality of their lives. All from a substance that, in contrast with chemotherapy drugs that cost hundreds and even thousands of dollars per dose, would cost about a dollar a day--and in many cases works far more effectively.

But that is precisely the point. Such is the power of the cancer establishment that hydrazine sulfate is slated to be banned by the FDA in November of this year. Members of this subcommittee, I appeal to you: do not let this happen. Do not let ego and greed triumph over true science and possible help for millions of cancer patients.

Alternative approaches are not just a financial but also a serious intellectual threat to the belief systems of conventional medicine. Nutrition and the immune system are crucial to health and healing from cancer but they have never been addressed either, and this means conventional doctors will have to "go back to school" to catch up. For all their crowing about science, most conventional doctors are highly unscientific in their practices. Studies published in the likes of the *Journal of the American Medical Association* reveal that many doctors get the majority of their information about new medical treatments from sales representatives from the pharmaceutical companies. There is presently one pharmaceutical salesperson for every 11 doctors in the United States, and the drug companies spend over \$5 billion dollars annually "educating" doctors about their wares, and sweetening their presentations with little--and not so little--"extras."

As the *New York Times* reported in their January 11, 1999 article, "Fever Pitch: Getting Doctors To Prescribe Is Big Business": "These [extras] range from reprints of pertinent articles and colorful charts to hang in the office, to ballpoint pens and pocket calendars bearing product or company logos, to trays of cookies, bagel breakfasts and pizza lunches. Many representatives routinely lug cartons of drug samples with them to keep office cabinets stocked with their product.

"And often the extras take on another dimension entirely, always in the name of education. Some representatives buy expensive textbooks or pay for trips to conferences for a doctor or the doctor's trainees. Others sponsor golfing outings, river cruises or lavish dinners at expensive local restaurants where an after-dinner speaker discusses the state-of-the-art treatment of a given condition and, inevitably, the place therein of the sponsor's drug." It is no wonder then that many physicians are unaware of or simply ignore reported results of failed treatments (such as standard chemotherapy) and instead refuse to change their "scientific" methods regardless of outcome. They forget that the true meaning of being scientific is observing patients and studying what works, then adjusting the therapy accordingly.

In spite of its promise, hydrazine sulfate is no miracle cure for cancer. There is no single magic bullet cure for cancer. Many factors contribute to the development of cancer and many modalities and substances must be used to reverse it. To be successful, cancer doctors must become generalists and address the whole person along with the many interdependent factors

that contributed to this cancer. Nutrition, diet, the vitality of the immune system, and the emotional life and beliefs of the person with cancer must all be examined. Doctors must use safer, more effective ways of treating cancer must be utilized, from fields such as naturopathy, acupuncture, and homeopathy, which have long been recognized for their nontoxic holistic approach to treating illness.

Now I am going to say something that might shock you: mammograms cause cancer. Since mammographic screening was introduced in 1983, the incidence of ductal carcinoma in situ (DCIS), which represents 12% of all breast cancer cases, has increased by 328%, and 200% of this increase is due to the use of mammography, reported *The Lancet* in July, 1995. This increase is for all women: since the inception of widespread mammographic screening the increase for women under the age of 40 has gone up over 3000%. According to *The Lancet*, even for women over the age of 40 it does more harm than good: "The benefit is marginal, the harm caused is substantial, and the costs incurred are enormous, [so] we suggest that public funding for breast cancer screening in any age group is not justifiable."

How does mammography cause breast cancer? First, because of the mutagenic effect of the ionizing radiation used in the x-rays. And second, the extreme mechanical pressure on the breasts during the procedure can cause the metastasizing of existing cancer cells. This is acknowledged by the American Cancer Society, but they feel the benefits outweigh the risks--that more women are saved by the procedure than are killed. Whether this is actually the case or not is still a matter of controversy.

For instance, in general, about 40 replications or doublings of the breast cancer cells create a potentially lethal burden, yet mammography cannot detect a mass until 25 to 30 such doublings have already occurred. By this time, the cancer is far less treatable than it would have been after 15 to 20 doublings.

There is an alternative medical technique that is able to detect breast cancer earlier: advanced thermography. Thermography uses natural infrared radiation from the body and, by measuring temperature variations, can spot abnormalities. Without using any ionizing radiation or mechanical pressure, the latest thermographic equipment can see breast cancer developing years before mammography could image a tumor. Thermography accomplishes this because it is able to detect the beginnings of angiogenesis, when cancer cells first try to form their own blood supply--a necessary step before they can grow rapidly and metastasize.

Briefly, the pooling of the blood caused by factors secreted by cancer cells as a prelude to creating blood vessels is not under the control of the sympathetic nervous system. The normal response of the sympathetic nervous system to cold is to reduce blood circulation near the surface to conserve heat. But areas of angiogenesis in the breast are not under control of the sympathetic nervous system, and are not affected. They will therefore, in contrast to normal breast tissue, give off a heat signature visible to a thermographic device.

Thermography is by no means the only diagnostic device that allows alternative physicians to see disease coming earlier than conventional techniques. Another important technique is called ElectroDermal Screening (EDS), which is a form of computerized screening based on acupuncture. By taking readings at the different acupuncture points, doctors can tell the health of the organs and of the body itself. Then by having the patient hold substances or remedies while the EDS tests the acupuncture points, the physician can tell what the patient is reacting to and what might heal him or her. EDS can be used to detect many disease states, plus the presence of chemical toxins, food and substance allergies, and imbalances in the body.

Darkfield Microscopy is another invaluable tool in early disease detection. This is a technique that allows physicians to observe the form and motion of blood components, including living organisms such as mycoplasma. Mycoplasma are extremely small microorganisms present in one form or another in everyone and active in the blood of many persons with cancer. Smaller than DNA, mycoplasma are cell-wall deficient and therefore able to easily evolve into different

forms. Often called pleomorphs (form changing), they are normally able to hide away in the body.

Using a Darkfield microscope to look at live blood cells, an experienced physician can observe the changes in platelets caused by mycoplasma that are predictive of or evidence of cancer. Some alternative cancer clinics using Darkfield Microscopy report that they see evidence that mycoplasma are highly active in 80% of their cancer patients. (Mycoplasma are also implicated in the autoimmune process, playing a role in conditions such as lupus and rheumatoid arthritis.) The forms that the pleomorphs take and the extent of damage they do to blood cells correlates with the stage a cancer or other disease is in. With this information some alternative physicians create immune-stimulating anti-cancer vaccines produced from the patient's own blood.

These diagnostic techniques are safe and very effective. Properly trained doctors using them can see cancer coming years before any presently available conventional methods. "Early detection" is not the best protection: preventative medicine is. This is true healthcare, as opposed to our present system of sick care. But early detection is important, especially in cancer, because it gives patients many more options for treatment and cure than mutilating and debilitating surgery, radiation and chemotherapy. Yet alternative techniques are being used by only a tiny percentage of doctors in this country.

Here is another area in which the members of this committee could do much to advance the state of healthcare in this country. Give the National Center for Complementary and Alternative Medicine the independence and funding to allow them to train doctors and sponsor trials of thermographic breast cancer screening, ElectroDermal Screening and Darkfield Microscopy. This branch of the NIH was set up with only \$2 million (I spent more than that of my own money publishing my first book, *Alternative Medicine: The Definitive Guide*). The NCCAM is presently just a poor cousin in NIH. It needs to be run not by doctors from or beholden to the NIH, but by physicians who are experienced in and advocates of alternative methods.

In the book *Cancer Diagnosis: What to Do Next*, which I have presented to you, you will learn about 33 contributing causes to cancer. You will see how each of these factors can weaken your immune system, start breaking down your health, and make you more susceptible to developing cancer following additional exposure to one or more of the causes. You will see also that a healthy, strong, and vital immune system can withstand a great deal of such exposure and prevent cancer from ever starting. Why is there so much cancer today? In simple fact, we are being slowly poisoned to death. The list of poisons includes pollution, pesticides, carcinogens in our food, air, and water, electromagnetic radiation, tobacco smoke, antibiotics, conventional drugs, hormone therapies, irradiated foods, nuclear radiation, mercury toxicity from dental fillings, diet and nutritional deficiencies, parasites, toxic emotions, x-rays, and more. Most conventional doctors do not take these factors into consideration when treating cancer.

Here is a telling example. A man was diagnosed with prostate cancer. His tumor biopsy was examined by two different types of doctor: one a pathologist, the other a toxicologist. The pathologist saw only clear signs of cancer in the tissue sample, but the toxicologist found something more because she knew what to look for. She found abnormally high levels of a variety of carcinogenic chemicals including arsenic, DDT, DDE and chlordane. In other words, there was evidence of pesticides and other environmental toxins in the tumorous tissue sample itself. The patient was overloaded with toxins and his liver could no longer detoxify his body.

If you know the toxin, you can remove it. But first you have to be looking for toxins and, here, conventional medicine is inexcusably lax. Most conventional oncologists disregard toxicity as a factor in cancer. The pathologist missed the point entirely: he did not understand that in a tumor itself are some likely causes of the cancer. With this gap in understanding, he designed

a treatment for the patient that could not possibly be effective, because it would fail to address the root causes.

Is this an isolated incident? No. In 1973, a study conducted by the Department of Occupational Health at Hebrew University-Hadassah Medical School in Jerusalem found that when cancerous breast tissue is compared with non-cancerous tissue from elsewhere in the same woman's body, the concentration of toxic chemicals such as DDT and PCBs was "much increased in the malignant tissue compared to the normal breast and adjacent adipose tissue." Following public outcry, Israel banned these chemicals from being used on feed for dairy cows and cattle. Over the next ten years, the rate of breast cancer deaths in Israel declined sharply, with a 30% drop in mortality for women under 44 years of age, and an 8% overall decline. At the same time, all other known cancer risks--alcohol consumption, fat intake, lack of fruits and vegetables in the diet--increased significantly. During this period, worldwide death rates from cancer increased by 4%. The only answer scientists could find to explain this was the reduced level of environmental toxins.

Members of this committee, this information has been published in peer-reviewed journals. Why is it being ignored?

Not only can our doctors show you the multiple causes that lead to cancer, they offer steps that lead to the removal of these causes. Alternative medicine does not offer a simplistic "cookbook" solution to cancer treatment. Rather, it emphasizes the unique individuality of each case, with certain consistent elements in its approach: mobilize the lymphatic and excretory systems and then detoxify the body of its many cumulative poisons; fortify the body with nutrients; do everything possible to strengthen the immune system; stress the importance of early detection and preventive strategies; and honor the Hippocratic Oath--first, do no harm.

Conventional cancer doctors today cannot uphold this vow. Chemotherapy and radiation are toxic and often do as much damage to the body as the cancer itself. Even though conventional medicine presents and often forces these treatments (along with surgery) as the only options in existence for cancer, this is simply and unequivocally not true. There are many successful alternatives to conventional care that can remove the root causes of cancer and restore you to health without further poisoning or damaging your body. Even when conventional treatments are employed, there are ways to minimize the side effects of chemotherapy, radiation, and surgery, to prevent nausea and hair loss and fortify the weakened body. There are also techniques, such as localized hyperthermia, that amplify the effectiveness of chemotherapy agents, and so allow half or even one-fifth of the normal dosages to be used, with a concomitant reduction in deleterious side effects.

Patients often hear their oncologist say, "Well, this or that drug works in 35% of our patients, so we'll try it and see how you respond." Robert A. Nagourney, M.D., founder and medical director of Rational Therapeutics in Long Beach, California, developed a lab test that takes much of the guesswork out of conventional--and alternative--cancer treatments. His "Ex Vivo Apoptotic Assay" takes a living tissue sample of cancer cells obtained from a patient by biopsy and determines which substances produce cancer cell death during a 72- to 96-hour process in which the cancer is grown in a test tube. The result objectively indicates the likely human response of the individual patient to specific drugs. The test can also indicate just how much of a particular drug is needed, thus minimizing its side effects. You can see here that the emphasis in alternative medicine is on treating the individual; there is no one school of dogma, Alternative medicine is the antithesis of the "one size fits all" approach of conventional medicine.

Compared to even more sophisticated alternative modalities, conventional medicine seems barbaric and medieval. While mainstream medicine ignores such techniques, this information is available to empower and inspire doctors and patients by demonstrating proven, successful

ways to reverse cancer--even end-stage cancer.

The situation today seems similar to one over three centuries ago, when accused of heresy, the astronomer Galileo pleaded with his critics to simply look through his telescope. In a letter to his friend Johannes Kepler he wrote, "My dear Kepler, what do you say of the leading philosophers here, to whom I have offered a thousand times of my own accord to show my studies, but who, with the lazy obstinacy of a serpent who has eaten his fill, have never consented to look at the planets or moon, or telescope? Verily, just as serpents close their ears, so do men close their eyes to the light of truth."

There is a famous saying by the physicist Niels Bohr that I love to quote: "Science and medicine advance funeral by funeral." This means old beliefs and practices die out and give way to new approaches only when the older generation of scientists holding them literally die off and leave the field. We no longer have time to wait for those who swear by conventional medicine to leave the field. The escalation of the rate of cancer demands this urgency. Doctors of all ages must open their minds to new possibilities, to alternative approaches that have been clinically proven to work. Otherwise, the toll of cancer deaths will continue to mount as thousands of cancer patients fail to hear about alternatives that could save their lives. Let me adapt that previous famous quote: Cancer care will advance patient by patient. As each cancer patient recovers his or her health, thanks to alternative medicine, and tells a friend and the family doctor, this will transform Western medicine. Conventional physicians will have to start using alternative approaches because these are the only ones consistently getting results and saving lives. If they do not, both their patients and more progressive colleagues will leave them behind in the archives of failed medicine. With your help, we can make this change happen quickly and decisively.

-- Burton Goldberg

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