

January/February 2021

... let us be the light at the beginning of your journey

Is The Ketogenic Diet Helpful Or Harmful?

by Ralph Moss

One of the key characteristics of cancer is abnormal metabolism.

A normal human cell takes in glucose (i.e., sugar) as its main fuel source and, through a very efficient mechanism, turns each glucose molecule into as many as 36 packets of ATP energy (Rich 2003). This method is called oxidative phosphorylation (OxPhos, for short), which takes place in specialized bodies within each cell called *mitochondria*. But cancer cells typically have lost half their mitochondria and, therefore, much of their ability to perform this trick. They must rely on a primitive and relatively inefficient method of energy generation: fermentation. In this method, the cell turns one molecule of glucose into just *two* packets of ATP energy. A by-product of fermentation is lactic acid. So, basically, cancer cells ferment, utilizing the same process that turns milk into yogurt, or grape juice into wine.

Through the work of the great German biochemist, Otto Warburg, MD, and other scientists, such as Peter Pedersen, PhD, of Johns Hopkins Medical Institution, Baltimore, we now know a great deal about how and why cancer cells rely on fermentation for their energy needs. For instance, a normal cell typically has 200 or so mitochondria. But cancer cells typically have lost half of these, and therefore make up for this mitochondrial deficiency through fermentation. Given the fact that cancers often replicate quickly, their avidity for glucose is a defining characteristic of most tumours.

Proof of this is the accuracy of positron emission tomography (PET) scans. In a PET scan, a patient is injected with a radioactive form of glucose, called FDG. About an hour later, doctors scan the body, looking for signs of radioactivity. Areas of brightness on the scan indicate where glucose is being taken up in greater than



Ralph Moss Ph.D.

normal amounts. Generally speaking, areas that light up coincide with primary tumours or metastatic growths. The more a tumour glows on the PET scan, the more "avid" it is for glucose, and the more malignant it is likely to be. The PET scan thus both utilizes the so-called "Warburg effect," and is its most dramatic proof of principle.

Since cancer is typically associated with this heightened consumption of glucose (a process that Warburg called "aerobic glycolysis"), there should be a way to decrease its supply of sugar and thereby slow or halt its growth.

Over the years, several ways have been suggested. Pharmaceutical companies are also at work on a number of compounds that block the uptake of glucose by tumours. But a simple self-help strategy comes to mind: one could reduce one's overall intake of food. This is partial or complete fasting. Another more focused method involves the consumption of few carbohydrates, the ultimate source of most of the glucose that circulates in our bloodstream. One can even consume so few carbohydrates that the body then switches to burning fatty acids for energy. This state is called "ketosis" and the "regi-

men" in question the "ketogenic diet."

Dietary restriction, intermittent fasting and the ketogenic diet have all been explored as means of controlling the growth of cancer since the 1920s. But since the publication of Prof. Thomas Seyfried's *Cancer As A Metabolic Disease* (2012), this method has become increasingly popular among cancer patients. At the same time, it has come under furious attack from some doctors and scientists, on both theoretical and practical grounds. Often these arguments are tinged with intense emotion. People become attached to their own dietary regimens and resent any attempts to change them.

But, emotion aside, the key question is what does the science show on the efficacy of this approach?

In December 2014 the prestigious online journal *PLOS One* published a systematic review and meta-analysis of the best studies of the past 20 years that have evaluated dietary restriction regimens for cancer such as caloric restriction, the ketogenic diet and intermittent fasting (Lv 2014). The authors come from the University of Nanjing, China. They reviewed a total of **1,463** articles and winnowed this down to 157 papers for detailed review. In the end, **59 animal studies** fulfilled all of their rigorous inclusion criteria. This selection yields a comprehensive overview of the state of the science. We are thus in a much better position to evaluate the merit of dietary strategies, at least from the point of view of laboratory science.

The authors' bottom line conclusion was as follows:

"About 90.9% of the relevant studies showed that caloric restriction plays an anti-cancer role" (emphasis added).

The ketogenic diet was also effective. (continued on page 4)

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of Sarno's theory is that spine and disc abnormalities have no bearing on pain. In this 20/20 segment, Sarno dismisses these issues as "normal abnormalities" that are unrelated to any pain you may be experiencing. Many with back pain have no detectable abnormalities or structural problems while some that do have them suffer no pain.

According to Sarno, you unconsciously cause your own pain. In a nutshell, the pain you're experiencing is your brain's response to unaddressed stress, anger or fear. When these kinds of emotions are suppressed, your brain redirects the emotional impulses to restrict blood flow to certain parts of your body, such as your back, neck or shoulder, thereby triggering pain.

This pain acts as a distraction from the anger, fear or rage you don't want to feel or think about. The pain essentially acts as a lid, keeping unwanted emotions from erupting. You may feel anger at the pain, but you won't have to face the fact that you're actually angry at your spouse, your children or your best friend, or that you hate your job, or the fact that you feel taken advantage of.

As noted by Sarno, working hard and constantly trying to do everything perfectly to keep everybody around you happy, "is enraging to the unconscious mind." The term Sarno coined for this psychosomatic pain condition is "tension myoneural syndrome," and he firmly believed most people can over-come their pain by acknowledging its psychological

THE NEW YORKER



"This might sting a little."

FRIDAY
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roots.

Even if you struggle to accept such a concept, the mere knowledge of it can have therapeutic power. In other words, by considering the idea that your problem is in fact rooted in stress factors as opposed to a physical problem can allow the pain to dissipate.

From: Dr Mercola October 25, 2017

Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
100 compounded capsules (Doctor's prescription needed)
Look up "Low Dose Naltrexone" Homepage
Stabilised electrolytes of oxygen 50ml—\$15 (Chlorine Dioxide)
Visionary Health Compounding Chemist (02) 4969 5081

Free Psych-K for CISS members

CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" are available for \$29.50 plus postage for members or \$39.50 + postage for non-members

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OVERSEAS & LOCAL NEWS

OVERSEAS NEWS

The New Year in 2021 arrives with many mixed blessings. COVID-19 continues to dominate the news closely followed by the US Congress' to-ing and fro-ing about Donald Trump: will he be impeached in his last week in office?

LOCAL NEWS

COVID-19

A few more people are speaking out about the reactions of different governments to the pandemic. On December 30 former economist with the Victorian Department of Treasury and Finance and author of the book "The Great Hysteria and the Broken State" wrote an article in the Australian explaining why he resigned his job in protest at Premier Daniel Andrews "disproportionate public health measures... that had led to a police state".

He also wrote a 68,000 word complaint to the International Criminal Court suggesting that lockdowns have killed two million people and shortened the lives of hundreds of millions.... apart from being unlawful. Section 5 of the Biosecurity Act 2015 states that "the appropriate level of protection for Australia is...aimed at reducing biosecurity risks to a very low level, but not to zero". I provide an update on the COVID-19 situation on page 10. The Government hopes it can keep the number of deaths at its current very low level (under 1,000) with the help of the vaccine to be available soon, perhaps as early as February.

Meanwhile Sweden whose advisers have claimed that face masks are not effective and lockdowns are a disproportionate reaction have passed emergency laws to enable the government to take stronger measures as the country experiences a second wave of the virus. See Update on the COVID-19 Virus on page 10.

5G roll-out

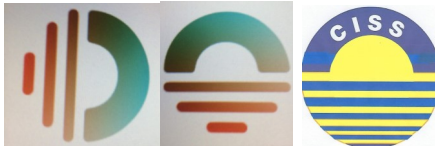
As the 5G roll-out proceeds, many people who are aware of the potential risks to health, particularly to young people from extended use of mobile phones, are asking about how they can



Don Benjamin, Editor

protect themselves from harm. Over the years several companies have marketed devices to protect against different forms of radiation based on different ideas. There is not a lot of evidence supporting their efficacy. A new device has emerged from the UK called the Omnia Orb that consists of a small sticker that is fixed on different devices such as laptops or mobile phones. Those selling it claim they have evidence for its efficacy. See 5G Update on page 8.

Coincidentally, Omnia's logo is almost identical to that of CISS except that it is rotated through 90 degrees.



Omnia Logo

CISS Logo

The Ketogenic Diet

There has been an increase in interest in the Keto Diet - one based on reduced carbohydrates and increased healthy fats in the diet. I have therefore reprinted the article by Dr Ralph Moss from the March/April 2015 newsletter. See page 1 and for cholesterol see page 7.

Changes on CISS Committee

The following members were elected to the Committee at the AGM on 29

November 2020:

Convenor: Selwyn Garwell

Vice-Convenor: vacant

Secretary: Lynne Maunder

Treasurer: vacant

Committee: Jennie Burke

Sue Johnston

Naomi Groothoff

There are five committee positions. This means there are 4 vacancies on the Committee including Vice Convenor and Treasurer. If you would like to nominate to join the Committee please contact me on 0416 121 140.

CISS gets a Research Assistant

Because of the delays in the Dr Laurence Cox Alternative Cancer Paradigm Project, CISS advertised for a Research Assistant in October. Despite over 180 applicants Anita and I could find only one, Dr Gareth Fletcher from Birmingham, who was suitable. Then Selwyn, Jennie and myself interviewed him and also found him to be suitable. Unfortunately he was on a 4-year Skilled Shortage 482 Visa so we had to become a Business Sponsor and nominate him and also re-advertise on two extra job search sites and explain why we weren't hiring a local person.

This resulted in three potentially suitable candidates of whom 2 were from overseas. One was found to be unsuitable and the second declined an interview. The third, from Wollongong, was found suitable so he will be interviewed..

The Dr James has accepted a full-time position for 12 months; the second, if found suitable, will be offered a part-time position for 6 months.

This should not result in CISS paying any more than usual because there is only a fixed amount of work to do and the task will be finished sooner.

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Previous Guidelines had recommended that Americans limit their cholesterol intake to 300mg a day.

As pointed out by Nina Teicholz in her book "The Big fat Surprise" (See CISS November/December 2014) there was never any reliable evidence that dietary cholesterol was implicated as a contributing factor in heart disease. Nor was there any evidence that saturated fats were implicated.

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Intermittent fasting was beneficial, but not as significant at preventing cancer as going into ketosis and limiting the number of calories.

The authors conclude:

“Caloric restriction and ketogenic diet are effective against cancer in animal experiments while the role of intermittent fasting is doubtful and still needs exploration. More clinical experiments are needed and more suitable patterns for humans should be investigated” (emphasis added).

Caloric Restriction

The first observation that caloric restricted diets led to a decrease in tumour growth was made by C. Moreschi in 1909. (All that I could find about Moreschi was he or she was a colleague of Prof. Paul Ehrlich of the Royal Prussian Institute for Experimental Therapeutics in Frankfurt-am-Main, Germany.) The topic was later pursued at the Rockefeller Institute by the great Peyton Rous, who later won the Nobel Prize for his work on viruses. Dr Kanematsu Sugiura, DSc of Sloan-Kettering Institute, New York, experimented with caloric restricted diets in the 1920s. As David Kritchevsky, PhD, of the Wistar Institute, Philadelphia, wrote:

“Sugiura and Benedict (1926) found that after excision of spontaneous tumours there was 82 percent recurrence in fully fed mice but only 27 percent recurrence in underfed mice” (Kritchevsky 2002).

That was a 55 percent difference in recurrences. Yet this finding also fell by the wayside. Sugiura told me in 1974 that this was because cancer doctors of the time recoiled at the idea of “starving” their patients, due to a fear of initiating or exacerbating cancer cachexia, the wasting syndrome.

Experiments with calorie restriction did not resume until the work of Albert Tannenbaum and Carl A. Baumann in the 1940s and then skipped another few decades. More recently, it has come into vogue, after it was found that “energy restriction enhances DNA repair and moderates oxidative damage to DNA. Energy restriction reduces oncogene expression as well” (Kritchevsky 2001).

In the Nanjing study, the most frequently studied cancer types were mammary (breast), prostate, brain, pancreatic, and hepatic cancers, but skin, colorectal and ovarian cancers were also sometimes investigated. Forty of the forty-four relevant studies (90.9%) “supported the positive anti-

cancer role” of calorie restriction.

It is more than coincidental that many religious and philosophical systems have specified periodic fasts throughout the calendar year. In Judaism, although Yom Kippur is the best known, there are seven fast days in the calendar. One thinks of Lent in the Catholic tradition and Ramadan in Islam. Could it be that these ancient traditions found their way to this concept because of health reasons, as well as religious penance?

Ketogenic Diet (KD)

A ketogenic diet is one in which carbohydrates are so restricted that the person fulfils his or her energy requirements through the metabolism of ketone bodies. There is a great deal of mythology surrounding the topic of ketogenesis.

The most prevalent confusion, which obscures many discussions of the topic, is a confusion between ketosis and *ketoadicidosis*. The latter is a very dangerous production of huge amounts of highly acidic ketones, generally seen in uncontrolled type 1 diabetics. Ordinary ketosis, such as that attained in a carbohydrate-restricted diet, is a common and normal condition seen during periods of fasting, including sometimes even during one's normal overnight fast. Since the 1970s, followers of the diet doctor, Robert Atkins, MD, have used ketosis as a way to rapidly lose excessive weight.

According to the Chinese authors, there have been nine high quality studies in mice of ketone-inducing carbohydrate restriction and cancer. The tumour types included primary prostate, brain, colon, stomach as well as metastatic cancers.

“Eight of the nine studies (88.9%) supported that carbohydrate restriction is protective [in] cancer,” said the authors of their recent meta-analysis.

The amount of carbohydrates in these experiments ranged from 0 to 20 percent of the diet. A “nutritionally complete and commercially available ketogenic diet” was also studied, and yielded positive results as well. In humans, a diet of approximately 25 to 30 grams of carbohydrate per day will put one into ketosis.

Intermittent Fasting (IF)

There are eight high quality studies on intermittent fasting and cancer. Five of these (62.5%) reported positive conclusion. Three studies investigated the role of IF on initiation of cancer, and two of them showed the effectiveness of IF.

Meta-analysis

The authors also combined the results of 22 studies, 21 of which involved calorie restriction. The pooled effect of calorie restriction was a relative risk of cancer of

0.20. This means that animals that were put on calorie restriction had only *one-fifth the incidence of cancer* as mice eating as much as they wanted (*ad libitum*). These results were statistically significant. Here are two of the most dramatic findings.

Von Tungeln Study (1996)

The first was performed in 1996 by Dr Linda S. von Tungeln and colleagues at the National Center for Toxicological Research, Jefferson, Arkansas. The mice in question were given one of two carcinogens.

While between 33 to 50 percent of the mice on an ordinary *ad libitum* diet developed liver nodules, including cancers, there were **no** hepatic nodules in similarly treated mice on a calorie-restricted diet.

Von Tungeln concluded:

“Over-nutrition could be an important factor in human diet-related cancer” (von Tungeln 1996).

Blando Study (2011)

Another study is from Jorge Blando, et al., of the University of Texas MD Anderson Cancer Center (2011). Mice that were predisposed to develop prostate cancer were placed on a 30 percent calorie restricted diet and then compared to overweight controls and obese animals.

Thirty percent caloric restriction (CR) “significantly reduced the incidence of in situ adenocarcinomas” at 6 months compared to the both the overweight and diet-induced obesity regimen animals. The 30 percent caloric reduction “significantly delays prostate cancer progression....”

This paper contains another astonishing finding:

“Notably, 30% CR completely suppressed the formation of invasive adenocarcinomas at both 3 and 6 months...” (Blando 2011).

That's right— there was no invasive prostate cancer in the group that had their calories restricted by 30 percent. But obesity was also associated with a more aggressive tumour:

“[At] 6 months of age, both the overweight control and diet-induced obesity (DIO) groups had poorly differentiated adenocarcinomas, with a significantly greater incidence observed in the DIO diet group compared to the overweight control diet group.”

Lately, there is renewed interest in calorie restricted or ketogenic diets in human cancer, mostly as a result of

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Prostate Cancer

The following is a publication by What Doctors Don't Tell You from an online program in which they summarise the latest information about Prostate Cancer and its treatment using conventional and alternative methods.

More than one in 10 men is diagnosed with prostate cancer in their lifetimes, a staggering prevalence rate including roughly 200,000 men per year in the US and 50,000 in the UK.¹ There have been widespread calls for increased screening for prostate cancer, as early detection and treatment are linked to better survival rates. However, conventional medical treatments are invasive and come with many risks. This report outlines the causes, treatment options, and the many alternative approaches proven to help.

1 What is prostate cancer?

The prostate is a small gland about the size of a walnut, situated just below the bladder. A crucial part of the male reproductive system, it produces the seminal fluid necessary to keep sperm alive. However, this small organ's major "claim to fame" is its propensity to develop cancer, particularly as we age.

Like any cancer, prostate cancer is caused by gene mutations that cause the cells of the prostate to grow and multiply unchecked. In a small percentage of cases, inherited gene mutations have been implicated in prostate cancer. For example, mutations of the BCRA1 and BCRA2 tumor suppressor genes, famed for their link to breast and ovarian cancer in women, have also been linked to an increased risk of prostate cancer in men. There are at least 76 "susceptibility loci" (gene variants) thought to influence a man's likelihood of prostate cancer, but they are rare.²

However, in the vast majority of cases, the gene mutations that make a cell cancerous are *acquired*, meaning that they occur during a person's life. Some studies have linked higher levels of certain hormones, including testosterone and insulin-like growth factor-1 (IGF-1), to higher prostate cancer risk.³

Other factors are related to lifestyle and environment. The major risk factors for heart disease have also been singled out as important issues increasing the likelihood of prostate cancer, notably obesity, smoking, and inflammation.⁴

Chemical exposure is another concern. Pesticides and agricultural work have been linked to prostate cancer.⁵ Firefighters, who are exposed to chemical flame retardants and other known and suspected carcinogens in their work, are also at increased risk.⁶ Veterans who were exposed to Agent Orange, another hormone-disrupting carcinogen, additionally appear to have a higher propensity to develop prostate cancer and greater se-

verity of prostate cancer.⁷

2 Diagnosis

In the early 1980s, prostate cancer screening was done by a digital rectal exam to feel the gland for lumps and bumps, and men with symptoms underwent further testing. But, from 1987 onward, doctors began to rely on a diagnostic blood test for "prostate-specific antigen" or PSA.

The prostate gland makes PSA, which, the theory goes, generally stays put in the prostate-unless there's cancer, in which case, PSA oozes out into the bloodstream. The higher the PSA score, the greater the chances that cancer is hiding in the prostate.

Except that it's not specific to the prostate after all. PSA is found in tissues other than the prostate, not just in men but also in women, in whom it may even serve as a biomarker for cancer in the breast and colon.⁸

In men, PSA test results don't necessarily mean cancer growth either. It may be raised because of gland enlargement or infection, or just from riding a bicycle.⁹

Doctors chose a reading of 4 ng/mL, rather arbitrarily, as the dividing line between 'normal' and 'ab-normal' PSA levels. Yet, prostate tissue biopsies compared with PSA blood results reveal that men with levels under 4 ng/mL could still have the cancer, while those with scores over 4 ng/mL could be cancer-free.

One study that followed 2,950 men for seven years found that 15 percent of them, who never had an abnormal PSA test or rectal exam, had prostate cancer.¹⁰

Furthermore, a whopping one in every six men who undergoes PSA screening is "false-positive," meaning that they're subjected to invasive follow-up testing and ultimately found not to have the cancer.¹¹

Another study of over 400,000 men concluded that while PSA screening might detect more low-risk prostate cancer cases than doing nothing, it doesn't seem to help with the high-risk ones. Men who had a PSA test were more likely to be diagnosed with the cancer, but they had the same risk as dying from it over the

next 10 years as those who were not screened.¹²

The standard response to an elevated PSA level is a biopsy, which involves having up to a dozen needles, each 1 millimeter thick, puncture the gland to collect tissue samples. So many samples are taken to try to increase the odds of finding a cancer-ridden cell if cancer is present—a kind of cancer lottery. It's like plucking 12 marbles out of a thousand to find a red one. For many unfortunate men with a false-positive PSA test, if the first biopsy comes back negative, they're asked to repeat it for an even bigger sampling.

Newer template-guided biopsy techniques are now available that take more samples - 40 to 60 on average—and are more accurate but require both general anesthesia and the use of alpha-blockers to relax the prostate along with a temporary catheter.

These biopsies are also not free of side-effects. Blood in the urine and semen afterward is common, and the reported risk of infection is 3.5 percent and rising.¹³ Biopsy patients are usually put on antibiotics to prevent this.

Prostate biopsies may also have longer-lasting harms. According to a study by the University of Kansas, most men who undergo prostate biopsy have a significant decrease in erectile function, regardless of age, diagnosis or number of biopsies. Moderate or severe erectile dysfunction persisted in 24 percent of men who'd had no problems previously.¹⁴

Different stages of cancer may exist in different parts of the prostate, and these findings are added together for an overall severity rating of the cancer called the Gleason score, which is supposed to give an idea of the overall picture of what the tumor will behave like.

It's close to a flip of the coin for accuracy, however. A study of around 1,000 biopsies compared with pathology reports of prostates later removed by surgery found a match just 58 percent of the time.¹⁵ And there is still much debate about the accuracy of Gleason scores and how they should be used to guide men's treatment choice

3 Conventional treatment

Men given a prostate cancer diagnosis
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 sis then face a difficult decision about treatment. For those with a low Gleason score, "active surveillance"-meaning regular PSA testing, ultrasound, and perhaps additional biopsies to look for signs the cancer is getting worse-is an option. However, many still feel pressure to treat the cancer "just in case." The other alternatives-and the only options for men with higher Gleason scores-are radiation or surgery to remove the prostate.

The American Cancer Society and others claim there are few adverse events associated with radiotherapy. But a review of studies found "late toxicity" associated with repeated high-dose exposures, which presented as moderate to severe gastrointestinal effects in 17 percent and the same kind of moderate to severe genitourinary effects in 20 percent.¹⁷ Such effects, including incontinence, rectal bleeding and chronic diarrhea, may take months or years to show up.¹⁸

According to the Prostate Cancer Foundation, radiotherapy leads to loss of erectile function in half of cases. What's more, it says, "few men will see much of an improvement and occasionally these numbers worsen over time."¹⁹ And because of cell mutations, radiotherapy also increases the risk of secondary cancers: by 68 percent for bowel cancer, 62 percent for rectal cancer and 39 percent for bladder cancer.²⁰ These risks tend to increase over time, with even more cases showing up a decade after the original exposures.²¹

The risks of prostate removal surgery, or prostatectomy, are more direct. In addition to the general risks of any major surgery, such as effects of anesthesia and infection, removal of the prostate inevitably results in urinary incontinence and loss of erectile function. This is because the urethra and many nerves involved in maintaining an erection pass through the prostate. The question is not if but for how long these effects will last.

Surgical techniques have evolved to improve these outcomes, notably robot-assisted prostatectomy, but even the most favorable data suggests that these consequences are widespread and often persistent. In a study of 1,616 prostate cancer patients followed for one to 18 years after prostatectomy, 90 percent reported urine leakage.²²

Furthermore, one in 10 men who have their prostate removed will still be impotent two years after their surgery. Other studies show impotency rates over 35 percent at two years post-surgery.²³ Incontinence can be overcome with time in about half of cases, but unfortunately

in the case of erectile dysfunction, since the cause involves nerve damage, the function is often lost for good, with less than a third of men recovering normal sexual function.²⁴

Androgen deprivation therapy (ADT), which involves suppressing testosterone in the body, has long been used to treat men with prostate cancer that has spread (metastasized) to other parts of the body or who were not good candidates for surgery or radiation due to their age or other health issues. It's becoming increasingly common as a treatment for men with low- or medium-risk cancer as a supplement to radiotherapy or prostatectomy.²⁵

The logic behind this treatment option is that if testosterone is critical for cancer growth, then "starving" the tumor cells of this hormone will slow it down. But depriving men of this vital hormone is potentially lethal and increases the risk of cardiovascular events: men given ADT are 38 percent more likely to have a non-fatal cardiovascular event, while those who have a heart attack are 57 percent more likely to die of it, as are 51 percent of those with a stroke.²⁶

ADT can also decrease bone density and muscle mass, increase weight gain and insulin resistance, slash libido and erectile function and shrink testicles, plus induce hot flashes, breast growth, anemia and fatigue.²⁷ On top of this gruesome catalog, men given ADT are almost twice as likely to develop Alzheimer's as those not given it.²⁸

Further calling into the question the value of any of these life-altering treatments is the likelihood they won't do any good at all, as the evidence suggests that in most cases, prostate cancer never becomes life-threatening. In one groundbreaking study, researchers examined the prostates of 320 men who died from other causes and were never diagnosed with prostate cancer. A full 40 percent of men over 60 years old and 60 percent of those over 80 years old had prostate cancer.²⁹ Had it been suspected, they would have undergone painful, risky treatments with no benefit to their life expectancy.

4 Alternatives

Given these options, it is no wonder that men faced with a prostate cancer diagnosis are seeking alternatives, and there is a growing body of research to support dietary and lifestyle changes to slow the progress of the

disease. Here are some of the interventions with the strongest evidence.

Quit smoking

If you smoke, stop. Smoking has been consistently found to increase the risk of aggressive prostate cancer, death from prostate cancer and prostate cancer recurrence.³⁰

Exercise

One simple thing anyone can do to reduce his risk of developing prostate cancer in the first place, or dying from it once diagnosed, is to exercise more. One study of 2,705 men with prostate cancer found that those who did three or more hours of "vigorous activity" per week were 61 percent less likely to die from the disease.³¹ Another study found that simply a brisk walk for three or more hours a week reduced the risk of prostate cancer coming back by 57 percent.³²

Lose weight

Obesity is strongly linked to both the risk of developing prostate cancer and the risk of dying from it.³³ If you are overweight or obese at the time of prostate cancer diagnosis, losing some weight by some combination of increased activity and improved diet can help improve your outcome.

Eat a nutrient rich diet

Overall, diets high in vegetables and low in processed foods and sugars are protective against prostate cancer and improve the outcomes of men who've been diagnosed. Among those with evidence to support their use are the Mediterranean diet, low-fat vegan diet and low-carb diets.³⁴

Avoid processed meat and dairy

Cured, processed red meat like sausage, bacon and salami has been linked with an increased risk of more aggressive forms of prostate cancer.³⁵ The evidence against high-calcium diets, particularly consumption of dairy products, is even stronger. Not only is high calcium intake associated with an increased risk of prostate cancer overall, but among men who've already been diagnosed, those who consumed more than a serving a day of milk were twice as likely to die of prostate cancer.³⁶

Many individual foods have also been singled out as protective against prostate cancer as well:

Fish

A review of the current evidence found that men who ate the most fish were no less likely to be diagnosed with

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prostate cancer, but they were 63 percent less likely to die from it.³⁷

Coffee

Coffee consumption has been linked with a lower risk of prostate cancer progression and recurrence. Importantly, this isn't just for men who were heavy coffee drinkers before their diagnoses; those who drank four or more cups a day after their diagnosis were 59 percent less likely to have their cancer worsen or come back compared to those who drank one or fewer cups per week in one study.³⁸

Cruciferous vegetables, like broccoli, cabbage, kale and chard

Men with prostate cancer who had the highest intake of these vegetables were 59 percent less likely to experience cancer progression.³⁹

Tomatoes

Tomatoes are rich in the antioxidant lycopene, which gives them their bright red color and also appears to inhibit the growth of prostate cancer cells. Lycopene is most readily absorbed from cooked tomatoes cooked in oil, such as in tomato sauce. One study found that among 1,202 men diagnosed with prostate cancer, those who ate the most tomato sauce had a 44 percent lower risk of disease progression.⁴⁰

Pomegranate

In clinical trials, this antioxidant-rich fruit has been shown to slow down the rate that PSA levels increase in men with signs of prostate cancer recurrence. Men who drank a daily glass of pomegranate juice significantly slowed down the time it took for PSA their levels to double, and some even saw their PSA levels drop with this intervention.⁴¹

5 Supplements

A number of vitamins and herbs also have evidence for preventing prostate cancer, slowing its progress.

Vitamin D

Many studies have found correlations between low levels of vitamin D in the

blood and increased risk of prostate cancer, and particularly the more aggressive forms of the disease.⁴² One study went even farther to show that vitamin D supplementation (400 IU/day) for a year can lower the number of positive biopsy samples in men with low-risk prostate cancer who are under active surveillance.⁴³

Vitamin E

Vitamin E has been linked to a lower risk of prostate cancer overall and particularly of more advanced disease, especially in smokers.⁴⁴

Vitamin A (retinol)

A study comparing 692 men with prostate cancer and 844 controls found that those with the highest blood levels of retinol had a 42% lower risk in having aggressive prostate cancer.⁴⁵

Saw palmetto (*Serenoa repens*) has a long history of use as a remedy to ease prostate complaints, and laboratory studies have shown it induces cell death specifically in prostate cells.⁴⁶

Curcumin, an extract from the Indian spice turmeric, has well-documented anti-cancer activity and has been shown in laboratory studies to induce prostate cancer cell death and inhibit their growth.⁴⁷ In a clinical trial of men with prostate cancer undergoing ADT, only 10 percent those taking a curcumin supplement saw their PSA levels increase, compared to 30 percent in the control group.⁴⁸

Neem (*Azadirachta indica*), a traditional Ayurvedic medicine, has been shown to kill prostate cancer cells in a number of laboratory studies. One study in mice found that it suppressed tumor growth by 70 percent.⁴⁹

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No more need to limit dietary cholesterol

This was the title of an article in *The Australian* of February 21-22 2015. Apparently the US Health authorities have at last caught up with the science after more than 30 years.

In the November 2014 CISS newsletter we pointed out that as a result of

poor science related to politics, the US announced in 1980 that heart disease was caused by eating too much saturated fats and the resulting high cholesterol in the diet. They therefore recommended reducing consumption of saturated fats and replacing them with polyunsaturated fats: e.g. by not using butter and replacing it with margarine.

Thirty four years later they are now

recanting on the high cholesterol myth but are hanging on to the saturated fats myth. The article states that new Dietary Guidelines issued by the US Office of Disease Prevention and Health Promotion says that there is "no appreciable relationship between diet and cholesterol levels in the bloodstream"....."Cholesterol is not a nutrient of concern for overconsumption".

(continued on page 3)

5G Update

by Don Benjamin

As you probably know the inquiry into the roll-out of 5G in Australia concluded, based on the advice from the regulator, that 5G radiation is safe. The relevant Authority ignored all the information from trials showing harm to rats and humans. So the various Telcos are in the process of rolling it out as soon as possible.

Is it in operation where you live?

I recently picked up a pamphlet at a Telstra Shop advertising iPhones. On one page it said "...Our 5G now covers an area that more than 12 million Australians live, work or pass through on a daily basis. There are more than 60 cities and towns across the country where Telstra's 5G roll out is now underway. Our 5G reaches more than 41% and will expand to 75% of the Australian population by the end of June 2021.....Visit telstra.com/coverage to see if 5G is available in your area...."

Helen Wotherspoon reports that another website she finds really useful is www.rfnsa.com.au. You can put an address in it and it'll let you know if there is a tower near you. You can also click on the Help button on the left hand side of the page for clarification. This site will also show which Telcos have which towers already up or planning to go up, as well as maps.

I put in my details and it said there is one tower on the main road about 300m away. When I asked at the local Telstra shop, they said there is no 5G connected near where I live although there is in the Shopping Centre at Chatswood. So the tower, if already in place, is not transmitting yet.

Protection from 5G

There is a range of devices claimed to protect you from the harm from radiation. For example on 25 November 2020 What Doctors Don't Tell You (WDDTY) had a news article titled "Turn a 5G field into a healing field". It had a link to a presentation by Tim Sandars from a company called Omnia about a device called an ORB, invented by a Dr Ilija Lakicevic that is stuck onto your device such as your mobile phone, laptop, iPad, etc. and the company claims it not only eliminates harmful radiation from 5G radiation, or for that matter any harmful radiation, but converts it into a beneficial form.

According to the presentation the human body consists of several trillion cells all of which emit and receive electromagnetic signals from adjacent cells and from external sources. Each atom

of each cell has an emission field that is "centred". It has a stable and stationary "zero point". That is, it remains in harmony with its neighbouring cells. It is the zero point that "listens" and picks up signals from outside the atom or cell.

In contrast, wireless radiation, including 3G, 4G and 5G, consists of a wide range of different radiations that together are in a state of *dissonance*, like a large orchestra of instruments playing different songs out of tune with each other. In effect this overall radiation is not centred. The zero point is moving around among its component parts. It is this dissonance, not the actual radiation that is claimed to cause harm to living cells and some humans. It does this by the human cells starting to resonate in *sympathetic resonance* with these dissonant, uncentred frequencies, becoming uncentred themselves.

This process whereby neighbouring radiations influence each other by sympathetic resonance is the basis of how the Orb works.

What is it and How does it work?

The Orb is claimed to be a new unit of energy called a "deca" that is a dodecahedron, a 12-sided body made up from 12 cones of light emanating towards the centre of the body, its zero point. It is in effect a strong centred electromagnetic field.

The presentation claims that the Orb has been programmed so that its zero point will interact with adjacent fields in a way that brings them into sympathetic resonances with it, and thereby become centred in the same way that the un-centred 5G radiation field makes fields from the human atoms and cells uncentred.

The presenter does not explain why the strong field from the human body doesn't do this to the 5G field.

Does it work?

The presentation provides three different types of evidence for its efficacy:

1. Kinesiology and autonomic nervous system response

In the presentation a kinesiologist tests muscle strength on a person with a mobile phone using 5G held in the hand and then held near the head – both showing weakened muscles. Then an Orb sticker is attached to the mobile phone and muscle strength is restored. Unexpectedly when held near the head the kinesiologist noted that the autonomic nervous system

changed into a "deep healing" or "Yang" state, suggesting that the harmful radiation had been converted to a form of healing radiation.

During this demonstration a meter is shown reading the 5G magnetic field strength while the different tests are being carried out—confirming the presence or absence of the field on the phone.

2. Live Blood analysis

A sample of blood was observed under a microscope from a person who had watched a video on the mobile phone for 20 minutes while exposed to 5G. The blood cells were clumped together showing that the human field had become disrupted. When the Orb was stuck onto the phone the blood cells remained in their normal unclumped state.

3. Water crystal structure test

A sample of water from a glass of water standing in the field of a mobile phone was examined using a method of observing crystalline structure in it. Presumably this was done in a similar way to that used in the various experiments on water by Dr Masaru Emoto (The Hidden Messages in Water), Gerald Pollack (The Fourth Phase of Water) and Jacques Benveniste, on the nature of water at a microscopic level. The structure was found to have no distinct shape.

When the Orb was attached to the phone the water's crystalline shape was a clear tetrahedron. The presenter suggested that as about 70% of the human body is made up from water, water affects water is likely to affect the human (as would the effect on the blood cells).

To view the presentation online use: *Omnia Balance* YouTube and select GetWell Show or: https://www.youtube.com/watch?utm_medium=email&utm_source=wddty&utm_content=Turn+a+5G+field+into+a+healing+field&utm_campaign&v=LaSYpFwSaTk&feature=youtu.be

At the time of writing the sellers in the UK had discontinued postage overseas because of the freight disruption caused by the COVID-19 virus in the UK. They were expecting up to 6 weeks delivery. A pack of 6 Orbs costs about ~\$162 including postage. This works out at about \$27 per Orb that would be adequate for most people. You would fix the small sticker to your mobile phone, laptop, iPad etc. and even stick one on your modem or router and have a couple to spare.

(continued from page 4)

Pedersen's work at Hopkins and Seyfried's outstanding book. There has also been a persistent drumbeat of statements that ketosis is harmful and could even accelerate tumour growth (Bonucci 2010). I cannot address these concerns in detail in this article.

However, my overall perception is that if it were true that ketosis were harmful in the context of cancer, then one would expect to see that demonstrated in the many high quality studies reviewed in the recent meta-analysis, and especially in the nine papers that specifically evaluated the ketogenic diet. Instead, as shown, eight of those nine ketosis studies supported the idea that carbohydrate restriction was highly protective against cancer. This concept is currently being subjected to clinical trials.

It is even more true today, as it was a decade ago, that "...the use of the ketogenic diet internationally has increased dramatically" (Kossoff 2005)

Overall, the ketogenic diet remains a highly promising strategy for diminishing the growth and aggressiveness of cancer. But, overall, I would say there is very little enthusiasm in our profit-driven medical system for researching

simple dietary approaches.

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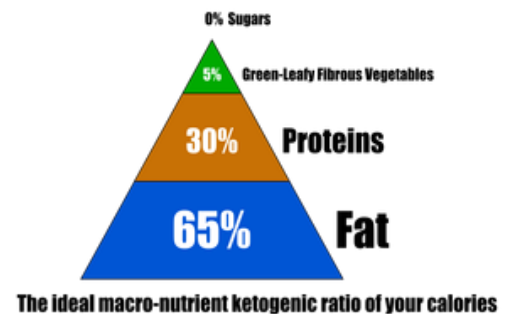
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From *Cancer Communications*, January 2015

Ketogenic diet recommendations

Do Eat	Do Not Eat
Eggs	Bread
Leafy Greens	Pasta
Above ground vegetables	Rice
High Fat Dairy	Potatoes
Natural Fats	Sugar
Meats	Honey

Keto Food Pyramid



Is Most Back Pain Caused by Repressed Emotions?

By Dr Mercola

Story at a glance

- Worldwide, 1 in 10 people suffers from lower back pain and it's the No.1 cause of job disability. In the U.S., \$90 billion is spent on back pain each year
- Few people want to be told that their pain is psychological or emotional in origin, but there's quite a bit of evidence that backs this up. Studies suggest that, to be effective, pain needs to be addressed from a biopsychosocial perspective
- The late Dr John Sarno used mind-body techniques to treat patients with severe low back pain. He believed you unconsciously cause your own pain, and that pain is your brain's response to unaddressed stress, anger or fear
- Pain acts as a distraction from the anger, fear or rage you don't want to feel or think about, acting as a lid to keep unwanted emotions from erupting. Sarno believed most pain can be overcome by acknowledging its psychological roots
- Recent research supports Sarno's ideas. In one recent study, emotion awareness and expression therapy reduced chronic musculoskeletal

pain by 30 percent in two-thirds of patients; one-third of patients improved by 70 percent

...Seventy-five to 80 percent of back pain cases do resolve within two to four weeks," with or without treatment, although it's important to note that back pain can also be symptomatic of something else entirely, including an aortic aneurysm, appendicitis, gynecological issues, osteoporosis, arthritis and kidney stones," so if your back pain is not the result of an injury or strain, it's advisable to see a doctor for an assessment.

Few people want to be told that their pain is psychological or emotional in origin, but there's quite a bit of evidence that backs this up. As noted in a 2014 scientific review:⁵

"Specifically with regard to pain, studies pointed to the need for a model encompassing the complexity of the pain phenomenon. The biopsychosocial perspective closes this gap by confirming the existence of a dynamic relationship among biological changes, psychological status and social context.

The difficulty to accept the multidimensional nature of pain is largely linked to the widespread acceptance of Car-

tesian principles separating mind from body. Conversely, the biopsychosocial approach tries to consider physical, psychological, social and spiritual aspects not separately, but as an integrated whole ... [Several studies show the major role of biopsychosocial factors in triggering chronic pain, in the process of acute pain chronicity and in patients' incapacity.]"

Before his death, Sarno was the subject of a full-length documentary, "All the Rage: Saved by Sarno," produced through Kickstarter donations. The film is expected to become available on Netflix before the end of the year.* He was also featured in a "20/20" segment in 1999.

*The documentary is available on YouTube at <https://www.northernpaincentre.com.au/all-the-rage-saved-by-sarno-documentary-dr-sarno/>

It was produced by the Northern Pain Centre who can be contacted on (02) 9439 6456. located at North Shore Private Hospital; Bella Vista; Central Coast; and Northern beaches.

The Psychological Underpinnings of Pain

One of the most controversial aspects (continued on page 2)

Update on the COVID-19 virus

by Don Benjamin

While many commentators continue to stir up fear of the COVID-19 pandemic, a few like myself try to put things into perspective.

Although it is becoming clear that COVID-19 has increased the number of deaths in most countries, by up to 10%, it is still difficult to determine what impact various measures have had on these numbers.

For example in Sweden, the only country that had implemented a policy of minimum intervention to ensure maximum freedom of movement and minimum effect on the economy, there were no lockdowns, no masks, no quarantines and no border closures – a policy consistent with allowing rapid achievement of herd immunity.

Because of the observed limiting of deaths by the virus in other countries mainly to the elderly, being the most susceptible to dying from it, Sweden focussed its policy mainly on the elderly, particularly those with various sicknesses.

Total deaths from all causes in Sweden in 2020 was predicted to be ~ 92,500 based on previous trends (before the virus). Total actual deaths is predicted to be ~97,000, an increase of ~4,500 or ~5%. Yet the official number of COVID-19 deaths is about 8,300*. (~80% of the COVID-19 deaths in Sweden were among those over 75.) This suggests a fall in deaths from other causes of ~3,800 or, more likely, only 54% or 4,500 of the 8,300 deaths identified as due to COVID-19 were actually extra deaths caused by the virus. The rest were those who would have died of the flu but instead died with COVID-19. Swedish policy was to intentionally over-report COVID-19 cases; so deaths of people with both conditions were reported as deaths from COVID-19 rather than from flu accelerat-

*Sanjeev Sabhlok, "Swedish Covid data exposes our fatal lockdown hysteria", The Australian, December 30

ed the virus.

Deaths in the US is an example of a fairly inefficient attempt at implementing control measures. This resulted in an increase in deaths of ~12%, more than double the Swedish example. Expected deaths in 2020 from all causes based on past trends was 2,601,021. Actual deaths were 2,913,144, an excess of 312,123. The number of deaths involving COVID-19 was 303,823 so although COVID-19 was assumed to be involved in 97% of the excess deaths the remaining 8,300 need to be explained.

Some attribute this excess partly to sick people who did not go to hospital because of fear of the virus or because of other restrictions imposed. Like Sweden, the US included deaths for other diseases possibly accelerated by COVID-19 so if only deaths from the virus were included there is an even greater number of excess deaths to be explained.

The number of COVID-19 related deaths per million of population world-wide range from 1583 in Belgium, through 1,197 in the UK and 1,156 in the US, 745 in Sweden, 364 in Canada, 283 in Germany, 165 in Denmark and 74 in Norway (both next to Sweden), 36 in Australia, 5 in New Zealand, 3 in China to less than 1 in a few countries.

So Sweden, with no serious controls imposed is midway down the scale of deaths among 150 countries and below both the UK and the US.

With such a wide range of deaths per million population it is clear that incidence of the virus is a more important factor than death rate. If you don't get any cases, you can't get many deaths. So the number

of international visitors is a major factor. So Australia and New Zealand were lucky being islands so far away from the initial outbreaks.

The fact that Sweden was not much different from other European countries suggest that its incidence was lower due to fewer international visitors; and the effect of stricter control measures in some other countries could not have been as important as originally suggested.

One hypothesis suggested is that in those countries with repeated local lockdowns like Australia the virus will continue to have second, third and fourth recurrences until something approaching herd immunity is achieved. Many are relying on the vaccine to help achieve this herd immunity. If this hypothesis is correct many more countries will see their deaths per million of population increase until it reaches that of Sweden. Sweden itself is experiencing its second wave so its deaths per million figure will rise further. It is starting to *recommend* some more measures.

In the Sydney Sun-Herald of Sunday 10 January there was an article by Dr Peter Collignon, Professor of Infectious Diseases at ANU Medical School titled "Doomsday merchants fail to keep up with reality" in which he says "Many prominent people have made dire predictions about what might happen in Australia. Most were wrong...We should not over-react or catastrophise."

Two that I recall last year include one "expert" who predicted a minimum of 50,000 deaths in Australia with a maximum of 150,000. For example when Prime Minister Scott Morrison announced a ban on mass gatherings of more than 500 people on March 13, Australians seeing widespread lockdowns imposed overseas began to ask for the modelling that lay behind the national cabinet's decisions.

Two days later, Deputy Chief Medical Officer Paul Kelly was quizzed about the expected numbers at a press conference in Canberra, and he laid out an astonishing scenario, saying the number of infections could range between 20 per cent to 60 per cent of the population.

"The death rate is around 1 per cent. You can do the maths," Professor Kelly said, urging the public to avoid large gatherings. The maths worked out to between 50,000 and 150,000 deaths. Some commentators concluded from subsequent discussions that these over-estimates from the Dougherty Institute were based on several false assumptions.

("Thousands of predicted COVID-19 deaths never eventuated - was it poor modelling or our response? Sydney Morning Herald May 27, 2020)

(For a population of ~25 million 20% infected is 5 million and 1% of these dying is 50,000. Ed.)

The second, the ABC's Health expert Dr Norman Swan has continued to advocate even more extreme measures than those advocated by the Morrison Government: maximum lockdowns and more restrictions.

As of 10 January 2021 there were 28,595 Cases of the Coronavirus and 909 Deaths in Australia:

(continued on page 11)

Country	COVID-19 Deaths	Reported Cases	Death rate	Population	Deaths per million population
US	383,275	22,917,334	1.7%	331,600,424	1,156
Australia	905	28,595	3.2%	25,641,985	36
Sweden	8,300	443,850	1.9%	10,118,649	745
UK	81,431	3,072,349	2.7%	67,995,927	1,197

(Continued from page 10)
~0.12% infected and ~3% of these dying. So minimum infections were overestimated by a factor of 175 and minimum deaths by a factor of 55.

Effectiveness of vaccines

The latest controversy is about the effect the COVID-19 vaccines are likely to have on the number of people who get the virus. Many viruses stop once the society achieves "herd immunity" when there are not enough uninfected hosts for the virus to spread to. This was the strategy being used in Sweden until recently when they observed a second wave. The alternative is to try to stop the spread using severe isolation techniques as is being tried in Australia. But for how long?

Most vaccines that protect from viral illnesses also reduce transmission of the virus from those who are vaccinated. While it is hoped this will be the case, the scientific community does not yet know if the Pfizer-BioNTech or AstraZeneca COVID-19 vaccines will reduce such transmission. One effect of the vaccines is to reduce the seriousness of the symptoms among those vaccinated; but this doesn't necessarily stop them transmitting the virus to others.

This is one of the false assumptions in the claim that a vaccine is effective. What does "effective" mean for a virus. Does it mean (a) it stops the person get-

ting the virus; or (b) does it reduce the severity of symptoms; and for those with less severe symptoms, does it reduce transmission?

(a) Number of people who get it

For example in Pfizer's trial with 43,538 participants, of the 38,955 who received two injections of the vaccine or a placebo there have so far been 94 cases of Covid-19. 8 out of those vaccinated got the virus whereas 86 who received the placebo did. So it could be argued that 86 cases would have occurred in both groups without the vaccine and the vaccine had therefore prevented 78 out of 86 of these cases or $(78/86 =) 90.7\%$.

(b) Number of people with reduced symptoms

With such small numbers of cases and even smaller numbers of severe cases from these early results it is not yet known how many of the 8 vaccinated cases who got the virus had reduced symptoms; and if the symptoms were reduced enough to stop transmission.

The AstraZeneca vaccine has produced a 70% average reduction of cases and 62% among those who had received only two injections.

So it is not surprising that some experts are now starting to question how much the vaccines can contribute to herd immunity if they don't significantly stop transmission from those who have been vaccinated.

After effects of COVID-19

Around the world doctors are seeing patients suffering the long-term effects of COVID-19 who are young and were previously fit and healthy. So this isn't just affecting the elderly or those with serious health conditions.

Around 10% of people experience prolonged illness after COVID-19, according to a British Medical Journal article by a group of UK doctors, including professor of primary healthcare sciences Dr Trisha Greenhaigh. The authors define post-acute COVID-19 or 'long COVID' as lasting beyond three weeks from the beginning of symptoms. If it extends beyond 12 weeks it's termed 'chronic COVID-19'.

The symptoms vary widely and include coughing, low-grade fever, fatigue, shortness of breath, chest pain, headaches, neurocognitive difficulties, muscle pains and weakness, rashes, gastrointestinal upset, metabolic disruption, thromboembolic con-

ditions, depression and other mental health conditions.

In July The Guardian reported that three months after being discharged from Sydney's St Vincent's Hospital, about 80% of COVID-19 patients were still experiencing symptoms. The findings came from the hospital's 12-month ADAPT study, where early results have shown that persisting symptoms have been similar in both mild and severe cases of the virus, except that in the hospital patients they happen more often.

The hospital's head of infectious diseases, Associate Professor Gail Matthews, said "So we're talking mainly about fatigue; we're talking about some persistent feelings of chest discomfort, and some shortness of breath. And in the mild cases, the loss of smell is still persisting".

Post-Viral Fatigue

Integrative medicine specialist and GP, Associate Professor Vicki Kotsirilos, says "Post-viral fatigue affects 40 to 50% of people who've had the virus; it can be caused by a variety of factors and most people recover. It can be due to the severity of the impact the virus has had on our organs, such as the heart and lungs, and if you've been in hospital you're also more likely to suffer fatigue.

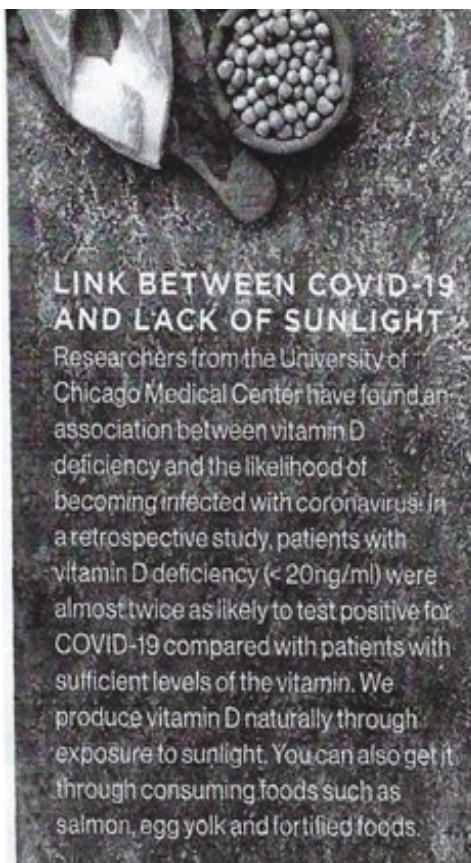
There can also be psychosocial distress. With so much negative focus on COVID-19 in the media it's creating a lot of community stress and this can lead to anxiety and sleep disorders which then contribute to fatigue.

"Sometimes it may be the virus itself causing fatigue," adds Kotsirilos. "Even when a person's tests come back normal with no signs or causes of fatigue, such as iron deficiency anaemia, and they have normal heart and lung function, they can still have symptoms."

While you're recovering, it's important to adopt a healthy lifestyle and a more holistic approach, advises Kotsirilos. "This involves avoiding smoking, illicit drugs, alcohol and other toxins such as household chemicals, while increasing your intake of water, vegetables and fruit.

Keeping in touch with friends is also important to avoid social isolation and feelings of loneliness.

Allowing yourself to rest properly can play a big part in recuperation, as does getting good-quality sleep.



FROM: Mind Body November 2020

FROM MindFood November 2020

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a general meeting on the third Monday of each month at the Arts & Crafts Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd, Wyoming at 7pm with a guest speaker and sharing of information and common experiences. An excellent library is available to members. All are welcome. For further information contact Mary Sponberg-Macready on (02) 4322 8767.

CISS HUNTER VALLEY

The Hunter Valley Branch is currently not meeting. For information contact PO Box 4057 Rathmines, NSW. 2283 .

TASMANIA

Cancer Information & Support Society, Tasmania

A sister organisation to CISS has recently been formed. Contact Tony Cope (03) 6227 9292 ah for further details.

Further information about this new charity will be added once it is available

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. \$5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866, www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 1, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turrumurra. Includes a meditation. No charge. Phone 9449 9144 and

What's Available from the CISS Office?

CHAMPION Juicer - \$575 (\$615 non-members)

OSCAR Juicer - \$485

Enema Kits: \$16.50

Vitamin C: Powder - 450gms \$25 for the most common combination of Ascorbic Acid 200gms and Sodium Ascorbate. 250gms.

Water Purifier: Reverse Osmosis - \$495. Other models avail.

Xylitol: (sugar substitute) - 450gms - \$6.75

Prices are subject to change. Items can be posted to you. There is a \$8.50 postage/packing fee for standard articles, \$10-\$14 for country and interstate, \$15.00 Express Post. CISS Handbooks \$13.50, \$15 including postage.

ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

This group for cancer patients and their carers meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden 6562-6066.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green, 6864-5123 or Mary McPhee, 6862-3814.

QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02) 4883 6599 or visit www.questforlife.com.au.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For info contact Margaret on 9580 5061. See website <https://sites.google.com/site/stgcsg/>

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

VICTORIA

CANCER NATURAL THERAPY FOUNDATION

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

10-day residential Life and Living Course, nine held each year at Yarra Junction. Also weekly cancer support group meetings held in the city (Melbourne) and at Yarra Junction. Contact 5967 1730.

Website: www.gawler.org

QUEENSLAND

CANSURVIVE on the Sunshine Coast meets from 10am-12 noon, 2nd Tuesday of each month at Eve Wilkinson's home, 99 Maleny-Kenilworth Rd, Maleny. Ph (07) 5429 6598. Contact Cansurvive: PO Box 941 Maleny Qld 4552, Ph: 5499 9918. Books, tapes, counselling available.

Cairns CANSURVIVE support meetings offer support, information and self-help activities for people affected by cancer or any other debilitating illness. Emphasis on self-help & development to enable individuals to better cope with fears and uncertainties. Meets 1st Saturday of each month at Cominos House, Greenslopes Street, Cairns from 2 - 4 pm. Cost \$10 per year + a coin donation on the meeting day. Afternoon tea provided. Books/videos available for loan for members. Contact Beulah 4051 5544 or Helga 4047 4812 (bh).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

WESTERN AUSTRALIA

CANCER SUPPORT ASSOCIATION of WA

Cancer Wellness Centre, 80 Railway St Cottesloe WA 6011. Counselling hours: Tues-Thurs. Phone (08) 9384 3544. The CSAWA Inc is a non profit organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. Emphasis on self-help & development, teaching life skills that enable individuals to better cope with the fear and uncertainty of a cancer diagnosis. Website: www.cancersupportwa.org.au

LESS SCREEN, MORE GREEN

Less screen time and more green time are associated with better psychological outcomes (including mental health cognitive functioning and academic achievement) among children and teens according to a review by the University of Adelaide looking at 186 global studies.

From: MindBody November 2020