



January/February 2020

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

Medical Diagnosis or Commercial Marketing?

Overdiagnosis in prostate cancer is universal. The misleading use of PSA tests and the description of the disease as "cancer" results in personal devastation, depression and some suicides - family lives destroyed by urologists who ignore medical studies and advice of their own colleges, in pursuit of phenomenal riches. More men die of the consequences of the diagnosis than the one in 1,000 men scanned who may have died of the disease.

Current technological improvements in scanning resolution, misuse of PSA tests and greed has led to massive overdiagnosis of prostate cancer, with the unrecorded suicides of men and destruction of many happy marriages.

So I can avoid the word "cancer" may I reference this disorder with the abbreviation PCa?

My name is Michael Shirley, 12 years ago, a Senior St Vincent's urologist told me I would be dead - 9 years ago.

After a global biopsy his diagnosis was: "You have prostate cancer and you will be dead in 3 years if you do not immediately have a radical prostatectomy and I can fit you in next Thursday". At that time I was 69, I had been having annual PSA and then Digital Rectal Exams by my GP for 3 prior years and then for another 2 years by the urologist. My PSA was 1.5, rising to 1.75 over 5 years. I had no other symptoms. The global biopsy and the pathology report said I had a small amount of Gleason 7 cancer. There is no doubt that this was a correct diagnosis as the grading was supported first by Professor Ronnie Cohen, in Perth, and then by the Memorial Sloan Kettering Cancer Center, in New York.

Current "kneejerk" protocols that include radical prostatectomy breach the Hippocratic Oath of "First do no harm". They fail to consider the current scientific research, the impact on quality of life of men, both physically and emotionally and leave them disempowered, disfigured and in disrepair.



Michael Shirley

It is shocking to realise that this spoken diagnosis "You have prostate cancer and you will be dead in 3 years if you do not immediately have a radical prostatectomy and I can fit you in next Thursday". Are words used regularly by this urologist. He said this to my friend Andrew 14 years before (that is 24 years ago today) and another urologist (same hospital) used exactly the same words to another unsuspecting patient this year. That suggests to me that urologists have been scaring men using the same technique for at least 24 years! It cannot just be a series of coincidences. Is it medical malpractice? I suggest it has all the marks thereof.

You can see I was cynical about this

diagnosis. Immediately before my diagnosis I had an old friend who introduced me to the fact that I had a prostate and his urologist wanted to take his out for a phenomenal amount of money. He complained that the Commonwealth rebate was a tiny percentage of the cost he had been quoted. Another friend warned me about the nasty side effects of a radical prostatectomy. My urologist told me nothing of the alternatives. I asked about erectile dysfunction? He gestured towards Oxford Street saying they inject in their penis and can have erections anytime they like. One second's consideration of how unromantic that would be made me ask could I have a second opinion. He recommended his partner! I could not get out of there fast enough, and never went back.

The use of the word "cancer" stops even the most intelligent brain from working; the effect is devastating. "I am going to die", is all you can think of. Constantly! Now the diagnosing doctor has you trapped. You have become detached from reality. There are alternatives, but he will not tell you of them. Finding the information yourself is nearly impossible. The information is available, but you cannot think of anything rational that would inform you. Men need to become aware of the facts before they enter such discussions with a specialist. I have often told my family that if you want the best outcome you must know as much as you can learn about your disorder so your medical discussion enables you to know what is going on.

Importantly, we must change the word
(continued on page 4)

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IN THIS ISSUE

- P. 1 Medical Diagnosis or Commercial Marketing?, by Michael Shirley
 P. 2 New Type 2 Diabetes theory; RECIPE: Chocolate + prune brownies; New members; Donations to CISS; DVDs for loan and sale; Free Psych-K and Emotion Code for CISS members; For Sale: Supplements for CISS members;
 P. 3 Hazards of the 5G network; Death of Frank Hewstone; Preventing Overdiagnosis Conference; Farewell from CISS
 P. 6 Lyme disease starts with a mouse, not the tick; LETTERS: From Michael Allam re "Bill" Bruce
 P. 7 Chemotherapy deactivated by Mycoplasma bacteria in pancreatic and other tumours, by Andt Coghlan; Lloyd's refuses to insure against 5G health claims
 P. 8 How to Re-enable Natural Killer Cells; Submission to Committee of Inquiry into 5G on behalf of CISS
 P. 9 Life after cancer, By Frank Hewstone.
 P.10 Hearts that beat as one; RECIPE: Choc-Tahini Spread
 P.11 Parkinson's Disease: Let There Be Light (Infra-red); Natural remedies for high blood pressure
 P.12 Branches of CISS and Cancer Support groups; What's available at the CISS Office

New Type 2 Diabetes Theory: *It's fats, not glucose, claims new diabetes theory*

We've got it wrong about type 2 diabetes, the lifestyle disease.

According to a new theory, it's got nothing to do with blood sugar and insulin resistance - as the current view maintains - but instead it's a disease of our cells and the way they react to some fats, a new theory suggests.

Although both camps agree that inflammation is one of the key processes of diabetes, the new hypothesis holds that cells are driving an inflammatory

response to some fats, and not to glucose (also called blood sugar).

If true, it would explain why some diabetics who are successfully controlling their glucose levels are nonetheless still seeing the disease progress.

Researchers from the University of Kentucky set out to demonstrate that the immune cells of diabetics would produce energy by burning glucose - but discovered instead

that defects in the mitochondria, the 'power houses' of our cells, were causing a reaction to raised levels of fats.

Research is still ongoing, but if further investigations support the initial discoveries, the way diabetes is treated will fundamentally change.

Instead of controlling sugars in our diet, we will instead be watching out for certain fats.

Cell Metab, 2019; 30:447-61

RECIPE

Chocolate + Prune Brownies

Makes 12-15 brownies

Ingredients

250g dark chocolate
(60-70%) roughly chopped
250g butter, cubed
250g soft brown sugar
4 small eggs, whisked
100g plain (all-purpose)
flour
½ teaspoon baking powder
110g pitted prunes,
roughly chopped

Preheat the oven to 180°C and grease and line a rectangular brownie tin (~18 x 24 cm).
Combine three-quarters of the chocolate and all of the butter in a large stainless steel bowl and place it over a pot of boiling water. Gently melt the chocolate and butter, stirring intermittently with a spatula. Once melted, remove from the heat and add the brown sugar, mixing well with a spatula. Add the beaten egg and quickly mix to incorporate.
Sift together the flour, baking powder and a pinch of salt, then fold gently into the chocolate mixture until just combined, but no bits of flour remain. Add the prunes and fold in, then pour the batter into the prepared tin. Bake for about 30 minutes. The top should be just firm, and the inside slightly gooey, so a skewer should come out with a few chocolatey crumbs attached. Leave to cool completely in the tin. Then lift out carefully and cut into squares. The brownies will keep for up to 3 days when stored in an airtight container.

FROM: Eat This, My Friend: Everyday vegetarian recipes for sharing. By Jade O Donahoo

Free Psych-K & Emotion Code for CISS members

CISS members can receive Psych-K and Emotion Code to identify and change negative belief systems—free of charge. Ring the Office to try it.

New Members: November/December -
Anne Crogan, Linda Robinson;

Donations to CISS November/December:
H.C. \$10; E.T. \$10; QoL Support Group \$50

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

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

Hazards of the 5G network

With most Western countries preparing to change over to the new 5G network there is a small international group of scientists warning that the new system could be fraught with serious long-term problems reminiscent of the asbestos and tobacco scandals.

A link was first established in the 1920s between asbestos and lung disease and a particularly dangerous cancer of the lining of the lung, mesothelioma. Yet companies manufacturing asbestos denied the link. They had to admit it decades later after the death rate from asbestosis and mesothelioma reached 100,000 each year. In Australia 10,000 have died from mesothelioma since the 1980s.

Similarly the tobacco industry covered up evidence linking cigarette smoking to lung cancer and other diseases.

There is already an increasing incidence of brain tumours among young people that some scientists are attributing to the increasing use of mobile phones on the current 4G system. They believe the increased exposure to electromagnetic fields with the 5G system will not only worsen this but also affect fertility and cause neurological disorders, such as learning and memory problems and even Alzheimer's disease (see page 8).

One wonders how many decades it will take before the current evidence linking exposure to 5G frequencies to cancer and other diseases is proven.

Local News

Death of Frank Hewstone

We are sad to report that Frank Hewstone died on 19 November. See



Don Benjamin, Editor

page 9, where we reprint an article about Frank from our May 2015 Newsletter.

We will miss his presence and that of Maxine on the CISS Committee. They brought a high level of integrity, principle and compassion to the Committee's decisions.

Preventing Overdiagnosis Conference

From 4-7 December I attended the 7th annual Preventing Overdiagnosis (and Overtreatment) Conference held this year in Sydney.

As usual it was attended by over 400 medical researchers and other interested people along with community representatives.

I gave a 15 minute presentation questioning the benefits of Low-Dose Computed Tomography (LDCT); and, because of Dr Anita Adhitya's inability to attend, presented a poster on her behalf.

I hope to have established some useful contacts during the various sessions and activities.

CISS member Michael Shirley was a

featured speaker who gave an excellent presentation titled "Medical Diagnosis or Commercial Marketing?" (See page 1)

Questioning other theories

This Newsletter reports on several areas where current thinking is being questioned, apart from Michael Shirley's belief that current prostate treatment is rarely beneficial and driven by market forces not evidence:

- Type 2 diabetes might be caused by particular fats rather than glucose (sugar) (page 2);
- Lyme disease starts with a mouse, not the tick (see page 6);
- Mycoplasma bacteria is de-activating chemotherapy for pancreatic cancer (page 7);
- A protein in the cancer cell membrane is de-activating natural killer cells and undermining the immune system's attempts to control it (page 8);
- The earth's geomagnetic field appears to influence the activity of the human brain (page 10);
- Parkinson's disease might be related to a shortage of favourable microbiomes in the gut, that can be improved with infra-red radiation to the stomach (page 11).

Altogether it suggests that we have a lot to learn about what makes us tick; what makes us sick; and what we can do about it.

Recipes

For those with a sweet tooth who need to avoid sugar we include two recipes: one for chocolate and prune brownies on page 2 and one for choc-tahini spread on page 10.

Help needed

See the two ads below.

CISS Committee positions

Members of CISS are invited to nominate for one of the three vacant positions on CISS' governing Committee.

One of the positions is that of Honorary Treasurer whose job is to monitor CISS' income and expenditure, advise on suggested changes and prepare and monitor the annual budget.

The other two positions are ordinary Committee members who advise on how the Society can best promote its message among the general public. Meetings are monthly, typically on a Monday at 7pm.

For further details contact Don Benjamin, General Manager, on 0416 121 140.

General Manager position

Members of CISS are invited to apply for the position of General Manager at the CISS office at St Leonards.

The position would appeal to a person with administrative experience who is semi-retired and would like to work for two days a week.

Areas of responsibility include preparing agendas and minutes of meetings; payment of accounts and staff wages; overseeing the website; organising repairs and maintenance; and liaising with regulators.

For further details contact Don Benjamin, General Manager, on 0416 121 140.

Farewell from

CISS

We offer our loving thoughts to the family and friends of those members who have died in recent months

**Frank Hewstone
Margaret Oakley**

(continued from page 1)

“cancer” to something less terrifying. Low grade dysplasia is a well used term relative to other forms of early pre-cancer and describes PCa well. PCa does not behave like other cancers and may not grow for many years. It is well known that nearly all men die with Pca; few of it.

Fortunately, I read an opinion piece in the media quoting Professor Alexandra Barratt questioning medical practice and overdiagnosis. I thought if this expert is questioning medical advice I better think again. I went to a urologist at another hospital who calmed me down by telling me a little of my alternatives, I had time to research and properly consider the alternatives. He confirmed that penis injections worked and showed us (my long suffering wife joined me in these consultations) a huge penis photograph with hatched lines down each side that indicated areas into which you could inject. Somehow you were supposed to not use the same spot twice. It was all bizarre to us, but he reduced the brain panic substantially; and for that I am grateful.

The urologists’ professional body: Prostate Cancer Foundation of Australia, claim they regularly issue research findings to their members including “1,000 men need to be scanned to save one life.” Which has been known for many years, but their members just ignore the findings; too much money is involved. There are three aspects of this evidence worthy of mention:

1. The urologists college circulated the research to their members years ago – almost all urologists chose to ignore it and do not tell their patients;
2. The 2004 edition of the British Journal of Urology published finding by Dr Thomas Stamey, Stanford University that the chance of dying from PCa was 2.5%.
3. Little research has been done into the destructive effect that prostate scanning has on the other 999 men (and importantly their partners’), suicide and cardiovascular death rates.

Last year, a groundbreaking study was published in the New England Journal of Medicine showing that, based on data on more than 6 million Swedes aged 30 and older, the risk of suicide was found to be up to 2.6 times higher and the risk of heart-related death up to 3.7 times higher during the first week following a positive versus a negative cancer diagnosis.

These deaths and ruined lives are not recorded in any of the prostate research I have read. I suggest the attempts to reduce deaths from PCa results in unrecorded deaths following diagnosis. Surely, radical prostatectomies must stop. At least the name of the disorder must be changed to Low Grade Dysplasia!

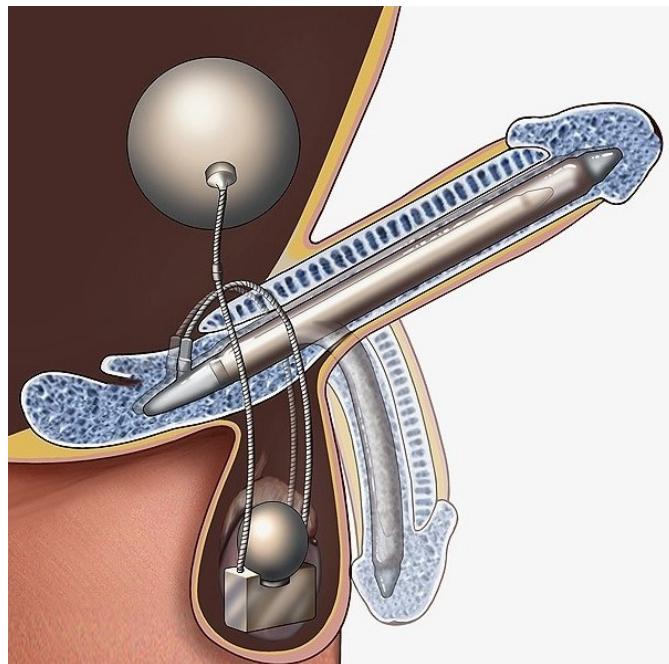
You cannot tell me these intelligent urologists do not know of the research that says what some of them are doing is wrong; surely this is medical malpractice? It is certainly not medical science, more like medical marketing.

What is concealed behind these statistics is the devastation caused to men (and their wives) with a cancer diagnosis; some commit suicide, others leave good marriages, one left a pregnant, brilliant wife in a happy marriage, others stop working, and become depressed. Even those who decide to watch and wait are affected.

Another, a dentist, who had a radical prostatectomy and was incontinent, wrote to me of the daily fear he lived with that his constantly leaking urine would offend his patients and end his professional career.

The latest research reveals that you have only a 7% chance

of ever having an erection again. My urologist did not tell me any of this. Andrew says the 7% who claim they do not have ED are all lying!



Urologists have invented an insertable hydraulic erection device with a fluid tank, operated by a pump in your scrotum for US\$50,000. No one says it works, but it is on offer to overcome erectile dysfunction. Bizarre! That you will not ejaculate means you just have a very expensive dildo.

I became focussed on (about 30) medical texts and journal articles on prostate cancer. To my surprise and delight I found many medical experts telling a more encouraging story about survival. I obsessed about the subject. My wife thought I was crazy. I made her life less enjoyable. All the time I kept thinking I am dying, make the most of everyday. It is a deeply disturbing, all encompassing obsession – I am dying. It is hard to get back to sleep when maudlin thoughts of imminent death occupy your brain. Why would you have a dental check-up? I am dying, teeth do not matter, so I missed many years of check-ups. I have a 14 year old car, why would you update it, I'll be dead too soon to enjoy it!

One of these books was The Great Prostate Hoax, by Dr Richard Aibling, the scientist who discovered PSA. He wrote that he was devastated his discovery was being misused by urologists to remove prostates. He wrote that PSA did not indicate the presence of PCa, in fact could be considerably disturbed by riding a bike or having a sexual encounter – up to three days before a blood test. The FDA had not approved it for PCa diagnosis; it was being used “off-label”. He asked that PSA tests be stopped. A few years later a US Government Task Force report said just that, followed by the British authorities both of whom say stop PSA testing. Yet in Australia PSA tests continue to be recommended and are routinely sprung on men without their informed consent. PSA tests do not work and should be abandoned! They are wildly inaccurate and just create a state of unnecessary fright in men.

My friend Andrew has had a wildly fluctuating PSA over 24 years – last year about 170, now only 70 yet he is not dying of PCa.

(continued on page 5)

That I had PCa at 69 should not have been a surprise. Please refer to Dr H Gilbert Welch's book, *Overdiagnosed*. Two studies done in the 1980s by a Cleveland Clinic and repeated in the 1990s in Detroit, totalling 700 bodies (of men who had died of non-PCa causes) had PCa from their 20s right through to their 80s. In fact you can draw a nearly straight line from 9% at age 25 years to 83% at age 80 years. This research has been replicated by others. I use this as it shows you what was known 25 to 30 years ago.

If you know this your view of a PCa diagnosis changes completely. If your urologist is fair he/she will say you have PCa, but you might have had it since you were a

young man so perhaps do little; eat a plant based diet; live well; exercise; and use supplements to boost your immune system. Let's look at it again in 6 months. This has complementary useful effects as you probably become the healthiest you have ever been!

I often worked in New York City and fortunately learned of Dr Robert Bard, a radiologist, a few blocks from my hotel. He scanned my prostate by Doppler ultrasound and sent me round the corner for a DCE-MRI. I was told all the cancer discovered by biopsy was inactive, but a small focus that had not been detected by biopsy, was still active. I was advised to continue my immune system boosting supplement program, and to continue to monitor the gland.

Dr Sean O'Connor, a radiologist, Sunshine Coast, was later trained by Dr Bard and has the same scanning equipment. So this scanning is available in Australia. I have repeated these scans a number of times since. By repeating these two scans, both examined by the same experts, I was able to learn that yes I had PCa, but it was not growing and did not require further treatment.

Active Surveillance usually includes annual global biopsies. These can be inaccurate, expensive, hurt and inflame the gland, increasing the chance of cancer spreading, probably sever some penile nerves. And the anaesthetic damages the brain. Look at my experience: Dr Bard said my biopsies had missed the slightly active cancer, but Doppler ultrasound found it, without any of the negative aspects of a biopsy.

Research shows that a radical prostatectomy does not have a better outcome than no surgery for men at low to medium risk. I noticed men who had suffered the procedure were convinced it had saved their lives. I think this is understandable confirmation bias: the procedure is so unpleasant, has such devastating

consequences, and is so expensive that men convince themselves it must have been worthwhile.

Patients need to learn all they can about their disorder before consulting a surgeon; otherwise the expertise of the surgeon will determine the outcome of their consultation.

Men need to be brave, be critical thinkers and use the rapidly improving scanners to "read" their prostates over some months to see what is happening, if anything. Suspect you have PCa, have a Doppler ultrasound, a DCE-MRI, wait a period, have the same technicians repeat the same ultrasound/MRI and report on any change. It might be an indolent low grade dysplasia and best left alone.

I chose to have 6 monthly Doppler Ultrasound and DCE-MRI scans to actively monitor what was happening, initially, in NYC, then later by Dr Sean O'Connor, Sunshine Coast. The earlier advice from a leading Sydney urologist who claimed that ultrasound could not be used to detect PCa was misleading, as seven years ago he began using it to detect PCa for the purpose of his so called "Nano Knife" therapy. Cynicism says money was the motivator for that earlier advice.

A major 2004 Stanford University study by Dr David Stamey discovered 98% of prostates removed over the previous 5 years should not have been removed, yet urologists are still doing this procedure. It shows how little urologists wish to perform evidence-based medicine.

A NEJM study on 13 July 2017 shows that almost all men with early PCa survive 10 years, regardless of treatment. There is no difference between aggressive treatment and none at all for those at low risk. Though for those at high risk of death treatment did help.

On 21 November 2016, Clinical Associate Professor Ian Haines, Alfred Medical Research and Education

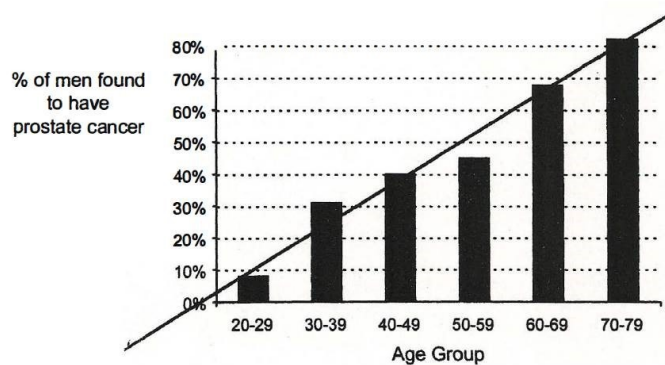


FIGURE 4.1 Prostate Cancer Reservoir Found in Men after Accidental Death

Precinct's Department of Medicine at Monash University and Cabrini Health, Melbourne wrote that PCa management in Australia was a scandal.

American, Dr Snuffy Myers was invited to speak at the Garvan Institute. His speech was professionally videotaped. I bought the DVD and was shocked that his final 10 minute summary of what men should do, which omitted any reference to surgery, was missing from the DVD. The producer claimed there was no room to include this on the DVD. That was a lie. The urologists did not want this advice to become public – fake news!

Despite all this work little has been achieved. One urologist boasts having removed the prostates of 6,500 men. The money involved is staggering, the pain and suffering is eye watering. This conference has the potential to save a large cohort of men from over diagnosis and over treatment - I commend it to you.

Now nearing 81 my PCa is still inactive. The constant worry of: have I made the right decision? is always with me. If I find that the PCa (which at my age I undoubtedly have) has become active I will be off to the Peter MacCallum Cancer Centre in Melbourne that is trialling a new therapy using radio isotopes to kill the cancer cells.

It would be easy to be angry about how this diagnosis has upset my life. I prefer not to get angry, but get even, by informing as many men as possible to learn about their glands and the considerable research that will help them cope with this slow growing dysplasia. Andrew and I set up a website to better inform men as their prostates are the last thing they think of until their GP springs a PSA test on them. It has had 2.7million hits. Direct communication with men is essential. Informing surgeons, or their colleges might seem enough, but many Sur-

(continued on page 6)

geons ignore their college's advice. An example of men's ignorance is a recent group PCa meeting at University of Sydney, at which all men were asked why they had come, all said their wives had sent them!

The work of your organisation is ground-breaking and stands to change the lives of hundreds, perhaps thousands of men and importantly also their wives. I salute your work and encourage you to work harder to reach uninformed Australian men and their partners.

I count myself fortunate to have had the cynicism to question, the tenacity to research, and the luck to survive the depression of my diagnosis. I feel passionate about sharing my story in the hope that other men, faced with such a diagnosis, will have access to more information to empower them to make a considered and informed decision about the treatment options available to them.

In the meantime I enjoy my huge family, including 14 grandchildren, laugh as much as possible, avoid the world's horror stories and continue to consume hundreds of supplements each week, washed down with generous quantities of red wine.

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- Death rate from PCa in Australia is 2.5% - <https://prostate-cancer.canceraustralia.gov.au/statistics>
- Suicide and cardiovascular death rate following a diagnosis of cancer: https://pubmed.ncbi.nlm.nih.gov/20016838-immmediate-risk-for-cardiovascular-events-and-suicide-following-a-prostate-cancer-diagnosis-prospective-cohort-study/?from_single_result=plos+medicine+prostate+cancer+diagnosis+suicide
- Professor Ian Haines – The scandal of prostate cancer management in Australia <https://insightplus.mja.com.au/2016/45/the-scandal-of-prostate-cancer-management-in-australia/>
- Treatment does no better than no treatment: <https://theconversation.com/amp/latest-research-shows-surgery-for-early-stage-prostate-cancer-doesnt-save-lives-81089>

A whole range of damage from robotic surgery:

<https://academic.oup.com/bja/article/118/4/492/3574479>
<https://www.theexpertinstitute.com/case-studies/da-vinci-robot-prostatectomy-leads-to-severe-nerve-damage/>

Dr Otis Brawley, Chief Medical Officer, American Cancer Society, summary of dangers of over-diagnosis: <https://youtu.be/wYvUU9XJDU0>

The scientist who discovered PSA is angry that his discovery is being misused: The Great Prostate Hoax – Richard Aibling – Amazon \$14, or Kindle \$8.

NEJM – Follow-up of Prostatectomy versus Observation for Early Prostate Cancer <https://www.nejm.org/doi/full/10.1056/NEJMoa1615869>

Substantial risk of robotic prostatectomies where the body is held at 30 degrees for the procedure:

<https://www.healio.com/ophthalmology/glaucoma/news/print/ocular-surgery-news/7Be3c0d764-5a57-4c93-a67b-8c96a3a8560c%7D/iop-increases-with-steep-trendelenburg-positioning-during-robotic-assisted-laparoscopy>

10 law suits for Da Vinci robotic "accidents": <https://www.newscientist.com/article/mg21729105-800-robo-surgeon-da-vinci-faces-lawsuits/>

Australian website – research. www.prostate-cancer.org.au
2.7 million hits.

Lyme disease starts with a mouse, not the tick

Debilitating Lyme disease is caused by a tick bite, as everyone knows - but now researchers have discovered how the tick gets to be a carrier in the first place, opening the door to new ways of preventing the disease from spreading.

It all starts with the white-footed mouse (*Peromyscus leucopus*), not the tick. The mouse, which lives in forests and wetlands harbors the bacteria that cause Lyme disease, and it's the ticks that feed off the mouse which pass it on to people.

Scientists from the University of California at Irvine have sequenced the genome of the white-footed mouse and this gives them the roadmap to start developing preventative programs, such as an environmentally safe vaccination.

Most approaches have concentrated on somehow controlling the movement of the tick, "but they have been difficult to put in practice," said Alan Barbour, one of the researchers.

The researchers also want to under-

stand why the mouse doesn't get sick from the bacteria it carries, which could provide clues about how people could combat the infection.

In addition to Lyme bacteria, the mice also carry a form of viral encephalitis and illnesses like malaria and Rocky Mountain spotted fever.

The research team is making the white-footed mouse genome sequence publicly available so other researchers can work with it, too.

The incidence of Lyme disease increased 17 percent in the US from 2016 to 2017 with 42,743 cases being reported. The US Centers for Disease Control and Prevention (CDC) says that cases have tripled since the late 1990s, partly due to the urbanization of rural areas and forests, and fears the actual increase is far greater, as most cases are never diagnosed or reported.

REFERENCE: Sci Adv, 2019; 5:eaaw6441

From: WDDTY Dec 2019

LETTERS

Re "Bill" Bruce:

It was interesting to read Bill's story – Bill is an 'old' school mate of mine and he in fact introduced me to your organisation.

As you probably know Bill died a couple of weeks ago and I was fortunate to visit him a few weeks before he passed.

My story of Prostate Cancer is one of surgery 17 years ago and then resection of a metastatic lymph node (pelvic) 4-5 weeks ago after a PSMA PET scan showed its presence – and I am grateful to both my Oncologist and Surgeon for their intervention.

Kind Regards
Michael Allam
Nov 11th

Chemotherapy deactivated by Mycoplasma bacteria in pancreatic and other tumours

The following article was brought to our attention by Jennie Burke. It was in the *New Scientist* on 15 September 2017 and was based on a paper published in *Science* of the same date.

Tumour bacteria sabotage chemotherapy by destroying cancer drugs

HEALTH 14 September 2017
By Andt Coghlan

Thanks to a chance discovery, researchers have uncovered one reason why chemotherapy drugs sometimes fail. It turns out that bacteria inside cancer cells can destroy some drugs, rendering them useless.

The finding may explain why so few people with pancreatic cancer are successfully treated with the drug gemcitabine: bacteria that can destroy gemcitabine were discovered in three-quarters of biopsies from 113 people with pancreatic cancer.

The drug is also used to treat colon and bladder cancer, and so the same effect may play a role in people with those cancers too, says the team behind the findings.

Ravid Straussman at the Weizmann Institute of Science in Israel and his team made the discovery after getting puzzling results while they were investigating why healthy cells become "accomplices" to cancer cells, somehow helping them to resist drugs. They couldn't explain why one particular group of skin cells prevented gemcitabine from killing neighbouring cancer cells.

Drug degraded

Straussman and his colleague Leore Geller noticed that the skin cells were infected with *Mycoplasma* bacteria, but initially dismissed it as contamination. "I almost gave up on the project," says Straussman.

In fact, it turns out that the bacteria destroy gemcitabine. "We found that the bacteria internalise then degrade the drug, deactivating it," says Straussman. It does this by producing a "long form" of an enzyme called cytidine deaminase.

After analysing 113 samples of pancreatic cancer tissue, they found 86 were infected with types of bacteria that could make the long form of the enzyme. These included very common bacteria such as *E. coli* and salmonella.

Of 2674 bacterial species – some of which are known to live in the human body – tested subsequently, 11 per cent could make the long form of the enzyme. Almost half couldn't make the enzyme at all, and the remainder made the short form, which cannot degrade the drug.

The discovery tallies with findings from other labs that bacterial infections can hamper chemotherapy.

Antibiotic resistance

In further experiments, Straussman showed that antibiotics stopped bacteria with the long form from destroying gemcitabine.

"Using antibiotics alongside standard cancer drugs certainly deserves further investigation," says Yi Xu of the Health Science Center at Texas A&M University, who previously discovered that bacteria can speed up the growth of colon cancer. "Treatment of cancer in the future should take into consideration the bacterial characteristics of the patients."

Straussman cautions that this strategy could bring complications, as people would need to take antibiotics for long periods of time, which could drive the emergence of antibiotic-resistant bacteria.

"We believe there may be better approaches, such as developing drugs to specifically block the activity of the enzyme that destroys gemcitabine," he says. "This would minimise the effect of the bacteria without risking generation of antibiotic-resistant bacteria."

Straussman's team are now investigating how bacteria sabotage another anticancer drug called oxaliplatin. "We don't think our gemcitabine discovery is an isolated phenomenon," he says.

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Lloyd's refuses to insure against 5G health claims

Lloyd's of London, the world's largest insurer and reinsurer is refusing to handle any health claims relating to the new high-powered 5G mobile network.

Although there's never been definitive proof that mobile networks cause health problems, industry watchers believe Lloyd's is taking a precautionary approach and staying out of the market in case a link is discovered.

In a waiver to its insurance policies, Lloyd's is passing the onus on to schools that install Wi-Fi or have cell phone masts placed in school buildings. It recommends policy holders hold the school responsible for health problems students might suffer if it is later confirmed that wireless technology is found to be responsible.

Lloyd's decision may have been

influenced by its in-house risk assessment team, which, in 2010, likened wireless networks to asbestos, a building material that causes lung disease and cancer. Although the link was established as early as the 1920s, the asbestos industry was slow to react and spent years denying a causal connection.

Similarly, the first warning shots have been fired about the levels of electromagnetic radiation that will be generated by the new high-powered 5G network and the damage this could cause to human health.

The 5G Appeal, endorsed by over 240 scientists, fears 5G could increase the risk of cancers, affect fertility and cause neurological disorders.

The US National Toxicology Program has discovered statistically significant increases in rates of brain and heart cancers in animals exposed to low levels of EMF, far below those that will be generated by the 5G network.

scientists4wiredtech.com

FROM: WDDTY December 2019

The CISS Committee has made a submission to the Australian Parliament in response to a request for submissions to an Inquiry into the proposed introduction of the 5G network into Australia.

See next page.

How to Re-enable Natural Killer Cells

The future of cancer treatments rests also on the shoulders of Natural Killer cells, according to a recent study conducted by Prof. Angel Porgador, of BGU's Shraga Segal Department of Microbiology, Immunology and Genetics, Faculty of Health Sciences, and the National Institute of Biotechnology in the Negev (NIBN) (Israel)

The study, published in the July issue of *Cancer Immunology Research*, described Porgador's discovery: a protein in the cell membrane of cancers that inhibits the body's immune system, allowing the cancer to proliferate undisturbed.

This membrane protein protects the cancers by disabling Natural Killer cells (NKs), the white blood cells that are responsible for attacking tumors and viruses. While such proteins were known to exist in the nucleus and cytoplasm, their detection in the cell membranes is novel.

According to Porgador, these membrane proteins could provide a target for new treatments.

"This is the real proof that a very important protein in the cancer life, or in the proliferating cell life, has a version that goes in the membrane," he said, "and this protein could be a target."

Using mouse cells, Porgador and his team were able to develop an antidote to the inhibiting proteins in the form of an antibody. Now, they are in the process of turning the mouse antibody into one that will work on human cells. Their goal? A fully FDA-approved form of cancer



Prof. Angel Porgador

therapy that will be administered intravenously or intramuscularly to patients.

The ongoing research and development is led by Pink Bio-pharma, a company established by biotech incubator FutuRx. Funded by the Israel Innovation Authority, FutuRx scouts out and licenses academic research projects that could result in practical medical treatments.

After evaluating Porgador's research, FutuRx decided to take it on. "The scientific advisory board found a lot of merit in it and suggested it to the incubator to start a company that could take this project and commercialize it," said Pink Bio-pharma CEO Dr. Rachel Eren.

Osnat Ohne, chief executive officer of the NIBN, said that the establishment of Pink

Bio-pharma exemplified the goals of NIBN as a research institution.

"Pink Bio-pharma is a great example of fulfilling our mission of final commercialization," Ohne said. "The professional team of FutuRx, identified both scientific rationale and applied research maturity and decided to establish a company based on our technology."

According to Eren, Porgador's research has offered a valuable new method for treating cancer because of its focus on the Natural Killer cells.

"This [receptor] that Prof. Porgador has researched is a very novel concept because it's not on T-cells but on Natural Killer cells," Eren said. T-cells in the immune system need a special activation to fight invaders, whereas the Natural Killers do not. "So this is a very promising therapeutic approach," Eren said.

Porgador noted that the current immune system therapies for cancer have not yet been totally successful. "This is a very expanding field," he said. "Additionally, new checkpoints should be discovered and manipulated." His research, he explained, focused on harnessing the intrinsic powers of the Natural Killer cells to better resist cancer.

"It is clear that you need today, in order to get the better immunotherapy approach, not just to activate the T-cells...but also to activate the innate part," Porgador said.

FROM: **The Jerusalem Post** – July 30, 2019

Submitted by Kate Casey

Submission to Committee of Inquiry into 5G on behalf of Cancer Information & Support Society

The following submission is in relation to the **deployment** of the proposed 5G network:

This Society is opposed to the introduction of the 5G network for many reasons, but the main one is that it is a potential hazard to human health. Our Society's objectives include prevention of ill-health.

- Existing radiofrequency wavelengths are already conservatively classified by the World Health Organisation (WHO) as 'potential human carcinogens'¹;
- There is strong evidence that 5G technology will increase human exposure to potentially harmful radiofrequencies. 230 scientists from around the world - the so called 5G Appeal - are concerned that because 5G is only effective across short distances many more transmission masts need to be erected that will 'massively' increase exposure to EMFs²;
- There are signs of an increasing rate

of brain tumours among young people even with current electromagnetic fields (EMFs) that could well result in an upgrade to the status of 'proven human carcinogens' as suggested by WHO advisor and EMFs expert Dr Anthony Miller³;

- The 230 scientists of the 5G Appeal have concluded that 5G can increase the risk of cancer, affect fertility and cause neurological disorders, such as learning and memory problems and even Alzheimer's disease².
- With drugs it has become accepted world-wide that a new exposure should not be approved until trials with humans have proven beyond reasonable doubt that they will not, by exposing a population to a specific health hazard, increase the risk to health⁴. The same concept should apply to physical hazards such as EMFs.

- The issue is even more important for EMF exposure than for drugs because 5G will result in an increased exposure to almost the entire population irrespective of whether or not they wish to be exposed. This would breach the concept of 'informed consent'⁵ that requires that the consent to the proposed intervention be voluntary on the part of the participant.

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Life after Cancer

by Frank Hewstone

I was born in South Australia in 1937, out in the country where there was little or no pollution and until I was old enough to operate machinery and trucks probably lived a healthy life. I married at 23 years of age and smoked heavily for a few years until I found I was getting health issues and quit.

Most of my working life was in transport and earthmoving until I went into construction work and became a qualified builder.

My wife and I were in Western Samoa in 1989 as Expatriates and in March and April we both had Dengue Fever from which Maxine recovered but I could not seem to get well again. It was like my immune system could not stop the colds and stomach bugs that came one after the other. I had no appetite and should have seen a good doctor.

At that time it was more than your life was worth to go to the hospital in Samoa and we had booked to go back to Australia for home leave in June so I waited. I had become very negative and angry due perhaps to the lack of good fresh food and stress from the work we were doing along with rapidly deteriorating health.

When I arrived home in June 1989 I was very pale and thin and went immediately to see a doctor. Blood tests showed I was anaemic and losing blood and further tests over a six-week period showed bowel and liver cancer. It took a long time and many tests before a colonoscopy revealed the truth.

The Bowel tumour was removed by the surgeon in August but my body was too weak to do anything to the liver. All this happened in somewhat of a blur as I was carried along by the system and felt very lost.

I came out of hospital a very weak and sick individual and refused to have Chemo or radiation. My Mother and Grandfather died from bowel cancer and they died with little dignity with the treatment. Throughout our lives we had often heard of alternative cancer treatments but took little notice. I knew I had neglected my health for most of my life, smoked very heavily for a time, took too much antibiotic for recurring illness and worked long hours with little and sometimes no sleep. Now we began to get serious about health and read all we could find on natural healing.



Frank & Maxine Hewstone

After three months I went back for CAT scans as the doctor had requested. To our dismay the original spots on the liver showed considerable growth. I was sent to a liver specialist who informed me I had only a five-year survival chance with no possible cure. Further I was told if I went right away for an operation to remove the infected portions of my liver I could live even up to ten years.

I told the specialist I had been studying and would try with diet and other means to get well. He told me how foolish I was, and if I left it too long they could not do anything for me; to which my reply was, "I am dying anyhow so what have I to lose" When he could not talk me out of my decision he said to come back in three months for tests. In a moment of fear or weakness I agreed. I went home feeling sick at heart but determined to overcome this. I knew the blame for my present condition lay squarely on my own shoulders and there was no room for self-pity.

I felt very positive over my decision and felt strongly I should pray as though it all depended on God and work as though it all depended on me and it would work out for the best. My wife and I prayed long and earnestly over a long while for direction and it seemed like information came from unexpected sources whenever we needed it. We learned about Jason Winters Tea, carrot and wheat-grass juices and many other health giving and cancer fighting natural products and began to adopt them into our diet.

I will not list them all here as the information is freely available at CISS and online, which sources are more up to date and there is more research yielding the latest information. Basically I used positive thinking, affirmation, visualization and lived on fresh and natural foods that were raw or lightly cooked with a preference for fruit and vegetables. For many months there was no

meat, no sweets, no dairy, nothing artificial, preserved or adulterated. Lunch at work for example became watermelon on its own.

It was not easy for a month or so as we tried to cope with such a changed life-style, juicing carrots, sprouting wheat-grass and such tedious tasks. On my own I do not know if I could have kept it up but thanks to a supporting wife, a loving family and friends I made it. That does not mean it was easy to weather the doubts, fears and ridicule from those who thought they knew better than I did. Many of our friends treated me as though I was already dead and some were a little "put out" at our positive attitude. The word Cancer seems to strike fear into people's hearts and common sense and thoughtfulness head out the window to let despair take over.

There was an incident worth recording when during one of the worst times of pain I began to doubt and lose my positive attitude. I was not able to sleep for pain for some nights and began to feel sorry for myself. In the middle of the night I picked up my bible and it opened at Matthew 14:24-31 and as I read it seemed as though I was there and saw what happens when faith wavers.

From then on I never looked back and within four months I was feeling better than when I was a teenager. I went back for the scan because I said I would, torn between fear and hope and was surprised the liver specialist was so annoyed with me and rather contemptuously said, "I see you are on this health kick!" He asked how I felt and when I told him how good I felt he asked, "Why did you come back here then?" I stated I came back for tests as recommended by the previous Doctor. The tests were performed and there was no trace of cancer found. When I asked if I could tell him what I had done he refused to listen saying it was nothing to do with him.

My wife and I went home more thankful than many could understand who have not had a similar experience and been spared, but so disappointed that one who has sworn to healing could be so indifferent.

We have spent a lot on health foods and supplements over the years, but less than some spend on smoking, alcohol or coffee, and we still have the
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money the funeral would have cost. Since then I have lost a sister, a brother and many good friends who died from cancer trusting the system.

That was in 1989 and today, 2015 I am free from terminal illness after 26 years and still careful with health of necessity. It seems if anything can go wrong it will and so we know it is better to seek for health because it has brought us happiness and peace of mind.

My interests and hobbies have always revolved around the outdoors. I have always loved motorbikes and raced a motorbike and sidecar until married. I built a number of speed boats, a caravan and various other projects like new homes, three times.

My leisure times included scuba diving, caving, canyoning, gardening, bush walking and scouting. We joined CISS in 1990 but as my wife and I served a number of times overseas as volunteers and missionaries it made it difficult to actively participate in CISS. When we came home from our last mission in the US we joined the committee to try and give something back for all the help we have received.

Added in December 2019 by Don Benjamin:

In January 2018 Frank and Maxine were asked by their church to go to Port Macquarie to help sort out a dispute between personalities at the church there. While they were away Frank got sick again but doctors could

not identify the problem. In January 2019 they returned to Sydney and rejoined the Committee. During 2019 Frank continued to have headaches that one doctor attributed to migraines.

By October his memory started to fail and a doctor suspected a brain tumour. As before Frank decided to reject conventional treatment.

Frank was admitted to hospital in November and died peacefully at home among his family on Tuesday 19 November. He and Maxine had been married for 59 years.

He was a member of the CISS Committee from Nov 2015 – Nov 2018 (including as Convenor from Nov 2016 – Jan 2018) and then from January 2019 to October 2019.

Hearts that beat as one

From the scientific experiments carried out to date, there's no question that the most subtle of the earth's geomagnetic and electromagnetic fields (less than 100 Hz) exert powerful effects on biological systems.

The International Society of Bioelectricity (ISB) and the Bioelectromagnetic Society (BEMS) have carried out research into this area and discovered that the earth's energies directly affect our cell membranes and calcium-ion channels, which are vital for regulating enzyme systems within the cell.

Other studies carried out by the late Texas psychologist William Braud show that these fluctuations have profound effects on the normal functioning of our central nervous system, autonomic nervous system, cardiovascular system and even our mental performance.

When the earth's pulse beats a certain way, all our own biological systems are enhanced, including our psychological processes.

Some of the most intriguing research in this area has been carried out in the former Soviet bloc. The Solar Terrestrial Influences Laboratory at

the Bulgarian Academy of Sciences in Sofia, has performed a number of biological experiments, including some on board the Russian Mir space station.

To measure the interaction of the earth's geomagnetic field (GMF) with various human systems, the researchers constructed a special environment—a six-by-two-metre stainless-steel de-compression press-chamber (PC)—to artificially partially eliminate the earth's natural GMF.

When seven healthy male participants, all in their 30s, were sealed off in the PC, the researchers recorded their brain electrical activity using electroencephalography (EEG) and heart electrical activity using electrocardiography (ECG), plus some blood pressure tests and a number of other electrical tests measuring the movement of the eyes and one measuring the skeletal muscles at rest and during electrical stimulation.

After analyzing their results, the scientists discovered that the brain's slow-wave activity tends to increase, while fast-wave activity tends to decrease when GMFs are suppressed. They also discovered that sleep was more restless without the

modifying rhythm of the earth; deep sleep (stages 3 and 4 of sleep) tends to decrease; and lighter sleep (stages 1 and 2) tends to increase. They also observed longer than normal sleep cycles.

Besides restless sleep, the autonomic electrical activity controlling the hearts of the volunteers changed, as did their blood pressure.

The General Physics Institute at the Russian Academy of Sciences has carried out research suggesting that these biological effects occur on the quantum level, affecting the tiniest systems of our being. These systems only appear to react to subtle GMFs or electromagnetic fields (EMFs), such as those generated by the earth.

This and other research suggests that our nervous system is a target and a messenger of information from fluctuating GMFs on both physiological and psychological levels, and that the pulse set by the earth somehow sets the pattern of our own energetic frequencies. The earth literally makes our hearts beat as one.

FROM:
lynmctaggart@news.lynnemctaggart.com;
on behalf of: Laura <laura@wddty.co.uk>

RECIPE

Ingredients

90g tahini
60ml maple syrup
2 tablespoons coconut oil,
melted
2 or 3 tablespoons raw
cacao powder

Choc-Tahini Spread

Combine all the ingredients in a bowl and whisk until smooth.
Taste, and add more maple syrup if you'd prefer a sweeter spread.
Store in a screw-top jar in the pantry. It should keep for up to a month.

Makes approximately 200g

FROM: Eat This, My Friend: Everyday vegetarian recipes for sharing.. By Jade O Donahoo

Parkinson's Disease: Let There Be Light

The article "Parkinson's: Let There Be Light" written by Suvi Mahohen, was recently featured in The Australian.

Mahohen speaks of the remarkable results from multiple case studies conducted by Dr Ann Liebert from the Australasian Research Institute Sydney, researching the effects of Infrared Light Therapy on Parkinson's patients.

One female patient, in particular, was mentioned who suffers from Parkinson's most common symptoms: resting tremor, uncertain gait, nightmares and what bothers her most, loss of smell, which prevents her from smelling her beloved roses.

She was one of 12 placed in a study

which included using infrared light therapy to the abdomen three times a week for 12 weeks.

This study hoped to discover whether influencing the microbiomes in the gut correlated to a positive effect on the brain.

The case study's results were promising when it was discovered that the six patients put through similar protocol all had an increase of up to 20% in favourable gut-microbiome.

Several statements from the participants revealed that "the trial gave [them] the ability to sleep again", balance and coordination improved and many, including the previously

mentioned patient, stating that their "sense of smell improved significantly" which allowed for her to enjoy the scent of her roses once again.

The future of infrared light therapy is bright with Dr Liebert planning additional studies for 2020 to further explore the full potential and capabilities of this technology.

Although it can not be stated that this form of therapy will work for all Parkinson's patients, we do know that those who participated in the study can confirm that regular use of infrared light therapy has helped them reduce their symptoms and regain their natural abilities.

Reference: <https://www.pulselaserrrelief.com.au/blog/Parkinsons-Disease-Infrared-Light-Therapy-Clinical-trial?pgnum=1>

Natural remedies for high blood pressure

Q: I recently had a health screening and found out I have high blood pressure. I am a healthy weight, don't smoke and rarely drink. Can you suggest any proven diet and lifestyle changes to bring it down? *A.S., via email*

A: High blood pressure, also called hypertension, is defined as having a sustained reading of 140/90 mmHg or above in the UK and 130/80 mmHg in the US. It rarely causes any overt symptoms, but can seriously damage organs such as the heart, kidneys and brain, while contributing to the risk of heart attack and stroke.

But you shouldn't worry yet. A single high blood pressure reading does not necessarily mean you have a problem.

A huge variety of factors can influence your reading, such as the time of day, room temperature, eating or drinking within the previous hour, physical exertion, stress - even just having a conversation.

And you may have heard of the "white coat effect" - a rise in blood pressure caused by the very act of having it measured by a doctor.

To work out whether your blood pressure is cause for concern, your doctor may recommend ambulatory monitoring, which involves measuring your blood pressure over a 24-hour period, or home monitoring, whereby you take your own readings.

These types of monitoring have been shown to provide a better measure of cardiovascular risk than manual blood pressure readings taken in the office

or clinic.¹

If, after careful monitoring, it turns out that your blood pressure is unhealthy high, there are a number of simple steps you can take to lower it, providing there is not a specific cause such as kidney disease or a hormonal disorder.

Here are some natural remedies and lifestyle changes to try, with good evidence of success:

1. Eat More Fruit and Veg

Simply upping your intake of fruit and vegetables can significantly lower blood pressure.² Both are good sources of potassium and fiber, which are known to reduce readings.³ See the box below for the varieties that are especially good at keeping your blood pressure levels in check. (The box listed beets^{4,5}, berries⁶, tomatoes⁷, raisins⁸ and bananas⁹).

2. Consider supplements

A variety of supplements have been found to effectively lower blood pressure. It's best to consult a qualified practitioner to determine what supplements and dosages are best for you, but here are some of the top ones to try, with suggested dosages, according to the evidence:

Garlic: Numerous studies show that garlic supplements can effectively reduce blood pressure in people with hypertension.¹⁰ Suggested dosage: 600 mg/day garlic extract

Coenzyme Q10: In one study, this potent antioxidant could lower systolic blood pressure (the top number) by up to 17 mmHg and diastolic blood pressure (the bottom number) by up

to 10 mmHg without significant side-effects.¹¹ Suggested dosage: 100 mg twice/day

Omega-3s: Supplements of these essential fatty acids consistently cut blood pressure in clinical trials. Higher doses appear to have the most dramatic effects, but even lower doses can lead to significant reductions.¹² Suggested dosage: 3 to 15 g/day total omega-3s

Grape seed extract: Results from 16 trials involving more than 800 people show that grape seed extract has a beneficial effect on blood pressure.¹³ Suggested dosage: 150 to 300 mg/day

3. Go for dark chocolate: Just a couple of squares a day (about 0.2 oz or 6 grams) can lower blood pressure in people with mild hypertension without any effects on body weight. But it's got to be the dark stuff; white chocolate has no effect.¹⁴ Choose chocolate with a cacao content of 70 percent or more for maximum benefit.

4. Get moving

Aerobic exercise, which includes walking, running, cycling, dancing and swimming, is a powerful natural way to reduce blood pressure.¹⁵ If you're not already physically active, find an activity you enjoy and aim to do at least 20 minutes each day.

5. Try Qigong

An ancient Chinese method of movement and breathing control, qigong was found to slash blood pressure readings after 10 weeks in a trial of people with mild hypertension.¹⁶ Tai chi, a related technique, also appears to have blood

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What's Available from the CISS Office?

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch is in RECESS over December & January. From February to May and October to November the Branch holds a general meeting on the third MONDAY of the month from 7pm - 9:30pm at the Arts & Craft Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd), Wyoming. A Guest Speaker or Sharing of Information and Common Experiences is the agenda. (In Winter months (June-September) meetings are held at 2pm-4:30pm on the third Saturday of the month.)

An excellent library is available to members. ALL WELCOME. Information Mary Sponberg-Macready 02 4322 8767

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

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 3, 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 ask for Patricia Krolik.

NAMBUCCA VALLEY SUPPORT GROUP

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

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

OSCAR Juicer - \$485

Enema Kits: \$12.00

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

DVD: CISS 2007 Seminar : Cancer & Hope \$29.50 plus \$5 postage

Prices are subject to change. Items can be posted to you. There is a \$15.00 postage/packing fee for standard articles, \$16-\$18 for country and interstate, \$18 Express Post. CISS Handbooks \$13.50, \$15 including postage.

NSW (Continued)

NEWCASTLE CANCER SUPPORT GROUP

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

QUEST FOR LIFE FOUNDATION

Based on 30 years of delivering exceptional retreat experiences for people living with cancer, our 5 day residential retreats deliver the latest research on health, healing and neuroscience. Contact 02 4883 6599 or visit www.questforlife.com.au

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. 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.

VICTORIA (Continued)

GAWLER FOUNDATION

Learn how to create wellness in the face of cancer at our 5-day and 10-day Cancer Retreats in Victoria's beautiful Yarra Valley. Call 1300 651 211 or visit www.gawler.org to learn more.

WESTERN AUSTRALIA

Solaris Cancer Care (formerly 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 and development, teaching life skills that enable individuals to better cope with the fear and uncertainty of a cancer diagnosis. Website: <https://solariscancercare.org.au/page/support/support-services>

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pressure-lowering effects.¹⁷

6. Meditate

In a four-month trial of Transcendental Meditation (a form of silent mantra meditation) in heart disease patients, the meditators saw a significant reduction in their systolic blood pressure compared to the control group.¹⁸

7. Check your meds

Various drugs may cause high blood pressure, so check with your doctor whether any medication you're on could be a cause of your high readings, and investigate natural alternatives whenever possible. Here are some drugs to watch out for:

Oral contraceptives¹⁹; Tricyclic antidepressants²⁰; Decongestants such as pseudoephedrine²¹; Stimulants such as methylphenidate (Ritalin)²²

FROM: What Doctors Don't Tell You, December 2019

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