NEW BEGINNINGS
CISS
Newsletter of The Cancer Information & Support Society
Vol 39 No 3
May/June 2019
... let us be the light at the beginning of your journey

The skin cancer treatment nobody wants you to know about, by Dr David Williams

The following article consists of extracts from an article in Alternatives Vol 6 No.3 Sept 1995. It was printed in the CISS Newsletter in September 1996 and again in January 2007, May 2012 and September 2015. It has been updated by the insertion of comments made by various people since 1995 like Joe Patane who worked with Bill over 14 years.

Although the title originally used the word "cure", we at CISS consider is not appropriate to use this term for any type of cancer. We believe the article contains much useful information.

A couple of months ago, I was in Australia investigating a breakthrough method involving the processing of shark cartilage. In the January 1995 issue (Vol 5 No. 19), I reported on the new, more effective shark cartilage product (Benefin) created from this process. While "down under", I also conducted research on the work of medical researcher and biochemist Dr Bill Cham.

I had heard that Dr Cham had developed a simple, yet effective, cream that could reportedly eliminate skin cancers. I knew that if this were true, it was definitely something you would be interested in learning about. Estimates are that at least 50 percent of those who live to age 65 will develop some form of skin cancer. During this year alone, 800,000 cases of curable basal cell or squamous cell skin cancers will occur in the United States. Although these cancers are generally curable, 2,100 deaths will occur from these skin cancers and another 7,200 deaths from malignant melanoma. Compared to something like cardiovascular disease, where over a million people a year are dying, the death rate from skin cancer pretty small. But the cost of treating just these non-malignant forms of skin cancer is

The Devil's Apple

outrageous.

In the Texas Hill Country where I live, a large percentage of the population is over the age of 65. In this retirement area, as well as numerous others around the country, doctors practising dermatology are in "hog heaven". People wait weeks for that five-minute visit with the doctor to get skin lesions removed. And at $250 and up per procedure, dermatologists couldn't be happier. These guys are making out like bandits. The same thing was happening in Australia back in 1987 when Dr Cham first received approval to sell his product called Curaderm.

The Magic of the "Devil's Apple"

In the early 1980s, a veterinarian told Dr Cham that juice from the "Devil's Apple" could stop the growth of cancer around the eyes of cattle. (The "locals" refer to the weed as Devil's Apple or Kangaroo's Apple. However, the more correct reference is Sodom's Apple.) Having Devil's Apple growing in his backyard, Dr Cham began to experiment with various extracts from this plant. Strangely enough, the locality where Dr Cham lives (Queensland's area of Australia) has the highest incidence of skin cancer in the world.

Devil's Apple (Solanum sodomaeum), along with numerous other plants and fruits from the Solanum species (including the aubergine or eggplant), contain steroidal alkaloid glycosides or glycoalkaloids. One of these glycoalkaloids, solasodine, is a source of raw material used to synthesize steroid drugs like cortisone and progesterone. As early as 1825 it was reported that extracts from the plant species Solanum could be effective in the treatment of cancer. Unfortunately, as so often happens with natural remedies, no one had spent the time, money or energy required to refine these particular extracts into a useful product.

(From CISS member Joe Patane (2004): Further work by Dr Cham established that for these to be effective as anti-cancer properties, there had to be conjugated forms consisting of sugars and an alkaloid. This provided him with a cell-specific cytotoxic against a wide range of cancers of epithelial origin i.e. carcinomas. In addition he showed that in the unconjugated form, neither the sugar half nor the alkaloid half had any effect whatsoever.)

For five years Dr Cham tested and retested his glycol-alkaloid-containing cream on both laboratory and test animals. Not only was the cream totally free from any biochemical or clinical side effects, it also proved to be virtually 100 percent effective in the prevention and treatment of solar keratoses, basal cell carcinoma and squamous cell carcinoma.

Although the exact mechanism by which Curaderm eliminates the cancer cells hasn't yet been determined, a couple of

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CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 39 No. 3 May/June 2019

Editor: Don Benjamin

CISS Website: www.ciss.org.au

Office hours:

Mondays, Wednesdays, Thursdays, Fridays: 9.00am - 1.00 & 1.30pm - 5.00pm

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cutting device and the bleeding is stopped using electric current.

3 Laser therapy—tissue-destroying laser light is used to vaporize the cancer cells.

4 Chemosurgery/MO (microscopically controlled excision after chemical fixation of the tissue) — fixing agents like zinc chloride are applied directly to the cancer and then horizontal layers of skin are repeatedly removed and examined microscopically for the presence of cancer cells. The process is continued until no cancer cells are present.

5 Radiation — generally used where tissue destruction and removal would interfere with function—for example, a tumor on the eyelid.

6 Chemotherapy — toxic chemicals are applied either directly to the cancer or in some cases taken orally in an effort to slow the growth of the tumor.

7 Immunotherapy — in severe cases immune stimulants are used in an attempt to stimulate the body's own defence mechanisms.

Several problems are associated with the conventional treatments for skin cancer. And although it is not as fast-acting or convenient as some people would like, treating skin cancer with Curaderm overcomes most of these problems.

When a cancer is removed with any of the conventional methods, much of the surrounding normal tissue is also destroyed and/or damaged. This leads to a couple of other serious problems. For one, in larger cancers the wound created has a difficult time healing. Even with the use of steroidal creams and other measures, some wounds take months to heal. Additionally, with all of the conventional therapies, scarring almost always results. This can be especially disturbing in facial cancers. In many cases, plastic surgery is necessary to reduce scarring; and disfigurement.

As you might expect; this drives the cost of overall treatment through the roof. And these therapies aren't inexpensive to begin with. While a couple of the above mentioned therapies can be performed in a doctor's office, the others require a hospital setting and sophisticated equipment, all of which increase the cost astronomically.

With Curaderm these problems don't exist. The only cells affected are the cancer cells. While it is impossible for even the most skilled surgeon to identify and remove each microscopic cancer cell, the glycoalkaloids in Curaderm appear to have no problem doing so. Within the first few days cancer cells begin to die and slough off….The only downside is having to wear a Band-Aid over the lesion for a month or so….

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.

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

Donations to CISS: May S.O $50, L.M $250

New members: ***Dec***: Jeanne Falt, Janice McDonald;
Jan: Rhonda Kodjayan;
March: David Gama;
May: Russell Lean, Mark Johnston.

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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PRINT POST No. 231335/00041

INTERNATIONAL & LOCAL NEWS

Medical profession pressures

There are continued pressures by the medical profession to get rid of their competition, as outlined in our January/ February Newsletter, concentrating on homoeopathy. The NHMRC's conduct of the Homeopathy Review is currently under investigation by the Commonwealth Ombudsman. The NH&MRC's conduct suggests that it is part of the campaign, as is the withdrawal of Medicare benefits and private health insurance coverage from a wide range of complementary therapies. (See also page 8).

It is probably not surprising that the NH&MRC used the same technique to argue that homoeopathy doesn't work as their UK counterpart—omitting important trials from their review. Meanwhile some Governments in Europe that want to save unnecessary health costs support homeopathy and several other complementary modalities. An unbiased assessment finds them to be very cost effective.

I suspect that the sacking of Peter Gøtzsche from the board of the Cochrane Group in the UK was also part of the international campaign.

This campaign is not confined to the medical profession but extends to the dental profession. I have recently heard of a dentist who was told he had to curtail some of his wholistic treatments because they weren't "accepted" practice by the Australian Dental Association. Alternatively he could get his patients to seek a second opinion from a 'conventional' dentist.

On page 5 I give a brief history of the loss and subsequent reinstatement of the legitimate CISS committee and staff.

Medical dogma

We have three articles in this issue that question current thinking about treatment. The first is the assumption that prostate cancer is caused or made worse by a man's level of testosterone. An article by Neil Osterweil in Medscape News explains how this dogma became entrenched and how Testosterone Replacement Therapy (TRT) provided to men with a low level of testosterone seemed to improve outcomes.

Unfortunately the selected measures of improved outcome were questionable:

- risk for biochemical recurrence; and
- time to biochemical recurrence.

Don Benjamin, Editor

Both of these measures assume the tumour is the disease rather than a symptom of a systemic disease.

Only a properly run randomised controlled trial that compares overall survival or mortality after treatment with TRT compared to no treatment can resolve this issue.. See page 7.

The second refers to statins to lower cholesterol to prevent and treat heart disease; and vaccinations to prevent a wide range of conditions. See page 8.

The third is about Hip pain.

Hip pain

I expect that many members of CISS suffer hip pain at some time and some of them decide to have a hip replacement. Over the years there have been several claims of the lack of long-term benefits from this operation, similar to claims of surgery for lower back pain. The argument has been that these operations do not address the cause of the problem. Now a book addresses this very point:
"The Yass Method for Pain-free Movement", by Dr Mitchell Yass, Hay House 2018. *www.mitchellyass.com*

Dr Yass argues that the problem is usually not the hip joint but the muscles attached to the hip joint that need to be dealt with. On page 9 we include an introduction to this idea. The May 2019 issue of *What Doctors Don't Tell You* goes into more details including the exercises necessary to avoid a hip replacement. For more details contact the CISS office.

The issue of dogma is very relevant to the current push to remove opposition to the medical profession. As argued by Bryan Hubbard in his article on page 8, medicine acts more like a religion than a science. Where science is supposed to be sceptical and be always questioning, religion relies on dogma and usually opposes questioning.

This unscientific approach to treatment has given rise to the current situation where only about 11% of current medical interventions are based on properly run clinical trials.

As a direct result of this, medicine has become a major threat to public health (See page 11); and it is now claimed to be the third biggest killer after cancer and heart disease.

New Office Manager

Our new Office Manager is Claudine Habib who will answer your requests. Please welcome her if you ring.

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anti-cancer characteristics.

I also feel confident in recommending regular milk thistle supplementation. It's healthy for a whole list of reasons besides its effect on cancer. I take a daily milk thistle supplement myself.

Lee Euler, editor of the of the online newsletter Cancer Defeated

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FROM: Cancer Defeated May 11, 2019

Farewell from CISS

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

Betty Briggs

(continued from page 1)
observations shed light on the process. For you technical buffs, here's what appears to be happening. The walls of cancer cells have a receptor for the sugar moiety contained in the active compound found in Curaderm. Through this receptor, the compound slips inside the cancer cell. Once inside, the solasodine portion of Curaderm tears open the little packets of digestive enzymes within the lysosomal portion of the cancer cell. Once these enzymes are released, they begin to digest and destroy the cancer cell. Solasodine, at the same time, destroys the energy-producing portions of the mitochondrial of the cancer cell. The combination of these actions results in the swift death of the cancer cell. Researchers who have witnessed events through a microscope report that cancer cells treated with Curaderm look as if they are exploding.

(From Joe Patane: During this time Australia's TGA had not entered the glycoalkaloids in the Poisons Schedule. Accordingly, Curaderm was sold over the counter without prescription.

Soon thereafter, due to pressure from the Dermatological Society, the Health Department suddenly scheduled the alkaloid solasodine as a S4 poison. The TGA also adopted the scheduling of solasodine as S4.

It is important to note that Bill's published observations of glycoalkaloids have been confirmed extensively by other scientists' publications, in which they cite Bill as the originator. Double-blind placebo-controlled studies with Curaderm have been completed by independent dermatologists at 10 centres in UK. The outcome confirms the success.)

One of Dr Cham's initial human studies involved 42 females, aged 42 to 71 with a total of 72 different skin lesions and 44 males, aged 38 to 74 years, with a total of 66 lesions. All of the skin lesions were at least 5 millimetres in diameter (about 1/5 of an inch) and located on either the face, the limbs or the trunks of the patients. Curaderm was applied twice a day by the patients for a period of three months.

The patients were evaluated using photography, blood profiles and histological studies of biopsy specimens, taken at predetermined periods throughout the study. (A placebo was used. However, it was considered unethical and unacceptable to use a placebo on any patient with squamous cell carcinoma, since that form of skin cancer could metastasise and further endanger the patient. A placebo was therefore used on only the basal cell carcinomas of two patients and the keratoses of 12 patients.)

I don't want these different types of skin lesions to confuse anybody. When I run across a product this helpful I want you to know exactly what it can be used for and exactly how to use it. Therefore, I am going to explain each of the three types of skin problems this cream has been shown to correct and hopefully clear up any confusion. If you know how and what to use this cream for, it can save you a small fortune...

Three types of lesions were treated in this study: keratoses, basal cell carcinomas and squamous cell carcinomas.

Keratoses

Keratoses are also called actinic or solar keratoses and senile keratoses. These are flat, rough, sometimes scaly patches. Generally, they are reddish in colour and appear to be "humped up" nodules or patches. They develop most commonly on the hands, face, neck, shoulders and shins. Keratoses don't create any symptoms, other than the patch on the skin. They are slow-growing; however, if they become irritated from sunburn, rubbing, etc., they may begin to grow more rapidly. Keratoses are not cancerous and only rarely (about 10 percent of the time) do they develop into cancer. Since keratoses can be indicative of overexposure to the sun, they are often called precancerous lesions.

In the above study, 24 of the patients had a total of 56 keratoses. Using the cream, Curaderm, there was a 100 percent cure of all keratoses. It took anywhere from one to four weeks and the only adverse side effect was an itching and/or burning sensation surrounding the lesions being treated.

Basal Cell Carcinomas

Basal cell carcinoma (BCC) is the most common form of skin cancer. It accounts for 75 percent of all skin cancer. About 90 percent of the time it occurs on the face, ears, neck or head. The other 10 percent of the time it occurs on the trunk of the body. It appears as a raised, hard, red or reddish-grey, pearly lesion. When bumped or scratched, it can scab, crust over or bleed. This type of skin cancer is slow growing and very rarely spreads to other parts of the body. Even after being removed, however, there is a tendency for this type of cancer to recur in the same spot years later.

In Dr Cham's study, 28 of the patients had a total of 39 BCCs. There was a complete regression of 100 percent of the lesions. The length of time involved ranged anywhere from three weeks for some patients to 13 weeks for others. Following the study, there was no evidence of the cancer whatsoever, either clinically or from the biopsy studies.

Many of the BCCs treated in this study were quite large and severe. One lady had her BCC for over a year before trying Curaderm. It involved several lesions on the nose. The patient's problem was so severe that she was told she would lose her entire nose and it would need to be replaced through plastic surgery with a prosthesis. After starting Curaderm treatments the separate lesions ulcerated to the point of forming one large lesion. The ulceration progressed to the point that the cartilage of the nose was clearly visible. At the end of 13 weeks, however, the nose had regrown to its original shape and no evidence of any BCC could be detected in any tissue biopsies. The patient was followed for three years and no recurrence of the cancer was seen.

Other large lesions on the temple, near the eye and at other locations, followed pretty much the same pattern upon treatment with Curaderm. Both the visible lesion, and oftentimes, much of the surrounding area, would ulcerate and then new noncancerous tissue would begin to grow in its place. Again, 100 percent of the BCC lesions were gone within 13 weeks or less after being treated with Curaderm.

Squamous Cell Carcinomas

Squamous cell carcinoma (SCC) makes up roughly 20 percent of all skin cancers. They appear as rough, red, elevated lesions. They are usually scaly and crusty. They are most likely found in sun exposed areas like the face, ears, neck, lips, nose and the backs of the hands. They are more aggressive than basal cell cancers and can invade structures beneath the skin About three percent of them

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A recent history of CISS and a thwarted take-over

by Don Benjamin

For those CISS members who have been worried about the situation at CISS this is a brief note to let you know that CISS has survived. We signed an agreement with the other side under which they agreed that we were the official CISS, both sides would not take any further actions against each other and would not disparage each other. Hence no names of the take-over team are mentioned in the brief summary below.

This agreement came at a significant cost. In total it cost over $100,000.

This is made up roughly as follows:

1. Payment of their legal costs: $43,100
2. Our legal costs in defending CISS: 22,230
3. Two months' severance pay for three staff: ~$39,000

Total $104,330

Items 1 and 3 were part of the Deed of Settlement that was reached at mediation.

I suspect that when we were successful at having CISS financial accounts frozen and they had already committed themselves to over $30,000 in legal fees in trying to eject us from the Society and Charity, they realised that they could not pay their legal costs out of CISS funds.

Essentially it was all about doubt that they could legally justify their actions and avoid a situation where they may be personally liable for CISS funds used for legal fees spent pursuing our capitulation.

However as their legal case began to appear untenable in the face of our objections, they proposed a costly mediation session, in which they offered to withdraw all claims but with the stipulation that we pay their considerable legal fees and more. They had no committee to authorise their actions so all of their spending of CISS funds was in breach of the CISS Constitution.

Although we could have rejected their offer and probably won a legal case, this would have taken months. It would have involved a continued stressful and distressing process for the CISS Committee and staff volunteering their time with no guarantee of success and a risk of incurring personal costs.

Their case hinged on their claim that Selwyn Garwell, Raelene Dojcinovic (Vice Convenor) and Leonie Batchelor (Hon. Secretary) had resigned at the 18 February Committee meeting. So Leonie was not entitled to call an Extraordinary General Meeting of members as she was no longer a member of the Committee.

The Constitution says a member of the Committee must put their resignation in writing. Selwyn had resigned verbally after a No Confidence Motion he had moved against the new Convenor was lost. (He thought he had to resign). The other two had then also left the meeting, leaving it without a quorum so no further decisions could be made. All decisions subsequently made, from 18 February until the Settlement on 12 April, including engaging lawyers, were in breach of the Constitution.

Unfortunately both the NSW Office of Fair Trading's Registry Division and the Australian Charities and Not-for–profits Commission for some reason considered the take-over as an *internal dispute*, even though none of those on the new Committee involved in the attempted take-over had ever had their application for membership approved by a duly constituted CISS Committee meeting. The same might apply to any claim for insurance.

So it is now just a matter of taking over where we left off at the AGM last November but with the benefit of experience: A charity like ours with ~$500,000 invested and that is questioning the conventional cancer paradigm (that is worth $500 billion a year world-wide and ~$10 billion a year in Australia) is an attractive proposition for those who want to stop our ground-breaking work. And we were a bit too trusting.

Our first jobs were to appoint a new Office Manager, restore our old website (Password: StLeonards2065) and logo and all our office services and to get someone to work on social media. We have already recruited a new Office Manager, Claudine Habib who started on Monday 20 May and will be in the office on Mondays and Thursdays. I will be back as General Manager and Research Director on Mondays, Wednesdays and Fridays and Susie will resume as Information & Support counsellor and will be training Claudine in our new office systems.

We have changed our bank account as they were part of the problem.

Control stress to control cancer

...According to the Duke studies, when cancer cells start to roam, they may seek out the liver to feast on, because fructose accumulates in that organ if your diet has been rich in high-fructose corn syrup.

The Duke study focused on cancer cells from tumours in the colon. The researchers found that although these wandering cancer cells are still genetically identical to what they were in the digestive tract, when they sense fructose in the liver, they undergo epigenetic effects – genes are activated that allow the cancer cells to gorge on the liver's supply of fructose.[3]

"Genetically speaking, colon cancer is colon cancer no matter where it goes," says researcher Xiling Shen, "but that doesn't mean that it can't respond to a new environment (like the liver). We had a hunch that such a response might not be genetic, but metabolic in nature."

Dr Shen notes that certain metabolic genes became more active in liver metastases than they were in the original primary tumor. It seems that when the liver has been stocking up on fructose, the rich pickings stimulate the genes in the cancer cells that help them use fructose to fuel their functions.

So if you've been eating the typical American diet, full of soft drinks and other sweet treats flavoured with high fructose corn syrup, you are filling your body with cancer's favourite food.

"When cancer cells get to the liver, they're like a kid in a candy store," warns Dr Shen. "They use this ample new energy supply to create building blocks for growing more cancer cells."

While folks who study cancer have long suspected that stress can increase your risk for the spread of cancer, it's only within the last year or so that researchers have started to untangle some of the specific factors that lead from stress to metastasis.

In lab tests on breast cancer conducted at the University of Basel in Switzerland, researchers discovered that the stress hormones cortisol and corticosterone interact with receptors on cancer cells that help the cells colonize other organs. The hormones also help the cells survive and proliferate in various organs around the body.[4]

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Bruce Lipton's March 2019 Newsletter

Hello Dear Friends, Cultural Creatives and Seekers Everywhere,

Which is more dangerous?
Having a Disease *OR* Having a Prognosis for the Disease
[TRICK QUESTION - WITH A TRICK ANSWER BELOW]

Voodooism, a religious sect practiced in the Caribbean and southern US, combines Roman Catholic ritual with traditional African religious rites characterized by witchcraft and spirit possession. In societies that hold a belief in voodoo, shamans actually do possess a profound power in helping or punishing individuals within the community.

What is the secret behind the "power" of the voodoo shaman? *Sorcery*? *Magic*? As you might have guessed, considering I am the author, the answer is *Biology*. The secret lies in understanding the mind and epigenetics. Of the mind's two subdivisions, the creative *conscious mind*, which envisions our wishes and desires, is an expression of our source, or spirit. In contrast, the *subconscious mind* is a repository of instincts and acquired behavioural programs we engage as habits. **While we generally believe that our creative *conscious mind* is controlling our lives, neuroscience reveals that the character of 95% of our life is controlled by the habits programmed in the *subconscious mind.***

As described in *The Biology of Belief*, through seven years of age, a child's subconscious mind acquires programs, literally beliefs that represent "truths," by simply observing the behaviour of their parents, siblings and community. A vast number of children are programmed with the belief that the words of a given "professional" (e.g., a witchdoctor, or just a … "doctor") are to be recognized as the source of "truth." As a consequence, when we are sick, we go to the "professionals" and turn over control of our health to the doctors to whom we entrust our lives.

The power of a *positive* belief is recognized by science as an expression of the **placebo effect**. One third of all participants in drug trials experience the positive healing ascribed to a medication, although they received the equivalent of a sugar pill … the placebo effect in action. When a pharmaceutical company offers a medication that promises amazing healing powers over your ailment, and in a drug trial you heal yourself in spite of the fact the medication you received was simply a sugar pill, what healed you? The power of positive thinking!

Generally, it is not reported in these drug trials that members of the placebo group also experienced the negative "side effects" attributed to the drug, although again, they had only taken the sugar pill. The empowerment of a negative belief, known as the **nocebo effect**, can trigger vomiting, dizziness, headaches, and essentially all manner of life-threatening symptoms, including death. In a similar manner, the same nocebo effect empowers a voodoo shaman's curse. Specifically, it is the developmental programming of villagers comprising a voodoo cult that causes them to accept the words of the shaman as "truth," regardless if they are positive or negative pronouncements.

As emphasized, for 95% of our lives, our behaviour is controlled by the images held in *subconscious mind*. These images, whether positive or negative, are translated into complementary chemistry that shape the body and behaviour to conform with the belief surrounding that particular image. When the subconscious mind is programmed to accept a chosen "professional" as representing the source of "truth," the mind then empowers that "professional" to implant any image or belief into that individual's mind.

Cardiologist and Nobel Peace Prize recipient Dr Bernard Lown emphasizes that, as with the voodoo shaman, "Words are the most powerful tool a doctor possesses, but words, like a two-edged sword, can maim as well as heal." The duality of the "professional's" words and their ability to both heal and maim was illustrated above in the story of the drug trials, wherein participants receiving the inert sugar pill were both helped by the drug (placebo effect) and hurt by the side effects (nocebo effect).

Fabrizio Benedetti, a professor in the University of Turin Medical School, upended the once held belief that nocebo "truths" could only be relayed through the actual "professional." In an experiment, he led a group of 100 students on a trip high into the Alps, to an altitude of 9800 feet. Days before the trip he privately told one student that the altitude's thin air can cause migraine headaches. By the day of the trip, the student had provoked a "rumour" that made its way through more than a quarter of the group. Those who heard the "rumour" suffered migraine headaches and an assay of their saliva revealed an exaggerated response to the low oxygen conditions with an elevation of enzymes associated with altitude headaches. Dr Benedetti's results demonstrate that the **nocebo effect** can cause brain biochemistry changes via a network of "socially infected" individuals.

Benedetti's brain-scan studies also showed that nocebo suggestions initiate a cascade of activation connecting the hypothalamus, with the pituitary and ending up by engaging the adrenal glands. This flow of information, referred to as the *HPA Axis*, is recognized as the source of the stress response responsible for up to 90% of doctor office visits. Benedetti concludes, "If your fear and belief were strong enough, the resulting cocktail of hormones could be deadly." Harmful nocebo beliefs that produce illness can be spread very quickly among friends, neighbours, and communities resulting in the production of social nocebo effects in a large population of subjects.

Which is more dangerous? Having a Disease *OR* Having a Prognosis for the Disease.

The answer depends upon the *subconscious mind's* developmental program in regard to the belief of who controls your health. The "professional"? Yourself? Please recognize that doctors are in between a rock and a hard place in regard to informing patients of their prognosis. Doctors are legally bound to inform patients of the established ramifications of their illness. However, for at least a third of their patients, it has been established that the words of the "professional" will engage the nocebo effect and unconsciously manifest the prognosis, even one that concludes with death.

YES … there is an upside to this story: As reviewed in the past, we can rewrite any limiting beliefs that have been downloaded into the subconscious mind, and in their place, write more positive programs to enhance our health and happiness. Resource Link: This empowering conclusion is revealed in the science of epigenetics

and consciousness studies. Additionally, quantum physics, the most tested, verified and truthful of all the sciences, emphasizes that consciousness creates our life experiences. Consequently, by reprogramming consciousness, we are empowered to take control of our creation and manifest a life we might characterize as "Heaven-on-Earth."

With Wishes of Love, Light, and Happiness, Bruce

Overturning Dogma -- Using Testosterone in Prostate Cancer (In a Subset of Hypogonadal Men)

Hypogonadism means diminished functional activity of the gonads—the testes or the ovaries—that may result in diminished production of sex hormones.

Fears that giving testosterone to men with prostate cancer is like pouring gasoline on a raging fire date back to the work of Charles B. Huggins, MD, a pioneer of hormonal therapy for prostate cancer and co-winner of the 1941 Nobel Prize for physiology or medicine.

This subsequently became dogma and androgen deprivation therapy or "chemical castration' (that reduces the level of the hormone testosterone became the modern version of this dogma.

No one bothered to check whether this assumption was correct – until recently when new data were presented at the European Association of Urology (EAU) 2019 Congress in Barcelona (Spain) by Thomas Ahlering.

In an interview conducted prior to the meeting, senior author Thomas Ahlering, MD, professor and vice chair of urology at UC Irvine, explained the rationale for the study to Medscape Medical News.

"The whole thing actually started because, of the men that I was seeing, enough of them were not having recovery of sexual function. I did the same operation — why were these guys not doing as well? That's what prompted me to start measuring total and free testosterone back in 2009 on everybody," he said. Ahlering explained that free testosterone is the bioactive form of the hormone.

"We saw this really clear situation where, as the testosterone levels continued to drop, the grade — grade group in particular — started to go up, so the lower your testosterone, the more aggressive your cancer was," he said.

He and his colleagues found that a low level of free testosterone is an independent risk factor for high-grade prostate cancer – the opposite of what has always been assumed. He then wondered what would happen if he provided Testosterone Replacement Therapy (TRT) to a group of men undergoing radical prostatectomy. Would this help their postoperative recovery of sexual function.

In a study in 824 patients who underwent Robot-assisted radical prostatectomy (RARP) for the primary treatment of prostate cancer, a subset of patients (n = 152, 18%) who had low preoperative levels of free testosterone were given TRT for postoperative recovery of sexual function and did better according to Maxwell Towe, BS, a clinical research fellow at the University of California (UC), Irvine.

This was not a randomised controlled trial. Instead the patients who received TRT were proportionately matched to 419 control patients from the same study by pathologic Gleason grade group and stage.

After a median follow-up of 3.1 years, TRT was associated with a 53% relative reduction in risk for biochemical recurrence, which Ahlering acknowledged was "a big surprise." In addition, in a secondary analysis of time to biochemical recurrence, TRT prolonged the time to recurrence by a median of 1.5 years (P = .005).

In a multivariate analysis that controlled for pathologic grade, stage, preoperative prostate-specific antigen (PSA) level, and free testosterone level, the investigators found that TRT was an independent predictor of reduced risk for biochemical recurrence (odds ratio, 0.54; P = .049).

"Our hope is to get this to a randomized clinical trial so that we can efficiently test this hypothesis that testosterone replacement therapy will help these men who have prostate cancer," Towe told Medscape Medical News.

In a separate study also presented at EAU 2019, Towe and colleagues reported that patients whose free testosterone levels were in the lowest quartile, ≤4.42 ng/dL, had a higher proportion of Gleason grade group 5 disease (15.6%) than patients in the highest quartile, ≥6.96 ng/dL (6.2%, P = .002). In a multivariate analysis that adjusted for age and PSA level, lower free testosterone level was a significant predictor of a high-risk score (9–10).

From Neil Osterweil, Medscape News, March 20, 2019

Thanks to Michael Shirley for directing my attention to this study. (Editor)

(Continued from page 4)

spread to different parts of the body (metastasise). SCCs will also develop in scar tissue, skin ulcers and x-ray burned tissue. When it arises from these tissues, it has a greater chance of metastasising (around 20 percent).

In the Curaderm study mentioned above, 20 patients had a total of 29 SCC lesions. After application of the cream the SCCs would soften and then slough off their crusts. The surrounding area would become inflamed and ulcerated and this was followed by the regrowth of healthy skin. Again, many of these lesions were quite large and involved. All were healed, in anywhere from three to 11 weeks, with no further trace of cancer. *(Cancer Ltr 91; 59:183-192.)*

There are several other forms of skin cancer. One, called Kaposi's sarcoma, has been more in the news lately, since it often develops in AIDS patients. Another, called melanoma, is a serious, yet less-common cancer than either SCC or BCC. Melanomas account for only five percent of skin cancers, yet 75 percent of the deaths. This is mainly because it is much more likely to spread to distant parts of the body, making it difficult to treat. There are several characteristics common to melanomas… To date, Dr Cham hasn't done any clinical studies involving either melanoma or Kaposi's sarcoma. Unpublished "in vitro" (laboratory) studies have been done testing the effects of Curaderm on Bowen's disease (another pre-malignant skin condition), plantar warts and small seed warts. The information we have indicates it can be effective in each of these conditions, But formal human

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Medicine's blasphemers

by Bryan Hubbard

Medicine acts like a religion (and a very lucrative business)

Medicine isn't a science, although it likes to dress itself up in those fineries. It isn't an art, although a few gifted healers make it so. While it can on occasion be both of those things, it is fundamentally a religion.

It is a series of core beliefs, and those who dare talk against the most important of them are denounced as heretics. And if the transgressor rails against medicine's holiest of holy grails-vaccinations-he is ostracized as a blasphemer.

At the heart of this religion is the doctor, who holds sway over life and death. Regaled in priest -like white, the doctor asks the patient - or supplicant - to hand over his powers of autonomy to his higher authority. Having done so, the diagnosis and prognosis are established, and the course of treatment begins.

Eccentric ideas? Possibly, but they are the views of someone who was 'on the inside' of medicine and saw all of this first hand. Dr Bob Mendelsohn, a medical iconoclast who was one of the guiding spirits behind *What Doctors Don't Tell You,* believed doctors had gotten too big for their stethoscopes, and that most cures and treatments could be found in natural and traditional medicine-even in our own kitchen cabinets.

Bob died back in 1988 - a year before we launched *WDDTY- and* ironically as the result of complications following surgery, but his views have a special resonance today with the shutdown over the debate about the safety of vaccines and the effectiveness of cholesterol-lowering statins.

As you've probably noticed, social media sites are being pressured to remove any 'anti-vax' comments and videos, while the world's media has been acting in concert to belittle concerns raised about vaccination safety as the ravings of a bunch of vociferous conspiracy theorists.

The World Health Organization has been the catalyst for the campaign after seeing an increase in measles cases, mainly in developing countries where people can be nutritionally malnourished, and especially low in vitamin A, one of Bob's natural antidotes against measles.

Even the United States has been cited as witnessing a worrying escalation in measles cases, reported in 10 states. At the time of writing, fewer than 300 measles cases have been reported in the US this year, which is not exactly the stuff of a national panic in a population of around 320 million. In fact, even if vaccinations achieved a 100 percent uptake rate, there would *still* be at least 300 cases reported every year.

The anti-vaxxers do have a point.

Essentially, they're saying that vaccines can't be completely safe: the US Vaccine Adverse Event Reporting Syste (VAERS) has paid out more than $1.4 billion to families who have been harmed by a vaccine, which should be proof enough. As such, parents have the right to know what the real risks are before making an informed choice about having their child vaccinated.

But then that's the difference between science and religion: one requires information or data, the other faith. And strangely, for a discipline that prides itself on being a science, medicine asks people to take a leap ... of faith.

Now we're starting to see a similar kickback against 'statin-deniers' (yes, that's really what they're called). "There is a special place in hell for the doctors who claim statins don't work" screamed one recent headline from a UK national newspaper.[1]

Note the use of the 'H' word, full of religious undertones. Again, it's part of a bigger campaign that is scaring people back onto statins, as the target audience (essentially, anyone over the age of 50) has been warned off by the drug's terrible side-effects and the argument that cholesterol isn't the cause of heart disease in the first place.

So, yes, medicine is a religion, and will put to the flame all heretics. But it's something more: it's also a very profitable commercial enterprise, and that's something Bob didn't highlight.

Because all this religious zeal has a purpose: sales of the MMR vaccine are set for an "overwhelming hike," according to market research group HTF Market Intelligence. And as another industry watcher, Transparency, has pointed out:

"*This strategy [government initiatives to promote vaccination]has immense potential to increase patient acceptability and also increase the rates of immunization."*

Statin manufacturers have something to protect, too. Sales for Lipitor, the statin best-seller, hit $149 billion in the 10 years to 2016. Praise the Lord!

1 *The Mail on Sunday, March 3,2019* WDDTY May 2019

Integrative healthcare choices under threat

BACKGROUND – 1 in 3 patient's choice of doctor is under threat:
The Medical Board of Australia (MBA) is seeking public feedback on new guidelines targeting medical doctors who integrate 'complementary medicines and emerging treatments' into their practice. If adopted, Integrative doctors may face restrictions on treatments they currently offer that are not considered "conventional" medicine.

This may include bans on use of vitamins, minerals, herbal supplements, natural therapies and diagnostic testing, with broader impacts on the complementary medicine and natural therapies sector.

What are the main concerns? As well as restricting clinical autonomy, Integrative doctors who typically provide longer consultations to understand root causes of illness may be restricted to providing the "conventional" 10 minute consultation, thereby diminishing diagnostic capabilities and individualised treatment plans. This is not because their recommendations are unsafe, but just because they are not "conventional".

By framing them as 'fringe', the guidelines also place the regulated traditional medicine professions of chiropractic, osteopathy, Chinese medicine and acupuncture (TCM) at risk.

It may also lead to medical and allied healthcare professionals being unfairly and unreasonably targeted by vexatious complaints to the Australian Health Practitioner Regulation Agency (AHPRA).

The MBA is presenting two Options:
Option 1: No change to the current guidelines; or
Option 2: Tighten regulation of practitioners providing integrative treatments (their preferred option).

Let the MBA know why you value a holistic approach to healthcare and support doctors' right to provide new and innovative practices, including complementary medicines (Option 1). Public pressure (i.e. YOU) succeeded in moving Government on health fund rebates for natural therapies. Let's do it here too!

Make your views known at:
https://www.yourhealthyourchoice.com.au/mba-submissions/

Muscling in on Hip Pain, by Lynne McTaggart and Bryan Hubbard

Dr Mitchell Yass is a man on a mission- to do nothing less than revolutionize orthopedic treatment, particularly when it comes to knee and hip replacements.

And for good reason. As a physiotherapist specializing in curing pain, his treatment office is the last-chance saloon for people who have tried everything- from painkillers and surgery to chiropractic, osteopathy or acupuncture - all of which have failed to do much more than, at best, manage their pain.

Particularly frustrating for Mitch are the thousands of people who come to his office after having had hip replacement surgery. They may have gotten a new hip, but the old pain is still there. They still can't walk normally, and worst of all, many of their orthopaedic surgeons blame it on the prosthetic device or the surgery itself.

About a third of these patients have even had a riskier ‘revision' surgery just a few months after the first operation, but are still in pain. Some have gone through six surgeries before arriving at his office.

The reason why they're still in pain, he says, is very simple: in more than 90 percent of cases, it's not the hip joint that's causing the problem. The problem lies with muscles surrounding the hips or in the legs, which are too weak to handle the rigors of everyday life and end up straining.

A strain is an overused muscle that gets stretched and ends up in spasm. It can cause pain in a nearby joint, difficulty using the joint's full range of motion and limited flexibility—all the hallmarks of a deteriorated joint.

If the muscle imbalance is not corrected, the pain, limited flexibility and range of motion only get worse, leading many doctors to conclude that the problem lies with the joint, and not the supporting muscles around it. "It could be the initial weakened muscle or the weakened muscle could cause another muscle to break down and emit pain;' says Yass.

With hip issues, Yass is scathing about the tendency of most orthopedists to rely on MRI or x - rays in order to diagnose issues. In his view, a joint is often like the innocent bystander blamed for a murder simply for being at the scene of the crime.

He produces shocking medical studies showing that the same percentage of degenerative changes are seen in people with pain as in those with no evidence of a problem.

Yass claims that he's been able to get thousands of people out of pain. His system starts with a simple do-it-yourself diagnosis of which muscles in the hips or legs are weakened and strained, and therefore responsible for the imbalance - which he describes in this issue. Then, it's just a matter of a few simple, isolated strength-training exercises using progressive resistance, which cause the muscles to get stronger, enabling their force output to be greater than the force requirements of the activities of daily life.

Yass’ system grew from his own background as a weight-lifter and interest in body building. He decided to go into physiotherapy as a mature student, but much of what he was being taught about joints and muscles made no sense to him.

In his first job after graduation, Yass noticed that much of his patients' pain appeared to have a muscular cause, rather than anything having to do with a joint. Based on his background in weight lifting, he knew which exercises strengthened particular muscles most quickly, and which opposing muscles needed to be in balance.

From there he began deviating from accepted practice to develop his own particular way of diagnosing and treating pain. Amazingly, he found that people who'd had pain for years were reporting that their pain disappeared after just a few treatments using his simple system of isolating and strengthening certain key muscles.

People like Ed, who'd been through eight months of physio treatment, but was still hobbling with a cane when he came to Yass's office. In three days of exercises, Ed was off his cane and starting to walk upstairs unassisted.

At the moment, joint replacement is big business for the orthopedic industry and prosthetic joint companies, with the number of operations already skyrocketing and set to continue to surge in the coming years. They probably won't take the Yass Method lying down.

But if you're scheduled for hip surgery or you've had it and are still in pain, try his strength-training exercises. (Available from the CISS Office) It's high time that information about the true culprits to most pain were identified—and patients flexed their muscles over what is, too often, needless surgery.

From: WDDTY May 2019 Editorial

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studies haven’t been conducted.

Dr Cham patented the process for producing his cream and continued his research for five years before he even released the results. Since a cancer is considered to be cured if it disappears and doesn’t recur within five years, he wanted to wait at least that long to validate his results. Many of these patients have now been cancer free for 10 years or more. Even though it’s been 15 years since he first developed the cream, very few people even know it exists. And believe it or not, there are a lot of people out there who hope you'll never learn about it. As Dr Cham learned early on, a simple, inexpensive cream that prevents and cures skin cancer, is not what some people want on the market.

Changing Minds With Money

Dr Cham approached Australia’s equivalent of our FDA, the Therapeutic Goods Administration (TGA), to get permission to market the cream in 1987. He was told he could sell the product immediately over-the-counter strictly for the treatment of keratoses or sunspots. If he wanted to sell it for the treatment of skin cancer it would require several additional years of studies, reports, government filings, etc. He opted for the first course of action and began selling the product almost immediately.

In just the first year, over 10,000 units of the cream Curaderm were sold over-the-counter in Australia. Patients quickly learned that it not only removed keratoses, but also prevented and eliminated skin cancer. I’ve interviewed dozens of satisfied customers, viewed video tapes and photographs revealing the dramatic differences before and after using the cream. The stuff works. It works so well, that through an intense lobbying effort, the medical community in Australia had TGA reclassify the cream as a prescription item, severely limiting access to the medication. And it may surprise you to learn that very few prescriptions for the cream are now written for the product.

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Everything you wanted to know about carbs, but were afraid to eat

Carbs are bad for us, or so we're told. But it's not that simple - you need to understand the difference between the good and bad carbs.

Carbohydrates never seem to be out of the news. The latest headlines suggest that you can die prematurely from a low-carb diet, at least according to the world media's interpretation of a major study.

The study didn't quite say that. In a review of 58 trials and 158 studies, researchers from the University of Otago in New Zealand discovered that people eating up to 1 oz (29 g) of fibre every day were less likely to develop heart disease, diabetes and breast and colorectal cancer. *1*

Yes, fibre is a carbohydrate, but it's indigestible, and it can't be broken down into sugars. Instead, it helps the body regulate sugar levels. But there are good fibre sources and bad ones, just as there are good and bad carbs. People on a low-carb diet such as Atkins or keto should really be on a no-bad-carbs diet, as should we all.

As one of the essential food groups (the other two are proteins and fats), it's pretty hard to avoid carbs. If your low- or no-carb diet includes fresh fruit for breakfast, and vegetables seasoned with herbs and spices for lunch or dinner, well, guess what- you've just been eating carbs.

Carbs are packs of energy that the insulin in our bodies breaks down into glucose (blood sugar). The best measure of good and bad carbs is their glycemic index (GI), which tells you how quickly they increase blood glucose levels. Foods with a low GI score of 55 or less are absorbed more slowly and don't give you a 'sugar rush'.

That also means that the pancreas is producing less insulin to break down the sugars from a carb. The more often that high amounts of insulin need to be produced, the more likely that eventually you'll develop type 2 diabetes, which can lead to heart disease and some cancers.

Reference

*1 Lancet,2019;**393**:434-45.*

Good sources of fibre:
Bananas (unripened) GI Score 47, Apples 40, Nuts 22.

So-So sources of fibre:
Muesli GI score 66, Baked potato 60, Whole grain pasta 61.

Poor sources of fibre:
Whole grain bread GI score 71, Broad beans 79.

Very Low GI Foods: (score close to zero): Cheese, eggs, meats, fish, oils nuts.

Low GI Carbs***:*** (score of 55 or less): Apples. Dried apricots, Bananas (unripened), Grapefruit, Grapes, Mango, Oranges, Strawberries, Carrots, Corn, Brown rice - steamed, Chickpeas, Potato - boiled. Rye bread, Butter beans, Kidney beans.

Medium GI carbs: (score 55-69): Cherries, Dried figs, Kiwi, Peaches, Raisins, Beets, Sweet potato - boiled, Couscous, White rice - boiled, Potato - baked.

High GI carbs: (score 70+): Watermelon, Potato - mashed, French bread/baguette, Rice cakes, White bread, Broad beans, Fried potatoes, Cornflakes, Parsnips.

Can you tolerate carbs?

Here are the tell-tale signs that you could be affected by carbs, according to the Alliance for Natural Health.

1 You're overweight or obese — YES NO
2 Your blood sugar level **is** above 5.5 — YES NO
3. You often suffer from tiredness during the day — YES NO
4. You feel a loss of energy after a starchy-carb meal — YES NO
5. You often have cravings for sweet or starchy food such as bread or pasta — YES NO
6. You feel hungry soon after eating starchy or sugary food, such as pizza, pasta, sandwiches, cake or cookies — YES NO
7. You feel shaky, lightheaded or dizzy when you feel hungry — YES NO
8 You feel 'hangry'-that's hungry and angry–if you have more than a three-hour gap between meals — YES NO
9. You sit around a lot and don't exercise much — YES NO
10. You suffer from any of the following: brain fog, lack of concentration, depression, hormonal imbalance, aching or sleep problems — YES NO

If you answered 'Yes' to several of these, you could try a 14-day carb 'cold turkey' diet. Cut out grains, sugars and sugary foods, legumes such as kidney beans, chickpeas and lentils; root vegetables like potatoes, carrots, parsnips and beets; and fruit.

Then, after 14 days, take the questionnaire again.

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

(continued from page 9)

For monetary reasons, most dermatologists and plastic surgeons in Australia don't recommend the cream and without their endorsement and support, the majority of the public hasn't been informed of its availability. In fact, I've been investigating the cream for over a year now and I would have told you about it sooner, but there wasn't any easy way to obtain it in this country. Fortunately it is still available to people in Australia. See below.

Don't expect to see Curaderm gain quick acceptance here in the US or any other major country. Although the results of these early studies and the results experienced by every Curaderm user I interviewed were remarkable, governmental authorities will require boat loads of additional data before giving it their blessing. Not surprisingly, even some of the scientists associated with Curaderm are reserving their enthusiasm until more data is available. And besides the never-ending bureaucratic addiction for more and more data, there's always the money issue. When it comes to a condition as simple as skin cancer, there's simply too much money at stake.

I mentioned earlier that a simple lesion removal can cost in the neighbourhood of $250 (in 1995 US dollars) or more. I didn't mention that with conventional techniques there will also be scarring and a fairly good chance the lesion will return and require more treatment and expense. In fact, larger lesions can require extensive surgical procedures followed by thousands of dollars of plastic surgery. Curaderm can get rid of the lesion with no evidence of scarring and, in the rare instances in which the lesion returns, a simple reapplication of the cream will solve the problem.

Traditionally, skin cancers and lesions are removed using several different procedures.

1 Surgically - oftentimes the cancer can be simply cut off. However, frequently more tissue needs to be removed and layer after layer of skin is removed until no more cancer cells can be detected.
2 Curettage and electro-desiccation - cancer cells are scooped out with a

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Why modern medicine is a major threat to public health, by Aseem Malhotra

Most patients will derive no health improvement from medication. We should tackle the root causes of disease instead

The Guardian, Thu 30 Aug 2018

Almost a half of adults in the UK take at least one prescribed drug and a quarter take at least three.

When former airline pilot Tony Royal came to see me last year to seek reassurance that it was OK to participate in an Ironman event, having stopped all his medications 18 months after suffering a heart attack, I was initially a little alarmed.

But after talking to him, I realised he had made an informed decision to stop the medication after suffering side effects, and instead had opted for a diet and lifestyle approach to manage his heart disease.

His case is a great example of how evidence-based medicine should be practised. This is the integration of clinical expertise, the best available evidence and – most importantly – taking patients' preferences and values into consideration.

But our healthcare system has failed to keep to this gold standard of clinical practice for the most important goal of improving patient health outcomes.

The consequences have been devastating. Modern medicine, through over prescription, represents a major threat to public health. Peter Gøtzsche, co–founder of the reputed Cochrane Collaboration, estimates that prescribed medication is the third most common cause of death globally after heart disease and cancer.

How too much medicine can kill you

In the UK, use of prescription drugs is at an all-time high, with almost half of adults on at least one drug and a quarter on at least three – an increase of 47% in the past decade. It's instructive to note that life expectancy in the UK has stalled since 2010, the slowdown being one of the most significant in the world's leading economies.

Contrary to popular belief, the cost of an ageing population in itself is not a threat to the welfare system – an unhealthy ageing population is. A Lancet analysis revealed that if rising life expectancy means years in good health, then health expenditure is expected to increase by only 0.7% of GDP by 2060.

The greatest stress on the NHS comes from managing almost entirely preventable chronic conditions such as heart disease, high blood pressure and type 2 diabetes. Type 2 diabetes alone (demonstrated to be reversible in up to 60% of patients) takes up approximately 10% of the NHS budget. A disturbing report from the British Heart Foundation suggests that heart attacks and strokes are set to "surge" in England over the next 20 years as the prevalence of diabetes continues to increase.

Yet rather than address the root cause of these conditions through lifestyle changes, we prioritise drugs that give – at best – only a marginal chance of long-term benefit for individuals, most of whom will derive no health outcome improvement.

The reality is that lifestyle changes not only reduce the risk of future disease, their positive effects on quality of life happen within days to weeks. However, those patients unlucky enough to suffer side effects from prescribed medicines may find their quality of life will deteriorate in order to enjoy small longer term benefits from the medication.

Of course patients may need to use both, but what's important is that information is presented in a transparent way to encourage shared decision making. The Academy of Medical Royal Colleges' Choosing Wisely campaign encourages patients to ask their doctor whether they really need a medication, test or procedure.

Prof Luis Correia, director of the Centre of Evidence Based Medicine in Brazil, says if a clinical decision is not in keeping with the patient's individual preferences and values, "it will not work".

A report commissioned by think-tank the King's Fund in 2012 recommended putting patient preferences at the heart of decision making in medicine, suggesting it would not just be a victory for ethics and policy but for finance, too, as the data shows patients given all the information choose fewer treatments. But more than saving money, it will be about redistributing resources within the system to where they are needed most, in acute and social care.

This solution to the NHS financial crisis and giving patients the very best chance of improving their health will require a national public health campaign to reduce the amount of medications the population takes, improving lifestyle and adhering to the true principles of evidence-based medicine that make shared decision making the priority in clinical practice.

A few weeks ago, four years after his heart attack and two years after coming off all medications and dramatically changing his diet, Tony completed his first Ironman at the age of 58, revealing it's never too late to improve fitness. But the most important message remains clear: you can't drug people into being healthier.

Dr Aseem Malhotra is an NHS consultant cardiologist and visiting professor of evidence-based medicine, at the Bahiana School of Medicine and Public Health, Brazil.

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At the same time, researchers at the University of Illinois have found that epinephrine [adrenaline], another stress hormone, initiates a whole series of biochemical reactions that spurs on the growth of breast cancer and encourages its metastatic spread.[5]

These researchers conclude that controlling stress is a key way to control the spread of cancer. The Basel researchers suggest exercising along with relaxation techniques like meditation to limit stress. And findings by the scientists in Illinois indicate that vitamin C may help. Their lab tests found evidence that vitamin C may be able to shrink metastatic tumours.

Don't wait to adopt these healthy habits. I think that when researchers perform more studies on how to protect against metastases, they'll probably also find that eating a diet filled with fruits and vegetables can up the body's defences against metastases. So far, only a few studies have found that this kind of diet reduces your risk of aggressive cancer. The evidence is not quite definitive.[6] But I wouldn't wait to adopt a diet rich in fresh produce.

And for sure it's a good idea to sleep in a dark bedroom, take some vitamin C, and control stress through exercise and meditation. Those habits all have multiple health benefits along with their

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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.

What's Available from the CISS Office?

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.

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 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 Turramurra. Includes a meditation. No charge. Phone 9449 9144 and 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

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

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

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.

QUEENSLAND

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GROUP

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

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 & 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

TASMANIA

KINGBOROUGH CANCER SUPPORT GROUP

Contact Tony Cope (03) 6227 7902 ah for further details.