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**Are Cancer Treatments Effective – The Real Story**

**By Lena Sanchez**

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I do not wish this article to be discouraging and I do offer an alternative at the end, so do not despair half way through reading.

Let's look at the 2000 sad stats on American Healthcare's \$1.3B industry. 1 out of 3 people get cancer, 1 out of 2 get heart disease, obesity is at epidemic levels, 70% of children are getting hardening deposits in their arteries as early as 12 years of age. And here is the worst one of all, 62% of accidental deaths are attributed to prescriptions. 2001 found prescription deaths greater than illegal drug deaths. In 2000 109,000 people died from prescription drugs another 2.2 million survive but have illnesses or severe debilitation caused by prescription use. So what does that tell you about how well we are doing as a westernized medical society? The figures for 2001 & 2002 aren't in yet but believed to be even more severe.

"Deadly Medicine? Every year over 500,000 people worldwide die from illness or organ diseased from the side effects of pharmaceutical products," says the Journal of the American Medical Association (JAMA). These pharmaceuticals are used to treat the most deadly diseases known to Western Man: heart attack, cancer, and stroke."

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I shudder when reading reports like these, even though most are from a few years back, sadly the story is that the healing rate has not increased but actually decreased in some areas! I wonder how many people have lost their lives early because of money and the medical mess that has been created by perpetuating cancer cures in the medical community that aren't really cures but money producers?

Harvard University's published cancer mortality for 2,000 excluded non-melanoma skin cancer, non-Hodgkin's Lymphoma, stomach cancers and other rare cancers. Their death figures from the top fourteen cancers were 216,700 men and 197,600

women, children were not reported. Aside from certain rare cancers, it is impossible to detect any sudden changes in the death rates for any of the major cancers that could be credited to chemotherapy.

Whether any of the common cancers can be cured by chemotherapy has yet to be established. In most common solid tumors—lung, colon, breast, etc. chemotherapy is NOT curative.

Why the growth in chemotherapy in the face of such failure? A look at the financial intercourse between a large cancer center such as Memorial Sloan-Kettering Cancer Center (MSKCC) and the companies that make billions selling chemotherapy drugs makes for revealing why.

James D. Robinson III, Honorary Chairman of the MSKCC Board of Overseers and Managers, is a director of Bristol-Myers Squibb, the world's largest producer of chemotherapy drugs. Richard Gelb, Vice-Chairman of the MSKCC board is Chairman of the Board at Bristol-Myers. Richard Furlaud, another MSKCC board member, recently retired as Bristol Myers' president. Paul Marks, MD, MSKCC's President and CEO, is a director of Pfizer.

Very few know that chemotherapy drugs are not FDA approved. They are legally administered under the Rule of Probable Cause" states that experimental drugs may be used if the side effect of the drug is no worse than the end effect of the disease. In fact, every chemotherapy bottle is stamped "For Experimental Use Only" and the patient must sign a release before the doctor will prescribe or administer it.

Multiple papers have been written stating that while some oncologists inform their patients of the lack of evidence that treatments work...others may well be misled by scientific papers that express unwarranted optimism about chemotherapy. Still others respond to an economic incentive. Physicians can earn much more money running active chemotherapy practices than they can providing solace and relief...to dying patients and their families."

In my research to find cure rates they are knowingly and loudly unobtainable, saying more than numbers. You know if they exist or were good the pharmaceutical industry would be singing them loud and clear.

Alan C. Nixon, PhD, Past President of the American Chemical Society wrote that "As a chemist trained to interpret data, it is incomprehensible to me that physicians can ignore the clear

evidence that chemotherapy does much, much more harm than good."

In 1986, McGill Cancer Center scientists sent a questionnaire to 118 doctors who treated non-small-cell lung cancer. More than three-quarters of them recruited patients and carried out trials of toxic drugs for lung cancer.

They were asked to imagine that they themselves had cancer, and were asked which of six current trials they themselves would choose. Of the 79 respondents, 64 said they would not consent to be in a trial containing cisplatin, a common chemotherapy drug. Fifty-eight found all the trials unacceptable. Their reasons? The ineffectiveness of chemotherapy and its unacceptable degree of toxicity.

Famed German biostatistician Ulrich Abel, PhD, also found in a similar 1989 study that "the personal views of many oncologists seem to be in striking contrast to communications intended for the public."

"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors." Allen Levin, MD UCSF *The Healing of Cancer*, Marcus Books, 1990

Why so much use of chemotherapy if it does so little good? Well for one thing, drug companies provide huge economic incentives. In 1990, \$3.53 billion was spent on chemotherapy. By 1994 that figure had more than doubled to \$7.51 billion and tripled in 2002 when all other industries were struggling to stay afloat. This relentless increase in chemotherapy use is accompanied by a relentless increase in cancer deaths. Again death certificates state causes of death as cancer, when I personally know of some that were free of cancer but died from the ongoing chemotherapy prevention! This makes it impossible to know how many actually die from chemotherapy!

Oncologist Albert Braverman, MD, wrote in 1991 that "No disseminated neoplasm (cancer) incurable in 1975 is curable today...Many medical oncologists recommend chemotherapy for virtually any tumor, with a hopefulness undiscouraged by almost invariable failure." Twelve years hasn't changed that or the cancer death wouldn't continue to rise.

If you or a loved one should have need of such medical treatment look long and hard before buying what you are being told. Take charge of your life and get to the bottom of the truth

before being treated.

I do not get a cent from this recommendation for cancer treatment or second opinion. That is the "Oasis Cancer Center" with the largest cancer cure rate of any other treatment center and theirs is with natural cures and sometimes surgery where surgery is needed... They are forced to practice medicine just across the border from the U.S. in order to practice without harassment... For a free consultation online [http://www.cancure.org/oasis\\_hospital.htm](http://www.cancure.org/oasis_hospital.htm) or call in the US (888) 500-4673 outside the US call 011 52 664 631 61 00

\*\*\* Lena Sanchez Author of "Handbook Of Herbs To Health & Other Secrets," "Antibiotic Alternatives To Preventing Mega Bacteria," & "Dangers & Secrets Doctors Refuse To Tell You." Found online at <http://www.antibiotic-alternatives.com> and Editor of "Natural Environmental Health Facts & Your Home Business Coach" ezine subscribe at <http://www.envirodocs.com/newsletter.htm>

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## **Breast Cancer And Pregnancy**

**By Will Hanke**

Although it is rare for breast cancer to strike younger women, the fact remains that all women are at risk. And for those of childbearing age, the first sign and symptoms of breast cancer leading to a diagnosis can not only be upsetting and unexpected, but complicated as well.

Developing breast cancer at a younger age—in a woman's 40s, 30s, even 20s—will mean making important and difficult decisions about one's life and future perhaps much sooner than originally expected.

One concern is developing breast cancer during pregnancy, which although rare, can still occur. In this case, the treatment chosen will not only affect the patient and her body, but the growing baby inside her as well. It will depend on what stage of pregnancy she is in (first, second or third trimester) and what stage her cancer is in—such as whether or not it's advanced.

Most pregnant women can have treatment for their breast cancer without affecting the baby. But some might be advised by their obstetrician or health-care practitioner—or even decide themselves—to terminate the pregnancy, more so if the pregnancy is in its earlier stages, in order to receive certain treatments that would be too risky otherwise. But it is essential to remember that it is a woman's own decision—it is not medically necessary to terminate a pregnancy if the expectant mother is diagnosed with breast cancer. All it does is limit treatment options. Breast cancer itself will not affect the fetus—only certain tests and treatments will.

Generally speaking, tamoxifen, chemotherapy, radiation, and other drug-related therapies are avoided if the woman is pregnant because of their associated risks with birth defects. Tamoxifen, especially, is considered very unsafe because it is a hormonal therapy and is never recommended if the woman is pregnant or planning on conceiving.

Surgery—either a lumpectomy or mastectomy—is the most common and preferred method of treatment for breast cancer in pregnant women.

Another concern is whether or not breast cancer survivors can or should go on to have children after treatment and recovery. It's a very controversial issue with firm advocates on both sides of the debate.

There are two main questions here, for both the medical and health community and breast cancer survivors wanting their own children: 1) Do certain breast cancer treatments affect fertility?; and 2) Is it actually considered safe to conceive and carry a baby to term following breast cancer and breast cancer treatments?

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As far as fertility goes, there is no definite answer here. For chemotherapy, it depends on the age and what specific drug was used—some affect fertility more than others. And taking tamoxifen after chemotherapy to prevent recurrence is not recommended if the woman desires to become pregnant right away. Although tamoxifen is sometimes used as a fertility treatment, there is evidence to suggest that it damages developing embryos, and therefore is not considered safe to use.

Many doctors caution these women to wait several years to ensure receiving the best breast cancer treatment possible and to go past the point of the biggest threat of breast cancer recurrence. But some women decide to go ahead and have babies anyway, since it's so important to them.

Make sure you're protected from the risks and symptoms of breast cancer by visiting

– The information resource for breast cancer



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