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**Don't Get Cancer**

**By Simon Mitchell**

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One antidote to cancer is information

In general our responses to cancer are converging, but very slowly. Presently all cancer authorities are agreed on only one thing:

cancer cannot take hold in a healthy immune system

The World Health Organisation (W.H.O.) is promoting prevention as a better option than treatment and particularly targeting smoking as the highest recognisable risk area. The Cancer Research Institute (C.R.I.) is seeking vaccines that support the body's own ability to heal. Alternative and holistic approaches seek to do the same with diet, nutrition, lifestyle and other choices.

Different philosophies of medicine achieve 'immune support' in various ways not considered by orthodox Western medicine, which concentrates mainly on 'drugs and surgery' as an afterthought to disease, often just adding more toxins and stress to an overloaded system. Alternative treatments take many forms to support the body in its own healing process.

Although we have constant new biological treatments promised, they usually only apply to a small percentage of cancer types. Change in this field is agonisingly slow and in some cases utterly stuck. Medical science is failing to adapt to the new 'quantum theory' sciences that see the human body from an energy or 'vibrational' perspective. Western 'allopathic' medicine continues to refuse integration with other, older medical philosophies such as Chinese, Ayurvedic, Tibetan, Homeopathy, Herbalism or vibrational treatment.

In truth we don't even have a research methodology that will cope with assessing different treatment forms and levels tuned to an individual patient. So far it is much easier for the orthodox to just deny the effectiveness of alternative ways of healing because they do not make rational scientific sense, than it

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is to extend their model to include other healing models. The fiscal interest of pharmaceutical companies is also a factor in our lack of access to holistic treatments

The complex cancer situation effects us all directly. One in three people in the 'West' now gets cancer at some point. Many factors are combining to aggravate acute degenerative disorders such as cancer or heart disease, the two top killers in the Western World. These expose the unwary to dangers and this includes the toxic side-effects of allopathic treatments – it is emerging that the third biggest killer may be 'allopathic medicine' itself !

### The Cancer Research Industry

Research shows that in UK every year somewhere between £450 to £500 million is spent on cancer research by the pharmaceutical industries, charitable organisations and government. In US an estimated \$14 billion dollars (£7.72 billion) are spent. A hard-hitting report published in March 2004 by

Fortune, an American business magazine and written by Cliff Leaf, himself a cancer survivor, suggests that for several reasons much of this funding and research is misdirected. He claims that despite a total of \$200 billion spent on cancer research since 1971 that mortality rates are basically unchanged. The report was all but ignored by mainstream media.

What if he's right? What is much of this money is wasted? What if the research is misdirected? What if much of the work serves no real purpose beyond the generation of profit? That would mean that the cancer research industry is one of the biggest bandwagons ever. Despite many more billions spent world-wide on cancer research there seems very little to show for it. After seeing friends and family cut down in their prime by cancer, and its allopathic treatments, this researcher believes that there is something seriously wrong with accepted wisdom on cancer treatment. The author's local health authority has a twelve million pound overspend this year – the major expenditure? The cost of cancer drugs. Several situations are combining to make cancer a big risk for us all at this time, despite the hard work of many dedicated health service professionals.

### Cancer and Orthodox Medical Science

Although medical science has created miracles in dealing with infectious diseases, solving many of the medical problems of the 1940's and 50's, the new weapons against acute degenerative disorders are not yet ready. Genetic testing and counselling, gene therapy, nutrigenomics, advanced (subtle and tuned) radiotherapies, cell therapies, therapeutic cloning, cancer vaccines and even anti-aging therapies are a seemingly constant 10 – 15 years away. This is the 21st century and we are still getting 20th century treatments. This leaves us at the moment in a time of high cancer risk with treatments that are often the medical equivalent of cracking a nut with a sledgehammer. The orthodox treatment of cancer is too often as dangerous as the disease itself.

Alternative treatments for cancer are not given a fair hearing. Information is still actively repressed or marginalised from many sources. The subject of Cancer and alternative treatment must be the original can of worms! Its never a good time to get cancer but there are more options than you might think or even be advised from orthodox treatment centres. For example there are many things one can do to

supplement (and ease) orthodox treatments with complementary ones. It is unlikely you will be given information on this unless you seek it out yourself.

Although much research on alternatives is often suppressed there are people who can guide you through the minefield of misinformation, disinformation, ignorance, applied self-interest, politics and other complexities in the field of cancer, whatever choices you make. Support is a central issue in any disease and there are increasing options here with many groups 'online' helping each other with a variety of treatment forms.

### An Integrated Approach to Cancer

The cancer discussion needs opening towards a more integrated medicine that is centred on the patient, but even this discussion is presently marginalised. People are finding each other online and comparing notes, even the drug manufacturing industries are predicting that 'patient advocacy' forms a strong part of future medicine. But for true patient advocacy to happen, medical consumers presently need to be at least as, if not better informed than their medical doctors.

There are many options in cancer treatment that are not generally discussed through orthodox medicine. For example group therapy is not widely prescribed or accessible for cancer patients despite

the fact that studies show it can actually double survival time. There is mounting evidence of the validity of herbal and nutritional regimes that support the immune system and may complement the sledgehammers of traditional, orthodox treatment, chemo and radiotherapy.

Sometimes complementary therapies are allowed with orthodox treatment but are still limited to only accepted medical philosophies – or that which can be measured through double-blind testing methodologies that basically view every person as the same. The different philosophies of 'medicalism' and 'holism' – which puts people central to their treatment – are still far apart. This is not a situation that is in any way advantageous for those of us who become patients.

Alternative approaches are viewed at best as unproven and are unresearchable using 'quantitative research methodologies'. There are many people wanting a more integrated approach to health care than the drugs and surgery promoted by orthodox allopathic medicine. This is shown by the huge number of people who seek complementary and alternative medicines without the knowledge of their doctors. The main research into treatments that address every aspect of disease and patient still takes place in secret because practices that fall outside of standard medical practice and physicians who offer unconventional cancer treatments may be vulnerable to the civil charge of malpractice. Given the modern quantum sciences and other feasible medical models such as those mentioned there are many more realistic options for treatment than we are presently being offered.

It is easy to be overwhelmed in this field, different people giving different information, which you may need to find, understand and act upon, often 'against the clock'. What is needed is an overview that presents comprehensive information from wide sources in an objective manner.

Simon Mitchell

'Don't Get Cancer' <http://www.simonthescribe.co.uk/don'tget1.html>

## **Staging Colon Cancer**

### **By Kyle Greatbatch**

When a doctor wants to evaluate the progress of colon cancer of one of his patients he or she uses a method called Staging. This method is about finding out to what extent the tumor (colon cancer) has spread to the other regions of the patients body. Once the doctors figured out in what stage the colon cancer is, they will develop the best course of action or treatment.

At this point in time the system that is most commonly used for the staging process of colon cancer is called the American Joint Committee on Cancer's (AJCC) TNM staging system. Simply put this system used for staging places the patients into one of four stages.

#### Stage 0

Stage 0 also known as carcinoma in situ or colorectal cancer. In this stage the colon cancer has been detected in the innermost lining of the colon.

#### Stage I

In this stage the colon cancer has already begun to spread. But the cancer is still in the inner lining of the rectum or colon. In this stage the colon cancer has not reached the outer walls of the colon yet. Stage I is also known as Duke A or colorectal cancer.

#### Stage II

In this stage the colon cancer spread more deeply into or through the colon or rectum. Possibly the colon cancer may have affected other tissue as well. In this stage the colon cancer hasn't reached the Lymph nodes (bean-sized structures which can be found in the entire body that helps the body fight all kinds of infections and diseases. Stage II is also known as Duke B or colorectal cancer.

#### Stage III

When you are in this stage the colon cancer has now spread to the Lymph nodes although it hasn't spread to nearby parts of the body. Stage III is also known as Duke C or colorectal cancer.

#### Stage IV

In this stage the colon cancer has spread through the Lymph node system to other nearby tissue. This is most commonly called metastasis. The organs that most likely are affected are the lungs and liver. Stage IV is also known as Duke D or colorectal cancer.

#### Recurrent Colon Cancer or Cancerous Cells

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When doctors talk about recurrent colon cancer they mean that cancerous cells that have already been treated have returned. These cancerous cells could possibly have returned as colorectal cancer but they might as well return in any other part of the body too.

By Kyle Greatbatch

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