What Is Cancer, Anyway?

By Bill Henderson

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Cancer is not some foreign invader which has to be cut, burned or poisoned in hopes that it will die before the patient dies. No, cancer is simply a temporoary malfunction in your normal cell division process.

Each of has about 75 trillion cells in our body. Virtually all of them replace themselves many times during our lifetimes. How many cells? Well, it's 75,000,000,000,000. That's a lot. They have various life cycles, but in about 7 years, they have all been regenerated. Amazing? I'll say!

So, on an average day, about 29 billion cells in your body replace themselves by dividing in two. One of the cells resulting from that division dies off.

CELL DAMAGE OR "MUTATION"

In our bodies all day every day are lots of "free radicals." These little rascals are molecules which have one unpaired oxygen electron in their atomic makeup. They are produced by our digestive system, the air we breathe, the food we eat, the water we drink and so on. In other words, we can't avoid them.

These "free radicals" bounce around, bumping into normal cells, and, in the process, damaging the normal cells DNA. Literally millions of our dividing cells get damaged every day −− some by free radicals, some by viruses and some by just normal cell breakdown due to aging or inherited gene mutation (this latter is rare). Fortunately, our cell division policing process

recognizes these "incorrect" cell divisions and kills them off, most of the time.

HOW WE "GET" CANCER

About a million or so of the damaged cells each day are damaged in such a way that the "oncogenes," the hundred or so genes (out of the 33,000 or so in each cell's DNA) which control cell death, get damaged. When this happens, the cell begins to grow out of control. It becomes a cancer cell. Our immune system (about 20 trillion cells strong) normally recognizes this and takes care of it every day, until it can't anymore. Then, we "get" cancer.

Actually, all of us "have" cancer every day. It is controlled and gives us no symptoms. When symptoms (a tumor, for example) show up, it means that our metabolism (cell division and cell death)has temporarily broken down. A tumor with a billion cells is about the size of the period at the end of this sentence. By the time a tumor is diagnosed, it has usually been growing for from 5 to 12 years. Far from a death sentence or something requiring instant, emergency, radical treatment, this "getting" cancer is a wakeup call.

The key to understanding and controlling cancer is that it is a "systemic" problem. Our entire system has broken down. Killing the cancer cells (with chemotherapy and radiation, for example) is not going to restore our system to its normal balance. In fact, those "treatments" simply make the condition worse by severely damaging what is left of our immune system.

Once one understands this, our current conventional cancer treat−ment system makes no sense.

WHAT DO ONCOLOGISTS DO?

An "oncologist" is supposed to be a cancer doctor. But their training and practice does not include studying and understanding the cancer cell and its relationship to the rest of the body's cellular mechanics and communication. Cellular biology is a very complex and fascinating body of knowledge which is growing rapidly.

If the oncologist understood the above, they would be looking for a way to reverse that cell physiology gently and in a non−toxic way (assuming they were honest and open−minded). That is how cancer is brought back under control −− gently and permanently.

One M.D. who has "broken the mold" and treats cancer in a gentle and understanding way says that the docs calling themselves "oncologists" are actually "chemotherapists," not oncologists.

Radiologists attempt to deal with cancer using radiation. This always has harmful effects on our body's ability to control our health −− our immune system.

"BUT I KNOW SOMEBODY WHO WAS CURED..."

All of us have heard of people who have been "cured" of their cancer using chemotherapy. Remember Lance Armstrong? The chemo−therapy poster boy? It so happened that Lance had one of the few rare cancers (testicular cancer) which can be effectively con−trolled using chemotherapy.

In October, 1971, Dr. Gordon Zubrod, a leading researcher at the National Cancer Institute, presented a list of the cancer malig−nancies which were "highly responsive" to chemotherapy. All of these are rare in adults. But, most important, the list has not changed since 1971. Here it is:

Burkitt's lymphoma; Choriocarcinoma; Acute Lymphocytic Leukemia; Hodgkin's Disease; Lymphosarcoma; Embryonal Testicular Cancer; Wilms' Tumor; Ewing's Sarcoma; Rhabdomyosarcoma; Retinoblastoma.

That's it. In the 33 years since that list was published, there is no solid evidence that chemotherapy for the other, more common, cancers results in significant increased survival.

One of my daughters was cured of Wilms' Tumor, a rare kidney tumor, when she was three using chemotherapy. But for all the other common forms of cancer (breast, colon, prostate, lung, ovarian, etc.) chemo may show a temporary shrinking of the tumor, what the cancer docs call a "response." Most of the time, the chemotherapy treatment eventually kills the patient. It killed my former wife ten years ago.

WHAT DOES CHEMOTHERAPY DO?

Chemotherapy targets dividing cells. The multitude of tests of new chemotherapy drugs test toxic (actually carcinogenic, or cancer−causing) substances against particular kinds of cancer cells in live patients. Usually this is done with half the cancer patients in the test taking an older chemotherapy drug. When there is even slightly more "response" with the new drug, and over 50% of the test

group on the new drug survives, a new cancer drug is approved.

Unfortunately, no cancer drug has "eyes" for only cancer cells. These drugs kill any dividing cell. Where are some of your fastest dividing cells? In your hair and your gut. That's why chemotherapy causes you to lose your hair and get nauseous. But these drugs also cause long−term damage to your organs −− kidneys, liver, heart, etc.

Doesn't it seem like there should be a better way? There is. More coming soon in another article.

I am a "reporter," not a medical professional. Any treatment for cancer or any other illness should be discussed with your medical professional.

Bill Henderson is the author of "Cure Your Cancer" and "Cancer−Free." His books and 70 newsletters have helped over 600 people in 51 countries overcome their cancer in the last 4 years. He provides phone and e−mail answers to his individual reader's questions. His web site is:

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

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.

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