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## **PART 1 – The Failure of Conventional Treatments**

### **Show Me the Money**

*“The American public is being sold a nasty bill of goods.”* – Dr. James Watson, Nobel Prize Winner while serving on the National Cancer Advisory Board, 1975

*“For most of today’s common solid cancers, the ones that cause 90% of the cancer deaths each year, chemotherapy has never proven to do any good at all.”* – Ulrich Abel, M.D., University of Heidelberg, 1990

*“Evidence has steadily accrued that [cancer therapy] is essentially a failure.”*  
– N.J. Temple, M.D., Journal of the Royal Society of Medicine, 1991

*“We have given it our best effort for decades: billions of dollars of support, the best scientific talent available. It hasn’t paid off.”*  
– John C. Bailar, M.D., Harvard University, 1997

*“Survival gains for the more common forms of cancer are measured in additional months of life, not years....”* – Fortune Magazine, 2004

*“The National Cancer Institute and the American Cancer Society have misled and confused the public and Congress by repeated false claims that we are winning the war against cancer – claims made to create public and Congressional support for massive increases in budgetary appropriations.”*  
– Samuel S. Epstein, M.D.

Ultimately, I’m a pragmatist. Show me something that works and I’ll use it. If it doesn’t work, I won’t use it. In all but a very few cases, conventional cancer treatments simply do not work. Due to clever number manipulation, however, the cancer industry has made it appear as if treatments for the vast majority of cancers *do* work. Unfortunately, they don’t. And this sad fact has been known since the war on cancer began.

One of the best large-scale studies on the effectiveness of chemotherapy treatments – the main weapon in the cancer war – was published in 2004. This study was not conducted by some wild-eyed, angry scientist, but two highly respected oncologists from Australia. They simply looked at the results of every randomized, controlled clinical trial performed in the U.S. between 1990 and 2004, which reported a statistically significant increase in five-year survival due to the use of chemotherapy. That is, they looked at the number of cancer patients who survived more than five years following diagnosis and treatment. Here are the results:<sup>1</sup>

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<sup>1</sup> Clinical Oncology (2004) 16: 549-560. It should be noted the authors also studied treatments in Australia and the results were virtually identical to those in the US. This should come as no surprise. Other studies over the years have come to the same conclusion. In 1985, Scientific American published a landmark study which revealed chemo was only effective in *two to three percent* of all cancer cases. (John Cairns, The Treatment of Diseases and the War Against Cancer, Scientific American, Vol. 253, No. 5.) In 1990, a renowned biostatistics expert reviewed chemotherapy-treated cancer patients and concluded that chemo can help only *three percent* of patients with epithelial cancers, such as breast, prostate, colon and lung cancers. See Abel Ulrich, Chemotherapy of Advanced Epithelial Cancer: A Critical Survey, Hippokrates Verlag Stuttgart, 1990.

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<b><u>Cancer</u></b>	<b><u>Percent 5-Year Survival</u></b>
Bladder	00.0
Kidney	00.0
Melanoma	00.0
Multiple myeloma	00.0
Pancreas	00.0
Prostate	00.0
Soft tissue sarcoma	00.0
Unknown primary site	00.0
Uterus	00.0
Stomach	00.7
Colon	01.0
Breast	01.4
Head and Neck	01.9
Lung	02.0
Rectum	03.4
Brain	03.7
Esophagus	04.9
Ovary	08.9
Non-Hodgkin's lymphoma	10.5
Cervix	12.0
Testis	37.7
Hodgkin's disease	40.3
<b>Overall 5-Year Survival Rate</b>	<b>2.1</b>

There are several interesting things to note about this study. First, not a single major newspaper or other media outlet covered it in the US. Now, this is a study covering chemotherapy treatments over a 14-year time span by two respected oncologists and the results contradict everything that has been spoon-fed to the press. One would think the public would be interested in knowing just how ineffective chemo really is, particularly since their tax dollars are plowed into research that supports the pharmaceutical companies making these drugs. The media obviously thought it was not newsworthy, despite the fact that they regularly report “good news” on the cancer front.

This study had very little coverage even in the authors' native Australia.<sup>2</sup> On a radio show,<sup>3</sup> the host brought in one of the top oncologists in Australia, Dr. Michael Boyer, Head of Medical Oncology at the Sydney Cancer Centre, to comment on the study. While not questioning the validity of the study, his major complaint was that the authors used “absolute” numbers instead of “relative” numbers (more on this below). Dr. Boyer opined that chemo treatments in the “real world” were *much* higher than in clinical trials. Instead of an overall five-year survival rate of just two percent, the five-year survival rate for chemo treatments was probably a whopping five or six percent!

Now, the medical profession generally considers any drug with less than a 30 percent effectiveness to be no better than a placebo.<sup>4</sup> What you have is a top oncologist stating that chemo is effective only five or

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<sup>2</sup> Segelov, E. The emperor's new clothes – can chemotherapy survive? Australian Prescriber. 2006; 29 (1):2-3.

<sup>3</sup> The Health Report, Norman Swan, [www.abc.net.au/rn/talks/8.30/helthrpt/stories/s1348333.htm](http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s1348333.htm)

<sup>4</sup> Conventional medicine has always used the placebo effect as an excuse for not validating alternative treatments – that the effectiveness of acupuncture, for example, could be ascribed to the placebo effect. It's duplicitous that they

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six percent of the time. Translation: Your chances of surviving more than five years would be better if you took a sugar pill – with a whiskey chaser!

Unfortunately, that’s not a bad joke. The few studies that have been done comparing the benefits of conventional treatments versus doing nothing, show that people who did nothing actually lived as long, if not longer, than those who underwent treatments – and obviously had a much higher quality of life!<sup>5</sup> (See *The Do Nothing Strategy*.)

You might be asking, if conventional treatments are so ineffective, how can medical professionals sleep at night after putting patients through what, in many cases, are life-threatening treatments. Dr. Michael Boyer himself gives us the answer:

“...it’s not true to say that because you have to [treat] 20 or 25 people to benefit one, it’s not true to say that nobody benefits.”<sup>6</sup>

In other words, even if only four people out of 100 “benefit” from these treatments, then it’s worth it. It’s worth subjecting all 100 people to these horrific treatments in order to benefit four.

But two questions arise: 1) what happened to the other 96 people (aside from the fact they had to endure these horrific treatments)? They are obviously in their graves. Can you think of any other profession in the world that would classify such a miserable success rate...as success? 2) How is it possible to claim that four people benefited from a treatment when the benefit is so low that the recovery could easily be attributed to the placebo effect? With such poor results, it’s simply a huge leap of faith to say that treatments were responsible for the recovery. Using the medical profession’s own standards, a sugar pill would have had better results – and without injuring everyone.

When conventional medicine can talk about a 70 percent rate of effectiveness, then we can believe such treatments may be working. But that gets us into another problematic area. They *do* speak of treatments with a 70 percent (plus) cure rate. How do they get away with this? By manipulating numbers.

When a doctor tells a patient a treatment has a 70 percent cure rate, the patient obviously thinks that 70 people out of 100 will be cured. Wouldn’t you? The patient is, in all likelihood, not a statistical researcher and the doctor, in all likelihood, is simply rattling off the numbers given to him by the pharmaceutical or radiological industries.

What the doctor is referring to is the “relative” percentage, which is not at all commonsensical and, in this context, downright deceiving. In fact, some might call it fraud. Here is the dictionary definition of fraud:

“deceit, trickery, sharp practice, or breach of confidence, perpetrated for profit or to gain some unfair or dishonest advantage.”

Let’s look at this fraud with a simple example. If an oncologist were to say that by giving you chemotherapy treatments, your survival rate would increase from three to six percent (a three percent benefit), you would probably reply, “I’d rather visit a witch doctor!” Well, these are absolute numbers, which are always bad news in the cancer industry. (Absolute numbers were used in the study shown above.) But the oncologist’s presentation rarely, if ever, uses absolute numbers. Instead, he refers to

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do not apply the same standard to chemo and other cancer treatments which are far less effective than a placebo. To put it bluntly, they approve treatments that are profitable, regardless of the standards they, themselves, have laid down.

<sup>5</sup> JAMA, 1992, 257, p. 2191; Lancet, 1991, August, p. 901; NEJM, 1986, May 27, p. 967; NEJM, 1984, March, p. 737; Cancer, 1981, 47, p. 27; JAMA. 1979;241:489-494; A Report on Cancer, 1969, Hardin Jones.

<sup>6</sup> <http://www.abc.net.au/rn/talks/8.30/helthrp/stories/s1348333.htm>.

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numbers provided by the cancer industry, which turns the statistic on its head. Instead of a three percent benefit, he exclaims the exact same treatment has a 50 percent benefit!

How can this be? Easy. If a treatment causes survival rates to increase from three percent to six percent, that represents a 50 percent increase in survival rates! ( $6-3=3 / 6=.5 \times 100=50\%$ ) These relative or “rubber” numbers are the numbers used universally throughout the cancer industry to mask the massive failure of conventional treatments. The cancer industry lives, breathes and sleeps these numbers because only these numbers provide big pay days. Relative numbers are, in fact, the lingua franca of the industry and how the industry creates the “good news” that you read in newspapers.

Another example. Say there were 100 people involved in a clinical trial of a new chemotherapy drug. Out of the 100, experts expect two people to get breast cancer. But during the trial, after all 100 people were put on the toxic drug, only one person got breast cancer, meaning the reduction in breast cancer was one person out of 100. Again, this is the *absolute benefit*, 1 in 100, or, one percent.

This is not good news for the drug company because 1 in 100 could easily – and would probably – happen by chance. But, remember, two people were expected to get breast cancer, and only one got it – and 1 divided by 2 equals a 50 percent reduction. Through the magic of number manipulation, this drug can all of a sudden reduce your chances of getting breast cancer by a whopping 50 percent! Quite a sales pitch, eh?

Let’s take an example from the real world: Herceptin proponents claim clinical trials show a 46 percent decrease in breast cancer recurrence when the drug was prescribed to late-stage breast cancer patients. This is a *relative* statistic. What’s the absolute number? 0.6 percent (less than one percent)! We went from a dishonest 46% decrease (which is what patients are told) to an honest 0.6 percent decrease using the exact same data! Why bother taking the drug? It will surely do more harm than good.

A few years back there were headline articles reporting a 49 percent decrease in the incidence of breast cancer in women who took Tamoxifen for five years. Again, this is a *relative* number. The *absolute* number? 1.5 percent. In all cases, far, far less than what you would expect from a sugar pill.

In 2007, headlines screamed that a new drug, Sorafenib, prolonged survival time for liver cancer patients by a whopping 44 percent! What did that translate into, in absolute numbers: three extra months of living hell with that drug.

We don’t necessarily want to bad mouth Herceptin or Tamoxifen or Sorafenib. These are just a few examples. The point is that any current treatment has these kinds of feeble numbers! When you hear someone in the cancer industry citing five-year survival rates above a few percentage points, for all but a small handful of cancers, they are deceiving you. They are using manipulated, *relative* numbers.

In order to understand relative statistics, you have to ask “Relative to what?” In the first simple example, the statistic was relative to the *expectation* that only three people out of 100 would survive for five years without the treatment. In the second example, the statistic was relative to the *expectation* that two people out of 100 would get breast cancer over the course of the clinical trial.

In other words, relative numbers do not stand on their own, as absolute numbers do, but stand on another number. They are *derived* numbers. They are derived from an expectation, an assumption, the results of a previous study, the differences between two different treatment methods, etc. They are used to show a treatment’s effectiveness, *relative* to something else.

Say a previous study showed no benefit with a particular treatment. Another study comes along and shows that one person out of 100 benefited from that treatment. Compared to the previous study, in which there was zero benefit, the new study would show a 100% benefit! That benefit, in other words, was *relative* to the old study!

Rubber numbers are, in fact, the bread and butter of the cancer industry and the bedrock foundation for justifying the use of screening techniques and treatments that do not work. They are presented to both patients and Congress in an effort to show that ineffective treatments are effective, when in fact they are not. And they are presented to both parties for only one reason: to get money.

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To present such warped numbers to patients (or Congress), who have no idea what relative numbers are – much less what they are relative to – amounts to fraud in my opinion. I’ve had conversations with oncologists who didn’t even know the difference between relative and absolute numbers. They just read the summary sheets drug companies put out and believed the relative statistics were, well, absolute.

If you went to your investment broker and he told you the return on an investment was 50 percent, whereas in absolute terms it was only 1 percent, you would no doubt sue the broker on the basis of fraud. And you would win. What we have in the cancer industry is fraud going on every day with patients who are desperate for the truth. Instead of the truth, what they get are manipulated lies.

Patients are not statisticians. The only numbers that make any sense to them are absolute numbers,<sup>7</sup> which stand on their own and are not *relative* to anything, but the plain, commonsensical, truth.

Unfortunately, because the effectiveness of cancer treatments is so pathetic, the industry has resorted to statistical tricks in order to turn a profit and, in my opinion, violated the doctrine of informed consent because they did not disclose the true risks involved in the treatment. In fact, they are deliberately hiding the risks behind manipulated numbers.

If you think I’m making this all up, look at the American Cancer Society’s Facts and Figures booklet. It’s available from their web site in .PDF format. Download the booklet and search for one instance of the word “absolute.” I did this for the 2007 version and could not find a single instance. Now, search for the word “relative.” You will find this word in front of every single statistic presented, but with no explanation of what “relative” means, much less what those numbers are relative to, i.e., what they are based on.

The ACS claims they are helping cancer patients, but what they are doing is helping the cancer industry<sup>8</sup> by deceiving patients who read their literature. The same can be said for your oncologist because he or she should know better. This deception is used in all treatments, as well as diagnostic procedures, from surgery, radiation and chemotherapy to mammograms in order to justify their use.<sup>9</sup>

And it’s not just cancer treatments. You can take *any* study of virtually *any* drug and the effectiveness of that drug will be manipulated into relative statistics by the drug company selling it. Fosamax, for example, is a drug that is supposed to reduce the risk of hip bone fractures in women. The maker claims a 44 percent reduction when taking the drug for four years. This is a big fat lie, a dishonest relative number. The absolute number? Just 1.7 percent!<sup>10</sup> Again, a sugar pill would be more effective.

What *you* must do is ask your doctor out of 100 people, how many will benefit from the treatment? Then ask what the benefit is? How many extra days or months will a person survive with this treatment? If he or she gives you inflated numbers – if those numbers sound too good to be true, in light of what you’ve read thus far, then they probably are. I’d be looking for another opinion.

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<sup>7</sup> CA Cancer J Clin 2004;54;123-124.

<sup>8</sup> In 1992, the ACS aggressively recruited 16,000 healthy women into 5-year clinical trial of the chemotherapy drug Tamoxifen to the benefit of the drug maker, which financially supports the ACS. The women were told the drug was completely safe, despite the fact it has over 40 side effects, including cancers and both the World Health Organization and the state of California have formally designated Tamoxifen a human carcinogen! There has been no subsequent investigation with these women who were used as guinea pigs for the drug maker. The ACS was also involved with over 300,000 women in a clinical trial of high-dose mammography, despite the fact there was little evidence of the effectiveness of mammography in premenopausal women and no warnings were given to the women about the well-known high risks of breast cancer from the excessive x-ray doses that were used. The ACS has a long history of looking out for the cancer industry, not the cancer patient.

<sup>9</sup> This is also done with drug company advertisements, which express the benefits of a drug using deceptive relative numbers, while showing the side effects in absolute numbers, to downplay them.

<sup>10</sup> Resisting the Broken Bone Businesses: Bone Mineral Density Tests and the Drugs That Follow, The McDougall Newsletter, October, 2004.

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The bottom line: Don't trust *any* number used by the cancer industry or any company selling a drug or other medical treatment.<sup>11</sup>

*"At your next dinner party, try playing the following game. Challenge everyone around the table to produce a single drug that can cure people of an illness, other than antibiotics. If you come up with anything, stop whatever you are doing and call me."*

– Lynne McTaggart

Despite the glaring failure of treatments, why would oncologists keep administering these treatments? One leading oncologist came right out and stated that the purpose of chemo is to function like a placebo in the slim hope it might work, and keep patients away from any alternative treatment:

*"...chemotherapy serves an extremely valuable role in keeping patients oriented toward proper medical therapy.... Judicious employment and screening of potentially useful drugs may also prevent the spread of cancer quackery.... Properly based chemotherapy can serve a useful purpose in preventing improper orientation of the patient."*<sup>12</sup>

Dr. Jeffrey Tobias, clinical director of the Meyerstein Institute of Oncology, has said that sometimes oncologists use chemotherapy indiscriminately with "no justification other than the physician's desire to do something." Because they don't know what else to do. Other doctors have admitted using it on patients just to keep their morale up – so it looks like they are doing something. I mean, after all, if you have cancer, not only the patient, but friends and relatives all want the doctor to do something – anything! And, of course, chemo makes it appear as if the doctor is doing something. Because of that, everyone thinks the doctor is a powerful medicine man. The drug makes the patient throw up, makes them feel like they want to die and the patient's hair even falls out. The family is reassured that their doctor, for sure, is not just sitting around doing nothing! Unfortunately, they think he's in the process of curing the disease, whereas in fact he's in the process of killing the patient.

What an outrageous and cruel abuse of patients' rights. The oncologist not only gives the patient an extraordinarily toxic drug, but he lies to them about the treatment's effectiveness!

*"Many medical oncologists recommend chemotherapy for virtually any tumor, with a hopefulness undiscouraged by almost invariable failures."*<sup>13</sup> – Albert Braverman, M.D., professor of oncology, State University of New York

Of course, oncologists will happily administer the drugs (except to themselves or their own family members<sup>14</sup>). About 75 percent of the profit for an average oncologist is made on chemotherapy drugs

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<sup>11</sup> If cancer patients were to read the actual laboratory reports on the drugs they are taking, they would throw them away. They show neither safety nor effectiveness and, in fact, they are not intended to show either. The reports only establish a *ratio* of those who benefited from the drug and those who did not – and that ratio is usually only in the range of a few people out of a hundred. And "benefit" can mean any slight improvement, such as a temporary reduction in tumor size. If anything is proven, it is that FDA-approved cancer therapies are both unsafe and ineffective. FDA approved simply means that drug companies have complied with testing protocols – often set by the drug companies themselves and adopted by the FDA – conducted the tests and the FDA has given its approval, in spite of dismal results. The real clinical trial begins when the drug is sold to the public.

<sup>12</sup> Victor Richards, The Wayward Cancer Cell.

<sup>13</sup> The Lancet, April 1991.337:901.

<sup>14</sup> Several surveys have been done with oncologists. A recent survey of the 64 oncologists on the staff at McGill Cancer Therapy Center in Montreal found that 91% of them said they would not take chemotherapy or allow their

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administered in his or her office. Given that oncologists, like other doctors, are inundated by drug company sales people, it is little wonder that chemo is given to *80 percent* of all cancer patients in the U.S.,<sup>15</sup> despite the fact it's only somewhat effective in a very small percent of cases. In other words, we have known for decades how ineffective chemo is, yet its use has exploded.

It's become so bad that chemo is even given to patients who have been declared terminal and in their death beds! One study<sup>16</sup> has shown that such "treatment" either sped up or actually caused the death of 25 percent of these poor souls and 40 percent suffered significant poisoning from the treatment – not to mention sending their quality of life to hell and back during the last days of their existence.

Of course, mindlessly giving chemo to terminal patients is one reason sales of chemotherapy have continued their upward spiral until today worldwide sales are over \$30 billion a year. If you don't think this is about money, open your eyes! If it were not about money, chemo would only be used on the small number of cancers where it is somewhat effective. Instead, it's used on the vast majority of cancers where it has been proven to be ineffective – and its use is justified with dishonest, distorted, rubber numbers. And while this relentless increase in chemo use continues, it's accompanied by a relentless increase in both cancer incidence and death rates, which parallel each other and reveal that the treatment strategy is simply not working – except for those who profit from such treatments.

No other branch of medicine, no other industry, has such a dismal "success" record for a standard treatment which literally affects the life and death of millions of people. How can they get away with using treatments that don't work? Because they have deliberately and systematically eliminated all other treatments that work better, but are not profitable.<sup>17</sup>

## Results of Nutritional Therapy

*"The National Cancer Institute, with enthusiastic support from the American Cancer Society...has effectively blocked funding for research and clinical trials on promising non-toxic alternative cancer drugs for decades, in favor of highly toxic and largely ineffective patented drugs developed by the multibillion dollar global cancer drug industry."* – Samuel S. Epstein, M.D., *The Politics of Cancer*

The cancer industry has not only spent a lot of effort suppressing alternative treatments,<sup>18</sup> but in denying funds to study them.<sup>19</sup> There are a few exceptions, however. In 1995, the Office of Technological

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family members to take it for cancer treatment. Why not? It's too toxic and not effective. Yet it is apparently not too toxic or ineffective for their patients.

<sup>15</sup> Questioning Chemotherapy, Ralph Moss, p. 75.

<sup>16</sup> For Better, For Worse?, National Confidential Enquiry into Patient Outcome and Death (2008).

www.ncepod.org.uk. Although this study was done on patients in Britain, the treatment practices in the U.S. are similar.

<sup>17</sup> See the film "Healing Cancer From Inside Out" by Mike Anderson.

<sup>18</sup> Two books which document some of the effective natural cures for cancer which have come along in the past 75 years – and have faced a tidal wave of opposition from the cancer industry – are *The Cancer Industry* by Ralph Moss and *Options* by Richard Walters.

<sup>19</sup> The NCI's medical standards should be called a double standard when applied to alternative treatments. For example, when a *single* patient in a clinical setting responds to a new chemotherapy drug, this is sometimes considered sufficient cause to launch clinical trials, as happened in the study of Interleukin. Alternative practitioners, on the other hand, have been required to supply massive documentation of benefit and safety before even the most preliminary tests can be approved. The standard for safety is equally elastic, especially considering the extreme toxicity of chemo drugs and radiation, in contrast with the relative harmlessness of almost all the alternative therapies. I personally know of one doctor whose alternative treatment is undergoing clinical trials to get FDA

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Assessment (OTA) did a retrospective study of five-year survival rates for melanoma patients who were given nutritional treatments versus conventional therapy. The results were very impressive compared to conventional therapy.<sup>20</sup>

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approval. Despite the object harassment by the FDA, the treatment has passed all trials with flying colors, to date. Under pressure from pharmaceutical companies, the FDA is now requiring him to add chemotherapy to his protocol. The treatment is completely non-toxic and adding chemo will ruin it – exactly what the drug companies are trying to accomplish.

<sup>20</sup> Gar Hildenbrand et al., “Five-Year Survival Rates of Melanoma Patients Treated by Diet Therapy After the Manner of Gerson: A Retrospective Review,” *Alternative Therapies*, Sept 1995, p. 29.



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### **Percent 5-Year Survival**

#### **Nutritional Therapy    Conventional Therapy**

Melanoma Stage IIIA	82%	39%
Melanoma Stage IVA	39%	6%

A 15-year retrospective survey on the outcome of nutritional treatments with patients suffering from malignant melanoma revealed the following five-year survival rates:<sup>21</sup>

#### **Percent 5-Year Survival**

Stages I & II (localized)	100%
Stage III (regional spread)	71%
Stage IVA (superficial distant spread)	39%

Although not compared directly with conventional treatments, these results far exceed – by a huge margin – what can be expected from any conventional treatment of melanoma.

A study<sup>22</sup> was done with pancreatic cancer patients who were divided into two groups. The first group made no dietary changes and 99 percent were dead within a year. The second group consumed a moderately healthy plant-based diet and 52 percent were alive after a year.

Over the course of six years, the more vegetables lung cancer patients ate, the longer they lived.<sup>23</sup> The more vegetables colon cancer patients ate, the longer they lived.<sup>24</sup>

In a study by the National Cancer Institute<sup>25</sup>, women were divided into two groups. The first group stayed on their typical American diets and the second group changed to a plant-based diet. After only four years, almost 40 percent of the women on typical diets had recurrences of breast cancer. *Not a single woman* who changed to a plant-based diet had a recurrence of breast cancer.

Women who simply ate flaxseed muffins on a daily basis had a reduction in breast tumors equivalent to those taking the toxic drug Tamoxifen – and without any side effects.<sup>26</sup> (This is not to say that simply eating flaxseed muffins are all that effective against breast tumors because Tamoxifen is not at all effective, either! It is to say, why take Tamoxifen when muffins are just as good?)

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<sup>21</sup> For detailed documentation, visit [www.gerson-research.org/docs/HildenbrandGLG-1995-1/index.html](http://www.gerson-research.org/docs/HildenbrandGLG-1995-1/index.html).

<sup>22</sup> J Amer Coll Nutr, 12:3:209-215; Macrobiotic Diet and Cancer Survival, JP Carter, J Amer Coll Nutr, 12:3:209-215, 1993.

<sup>23</sup> Eur J CA, 28: 2: 45; Goodman, MT, Vegetable consumption in lung cancer longevity, Eur J CA, 28: 2: 45-499, 1992.

<sup>24</sup> JAMA. 2007 Aug 15; 298(7):754-64.

<sup>25</sup> Journal of the National Cancer Institute, January, 1993.

<sup>26</sup> Biological Effects of Dietary Flaxseed In Patients With Breast Cancer, Thompson LU, Li T, Chen J, Goss PE Nutritional Sciences, University of Toronto, Toronto, ON, Canada; Medical Oncology, Princess Margaret Hospital, Toronto, ON, Canada, San Antonio Breast Cancer Symposium 2000. Regarding side effects, Tamoxifen increases the risk of endometrial cancer, blood clots in the legs, dangerous blockage of arteries in the lungs (pulmonary embolism), and stroke, to name just a few.

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Women who switched to low-fat diets had their estrogen levels drop by up to 50 percent within a few weeks.<sup>27</sup> Women with early stage breast cancer who changed to a slightly healthy plant-based diet – combined with exercise – cut their risk of death in half.<sup>28</sup>

Researchers compared health and diet histories among two groups — 541 women who had endometrial cancer, and a matched number of women who had no history of cancer. The results showed that women with the highest amount of vegetables in their diets had a 50 percent lower risk of endometrial cancer than those with the lowest vegetable intake.<sup>29</sup>

A recent study of stage III colon cancer patients showed that those people who adopted a slightly healthier diet with higher intakes of plant foods, lived three times longer than those who did not.<sup>30</sup>

A change to a full plant-based diet inhibited the growth of prostate cancer cells by almost eight times, compared to the control group.<sup>31</sup>

A study found that the median survival time for men with prostate cancer, who received aggressive treatment, was just six years. The median survival time for men with prostate cancer who did not receive any treatment – and changed to a plant-based diet – was 19 years!<sup>32</sup>

The Kushi Institute presented to the National Institutes of Health detailed documentation on six cases of terminally ill cancer patients who reversed their cancers by adopting a plant-based diet.<sup>33</sup> This is what Ralph Moss, a well-known reporter in the cancer field, said of their documentation:

*“A nurse told how, in 1995, she was diagnosed with lung cancer that had spread all over her body. She received no effective conventional therapy, and reluctantly went on the macrobiotics diet...What makes this case so extraordinary is that her progress was monitored weekly by a sympathetic physician colleague. The shrinkage, and finally the disappearance, of her tumors was documented millimeter by millimeter! She has now been disease-free for over five years...”<sup>34</sup>*

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<sup>27</sup> JAMA, 2005; vol. 293: p 2479; Prentice R, et al. Dietary fat reduction and plasma estradiol concentration in healthy postmenopausal women. The Women’s Health Trial Study Group. J Natl Cancer Inst. 1990;82:129-134; Heber D, et al. Reduction of serum estradiol in postmenopausal women given free access to low-fat high-carbohydrate diet. Nutrition. 1991;7:137-139.

<sup>28</sup> Pierce, J.P. Journal of Clinical Oncology, Jun 10, 2007; online edition. John P. Pierce, PhD, Cancer Prevention and Control Program, Moores USCD Cancer Center, University of California, San Diego. The Journal of the American Medical Association, 2005; vol 293: pp 2479-2486. American Cancer Society: “Low-Fat Diet May Stall Breast Cancer Recurrence.”

<sup>29</sup> Yeh M, et al. Higher intakes of vegetables and vegetable-related nutrients are associated with lower endometrial cancer risks. The Journal of Nutrition. December 11, 2008 [Epub date]

<sup>30</sup> Meyerhardt JA, Niedzwiecki D, Hollis D, Saltz LB, Hu FB, Mayer RJ, Nelson H, Whittom R, Hantel A, Thomas J, Fuchs CS. Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer. JAMA. 2007 Aug 15;298(7):754-64.

<sup>31</sup> J Urol 2005;174:1065-1070. See also Frattaroli J, Weidner G, Dnistrian AM, Kemp C, Daubenmier JJ, Marlin RO, Crutchfield L, Yglecias L, Carroll PR, Ornish D. Clinical events in prostate cancer lifestyle trial: results from two years of follow-up. Urology. 2008 Dec;72(6):1319-23.

<sup>32</sup> James Carter et al., “Hypothesis: Dietary Management May Improve Survival From Nutritionally Linked Cancers...” Journal of the American College of Nutrition, 12(2), 1993, PP. 209-26; James Carter et al., “Cancers With Suspected Nutritional Links: Dietary Management?” Tulane University School of Public Health and Tropical Medicine, Feb 1990; See also: Journal of the American College of Nutrition, 12(3), 1993, pp. 209-26.

<sup>33</sup> The cancers were lung, non-Hodgkin’s lymphoma, ovarian, malignant melanoma, pancreas-lymph nodes-liver and breast. [www.kushiinstitute.org/html/government.html](http://www.kushiinstitute.org/html/government.html).

<sup>34</sup> Moss Reports Newsletter, Feb 27, 2002.

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In fact, all of the people who reversed their cancers have survived far longer than five years and at the time of this writing are alive and well, despite the fact conventional medicine said they should be dead.

The Cancer Advisory Panel on Complimentary and Alternative Medicine (CAPCAM), which studied these cases, recommended funding for additional study of nutritional treatments. Guess what? It never came. Guess what? It never will, so long as conventional medicine has a stranglehold on our medical mindset. This has been the problem from the beginning. Back in 1946, Dr. Max Gerson presented six of his own terminal cases (which he reversed with diet) before a Senate subcommittee and funding was denied based on heavy lobbying from medical interests, particularly the AMA.<sup>35</sup>

When your doctor says there's no "scientific" evidence of diet reversing cancers, what he or she means is that there has been no large-scale, peer-reviewed study published in the New England Journal of Medicine. Of course there hasn't! There have been many attempts to get funding for such studies, but such attempts have always been vigorously opposed by medical interests. (By the way, if you have some extra cash and wish to fund such a study, please contact me.)

Philip E. Binzel, Jr., M.D., has meticulously documented the outcomes of treating his own cancer patients with diet and natural supplementation. He compared his results to those shown by the American Cancer Society for conventional treatments.<sup>36</sup> (Primary cancer is defined as detectable cancer confined to a single area, with perhaps a few adjacent lymph nodes involved. Metastatic cancer is defined as a cancer located in multiple areas of the body.)

#### **Patient Survival (5 years or more)**

	<b><u>Nutritional Therapy</u></b>	<b><u>Conventional Therapy</u></b>
Primary Cancer	87%*	15%
Metastatic Cancer	70%	0.1%

\* Did not die of cancer and survived more than 18 years.

Although the studies on treating cancer with nutrition are infrequent, the data is overwhelmingly positive, showing that diet can have a profound and lasting effect. They also show that when it comes to curing cancer, nutritional treatments are far more effective than conventional treatments.<sup>37</sup> And there are literally thousands of documented cases of people reversing all stages of all types of cancers. Why hasn't this been more thoroughly studied?

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<sup>35</sup> For a short history of the Gerson Therapy written by the US Office of Technology Assessment, see <http://gerson-research.org/docs/WardPS-1988-1/index.html#GersonM-1945-1>.

<sup>36</sup> Alive and Well, Philip E. Binzel, Jr., M.D., p. 107.

<sup>37</sup> There may be some readers thinking this is all bunk because the gold standard for testing is double-blind, randomized, placebo-controlled testing. Well, first of all, that rarely happens with any cancer drug these days. Here's what Ralph Moss has said about it: "In fact, true placebo controls have been almost abandoned in the testing of chemotherapy. Drug regimen is tested against drug regimen, and doctors hardly every look at whether the drugs do better than simple good nursing care. The value of chemotherapy is a given." (Ralph Moss, Questioning Chemotherapy, p. 57) Secondly, such tests may be appropriate for simple-minded, tumor-targeted testing, but they are highly inappropriate for dietary treatments which affect the entire body, not just a localized part of the body (e.g., looking for tumor response rates). Response rates of a tumor are irrelevant to dietary treatments and tumor shrinkage may well lag behind the rest of the body as it heals itself. In other words, the focus of dietary treatments is the whole body, not just a tumor. An appropriate test would be to take two groups with the same cancer, at the same stage. One group follows conventional treatments and the other a *true* anti-cancer diet. My money says the latter group will have many more survivors. In every test like this, dietary treatments win.

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The effectiveness of nutritional treatments scares conventional medicine and explains why they have fought so hard to deny funding for further study of diet. They are so anxious to protect their profitable, toxic and ineffective treatments they have even rigged studies on dietary treatments and natural supplementation so they were doomed to fail.<sup>38</sup> Why are they so afraid? They are scared that people will abandon conventional treatments and flock to clinics which use dietary treatments. And they're right. If you had a choice between following a strict diet or chemotherapy, I can pretty much guess which choice you would make. If everyone knew just how ineffective conventional treatments really are, the choice would be a no-brainer.

The point is that the cancer industry has to manipulate statistics and clinical trials<sup>39</sup> in order to make their treatments look better than what you would expect by taking a sugar pill.

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<sup>38</sup> See *Part 3 – Laetrile*.

<sup>39</sup> Clinical trials are supposed to be the "gold standard" of scientific study, and yet it has been well demonstrated that these studies almost always produce results beneficial to the organization providing the funding, which is anxious to turn a buck. The wishes of the study sponsors, not true scientific methods, almost always determine study outcomes. This is accomplished through an elaborate system of fraudulent trial design, selective reporting, dismissing study subjects who don't produce the desired outcomes, statistical distortions and the application of career pressure to the researchers who carry out such studies. (Researchers who don't produce the desired results get fired or blackballed by the industry.) As Marsha Angell, former editor of the *New England Journal of Medicine*, has said, "[Clinical] trials can be rigged in a dozen ways and it happens all the time." During clinical trials, it's not all that uncommon for patients to die, yet they are not reported as dead. In fact, dead people have been listed as subjects for testing. Often, people are not in the hospital during the times of the tests and yet they are recorded as having been in the test. It's been discovered that patient consent forms bore dates showing the subjects were dead before they supposedly signed the form. Another trick is to replace patients who died, with other patients replacements, without changing the records in order to conceal the deaths. I'm not saying this is the norm, but it does point out that drug companies will do anything they can to put the best face on a drug. A more common practice, in clinical trials, is to count a control patient who dies of any cause as a failure of non-treatment, whereas a patient who dies just before a treatment program is completed, is not counted as a failure of treatment on the grounds that the patient had not completed the treatment program! One study by the FDA itself showed that one in five doctors researching the effects of new drugs had simply invented the data they reported and pocketed the fees. Or a study may start with 100 people and end up with 70 – yet no explanation is given (or required) to explain what happened to the 30 people who were dropped from the rolls. Perhaps the more egregious and common practice is that reports showing unfavorable results are rarely published and clinicians, of course, are pressured into keeping quiet about these unpublished studies. These are just some of the reasons why we learn about the true nature of a drug after it's been on the market for years – and killed many people. There are thousands of drugs that have been approved by the FDA because they were supposedly proven to cure or prevent a disease – as well as being safe and effective. Then years later, they were taken off the market because 1) they were shown not to cure or prevent a disease or 2) they had such terrible side effects they were too dangerous for people to use. In fact, the true test subjects for drug companies are the public.