How Scientific Are Orthodox Cancer Treatments?

Research studies and unbiased statistical analysis show that there is no scientific basis for orthodox cancer treatments like radical surgery, chemotherapy and radiation therapy and that these treatments often do more harm than good.

by Walter Last © 2004

Website:
http://www.health-science-spirit.com

The medical profession takes much pride in the rigorous scientific research that underpins its approach to cancer treatment. Someone newly diagnosed with cancer faces enormous pressure from our health care system to start immediately on a scientific medical treatment program that involves surgery, chemotherapy and radiation in various combinations. Being fearful and in shock, most individuals in this situation are no match for the overwhelming power of medical authority.

How would you react in this situation? You may be leaning towards natural therapies for simple health problems, but for something as serious as cancer you may feel safer with the tested and proven methods of orthodox medical care. Nevertheless, if you have the chance, read the following before you make your final decision. You may then have a better appreciation of natural cancer treatment.

In this article I have assembled some little-known facts about the science behind orthodox cancer treatment. In cancer research, success—expressed as a five-year survival rate—is established by comparing other forms and combinations of treatment with the results from surgery alone. However, the success rate of surgery has rarely been compared with the survival rates of untreated patients and never with patients who adopted natural therapies. Therefore, orthodox cancer treatment is basically unscientific. The overall supposed cure rate is not higher than can be accounted for by spontaneous remissions and the placebo effect.

In support of my position, I offer the following key statements and conclusions from medical and scientific publications.

"Studies *appear* to show that early intervention is helpful, because pre-cancerous lesions are included in early removals that frequently would *not* become cancerous if left untouched [author's emphasis]." In other words, early intervention *appears* to be helpful because lesions are removed that are not cancerous but are counted as being cancer, and that improves the survival statistics. "Also, it does not matter how much or how little of a breast is removed; the outcome is always the same."[1] This statement indicates that surgery does not improve survival chances, otherwise there would be a difference between radical surgery and lumpectomy.

Researchers have said it is complacent to continue subjecting at least 70% of women with breast cancer to a futile mutilating procedure.[2] Furthermore, there is no evidence that early mastectomy affects survival; if patients knew this, they would most likely refuse surgery.[3]

In 1993, the editor of the *Lancet* pointed out that, despite various modifications of breast cancer treatment, death rates remained unchanged. He acknowledged that despite the almost weekly releases of miracle breakthroughs, the medical profession with its extraordinary capacity for self-delusion (his words, not mine) in all truth has lost its way. At the same time, he rejected the view of those who believe that salvation will come from increasing chemotherapy after surgery to just below the rate where it kills the patient. He asked, "Would it not be more scientific to ask why our approach has failed?" Not too soon to ask this question after a century of mutilating women, I would say. The title of this editorial, appropriately, is "Breast cancer: have we lost our way?"[4]

Basically, all types and combinations of conventional breast cancer treatment appear to result in the same *low* long-term survival rates. The only conclusion that can be drawn from this is that conventional treatment does not improve long-term survival rates. Even worse, Michael Baum, MD, a leading British breast cancer surgeon, found that breast cancer surgery tends to increase the risk of relapse or death within three years. He also linked surgery to accelerating the spread of cancer by stimulating the formation of metastases in other parts of the body.[5]

An earlier German comparison found that untreated postmenopausal women with breast cancer live longer than treated women, and the recommendation was not to treat postmenopausal women for breast cancer.[6] This conclusion confirms a finding by Ernst Krokowski, a German professor of radiology. He demonstrated conclusively that metastasis is commonly triggered by medical intervention, including sometimes even by a biopsy or surgery unrelated to the cancer.[7] Disturbance of a tumour causes a greatly increased number of cancer cells to enter the bloodstream, while most medical intervention (especially chemotherapy) suppresses the immune system. This combination is a recipe for disaster. It is the metastases that kill, while primary tumours in general, and those in the breast in particular, can be relatively harmless. These findings have been confirmed by recent research which shows that surgery, even if unrelated to the cancer, can trigger an explosive spread of metastases and lead to an untimely end.[8]

This follows earlier reports that radical surgery for prostate cancer also tends to spread the disease. Actually, prostate cancer was investigated in the first randomised clinical trials for any type of cancer. After 23 years, there was no difference in the survival rates of those who had surgery and the controls who did not have surgery, but those with surgery suffered more morbidity such as impotence or incontinence.[9]

After 23 years, there was no difference in the survival rates of those who had [prostate cancer] surgery and the controls who did not …

The late H. B. Jones, Professor of Medical Physics, was a leading US cancer statistician. He said in a speech before the American Cancer Society in 1969 that no study has proved that early intervention improves the chances of survival. On the contrary, his studies proved conclusively that untreated cancer victims live up to four times longer and with better quality of life than treated ones.[10] Needless to say, he was not invited again.

Massaging Statistics

An epidemiological study confirmed the questionable value of conventional therapy by concluding that "medical interventions for cancer have had a negligible or no effect on survival".[11] Even the conservative *New England Journal of Medicine* had an article with the headline, "Cancer Undefeated".[12]

Common ways to make medical statistics look more favourable are as follows. Patients who die during prolonged treatment with chemotherapy or radiotherapy are not counted in the statistics because they did not receive the full treatment. In the control group, everyone who dies is counted.

Furthermore, success commonly is judged by the percentage of shrinking tumours, regardless of patient survival; but if the rate or length of survival is measured, then it is usually only in terms of dying from the treated disease. It is not normally shown how many of the patients die due to the treatment itself.

The current trend is to pick up pre-cancerous conditions very early and treat them as cancer. While this statistically increases the number of people with cancer, it also artificially prolongs survival times and lowers death rates, thereby making medical treatments appear to be more successful. However, there may also be a genuine component of improved survival, as increasing numbers of cancer patients opt for additional natural therapies.

An investigation of the records of 1.2 million cancer patients revealed that the death rate attributed to non-cancer death shortly after treatment was 200% higher than would normally be expected. Two years after diagnosis and treatment, this excess death rate had fallen to 50%. The most common cause for the excess death rate was listed as heart and respiratory failure. This means that, instead of dying several years later from cancer, these patients died from the *effects of the treatment* and helped greatly improve the cancer statistics because they did not strictly die of cancer.[13] This misleading reporting of cancer deaths has led to demands for more honest statistics.[14]

After an analysis of several large mammogram-screening studies found that mammography leads to more aggressive treatment with no survival benefits, even the editor of the *Lancet* had to admit that there is no reliable evidence from large randomised trials to support mammography screening programs.[15] The significance of this statement goes far beyond the use of mammograms.

It is openly acknowledged by the proponents of conventional medicine that they have no effective way of helping patients with advanced cancer. Until now, the catchcry has always been "Detect it early, then it can be cured". These mammogram evaluation studies demonstrate that it does not matter when cancer is detected; the conventional methods are useless, as is the whole multibillion-dollar cancer industry (my conclusion).

A 13-year Canadian study involving 40,000 women compared physical breast examinations with examinations plus mammograms. The mammogram-plus-examination group had many more lumpectomies and surgeries, with a death rate of 107 compared with 105 deaths in the physical examination group.[16]

Ductal carcinoma *in situ* (DCIS) is a common, non-invasive form of breast tumour. Most cases of DCIS are detected through the use of mammography. In younger women, 92% of all cancers detected by mammography are of this type. Nevertheless, on average, 44%—and in some areas 60%—of these are treated by mastectomy. As most of these tumours are harmless, this needless treatment makes survival statistics appear to be better than they actually are.[17]

While conventional diagnosis is invasive and may help to spread the cancer, a kind of electrodermal screening—called the Biofield test—developed by a team from eight European hospitals and universities, was reported in the *Lancet* as being 99.1% accurate in diagnosing malignancy in breast tumours.[18]

A large meta-analysis of radiotherapy results for lung cancer showed that after two years there were 21% more deaths in the group that had radiotherapy in addition to surgery as compared to those who had surgery alone. The *Lancet* article[19] stated that the rationale is to kill any cancer cells remaining after surgery, but it is a shame that the facts do not agree with this theory.

Chemotherapy: Medical Russian Roulette

Chemotherapy for children with leukaemia and Hodgkin's disease is the proud showpiece of the arguably only apparent success of orthodox cancer therapy. Now a long-term follow-up study shows that such children develop 18 times more secondary malignant tumours later in life. Even worse, girls face a 75 times (7,500%) higher risk of breast cancer by the time they are forty.[20] A main problem appears to be the development of deep or systemic *Candida albicans* infections shortly after commencement of chemotherapy.[21] If these infections are not appropriately treated, then relapses or future health problems are likely to occur.

A study of ovarian cancer found that the risk of developing leukaemia after treatment with chemotherapy increased 21-fold or 2,100%. Chemotherapy showed a clear dose-dependency whereby the incidence of triggered leukaemia doubled between low-dose and moderate-dose groups and then quadrupled between the moderate-dose and the high-dose groups. Also, other tumours commonly develop after treating malignancies with chemotherapy.[22] In a trial for multiple myeloma, no advantage was found by using chemotherapy as compared to no treatment.[23]

The respected German biostatistician Ulrich Abel presented a comprehensive analysis of over 3,000 clinical trials on the value of chemotherapy for advanced carcinoma (for instance, breast cancer). (Oncologists tend to use chemotherapy because this may induce a temporary shrinking of the tumour, called a response; however, it also tends to produce unpleasant side effects.) Abel concluded that there is no direct evidence that chemotherapy prolongs survival in these cases. Abel stated: "Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies."[24]

Ralph W. Moss, PhD, in *Questioning Chemotherapy*, provides a detailed analysis of this subject. The overall conclusion of the book is that there is no evidence in terms of the majority of cancers that chemotherapy extends life.[25]

However, even if chemotherapy could extend life for a few months, what about the quality of this life? Tom Nesi, a former Director of Public Affairs at the pharmaceutical giant Bristol-Myers Squibb, wrote in the *New York Times* about the successful treatment of his wife, which statistically extended her life for three months.[26] Two weeks after the treatment, she scribbled on a notepad: "depressed—no more—please". I am not surprised about reports that most oncologists would not have their own family members use these treatments.

"Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies."

The Full Treatment

Virginia Livingston (later Livingston-Wheeler), a remarkable cancer researcher and therapist, in her book, *Cancer: A New Breakthrough*, gives an account of one of the many patients she saw who had come to her only after receiving the full medical treatment for breast cancer:[27]

"After discovering a small breast lump, she had radical mastectomy. None of the lymph nodes removed from the armpit [was] involved; all of the cancer had been successfully removed. To make extra sure that there was no regrowth in the scars, she received radiation treatment, and also her ovaries were taken out.

"To her dismay, a year later several small nodules appeared in the old breast scar. Again she received radiation. More lumps appeared on the neck that called for still more radiation. In addition, she received male hormone therapy, resulting in acne and coarse facial hair. Still the nodules came back. Now she received chemotherapy with the usual side effects.

"Before her hair could regrow, pain in her bones was diagnosed as bone cancer. More chemotherapy and hormone therapy was expected to help. However, several months later the bone lesions became worse and removal of her adrenal glands was recommended and performed. Hopefully, that would prolong her suffering for another year. After that, the removal of her pituitary gland might give her a further three to six months to live.

"By now her faith in her medical advisers was sufficiently shaken that she came to Dr Livingston for help. She asked to be examined without her husband being present, as she wanted to spare him the agony of seeing her naked body, distorted, mutilated and shrunken with an immensely swollen abdomen and thin legs. Finally she whispered: 'Doctor, shall I kill myself?'"

A Conspiracy of Silence

Why are they doing this? (By "they", I am referring to what is commonly called "the Cancer Establishment".) I believe the answer was given by the eminent medical commentator and former editor of *New Scientist*, Dr Donald Gould, in a timeless article called "Cancer: A Conspiracy of Silence".[28] The subtitle summarises his position: "The commonest cancers are as resistant to treatment today as they were 40 or 50 years ago. Nothing is to be gained by pretending that the battle against cancer is slowly but surely being won."

This truth has been deliberately concealed from the general public. According to Gould, the reason for this conspiracy of silence is money. The public must continue to see the Cancer Establishment as a winner to continue providing money. One of the quoted scientists said that with tens of thousands of radiologists and millions of dollars in equipment, one just gives radiation treatment even if study after study shows that it does more harm than good.

Gould also is of the opinion that patients who could be comfortable without medical treatment until their inevitable death, *with* medical treatment are made miserable in a pointless attempt to postpone death for a few unhappy weeks. But, of course, that is when most of the money is being made. Gould feels that they poison their patients with drugs and rays and mutilate them with unnecessary surgery in a desperate attempt to treat the untreatable.

Not much has changed since Gould wrote this article in 1976. In a recent edition of *The Moss Reports*, we can read that long-term survival from common cancers such as prostate, breast, colorectal and lung "has barely budged since the 1970s".[29] In summary, this means that there has been no significant improvement in cancer survival rates in the last 70 to 80 years.

The Scientific Basis for Drug Approvals

It is also interesting to know the scientific basis for the approval of cancer drugs. Most of these drugs come initially from the USA. In the past, a company had to submit two favourable, large randomised trials to obtain US Food and Drug Administration (FDA) approval. "Favourable" means that there must be a certain rate of tumour shrinkage lasting for at least one month. It was not necessary to show that the treatment prolonged survival, and it was not necessary to submit the results of any unfavourable trials for the same drug.

These "strict scientific" guidelines were relaxed in the Clinton era,

and drug companies can get FDA approval on the basis of small preliminary trials, even if a large randomised trial may be unfavourable.[30] In a remarkable statement about drug approvals, an FDA spokesperson pointed out that any delay in approval did not mean unnecessary deaths because "all these treatments for advanced cancer don't cure people".[31]

Perhaps the situation is even worse than a case of just ineffective treatments. A group of respected researchers reviewed all the published statistical evidence on the outcome of medical treatments, and showed that the medical system is now the leading cause of death and injury in the USA. Deaths attributable to heart disease in 2001 were 699,697, for cancer the figure was 553,251, while for medical interventions it was 783,936 per year! Appropriately, the title of this study is "Death by Medicine".[32]

You may wonder why health authorities turn a blind eye to these massive fatalities, mostly caused by drugs, while concentrating their energies instead on suppressing food supplements and natural remedies.

A symptom of this official attitude is the recent saga of Pan Pharmaceuticals, when in 2003 the Australian government forced the largest local manufacturer of natural remedies into bankruptcy, allegedly because there was a possibility that these products might cause someone to get sick or even die.

In my view, a main reason for this distorted official attitude is the fact that health departments and regulatory authorities are dominated by medical doctors who have been trained (partly with money from drug companies) to believe that drugs are beneficial and natural remedies are potentially harmful. Despite a majority of Western populations preferring natural remedies, basically all political parties promote dependency on pharmaceutical drugs.

Despite a majority of Western populations preferring natural remedies, basically all political parties promote dependency on pharmaceutical drugs.

Therefore, as a first step to changing this oppressive political climate, we urgently need a political party that promotes natural health care rather than drug dependency.

We can find a clue for the cause of these appalling "Death by Medicine" statistics in an editorial by Richard Smith in the *British Medical Journal*: "Yet only 15% of medical interventions are supported by solid scientific evidence" and "This is because only 1% of the articles in medical journals are scientifically sound, and partly because many treatments have never been assessed at all".[33]

A good demonstration of the unscientific nature of medical research is the recent fiasco with hormone replacement therapy (HRT). Several decades ago, it was shown in "rigorous scientific" research to be safe and effective; otherwise it would not have been approved. It was strongly promoted as protecting against heart disease and cancer. Now every new trial shows HRT to be dangerous and to increase the risk of developing heart disease and cancer.

What went wrong? Why was this not picked up earlier? Quite simply, the original research was conducted with the aim of generating profits, while recent researchers are not sharing in any of these profits. Therefore, I mistrust any research that is conducted with profit in mind. Unfortunately, this presently applies to most medical research.

The Way Forward

It is now 32 years since President Nixon declared war on cancer. Since then, US$2 trillion has been spent on conventional cancer treatment and research, with the result that more individuals are dying from cancer than ever before.[34] While there have been many studies to evaluate the effects of various nutrients on different cancers, nothing of these two trillion dollars has been available for natural therapists to conduct trials of holistic cancer therapies. Natural therapists have had to face a century of persecution, many of them being dragged before courts and ending up in jail.

Would it not be more scientific to evaluate the methods of natural cancer therapists impartially rather than put the therapists in jail? Most alternative cancer clinics in the USA have had to relocate to Mexico. (For a list of such clinics worldwide, see the website http://www.cancure.org.)

An holistic cancer approach includes superior nutrition, herbs, electromedicine and vibrational or energy medicine, emotional healing and mind therapy. The only reported study that comes close to investigating an holistic approach involves the Gerson therapy in an evaluation of five-year survival rates of 153 melanoma patients. Here, 100% of Gerson therapy patients with Stage I and II cancers survived, but only 79% survived who had conventional therapy. With Stage III cancers (regional metastases), the figures respectively were 70% and 41%; with Stage IVa (distant metastases), 39% with Gerson and 6% with conventional therapy survived.[35]

Many natural cancer therapists claim a success rate of more than 90% in arresting and reversing cancer, provided that patients have not been subjected to orthodox treatments beforehand. The most damaging treatments appear to be chemotherapy and radiotherapy.

Therefore, if you are confronted with cancer, I suggest that you resist acting out of fear and under pressure. The situation is hardly ever so urgent that you have to act immediately. Instead, do your own research from books, journals and the Internet, and then trust your common sense or intuition. ∞

About the Author:

Walter Last worked as a biochemist and research chemist in the medical departments of several German universities and at Bio-Science Laboratories in Los Angeles, USA. Later he worked as a nutritionist and natural therapist in New Zealand and in Australia, where he is now based.

He has written numerous health-related journal articles as well as several books, including *Heal Yourself* and *Healing Foods* (Penguin Books). His new book, *The Natural Way to Heal* (Hampton Roads Publishing, 2004), is reviewed in this issue. His article, "The New Medicine of Dr Hamer", about Dr Ryke Geerd Hamer's discovery of the shock-conflict mechanism underlying cancer development, was published in NEXUS 10/05.

Walter Last is retired and does not have a clinic. For information on health questions, see his website http://www.health-science-spirit.com; for his approach to cancer treatment, click on "Diseases" to find his eight-part article, "Overcoming Cancer".

Continued on page 75

Continued from page 28

Endnotes

1. Skrabanek, P., "False Premises and False Promises of Breast Cancer Screening", *The Lancet* 2:316-19 (1985)
2. Baum, M., "The Curability of Breast Cancer", *British Medical Journal* 1:439-42 (1976)
3. Cunningham, L., "Mastectomy for so-called lobular carcinoma *in situ*", *The Lancet* 1(8163):306 (February 9, 1980)
4. Editorial, "Breast Cancer: Have we lost our way?", *The Lancet* 341:343-44 (1993)
5. Baum, M., "Does surgery disseminate or accelerate cancer?", *The Lancet* 347:260 (January 27, 1996)
6. Gregl, A., "Die Lebenserwartung des unbehandelten Mammakarzinoms" ("The life expectancy of the untreated mamma carcinoma [breast cancer]"), *Klin. Wschr.* 41:676 (1963)
7. Krokowski, E.H., "Is the Current Treatment of Cancer Self-Limiting in the Extent of its Success?", *J. Int. Acad. Preventive Medicine* 6(1) 23-39 (1979)
8. Tagliabue, E. et al., "Role of HER2 in wound-induced breast carcinoma proliferation", *The Lancet* 362:527-533 (August 16, 2003)
9. Iversen, P. et al., "Radical Prostatectomy versus Expectant Treatment for Early Carcinoma of the Prostate", *Scand. J. Urol. Nephrol.* 172:65-72 (1995)
10. Jones, H.B., Lecture at the American Cancer Society Conference, New Orleans, July 3, 1969
11. McKinlay, J.B. et al., "A Review of the Evidence Concerning the Impact of Medical Measures on Recent Mortality and Morbidity in the United States", *Int. J. Health Services* 19(23):181-208 (1989)
12. Bailar, J.C. III, Gornik, H.L., "Cancer undefeated", *New England Journal of Medicine* 336:1569-1574 (1997)
13. Brown, B.W., Brauner, C., Minnotte, M.C., "Noncancer deaths in white adult cancer patients", *J. Nat. Cancer Inst.* 85:979-987 (1993)
14. Welch, H.G., Black, W.C., "Are Deaths Within 1 Month of Cancer-Directed Surgery Attributed to Cancer?", *J. Nat. Can. Inst.* 94:1066-70 (2002)
15. Olsen, O., Gotzsche, P.C., "Cochrane review on screening for breast cancer with mammography", *The Lancet* 358:1340-42 (October 20, 2001) and Editorial, pp. 1284-85
16. Miller, A.B. et al., "Canadian National Breast Cancer Screening Study–2: 13-year results of a randomised trial in women aged 50–59 years", *J. Nat. Cancer Inst.* 92:1490-99 (Sept 20, 2000)
17. Ernster, Virginia L. et al., "Incidence of and treatment for ductal carcinoma *in situ* of the breast", *Journal of the American Medical Association* 275(12):913-18 (March 27, 1996);
Page, David L., Jensen, Roy A., "Ductal carcinoma *in situ* of the breast", *JAMA*, ibid., pp. 948-49
18. Cuzick, Jack et al., "Electropotential measurements as a new diagnostic modality for breast cancer", *The Lancet* 352:359-63 (August 1, 1998)
19. PORT Meta-analysis Trialists Group, "Postoperative radiotherapy in non-small-cell lung cancer: systematic review and meta-analysis of individual patient data from nine randomised controlled trials", *The Lancet* 352(9124):257-63,250-51 (July 25, 1998)
20. Bhatia, S., Robison, L.L. et al., "Breast cancer and other second neoplasms after childhood Hodgkin's disease", *New England J. Med.* 334(12):745-51 (March 21, 1996)
21. Klingspor, L., Stintzing, G., Tollemar, J., "Deep *Candida* infection in children with leukaemia", *Acta Paediatr.* 86(1)30-6 (1997)
22. Klein-Szanto, A.J.P., "Carcinogenic effects of chemotherapeutic compounds", *Prog. in Clinical and Biological Research* 374:167-74 (1992)
23. Riccardi, A., Mora, O. et al., "Long-term survival of stage I multiple myeloma given chemotherapy just after diagnosis or at progression of the disease: a multicentre randomised study", *Br. J. Cancer* 82(7):1254-60 (April 2000)
24. Abel, U., "Chemotherapy of advanced epithelial cancer: a critical review", *Biomed. Pharmacother.* 46(10):439-52 (1992)
25. Moss, Ralph W., PhD, *Questioning Chemotherapy*, Equinox Press, NY, 1995
26. Nesi, Tom, "False hope in a bottle" (Op. Ed.), *New York Times*, June 5, 2003
27. Livingston, Virginia, *Cancer: A New Breakthrough*, Cancer Book House, LA, 1972
28. Gould, D., "Cancer: A Conspiracy of Silence", *New Scientist*, 2 December 1976
29. Moss, R.W., *The Moss Reports*, no. 127, April 4, 2004, http://www.ralphmoss.com
30. Moss, R.W., *The Moss Reports*, no. 86, June 7, 2003
31. Moss, R.W., *The Moss Reports*, no. 122, February 28, 2004
32. Null, G., Dean, C. et al., "Death by Medicine", Nutrition Institute of America, November 2003, http://www.NutritionInstituteOfAmerica..org
33. Smith, R. (editor), "The poverty of medical evidence", *British Medical Journal*, vol. 303, 5 October 1991
34. Begley, Sharon, "New statistics show increase in cancer rates: cancer rates go up, not down", *Wall Street Journal*, October 16, 2002, p. B1
35. Hildenbrand, G.L. et al., "Five-year survival rates of melanoma patients treated by diet therapy after the manner of Gerson: A retrospective review", *Alt. Therapies* 1(4):29-37 (Sept 1995)