

## Preface

You have been diagnosed with cancer, or someone close to you has been; or you are wise enough to prepare for that possibility well in advance – because who knows when it will strike? You, along with everyone else in North America and western Europe, currently have a 40–50% likelihood of getting cancer at some time in your life and it makes sense to know what your options are.

For me cancer can be likened to a juggernaut hurtling down a narrow road. If you keep your eye on it you have some chance of not being hit.

My reason for writing this book is to give you a quick run-through of the major strategies that are being followed in the area known as complementary or alternative medicine (CAM); in the case of cancer, I believe these strategies to be far superior to the orthodox strategies (surgery, radiation and chemotherapy). This is not because I am opposed to western medicine, which is far superior to any alternative when it comes to dealing with physical trauma, for example. But it has not proven to be very successful against cancer. The reason for this will become clear as the discussion progresses. The fact that there are so many alternative approaches out there is a clear demonstration that there is a big problem with the orthodox approach. If doctors could cure cancer there

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would be no need for this over-abundance of alternative approaches. And as this book will make clear, many of these approaches make very good sense. Indeed you will read in the following pages a number of stories of people who used alternative methods to cure their cancers.

Many people equate, in a dismissive way, alternative medicine with, in the words of a friend of mine, ‘New Age nonsense’. By this they mean that it is wishful thinking, that it has the savour of anti-scientific mysticism. This assumption needs to be quashed right from the start. All of the approaches described here in this book are based on solid science or observation or credible experience.

Before I begin, I’d like to introduce myself and explain how it is I came to write this book.

Thirteen years ago my wife Bernadette was diagnosed with cancer. She did what we all thought was the sensible thing. She followed the advice of the oncologists. She underwent exploratory surgery followed by radiation and chemotherapy. She was dead a year later. She could not have died quicker if we’d done nothing. And that year was a year of great pain for her as she suffered through her treatments – and great pain for me as I sought desperately and fruitlessly to find some route to a cure in the books I found in the bookshop, the library and the local cancer support centre.

Eventually, I came to realize that the book I was looking for didn’t exist. I wanted a book that would take me by the hand and tell me what all the options were, what their rationales

were and why there were problems with the orthodox approaches. So I wrote *Fighting Cancer: A Survival Guide*.

Since then, far more information has become available – the internet has exploded – and over the last two years I have spent a great deal of time updating the book. The result is now so comprehensive that I feel no hesitation in retitling it *Cancer: The Complete Recovery Guide*. (For details see [www.fightingcancer.com](http://www.fightingcancer.com).) But at more than 500 pages this may seem too burdensome a read – especially for those of you who are desperate for a quick answer to the question: What should I do now?

*Cancer Recovery Guide* is the book for you now. *The Complete Recovery Guide* can wait until you are more settled and comfortable with your changed circumstances.

I am absolutely convinced that Bernadette would be alive today if, firstly, I knew then as much as I do now and, secondly, I could persuade her of that fact.

That last sentence encapsulates the central quandary that many cancer patients – along with their families and their friends – are faced with. The person doing the research isn't necessarily the person who needs to make the decision.

On the one hand, there is the problem of knowing what to do (there are many options); on the other, there is the problem of how to get this information to the person who needs to make the decision. In the end the decision has to be made by the person who has the cancer and everyone else needs eventually to accept that fact – but they would be deficient in

their love and friendship if they did not seek to influence that decision.

One thing that I have learnt over the years responding to readers of my book and visitors to my website is that we are all different. We approach problems in very different ways. Our upbringing, environment and our own individual character will all have an enormous impact on our decision-making. Therefore, for me to say to you, ‘do this or do that’ is very likely to be counter-productive. One person will be attracted to machines that zap, another will want something natural, fragrant – the essence of a plant or flower, perhaps. One person will want facts that have been proven ‘scientifically’ before choosing a therapy; another will be happy to do something on the basis of a risk-cost-benefit analysis, irrespective of the formal validation. If the risk is low, the cost is low and the potential benefit high, then many people – myself included – will be happy to go along with a strategy even if there is no definite proof that it will work. In any case very few strategies will work 100 per cent all of the time. Very few have been sufficiently researched for any proof or otherwise to be ascertained. That’s just a fact that needs to be factored in.

Also, there is the fact that not one of us is biochemically ‘normal’, i.e. sharing characteristics with 95 per cent of the population. This is a statistical certainty. That is, we all have biochemical aspects that place us at extremes, that are rare. What works for 95 per cent of the population may not work for us. To put it simply, we are all biochemically unique.

When it comes to making decisions, some people are confident in their ability to choose a course of action, while others are so lacking in confidence that they are permanently uncomfortable and want an expert to make the decision for them.

One truth, however, unites us all. Whatever decision we eventually make is our own responsibility – even if we choose to pass this responsibility on to an expert. The buck stops with us. It therefore makes sense to educate ourselves, and all education must start somewhere. I have written this book to give you a quick orientation of the strategies underlying various complementary and alternative approaches to cancer. My hope is that once you have read this book you will begin to breathe easier. You will relax. The fear and the panic will recede. My message to you in a nutshell is this: there is hope, real, solid-as-granite hope. Some people have found their cancers disappearing ‘miraculously’. Cancer treatments don’t need to be painful or devastating to your health. You can get well again – and you can do so painlessly, though it may take a little willpower.

Now let us look at what this book can achieve. *Healing Cancer* tells you what 15 strategies you can put into practice right now. You don’t have to begin all of them. Indeed some conflict with others. Nevertheless, these 15 strategies will help you think about how you want to proceed. You will be in charge over what it is you want to happen. This in turn will help you get over the immediate panic of cancer, so that you

can take the time to read other books which will give you a more in-depth understanding of cancer and the options available.

Finally, I do need to make a statement. The law requires it. The object of this book is to provide information – not to be a substitute for professional care. Because each person and each situation is unique, none of the approaches and treatments mentioned in this book is advocated for any specific individual.

My best wishes go with you.

Jonathan Chamberlain

Brighton, England

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## Introduction:

# Understanding the Basics

Before we go on to the 15 Strategies we need to establish what cancer is, what the word ‘cure’ really means and what the pros and cons of the orthodox therapies are: the surgery, radiation and chemotherapy that, almost certainly, you have been, are being or will be pressured to undergo.

## What is cancer?

Most people have a vague understanding of what cancer is, but the closer they are to the reality of it the more they find their understanding to be inadequate. It is very important to understand what cancer is. So what is it?

If you ask an oncologist for an overview of cancer he is likely to say something like the following. Cancer is an umbrella term for a large number of diseases – anything up to 2000 or more. Each of these separate diseases has its own unique biology and needs to be attacked (treated) in its own distinct way. However, the common feature of all these diseases is that, at their heart, they manifest the uncontrollable growth of malignant cells. A cell is malignant if it has

lost the ability to die through natural programmed cell death (a process known as apoptosis) and spreads easily to other parts of the body, so spreading the disease. This is the characteristic that distinguishes malignant from benign tumours.

Viewed in this way, we can see that the malignant cells are seen as an enemy. They are simply something that needs to be eliminated. An analogy is that they are foreign invaders – like the Martians in H.G. Wells' book *War of the Worlds*. The best way to deal with them is to kill them, blast them, excise them, poison them, and nuke them. And that is what the orthodox methods of cancer treatment essentially seek to do.

This is not the only way to look at cancer, however. Holistic therapists conceptualize cancer in a different way. They say the malignant cells are not the disease. They point out that cancer cells are not foreign invaders. Rather, they were originally the body's own normal stem cells that have – for some reason – not progressed normally to become normal tissue cells but have instead progressed abnormally and become cancer cells. Something has happened to the cells to make this happen.

Up to this point, everyone is in complete agreement. But the orthodox oncologist will say the problem lies within the cell, in the very heart of its DNA. It is, in short, a cell with genes which for some unknown reason that we shouldn't bother our heads over have become evil and deviant – a problem of a mutation that has given birth to a malevolent child – and therefore the cell needs to be eliminated.

Hold on, says the holistic therapist. Not so fast. You've skipped over the key question. Cells don't become cancerous for no reason and we don't buy the explanation of a random, sudden, inexplicable mutation. If mutation is the trigger, then some outside factor has pulled the trigger. It is the body itself, the metabolism of the surrounding cell tissues that causes the cell to change. Put simply, a cell growing in a healthy environment will continue to grow in a healthy way. A cell growing in an unhealthy environment is going to become deviant. It becomes deviant precisely because this is the only way it can survive in the context of the surrounding unhealthy tissue. So, if we change the environment from a state of ill health to a state of good health, the cancer cell can also be returned to a normal cell again.

Simply returning the body's tissues to a healthy state can cure cancer, according to the holistic therapist. From this we can see that the holistic therapist views the cancer cells as symptoms of a disease, not the disease itself. If that's the case, what is the disease? The disease is simply this: the unhealthy state of the body. The nature of what 'unhealthy' means in this context will be examined later.

Another way of putting this is to say that cancer is not an evil and alien enemy. It is in fact a friend, a friend in disguise perhaps, but nevertheless a friend. A friend that is signalling furiously that there is a big problem.

The idea that cancer is a friend may surprise you. But for those who see it – and see it truly – not with foreboding but

as a wake-up call, this is a natural response. The actor Mandy Patinkin has written: ‘The greatest thing in my life was getting cancer because it taught me how much I love my life, my family, my friends and my work. And it taught me that I must find some peace and calm every day. I never could sit still long enough to meditate, but [now] I do it every day. I’m like a little baby Zen Buddhist.’

Does it make sense to shoot the messenger? Does it make sense to ignore the message?

This conflict of views over the root causes of cancer – mutation versus metabolism – has powerful implications for us. We need to know what the problem is before we can usefully go in search of a solution. If we are to cure cancer we need to know what we are expecting that cure to do.

From the oncologist’s point of view the only matter of any importance is to kill the malignant cells. But from the holistic therapist’s point of view this is really nothing but a confidence trick. Let’s say the oncologist succeeds in killing all the cancer cells – what then? The underlying cause has not been addressed. The unhealthy metabolism will give birth to new cancer cells, which will then have to be zapped again. How many times is the patient going to be able to handle this amount of punishment (and these treatments *are* punishing)? In fact, most of those looking for alternative cures are people who have already been through the orthodox system. Second time round they know they don’t want to go through it again.

The holistic therapist takes the view that the malignant

cancer cells will heal themselves in some way, generally by reverting back to normal cells and then immediately triggering their own death (apoptosis), but only if we can return the body itself to a state of health.

The way I like to visualize this conflict is in that children's story of how Summer and Winter argued over who was stronger. They decided to see which of them could make a man take his coat off. Winter went first and blew cold winds and freezing rain at the man, but this only made the man clutch his coat tighter. No matter what Winter did, it couldn't persuade the man to take his coat off. Then it was Summer's turn and instead of attacking the man it simply shone brightly and made the whole world warm. Now the man gladly took his coat off. Winter tried to succeed by attacking the man; Summer succeeded by changing the environment.

## **What does 'curing cancer' really mean?**

Now that we have looked at the different ways of viewing cancer, let's consider what it means to 'cure' cancer.

The traditional view of a cancer cure is that you go to the doctor and undergo the treatments he or she provides. Then you keep your fingers crossed and hope it works. You return to your old way of life – your diet and your habits, your work schedule and your relationships – in the hope that you will be able to preserve these unchanged.

But if you go with the holistic therapist it is precisely your old way of life that needs to be changed – and changed forever. Your diet will need to be overhauled. Your exercise regime may need to be enhanced. Your emotional life, even, may need to be re-examined. Why? Because it is precisely this old way of life that has resulted in the whole body becoming toxic, and so stimulating some of the cells that are most vulnerable to this toxicity to change and become malignant.

For many people this is too complicated or exhausting to contemplate. They would rather maintain their old way of life at all costs. To a large extent people feel defined by their habits and attitudes. They would rather just go along with what their doctor tells them to do. And doctors often tell their patients to carry on their lives as they always have. ‘Should I change my diet?’ At most, they may suggest that adding some fruit and vegetables would be beneficial. Wise patients soon come to realize that doctors are so closed to any suggestion that diets or supplements can be curative that they stop discussing it with them. The result is a widening chasm. Since 1990, in the USA, more money has been spent on alternative therapies than on mainstream medicine – a subject that is causing great disquiet to the editors of the medical journals that have reported this trend. Yet most patients do not feel they can discuss what they are actually doing with their doctors.

People feel vulnerable. Many patients convince themselves that what the doctors are doing is backed by science. In fact

this is not true. It is well known – and well accepted even among the medical profession – that 80% of what doctors do has no scientific backing. That is the figure that is regularly mentioned in medical journals. Many common surgical and medical procedures have simply not been compared with the benefits of taking a placebo in a double blind clinical trial, which, in the world of medicine, is the scientific gold standard. In addition, much of the science that supposedly supports many drug related treatments is ‘massaged’ – to put it politely – in such a way that it cannot be relied on. And many drugs are used in ways that have no evidential backing. These are well-known flaws that doctors know about but patients remain ignorant of.

Many people who have cancer don’t simply want to be passive recipients of their doctors’ expertise. They want to do something, they want to feel in some way in control, that they can affect their own fate and not simply be a victim of it.

These are enormously important issues and each person will need to think through their own position very carefully. For myself, if I ever get cancer I will know that it is my own lifestyle that is to blame. I will know that I have to change my lifestyle, permanently. If I don’t change it, the cancer will return. Of this I am certain. To put it as bluntly as I can, if you think you can simply get rid of the tumour and then go back to your ‘normal’ way of life then you are living in a fool’s paradise. The cancer is a sign that the way you have been living is unhealthy, in one or more key respects. If you can

identify the problems and rectify them then you are more likely to live to the age of 100.

## **Understanding the pros and cons of standard treatments**

Since it is clear that I am in favour of alternative therapies, I should explain briefly what I see as the main problems associated with orthodox therapies. First of all, it must be clear to anyone who has followed the news that, despite great advances that seem to be announced every other week, there are in fact no new wonder cures. Quite simply, orthodox medicine doesn't, for the time being at least, have the answers. People are continuing to undergo surgery, radiation and chemotherapy in very large numbers, and months or years later many are dying from the disease.

So, what are the pros and cons of surgery, radiation and chemotherapy?

### ***Surgery***

#### **Pros:**

If the surgeon can cut out all the tumour and a margin of healthy tissue and there has been no spread of cancer cells to other parts of the body, then simple surgical excision will amount to a cure (until the circumstances that gave rise to this tumour give rise to another one). Benign tumours can be

safely removed. Sometimes surgery is necessary – such as in the case of brain tumours – where the limited space available means a growing tumour, even if benign, will inevitably cause brain damage. Occasionally surgery to reduce the size of a tumour, known as debulking, is considered to be useful.

**Cons:**

Firstly, any cutting into a tumour, either for diagnostic purposes (a biopsy) or during surgical removal, is almost certain to release cancer cells into the blood supply where they are taken to other parts of the body. Surgery may therefore directly lead to the spread of the cancer.

Secondly, any cancer tumour large enough to be visible is already in an advanced state. It is very likely already to have spread cancer cells to other sites. When this happens the main tumour appears to exercise some control over the growth of the other tumours. When the main tumour is removed this control also ceases. It is often the case, therefore, that a few months after ‘successful’ surgery on one tumour, a number of other tumours suddenly appear in other places.

A third problem is the possibility – in many cases the virtual certainty – of long-term health impacts as a result of surgery. In the particular case of surgery to remove a colon cancer, a significant section of the colon is likely to be removed. This will mean a lifetime of digestive problems, almost certainly severe enough to interfere with any future attempt to maintain good health through dietary means.

Since diet is the foundation of good health and of central importance in all sensible alternative anti-cancer approaches, this consequence is devastating – although rarely factored in to the decision-making process.

Another problem with surgery is that it takes place in hospitals and these are becoming very much more dangerous places to be, especially for people with cancer who can be assumed to have compromised immune systems. The risk of infection from one of the dozens of viruses and bacteria that are now endemic in surgical units – MRSA and all the others – is very great. These infections can kill.

*How to protect yourself:*

If you do elect to have surgery then you need to protect yourself as far as possible. One way would be to take increasingly large doses of vitamin C, up to 20 or 30 grams (20–30 × 1000 mg) a day. Don't worry, no amount of vitamin C will cause toxicity. If the body takes in too much for its immediate needs it dumps the rest by causing a sudden bowel movement – the amount needed to cause this response is known as the bowel tolerance level. The sicker you are the higher this will be – a good sign that the body needs vitamin C to fight illness. However, you should build up your intake slowly by one or two grams a day, and maintain the desired level throughout your stay in hospital and for some time after. I deal later in this book with the question of what form of vitamin C is best (see page 99). At this point let me just say

that the bright orange effervescent tablets that dissolve in water and taste of fizzy orange are possibly the worst possible way – just think of the sugar and artificial flavourings and colourings! Lavender essential oil is also a great healer and anti-microbe agent. It can be lavishly rubbed into the body on and around scars without having to be diluted. Magnesium supplements are also extremely helpful for healing and tissue repair. Magnesium citrate (1000 mg per day in divided doses) is recommended.

## ***Radiation***

### **Pros:**

Ionizing radiation is a powerful killer of anything in its path, given the right conditions.

### **Cons:**

The first problem with ionizing radiation is that it is only 100% effective against cancer cells if surrounding healthy cells are also killed. Damage to surrounding organs is therefore inevitable. This can have very serious consequences, in the pelvic area especially. The consequences can be so serious as to make life barely worth living. I detail some of these stories in *Cancer: The Complete Recovery Guide*. Some people are living with such damage from radiation that their lives have been effectively destroyed. Sometimes these consequences do not appear for many years.

Secondly, areas that have been irradiated cannot subse-

quently be operated on as the body's ability to heal is severely compromised.

Thirdly, radiation is more effective in areas of high oxygenation, but cancer cells typically occur in areas of low oxygenation. There is therefore a great likelihood that radiation will not kill all cancer cells at which it is directed.

Fourthly, cancer tumours that have survived exposure to radiation are very likely to become both more aggressive and more resistant to control by other means. This means the cancer spreads faster than previously and is much harder – though not impossible – to stop.

The effects of radiation damage may not be immediately obvious. Heart attack rates among breast cancer patients irradiated on the left side are far higher than for women who were not so irradiated. Haemorrhaging caused by the rupture of blood vessels weakened by radiation can also occur 10 or 20 years after the event. Lastly, radiation when used against brain cancers causes a slowing down of mental processes, amounting in some cases to mental retardation.

*How to protect yourself:*

Supplementation with potassium and iodine or, alternatively, taking large doses of seaweed products is very beneficial. Another suggestion is to take large doses of vitamin C and 800 iu of vitamin E (alpha-tocopherol succinate, not standard vitamin E) to reduce local swelling. Transfer factors, extracted from colostrum, have also helped relieve the side effects of

radiation and chemotherapy. The hormone melatonin and the herb St John's wort taken at night can also help recovery. Aloe vera gel should be rubbed on irradiated skin.

Iodine, usually in the form of potassium iodide, is getting a lot of new attention as a cancer treatment and preventative – especially in relation to breast cancer (but it is almost certainly of value for all cancers). No one really knows why iodine is useful – though it has long been used as a way of purifying water. Perhaps it is an anti-fungal, perhaps it interferes with cell replication, and perhaps it boosts the thyroid gland in an important way. Most people tested are found to be iodine deficient. The suggested doses are 2–4 × 12.5 mg tablets per day for three months, then gradually reducing the dose to 1 × 12.5 mg tablet a day when normal health has been resumed. (For more information and for a cheap source, go to [www.breastcancerchoices.org](http://www.breastcancerchoices.org).) You should know that current medical textbooks take the view that such doses are toxic. Refer your doctor to the articles on this website for a clarification of the reappraisal that is currently in progress.

Dr Albert Szent-György, the Nobel Prize winning biochemist who isolated vitamin C, wrote: 'When I was a medical student, iodine in the form of KI (potassium iodide) was the universal medicine. Nobody knew what it did, but it did something and did something good.' In those days the standard dose was 1 gram, which contains 770 mg of iodine.

## *Chemotherapy*

### **Pros:**

Some cancers have shown a very positive response to chemotherapy. It has been very effective in the treatment of the following cancers: Burkitt's lymphoma, Hodgkin's disease, non-Hodgkin's lymphoma, acute lymphocytic leukaemia, choriocarcinoma, embryonal testicular cancer, Ewing's sarcoma, lymphosarcoma, retinoblastoma, rhabdomyosarcoma and Wilms' tumour. Unfortunately, together, these account for only 5% of all cancer cases. Even in this short list, chemotherapy is variable in its effectiveness. For testicular cancer doctors are now claiming a higher than 90% cure rate, but for adult leukaemia effectiveness is less than 50%.

### **Cons:**

For all other cancers, including all the major cancers, the benefits of chemotherapy are considered to be marginal – a few percentage points at best. Given the extent to which these figures are massaged in the first place, this is effectively saying that chemotherapy has little or no impact. Despite much hyped wonder drugs like Herceptin, chemotherapy is not effective against breast cancer in any meaningful sense. One example of how the benefits of drugs can be hyped is to say that people taking this drug have a 33% higher chance of being cured compared with other drugs. If other drugs claim to have a cure rate of 2% (which is more than most do!) then this means that the absolute benefit rises to 2.7%, less than

1% improvement in real terms. (This is the situation with Herceptin.) The sad fact is that out of 100 cancer patients, around 75 will be given chemotherapy but only 3 will in fact benefit.

Chemotherapy, like radiation, also makes cancer tumours more aggressive. The standard scenario is that the doctors give chemotherapy (even when it is not particularly useful), the cancer tumour shrinks for a while, and the patient thinks the cancer is in remission. But then the tumour starts to grow again – and much more quickly. Despite further chemotherapy sessions this growth is unstoppable. The patient dies.

Chemotherapy is extremely damaging to your health. No chemotherapy agent has been developed that will only attack cancer cells while leaving normal cells alone. If it has been designed to attack fast growing cells then it will also attack the cells that lubricate all our internal tubes. This can cause major problems for our urinary system to take one example.

Most chemotherapy regimes are more painful than you can possibly imagine.

*How to protect yourself:*

Some chemotherapy drugs are toxic to the heart. Very large doses of coenzyme Q10 (300–400 mg a day) should be taken to help protect the heart. Vitamin C in large doses may also be helpful. Although many oncologists insist vitamin C will interfere with the effectiveness of the chemotherapy, this has not been supported by research.

### ***A special note on brain cancers***

Brain cancers pose a very specific problem for two reasons. The first is that the brain is in a very confined space and any treatment that causes swelling or inflammation will result in the brain pressing against the bone casing of the cranium and this will cause brain damage. This problem applies equally to the alternative treatments. Great care must be taken to choose therapies that do not cause inflammation. The second problem is that there is a blood-brain barrier that prevents many chemicals from going up to the brain.

In the case of brain cancers, whether because of the cancer itself or the treatment, there is almost certainly going to be what doctors carefully call ‘neurological deficits’, i.e. damage to mental functioning. This may simply reflect itself in a subtle slowing down that is barely perceptible or it may lead to more serious mental retardation. It should be noted that children who undergo chemotherapy for any cancer will be similarly affected.

### **Summary**

Most patients are naturally dependent on their doctors for treatments that are ‘scientific’. The problem is that any impartial assessment of the facts strongly leads to the conclusion that most orthodox treatments for cancer, while they may (or, more likely, may not) be ‘scientific’, simply

don't work and are at the same time highly damaging to the patient.

For myself, if I ever get cancer – though I hope I am doing enough to keep it at bay – I have already made the decision that I will only consider these orthodox options once all other avenues have proved unsuccessful. Even then, I cannot imagine that I will be persuaded. Perhaps it is better to live with a slow growing cancer than to attempt treatment that is very likely to make it more aggressive. There is statistical support for this position. One researcher, Dr Hardin Jones, Professor of Medical Physics at the University of California, came to the conclusion in the 1960s that you were on balance likely to live four times longer if you did nothing for your cancer than if you did something. This conclusion has never been decisively challenged in the four or five decades since then.

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Let us now turn to the 15 strategies that I believe can help you recover from your cancer – without any damaging side effects. These do not need to be taken in a consecutive order. Indeed, you may choose to ignore even a majority of the strategies. They are simply options. Each one is a potential journey. Only you know which of these strategies makes sense for you personally.

And you almost certainly have time to read this book and consider your options thoughtfully. Don't let the doctors

panic you into making a decision. Unless you have one of the very rare, highly aggressive cancers, you certainly have time – let’s say one or two months – to think through the consequences of your decision and to try out some of the alternatives. In fact, you could be cancer free within six weeks from now. I can’t promise you will be. But some people have become cancer free within six weeks of following an alternative therapy.

You have time to consider the options because your cancer has been growing a long time already. It has been growing for years. The older you are the longer you have, because the older you are the slower the cancer is growing.

This brings me to one last point that needs to be repeated. The information in this book is not to be taken as medical advice. You, and you alone, must assume responsibility for your own decisions.

Many people feel frightened by this burden of responsibility. Fear is often the result of ignorance. The future is dark. Every decision appears to be threatening. ‘What happens if I am wrong?’ you might ask yourself. We can never be sure that things will work out well. When we choose to marry someone we cannot know that it will not end in divorce. All we can do is justify our decision by saying: ‘This is what makes most sense to me now.’ And that is all we can say when it comes to choosing a treatment for our own cancer.

But for things to make sense there must be some clarity. In reading this book, you will, I hope, become clearer as to why

you have cancer and what you can personally do to get rid of it. And of course any decision can be changed at any time. And deciding for orthodox treatments doesn't necessarily mean you have to decide against the alternatives.