

The Big C: What Are You Doing About It?

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It is the rare to meet a person these days that doesn't have a concern about cancer. Between the constant headlines, to pink ribbons on everything from planes to phones, to hearing that Aunt Stacy was just diagnosed, it is impossible to not be aware of cancer's presence. The question is, what are you doing to actually prevent getting a cancer diagnosis? Or if you were diagnosed in the past, that you don't get it again?

Because if you're like most people, you're not doing much in the way of prevention — mostly we just hope we can escape a diagnosis. Don't be fooled into thinking that doing regular mammograms is helping — statistics have clearly shown that the mammogram is being oversold in its value. Women who believe "a mammogram saved my life" have not, in fact, been spared — a study¹ published this past October concluded that instead, women are diagnosed early, or over diagnosed. The P.S.A. test, as another example, has also been shown to not save lives, and leads to increased testing and treatments, and needless pain, impotence and incontinence. Additionally, early detection and screening are not prevention, despite how often people confuse the two.

Let's look at a few facts. First, be clear that cancer is a "modern" disease, and that traditional cultures showed little, if any, cancer. Dr. Albert Schweitzer studied over 10,000 traditionally-living Gabon natives in West Africa and never found cancer. Dr. Eugene Payne studied approximately 60,000 people over 25 years in Brazil and Equador and found no incidence of cancer. The Hunza in northern Pakistan, the Inuit Eskimos — all these cultures, back when they ate their traditional diet, basically had no incidence of cancer, and all of these cultures have seen a huge increase, rivaling our own rates, after Western foods like refined oils, refined flours, processed foods and sugar were introduced into their diets.

Secondly, deaths from cancer (the only reliable statistic), have basically stayed unchanged, dropping only 5 percent since 1950 and in some cases rising. Despite the hype in the news, giving people the impression that finding it early means they'll be fine, that even if they have to get treated, the treatments are so effective now. Rates haven't changed for most cancers, and have gone up for lung cancer (substantially, in that case) as well as prostate and breast.² It is often argued that since we have more testing, we therefore have more diagnoses, but that is exactly why death rates are the only reliable measure.

Thirdly, the screening for cancer leaves quite a bit to be desired, hence the recommendations that mammograms not be done before the age of 50, and after that, only every two years (those recommendations were not taken, but the studies³ and research clearly support them), or that healthy men forgo a PSA test — because again and again, the screenings lead to more invasive testing and over diagnosis, without any lives being saved. In fact, you have to screen over 1,900 women in their '40s for 10 years in order to prevent one death from breast cancer, and in the process you will

have generated more than 1,000 false-positive screens. Not to mention having subjected sensitive tissue to cumulative doses of radiation. Dr. Samuel Epstein, chairman of the Cancer Prevention Coalition at the University of Illinois Chicago School of Public Health, stated: "If a woman follows the current guidelines for premenopausal screening, over a 10-year period she would receive a total dosage of about 5 rads. This approximates the level of exposure to radiation of a Japanese woman one mile from the epicenter of atom bombs dropped on Hiroshima or Nagasaki."

I keep mentioning mammograms because they are such a clear example of a screening that people think is effective, is extremely popular and accepted as well as highly marketed, and that people, oddly, think is preventative. But, mammograms find abnormalities that often would not have become cancer, leading to excessive screening and treatments. Let me explain. It's helpful to think of breast cancer in four categories. First, there are the slow-growing cancers that would be found and treated with or without screening. Second, there are the aggressive cancers that are deadly, regardless if they are found early or late. Women in either of these groups are not helped by screening. Then there are innocuous cancers that wouldn't have become anything dangerous, but because it was a dot on a mammogram, it is treated — these women are considered over diagnosed, meaning they are treated unnecessarily and are harmed by screening. Then the last group are the women whose lives are saved by screening, who find a deadly cancer in time for treatment to be effective, but clinical data says this is less than one woman in a thousand screened over 10 years. If you're looking for an alternative to mammograms, you might try thermography, which doesn't have any radiation risk, and can find cancers long before a mammogram.

Where do cancers get their start? Remember that people have abnormal cells quite often, every day — not surprising if you have trillions of cells. Your immune system is designed to manage any abnormalities, which it does until it can't for whatever reason. Triggers that can cause cells to become abnormal and/or cancerous can be narrowed down to these four areas:

- Environmental/toxic overload
- Hormonal imbalances
- Nutritional insufficiencies
- Mental/emotional stresses

Some things may have happened inadvertently, like radiation exposure you didn't know about or chemicals in drinking water. But many of us do things day after day that stress our systems, like microwave in plastic containers, drink water out of plastic bottles, expose ourselves to chemicals like artificial sweeteners (just because the yellow packet advertises "made from real sugar!" doesn't mean it's not a man-made chemical), eat processed foods (remember, 2% milk is a processed food, low-fat anything is a processed food), and eat way too much sugar and carbohydrates. We don't monitor our vitamin D levels to make sure they're sufficient, we take synthetic supplements that increase our chances of cancers, don't eat enough nutrient-dense food... the list goes on and on.

So, what should you do? You should make sure your vitamin D levels are measured with a blood test, with optimal levels over 50 ng/ml. It is estimated that over 85% of Americans are severely deficient, well below lab ranges, never mind being in an optimal range. There are many studies showing a correlation between good vitamin D status and a reduced rate of cancer. Most people cannot get enough vitamin D from the sun, and the amounts in food are quite small, hence the recommendation to supplement. Most health professionals agree that 5,000 IU per day taken with some fat (with a meal, for example, to help with absorption) is helpful.

You should also substantially reduce your sugar and refined carb intake. Both insulin and glucose increase cancerous cell activity by shocking amounts — this is why there is such a huge correlation between diabetes, obesity, metabolic syndrome and cancer. Dr. Craig Thompson, researcher and president of New York's Memorial Sloan-Kettering Cancer Research Center, believes that many pre-cancerous cells would never become malignant if it wasn't for the constant exposure to insulin and needing glucose for their metabolism. Lewis Cantley, director of the Cancer Center at Harvard Medical School, says that up to 80 percent of all human cancers have glucose and insulin as instigating factors. This is not new information; the link between sugar and cancer has been known for decades, but people often do not make changes until after they get a diagnosis, when it's substantially less effective.

The estimation is that by the time something atypical or cancerous is seen on a mammogram, the woman has had that abnormality on average for eight years. If she's like most people, she's been feeding it sugar all that time. What's a "reasonable" amount of sugar to ingest? The average person today eats between 150 and 180 pounds of sugar a year. In the year 1700 it was four pounds. Even if you cut your intake in half, it's probably still more than your body can handle health-wise, because we don't know what a "safe" amount of sugar is for human health.

You might also consider doing detox cleanses — one or two a year (obviously talk to a medical professional who knows about them before you do one). I mean a cleanse, not a fast, and something focused on the liver, not just on the colon. The liver is responsible for conjugating and removing toxins and hormones, and most of us don't have nearly the nutrition necessary in our liver to do its job. Do you eat plenty of cruciferous vegetables? That means more than twice a week. And are you sure they're organic and nutrient-dense? Cruciferous vegetables in particular are effective at helping the liver to remove excess estrogen, and excess estrogen is a huge factor in both breast and prostate cancer. Not to mention the day-to-day toxins we get in the water and air — we probably can't take enough steps to nutritionally support the liver, but doing a cleanse with some concentrated supplementation is a very solid place to start. Write me if you need suggestions for a good detox cleanse.

Someone once wrote on a forum I was reading "But so-and-so did everything right and still got cancer!" The response was this: "Can you ever say that anyone has done everything right? Have they kept their vitamin D levels optimal for years? Did they exercise day-in-and-day-out for decades? Have they always eaten low-carb and restricted their sugar? Done cleanses? Eaten good fats and nutrient-dense food?" Very few, if any of us, can say that. You'll see articles touting an herb, or nutrient or supplement that can reduce your chances of cancer, but there are no quick-fixes here, especially if your basic health is off. PMS is an indication of hormonal imbalances and high estrogen, gas and bloating are indicative of digestive problems (and 80 percent of your immune function is in your gut) — it is examples like these that are the symptoms people often ignore, but indicate that there are problems that should be addressed to help your body function in the long run.

So, if you want to take responsibility for your own health, and greatly decrease your chances of a diagnosis, and receiving bad news, these recommendations would be a good foundation and starting point.

References

1. Arch Intern Med. Published online October 24, 2011. doi:10.1001/archinternmed.2011.476
2. www.nytimes.com/interactive/2009/04/23/science/0424-cancer-graphic.html

3. Cumulative Probability of False-Positive Recall or Biopsy Recommendation After 10 Years of Screening Mammography: A Cohort Study, Hubbard, R. A. , Klikowske, K., et al. Ann Intern Med October 18, 2011 155:481-492

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