## Chemo

Chemo, more politely known as chemotherapy, is the cornerstone of oncology today.

I personally find that term, chemotherapy, objectionable in and of itself. After all, what is therapy? Therapy is defined by Merriam-Webster as being a "therapeutic medical treatment of impairment, injury, disease, or disorder."

Okay, what is the definition of therapeutic? Dictionary.com says it is "of or relating to the treating or curing of disease, curative." The Free Dictionary says it means "Having or exhibiting healing powers." Yet, anyone who has been through chemo, or has personally known someone who has, will beg to differ with you.

Chemo is usually anything but healing to the body. It causes both immediate and long-term damage to the body, which is discussed in more detail below. Labeling it as a "therapy" is one of the biggest lies told by the oncology industry, a ruse to con patients into thinking it is something positive for them. After all, if they correctly called it chemo-poison, how many would agree to it?



Chemo is such a go-to protocol these days that it is often prescribed for even the smallest of cancerous tumors, ones which might otherwise not be lifethreatening at all.

When my breast tumor was only 1.4cm (14mm), or about the size of a large pea, both oncologists I saw insisted I needed to start chemo immediately in order to shrink the tumor. What? Chemo, to poison my entire body, to address a tumor barely larger than a pea?

Of course, they also said I would need surgery, courses of radiation afterwards and, because my tumor was triple positive (ER+, PR+ and HER2+), I would also need to be on Herceptin for several years afterwards.

Fortunately, or unfortunately, I had already seen four of my friends go through the hell of chemo. Each of their cancers was different ... prostate, lung, breast and ovarian ... yet the protocols remained nearly identical for each of them. I saw how chemo ravaged their bodies, how it destroyed their lives both physically and financially and how, ultimately, it killed them.

Three of them at some point had even received the "all clear", with their oncologists proudly declaring that the chemo had cured them. You can only imagine the devastating impact it had on each of them when the cancer soon returned, more aggressive than before. The fourth friend? I guess in some cruel way, she was the lucky one. From diagnosis to death was less than six months. In that short time she went from a vibrant, active young woman into a bed-ridden skeleton. She did not have to endure the many years of pain and suffering the other three did.

Their horrific deaths were a very sobering experience for me, one which led me to question the soundness of this chosen "treatment". I started asking questions. Just what is chemo? How did it come about? How does it work?

First, let's look at its history and how we got here.

It all started with mustard gas and World War I.

"In July 1917, troops based in Ypres, Belgium, reported a shimmering cloud around their feet and a strange peppery smell in the air. Within 24 hours they started to itch uncontrollably and developed horrific blisters and sores. Some started coughing up blood.

They'd been poisoned by mustard gas - one of the most deadly chemical weapons deployed in battle.

And because mustard gas can be absorbed through the skin, gas masks were useless. Even fully clothed soldiers weren't fully protected. It could take up to six weeks to die from mustard gas, and it was a terrible way to die.



Towards the end of the Great War, this gas had not only killed and crippled but instilled terror across the battlefield. The first use in Ypres alone left up to 10,000 people dead, with many more injured." 1

So, how did we get from using mustard gas to kill people to thinking it could be used to treat cancer?

World War II then came about and an American ship, the USS John Harvey, carrying 2,000 mustard gas bombs was itself bombed by German planes while waiting to unload in Bari, Italy. That attack released 120,000 pounds of mustard gas into the air, killing soldiers and civilians alike. A doctor, Lt. Colonel Stewart Francis Alexander, was flown to the scene, as he had been trained to treat the effects of chemical warfare. He brought tissue samples back with him to the United States for further analysis.

"As the doctors began analyzing tissue samples they saw a distinctly consistent pattern. All the samples showed a marked depletion of white blood cells within the lymph nodes and bone marrow-exactly the tissues that become filled with lymphoma. With the help of two Yale pharmacologists, Louis Goodman and Alfred Gilman-they began a series of experiments on mice. Their hypothesis was confirmed: the mustard compound (nitrogen mustard) showed a significant decrease in the size of lymphoid tumors in mice. The two pharmacologists persuaded a thoracic surgeon (Gustaf Lindskog) to give nitrogen mustard to an advanced lymphoma patient with no other options. The patient's tumors regressed. Other patients had the same results. The research trio was excited to share their incredible findings with the medical community and the world. They would have to wait until 1946 because of the secrecy surrounding the military war gas program.



There was much excitement surrounding the publication of their research. Up until now, the only treatment for cancer was surgery or radiation for solid tumors. If the cancer spread – surgery and radiation were useless. The possibility of circulating a drug throughout the body to fight the cancer where it occurred captivated scientists around the world. This development ushered in a new age in oncology.

How ironic that this "breakthrough" came from a substance designed to kill our "enemies."

It shouldn't be a stretch then, to find out that after wide distribution and a few weeks time, the "remission" produced by nitrogen mustard gave way to a powerful resurgence of cancer cells filling the lymph nodes. This makes sense if you understand that the lymph system takes out the garbage we put into our bodies. Blood brings in the nutrients, while lymph takes out the garbage. When your lymph nodes are full of garbage (aka poison), it has nowhere to go but to circulate throughout the bloodstream.

To understand how nitrogen mustard attacks human DNA, you need to go back to high school biology. Base pairs of DNA bind to each other through hydrogen bonds. Hydrogen bonds must be pliable in order for DNA to function. In biology, structure equals function. So in order for DNA to replicate, the helix (structure) must completely unwind so that each individual strand can be copied. Cell division occurs only after all twentythree pairs of chromosomes are laid out and replicated. Nitrogen mustard permanently locks two nucleotides (the building blocks or base pairs of DNA) called guanine and cytosine-preventing them from individually replicating and stopping cell division. Since nitrogen mustard can't discriminate cancer cells from healthy cells, it travels through the bloodstream locking the DNA structure of every cell it encounters, preventing not only cancer cells from replicating, but healthy ones as well.

Since nitrogen mustard is poison, the human body reacts to this attack by trying to get it out of the bloodstream as soon as possible. Shortly after chemo injections, the patient is hit by waves of nausea and vomiting as the body tries to rid itself of the poison. Of course, it makes sense that your blood cell counts (red, white, and platelets) would go down in the weeks that follow because the nitrogen mustard stops cell division necessary for blood cell production! That's why they monitor your blood cell numbers so closely!

As the effects of nitrogen mustard continue to lock your DNA and decimate your blood cell reproduction, bruises appear as clotting is inhibited. Lack of fresh red blood cells produces an allconsuming fatigue as anemia sets in. Chance of infection rises dramatically. Hair can't grow and falls out. Finally, the hard-working cells of the gut are decimated, resulting in lack of absorption of nutrients and uncontrolled diarrhea.



At this point, you have reached the razor's edge between life and death. How many people do you know who have been there? Keep in mind this chemical warfare was designed to kill enemies. Keep in mind, this chemical works to change the structure of your DNA, preventing it from replicating the very blood cells that give you life and allow your body to function! It's NOT the DNA, it's the chemical weapon that binds its structure and therefore destroys its replication function." 2

I don't know about you but I found that information chilling. Think about that for a while and let it sink in: "Nitrogen mustard permanently locks two nucleotides (the building blocks or base pairs of DNA) ... preventing them from individually replicating and stopping cell division. Since nitrogen mustard can't discriminate cancer cells from healthy cells, it travels through the bloodstream locking the DNA structure of every cell it encounters, preventing not only cancer cells from replicating, but healthy ones as well." How in the world is a body supposed to heal itself after such an assault when the DNA, the very building blocks of our bodies, is permanently damaged?

There are now many different variations of chemo and some doctors will go so far as to say chemo is much safer now than it used to be. The word "safe", however, is a very subjective term. Ask yourself ... Which is safer, riding your bicycle down the middle of a busy highway with our without a helmet? Obviously, the helmet will help provide some protection, but you are still exposing yourself to grave danger. The same goes for chemo.

"Back in September 2004, the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety & Health (NIOSH) released a dangerous-drug alert with the title Preventing Occupational **Exposures** to Antineoplastic and Other Hazardous Drugs in Health Care Settings. The alert warned that working with chemotherapy drugs and other common pharmaceuticals can be a serious danger to your health.

They were right because on July 10, 2010, the Seattle Times carried the story of Sue Crump, a veteran pharmacist of 20 years, who had spent much of her time dispensing chemotherapy drugs. Sue died in 2011 from pancreatic cancer and one of her dying wishes was that the truth be told about how her onthe-job exposure to toxic chemotherapy drugs caused her own cancer. The list of chemicals Crump worked with included cyclophosphamide, doxorubicin, fluorouracil, and methotrexate.

I am not surprised by Sue's story because one of the effects of chemotherapy is that it actually CAUSES cancer! (Yes, the very thing it is supposed to "cure" it literally causes. Insane, right?)

You may have heard it said that folks who live in glass houses shouldn't throw stones. Well, much like the hatters who went mad from the mercury, when it comes to chemo ... pharmacists and other health care workers who dispense toxic drugs shouldn't be surprised if one day it kills them.

Interestingly, the federal Occupational Safety and Health Administration (OSHA) does not regulate exposure to these toxins in the workplace - despite multiple studies documenting ongoing contamination and exposures. Studies reaching back to the 1970s have linked increased rates of certain cancers to nurses and physicians.

Every oncologist knows that chemotherapy drugs cause genetic damage. Due to inadvertent spills, chemotherapy drugs have been found on floors, counter tops, knobs, keyboards, printers, computers, and garbage cans. Most chemo is genotoxic, meaning that it interacts with genes (DNA) and causes mutations. And yes, genetic mutations are a known risk factor for developing cancer, while secondary cancers are a known side effect (actually a "direct effect") of chemo.

Danish epidemiologists used cancer data from the 1940s through the 1980s to report a significantly



increased risk of leukemia among oncology nurses and doctors. In 2009, another Danish study of over 92,000 nurses determined that they had an increased risk for brain cancer, breast cancer, and thyroid cancer." 3

That begs the next questions. If even pharmacists and nurses who simply handle the chemo can get cancer from their minimal or accidental exposure, what happens to the body which has had multiple doses of that poison injected directly into its veins? If even incidental exposure is not safe, how can intentionally pumping it into a body be safe?

Sure enough, further studies have proven that chemo can allow cancer to spread and actually trigger more aggressive tumors.

"Researchers in the US studied the impact of drugs on patients with breast cancer and found medication increases the chance of cancer cells migrating to other parts of the body, where they are almost always lethal.

Around 55,000 women are diagnosed with breast cancer in Britain every year and 11,000 will die from their illness.



Many are given chemotherapy before surgery, but the new research suggests that, although it shrinks tumours in the short term, it could trigger the spread of cancer cells around the body.

It is thought the toxic medication switches on a repair mechanism in the body which ultimately allows tumours to grow back stronger. It also increases the number of 'doorways' on blood vessels which allow cancer to spread throughout the body.

Dr George Karagiannis, of the Albert Einstein College of Medicine of Yeshiva University, New York, found the number of doorways was increased in 20 patients receiving two common chemotherapy drugs.

He also discovered that in mice, breast cancer chemotherapy increased the number of cancer cells circulating the body and in the lungs."4

What caused me to shake my head about this study is Dr. Karagiannis is quoted to have said the findings did not mean cancer patients should avoid chemotherapy, but rather they should be monitored to check if the disease was spreading. What?! He discovered that breast cancer chemotherapy increased the number of cancer cells circulating in the body and in the lungs yet still has the audacity to recommend that women undergo it anyway? That reminds me of the answer I received from the oncologists when I told them I did not want to take Herceptin. Herceptin is known to cause heart damage and, in some people, heart failure, i.e. death.

In answer to my concerns I was told not to worry about as they would monitor me and would have me stop taking it as soon as they noticed any signs of damage to my heart. Excuse me, but I don't want any damage to my heart. My body relies upon it to live! Stopping a drug after the damage already shows up is like closing the barn door after the horses have all escaped. It doesn't help. It does not make sense. The damage is done and now the patient has to remain on heart drugs for the rest of her life. Unfortunately, such is the mindset of many of those in the oncology field. They focus so strongly on killing the tumor that it appears to matter not that they are causing harm. As long as the primary tumor dies, who cares what else may go wrong. They'll try to deal with that later!

For those who are interested in more information, the following link provides a science-based review of Dr. Karagiannis'study.

https://stm.sciencemag.org/content/9/397/eaan0026

Other studies have found that chemo may actually cause a tumor to grow, instead of shrink, due to it triggering healthy body cells around the tumor to produce a protein which helps cancer resist treatment.

"Scientists believe the effect is caused by the impact of chemotherapy drugs on healthy connective tissue cells called fibroblasts.

In lab experiments they found the drugs caused DNA damage which made fibroblasts pump out 30 times more of a protein than normal. This protein encouraged prostate tumours to grow and spread into surrounding tissue, as well as to resist chemotherapy."5

But, what about the statistics the oncologists throw out at us? They say this works, they often claim that it is our best chance for survival, that we'll die if we don't do it!"

The following report presented at the 27th Annual San Antonio Breast Cancer Symposium illustrates how chemo actually spreads cancer cells, as well as points out how little we are being told about the dangers of chemo:

"German investigators from Friedrich-Schiller University in Jena, have shown that taxol (the "gold standard of chemo") causes a massive release of cells into circulation.

"Such a release of cancer cells would result in extensive metastasis months or even years later, long after the chemo would be suspected as the cause of the spread of the cancer. This little known horror of conventional cancer treatment needs to be spread far and wide, but it is not even listed in the side effects of taxol."

As has oft been stated, chemo does not cure cancer it merely attempts to eliminate the tumors and cancer cells that are symptoms of the underlying causes of cancer, and does so with little success and great risks. In some instances it may appear to eliminate tumors and cancer cell masses, though most often it merely destroys some of the cancer cells. In the process, it often inflicts a very high price.

Besides spreading cancer cells, chemo inflicts serious and perhaps irreversible damage to the immune system, the body's natural first line of defense against cancer and other illness - thus paving the way for the remaining cancer cells or future cancers to overwhelm a body that is even less able to beat the cancer that got past the immune system in the first place.

Chemo also frequently results in serious and even fatal damage, and major organs are also damaged, particularly the liver - which as cancer pioneer Max Gerson observed is always impaired to begin with in those who get cancer. The heart is also frequently seriously damaged.



To see just how abysmal chemo has performed for virtually all cancers other than Hodgkin's and Testicular cancer, look at this chart from a recent study:

Malignancy	ICD-9	Number of cancers in people aged >20 years*	Absolute number of 5-year survivors due to chemotherapy†	Percentage 5-year survivors due to chemotherapy‡
Head and neck	140-149, 160, 161	5139	97	1.9
Oesophagus	150	1521	82	4.9
Stomach	151	3001	20	0.7
Colon	153	13936	146	1.0
Rectum	154	5533	189	3.4
Pancreas	157	3567		
Lung	162	20741	410	2.0
Soft tissue sarcoma	171	858		10(189-01) 201
Melanoma	172	8646	2.000	=
Breast	174	31133	446	1.4
Uterus	179-182	4611		<u>85</u>
Cervix	180	1825	219	12
Ovary	183	3032	269	8.9
Prostate	185	23242	-	
Testis	186	989	373	37.7
Bladder	188	6667		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Kidney	189	3722	-	17
Brain	191	1824	68	3.7
Unknown primary site	195-199	6200	1077	22
Non-Hodgkin's lymphoma	200 + 202	6217	653	10.5
Hodgkin's disease	201	846	341	40.3
Multiple myeloma	203	1721		<u>00</u> 00
Total		154971	3306	2.1%

Table 2 - Impact of cytotoxic chemotherapy on 5-year survival in American adults

The end result is that chemo kills more patients than it "cures". Most of those deaths are the result of liver or heart failure. As the above chart indicates, the five year survival rate due to chemo is only 2.1% (a similar study in Australia found the rate to be only 2.3%). Thus on average fewer than 3% of patients who who opted for chemo survived longer than did those who opted to not undergo chemo. But even that meager statistic is misleading in two key ways:

First of all, though survival rates are slightly higher for the first couple of years compared to those who opted out of chemo, after the third year the survival rate for those who opted out is greater than those who were treated with chemo and the gap widens significantly every year after that.

Secondly, and perhaps most important of all, the survival rates compare all of those who either undergo chemotherapy or decide against it. That includes the very large number of people who do little or nothing to address their cancer naturally and merely forego chemo. If chemo survival rates were compared with those of people who not only opted out of chemo, but also chose a non-invasive natural protocol to eliminate the toxins and other causes of cancer, to boost their immune systems and to attack the cancer naturally without inflicting damage to the rest of the body, there would surely be no comparison.

You can bet that it is a comparison the cancer industry never wants to make."6

When we look at the above chart, it shows that chemo only resulted in a 1.4% increased five year survival rate with over 31,000 cases of breast cancer. My questions are: Who only wants to live another five years and who wants to go through all that hell for only a 1.4% chance? I don't know about you but I plan on living a much longer life than that!

Even so, I firmly believe that quality of life can be much more valuable than quantity. I then also ask myself, what happened to those 1.4% of the people it helped after the six year or more? Did they all die at the six year mark and that's why five years is the standard currently being used? Plus, if they did not suffer a recurrence, how many other health issues did they now suffer as a consequence of the damage to their DNA? What are the long-term complications from poisoning their bodies?

By now, nearly everyone is familiar with the nearly immediate side-effects of chemo. Nausea, hair loss, diarrhea, fatigue, brain fog, the damage to our immune system (at a time when we need our immune system the most), etc. But, what about long-term?



We've already read about the permanent damage which chemo causes to our DNA, preventing our organs from being able to heal themselves afterwards. Here are some of the relatively common long-term effects which may be experienced after chemo:

**Congestive heart failure (CHF)**—weakening of the heart muscle. People with CHF may experience shortness of breath, dizziness, and swollen hands or feet.

Arrhythmia–irregular heartbeat. People who have an arrhythmia may experience lightheadedness, chest pain, and shortness of breath.

**Hypertension-high blood pressure.** This may occur along with CHF (see above) or be a separate symptom. Talk with your doctor if you have high blood pressure. You may need to have your blood pressure watched more closely during cancer treatment. A more serious condition, called accelerated hypertension, is when a person's blood pressure suddenly and rapidly rises. Because this condition often causes organ damage, it is important to get medical help right away.

**Lung problems.** Chemotherapy and radiation therapy to the chest may damage the lungs. Cancer survivors who received both chemotherapy and radiation therapy may have a higher risk of lung damage.

**Endocrine (hormone) system problems.** Some types of cancer treatments may affect the endocrine system. The endocrine system includes the glands and other organs that make hormones and produce eggs or sperm. Cancer survivors who have a risk of hormone changes from treatment should have regular blood tests to measure hormone levels.

Bone, joint, and soft tissue problems. Chemotherapy, steroid medications, or hormonal therapy may cause osteoporosis, which is thinning of the bones, or joint pain. Immunotherapy may cause problems in the joints or muscles, also known as rheumatological issues. Some people may have a higher risk of these conditions if they are not physically active.

**Brain, spinal cord, and nerve problems.** Chemotherapy and radiation therapy can cause long-term side effects to the brain, spinal cord, and nerves. These late effects include: Hearing loss from high doses of chemotherapy, especially drugs like cisplatin (multiple brand names)

Increased risk of stroke from high-dose radiation therapy to the brain

Nervous system side effects, including damage to the nerves outside the brain and spinal cord (called peripheral neuropathy)

Learning, memory, and attention difficulties. Chemotherapy and high-dose radiation therapy to the head and other areas of the body may cause cognitive problems for both adults and children. Cognitive problems occur when a person has trouble processing information. Cancer survivors who experience any of these problems should talk with their doctor. Learn more about cognitive problems.

**Dental and oral health and vision problems.** Cancer survivors may have the following dental and oral health and vision problems, depending on the treatments they received.

**Digestion problems.** Chemotherapy, radiation therapy, and surgery may affect how well a person digests food. Surgery or radiation therapy to the abdominal area can cause tissue scarring, long-term pain, and intestinal problems affecting digestion. Moreover, some survivors may have chronic diarrhea that reduces the body's ability to absorb nutrients. A registered dietitian (RD) can help make sure people with digestion problems are getting enough nutrients. It may also be helpful to see a doctor who in the GI called specializes tract. а gastroenterologist.

**Secondary Cancers.** A secondary cancer may be a new primary cancer. Or, it may be a cancer that has spread to other parts of the body from where it



started. It may develop as a late effect of previous cancer treatments, such as chemotherapy and radiation therapy.

Chemotherapy and radiation therapy can also damage bone marrow stem cells. This increases the risk of either acute leukemiaor myelodysplasia. Myelodysplasia is a blood cancer where the normal parts of the blood are either not made or are abnormal. Talk with your doctor about any new symptoms or signs that you experience.

**Fatigue.** Fatigue is a persistent feeling of physical, emotional, or mental tiredness or exhaustion. It is the most common side effect of cancer treatment. Some cancer survivors experience fatigue for months or even years after finishing treatment." 7

Knowing that a cancerous tumor is not the disease but a symptom of the disease...

Knowing that we need to strengthen our immune system in order to heal...

Knowing that chemo destroys our immune system and comes with so many potential life threatening consequence...

One has to ask, why? Why would anyone with any knowledge agree to this?

I also find it interesting that chemo shows the highest "success rates" only when compared to those who opted out of chemo for the first couple years. From the third year on, those who opted out of chemo had significantly higher success rates, with the gap widening with each year after that! Definitely great news for those of us who have decided to heal our breast cancers naturally.

Healing breast cancer naturally takes a huge leap of faith and a major commitment to one's self. So much so that there may be times when one is tempted to say to heck with it and just give into the pressures from doctors and loved ones and undergo conventional protocols. After all, isn't often easier to just sit back and do as you're told?

I firmly believe, however, that knowledge is power and it is my sincere hope that the knowledge you have gained in reading this document, and the studies I've referenced, has helped you to understand the dangers involved with chemo"therapy". That, along with my other documents on this website will, hopefully, help give you the confidence and strength of commitment you need to know that there is a better, safer way of healing.



1 <u>https://scienceblog.cancerresearchuk.org/2014/08/27/mustard-gas-from-the-great-war-to-frontline-chemotherapy/</u>

- 2 https://www.naturalnewsblogs.com/chemotherapy-mustard-gas-blown-wwii-ship-get-veins/
- 3 <u>https://spiritualhiphop.wordpress.com/2016/12/16/chemotherapy-is-mustard-gas-outlawed-in-war-used-as-medicine/</u>
- 4 <u>https://www.telegraph.co.uk/science/2017/07/05/chemotherapy-may-spread-cancer-trigger-aggressive-tumours-warn/</u>
- 5 https://www.dailymail.co.uk/health/article-2184277/Chemotherapy-encourage-cancer-growth.html

6 <u>https://eraoflight.com/2017/09/11/chemo-does-not-cure-often-it-inflicts-damage-and-spreads-</u> cancer/#:~:text=As%20has%20oft%20been%20stated%2C%20chemo%20does%20not,does%20so%20 with%20little%20success%20and%20great%20risks.

7 https://www.cancer.net/survivorship/long-term-side-effects-cancer-treatment