

LESSON #1 FEATURE REPORT

We've Finally Cracked the Cancer Code

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 1: We've Finally Cracked the Cancer Code

We are so used to seeing dramatic headlines about new cancer “cures” and “miracle” recoveries that we get to a point that we tune them out.

Year after year, “breakthroughs” are hailed as the next big thing that will finally end the scourge of cancer.

And what happens?

Nothing.

The treatments work in the lab, but not on people. Or the side effects end up being worse than the cancer.

And people keep getting cancer at higher rates than ever...and they keep dying.

Since President Richard Nixon declared America’s “War on Cancer” in 1971, the government’s National

Cancer Institute has spent more than \$90 billion on research. Private labs have spent billions more.^{1 2}

And where has it gotten us?

The awful truth is that your chances of getting cancer are now higher than ever.³

Cancer is about to surpass heart disease as the leading cause of death in the U.S. It is already the leading killer in 22 states.⁴

Some 1.7 million Americans are now diagnosed with cancer every year. And nearly 600,000 die from it.⁵

If you’re a man, there’s a 1 in 2 chance you’ll get cancer at some point in your life. And there’s a 1 in 4 chance it will kill you.

One in 3 women will be diagnosed with cancer. One in 5 women will die from it.⁶

These numbers clearly show that what mainstream medicine is doing is not working. If you trust your cancer to mainstream medicine, all you will hear is surgery, chemotherapy, radiation. Cut. Poison. Burn.

In many cases, these treatments are more harmful than the cancer itself. And the cure rates are dismally low.⁷

That’s because when you use chemo, you don’t just poison cancer cells. You kill healthy cells, too.

And you risk major lung and heart damage, infertility, and kidney dysfunction. That’s in addition to more common side effects like nausea, hair loss, pain, brain fog, and fatigue.⁸

Research shows that chemo increases the five-year survival of most cancers by just 2%.⁹

This is why, according to some reports, 75% of doctors stricken with cancer refuse to get chemo themselves.¹⁰

Here's the whole truth...

There are more than 100 kinds of cancer. But according to the World Health Organization, only five are curable with chemotherapy: ¹¹

- **Hodgkin's lymphoma**
- **Acute myeloid leukemia**
- **Ewing's sarcoma**
- **Non-Hodgkin's lymphoma**
- **Testicular cancer**

Chemo can help, but usually does not cure four other cancers. They are **breast cancer, multiple myeloma, bladder cancer, and lung cancer.**

That leaves more than 90 other cancers for which chemo helps little or not at all. These include common cancers such as melanoma and cancers of the brain, prostate, thyroid, cervix, pancreas, kidney, stomach, esophagus, and colon.¹²

Cancer researcher Dr. Ralph Moss points out that chemo doesn't work on the cancers responsible for more than 90% of all cancer deaths.

A reasonable question is...

If chemo doesn't work in most cancers, why do oncologists keep administering it?

Doctors almost always respond by citing something called the "response rate." This is a measure of the likelihood that a tumor will decrease in size or that certain cancer markers will decline.

Doctors often quote response rates as high as 90%. That sounds good, right?

But that number is deceiving. Most people assume that means a 90% increased chance of survival. But according to Dr. Moss, response rates rarely correspond to increased survival or even better quality of life.

It only means a tumor is likely to shrink. Or that blood markers for cancer are likely to decrease. But these hopeful signs are usually temporary.

Cancer cells have the ability to mutate quickly. This allows them to develop resistance to chemo drugs.¹³

That's why you hear about so many patients who initially think they have beaten cancer. But then their tumors develop resistance. And the cancer comes back with a vengeance.

The news regarding chemo gets even worse from there...

A British study exposed an even darker side to the treatment.

The research was performed by a government-funded group called the *National Confidential Enquiry into Patient Outcome and Deaths*.

This group looked at 600 cancer patients who died within 30 days of chemo treatment. They discovered that 25% of the deaths were not caused by cancer. The patients were killed directly by chemotherapy or their lives were shortened because of it.¹⁴

The study also found 40% of patients were “significantly poisoned” by chemo.

If you visit a cancer hospital, watch how carefully nurses and pharmacists handle chemo drugs.

Their thick gloves and body covering makes it look like they are handling toxic waste. And, in a sense, they are.

We mentioned earlier that most doctors with cancer refuse chemo. When asked why, the most common reason given was, “The ineffectiveness of chemotherapy and its unacceptable degree of toxicity,” Dr. Moss said.

He also tells the story of a prominent oncologist at the Memorial Sloan-Kettering Cancer Center in New York. When he found out that he had advanced-stage cancer, he told his colleagues:

“Do anything you want...but no chemotherapy!”

And he’s not the only one. Another high-ranking official at Sloan - Kettering took it even further. He refused to allow his mother to undergo “state-of-the-art” chemotherapy at his own hospital. Instead, he sent her to Germany for alternative treatment.

And still, there’s another chemo side effect we haven’t discussed. It’s the most surprising one.

On *Good Morning America*, anchorwoman Robin Roberts made an emotional announcement to her viewers.¹⁵

Roberts said that the treatment she received for breast cancer several years ago led to a blood disease.

That blood disease is an early form of leukemia.

In other words, her cancer treatment gave her *more cancer!*

It’s well established that cancer survivors frequently develop secondary cancers. Most of these patients assume that their cancer has returned. Or that the new cancer is related to the first one.

Few have any idea that the “new” cancer is the direct result of their toxic treatment.

Dr. Otis Brawley is the chief medical and scientific officer for the American Cancer Society. In a recent question-and-answer session on CNN Health he admitted that chemotherapy is a “double-edged sword.”¹⁶

Dr. Brawley said: “It is ironic but true that many cancer chemotherapies are known to cause cancer.”

It is not “ironic” that chemotherapy causes cancer.

It is absolutely tragic.

But heaven forbid they tell you about side effect-free, natural solutions. Solutions that work in multiple ways to help in the fight against cancer.

From prevention, to reducing side effects from mainstream treatments, to boosting the effectiveness of chemo, to stopping the spread of tumors, and even killing deadly cancer cells directly...

There are dozens of natural solutions you won't hear about from most oncologists that are quietly helping patient after patient.

I'm talking about effective, straight-forward, no-nonsense natural approaches to fighting cancer that address the hidden causes...the little-known symptoms...the under-used tests...and of course, the overlooked solutions. All of them backed by science. But ignored by the mainstream.

The important thing is that you treat the root cause of cancer. And that's part of the problem of conventional treatment. Most doctors are dead wrong about what really causes cancer.

As you make your way through ***The Institute for Natural Healing's Cancer Survival System***, you'll find out more about the true causes...and true solutions.

In the following lessons, you'll learn how to kill cancer before it becomes a threat. You'll discover:

- **Why your doctor is dead wrong about what causes cancer.**
- **The rocket fuel for cancer you probably ate today.**
- **The anti-cancer diet.**
- **How to fight cancer every morning.**
- **The natural extract that saves smokers from lung cancer.**
- **The dental procedure that doubles your chances of a brain tumor.**
- **The real cause of skin cancer.**
- **The medicine cabinet cancer cure.**
- **And much, much more.**

Don't wait until your doctor says the dreaded words: "You have cancer." Now is the time to cancer-proof yourself.

Simply click on **Lesson 2** to get started.

Sources

- 1 <http://www.townsendletter.com/AugSept2010/cancerprogram0810.html>
- 2 http://www.huffingtonpost.com/entry/jimmy-carter-cancer_us_55d5c8a0e4b07addcb45963f
- 3 <http://www.townsendletter.com/AugSept2010/cancerprogram0810.html>
- 4 <http://www.latimes.com/science/sciencenow/la-sci-sn-cancer-top-killer-20160823-snap-story.html>
- 5 <https://www.cancer.gov/about-cancer/understanding/statistics>
- 6 <https://www.cancer.org/cancer/cancer-basics/lifetime-probability-of-developing-or-dying-from-cancer.html>
- 7 <https://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=75>
- 8 <http://www.mayoclinic.org/tests-procedures/chemotherapy/basics/risks/prc-20023578>
- 9 <https://www.burtongoldberg.com/home/burtongoldberg/contribution-of-chemotherapy-to-five-year-survival-ratemorgan.pdf>
- 10 <http://www.curenaturalcancro.com/en/75-percent-of-the-physicians-refuses-chemotherapy-themselves/>
- 11 <https://www.cancer.gov/types>
- 12 <http://www.pitt.edu/~super1/lecture/lec0701/l24.htm>
- 13 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4190567/>
- 14 www.abc.net.au/news/2008-11-13/chemotherapy-contributes-to-a-quarter-of-cancer/20435
- 15 <https://www.thedailybeast.com/how-robin-roberts-breast-cancer-treatment-could-cause-more-cancer>
- 16 <http://thechart.blogs.cnn.com/2010/10/06/could-chemo-drugs-cause-a-second-malignancy/>

LESSON #2 FEATURE REPORT

Why Your Doctor Is Dead Wrong About What Causes Cancer

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 2: Why Your Doctor Is Dead Wrong About What Causes Cancer

The story of modern cancer research essentially begins with two German scientists in the early 20th century. Their goal was to find the cause of the disease.¹

Theodor Boveri discovered that when he fertilized sea urchin eggs with two sperm rather than one, some of the embryo cells ended up with the wrong number of chromosomes. They became cancerous.

He surmised that **cancer was caused by abnormal genes**. This would be the basis for his **Somatic Mutation Theory**, which he published in 1914.

Otto Warburg was studying sea urchin cells at the same time. But he came to an entirely different conclusion. Warburg discovered that, unlike normal cells, cancer cells were fueled by glucose instead of oxygen.

This became known as the **Warburg Effect**. Warburg believed **cancer had metabolic origins**.

At the time, both theories were recognized by the scientific world as breakthroughs. In fact, Warburg received a Nobel Prize in 1931 for his work.²

In the decades that followed, researchers hotly debated which theory—Boveri's or Warburg's—was correct... Or whether both could be correct and the two could be reconciled.^{3 4}

Then, in 1953, something happened that would set the course of cancer research for more than a half century. Cambridge scientists James Watson and Francis Crick discovered the chemical structure of DNA.⁵

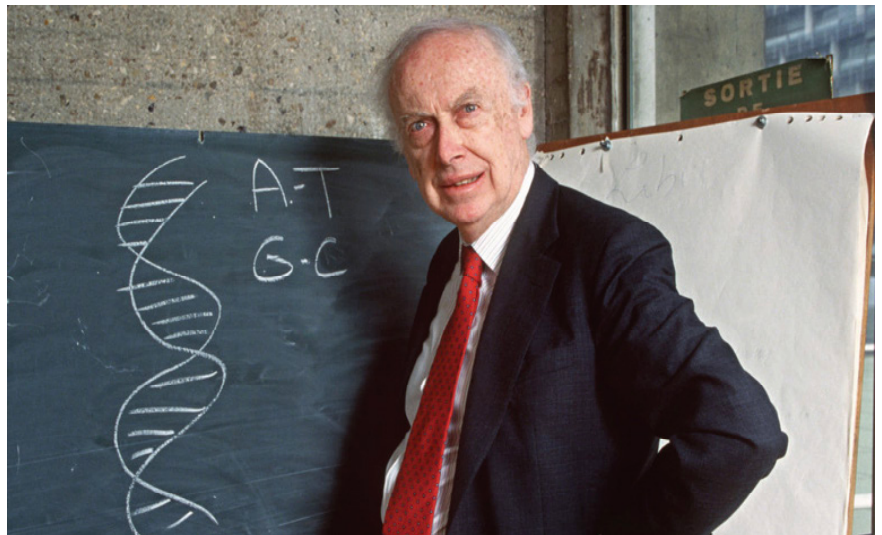
The duo solved a fundamental mystery of science.

They revealed how genetic instructions are passed from one generation to the next.

James Watson diagramming DNA

The breakthrough revolutionized biology and medicine. It allowed scientists to directly link genetic differences with health outcomes. And it set the stage for Boveri's **mutation theory** to triumph over Warburg's **metabolic one**.

Regrettably, Warburg's metabolic theory was quickly swept aside. Today, it is largely absent from medical school textbooks. The mutation theory, meanwhile, is widely accepted and Boveri is celebrated as the father of modern cancer research.



Textbooks tell us we all carry “oncogenes” that control cell growth. These are genes that cause cancer when they are mutated.

The theory is that certain triggers, such as cigarette smoke, sunlight, and chemical carcinogens, damage oncogenes. When they are damaged, cell growth spins out of control. And that is what causes cancer.

The Somatic Mutation Theory is regarded as a bedrock truth of oncology. It’s taught at every medical school.⁶

But many researchers are starting to believe it may be a scientific dead-end at best...and completely untrue at worst.⁷⁻⁸

Death rates for cancer are about the same today as they were in the 1950s. And the per-capita incidence of the disease has skyrocketed. It is up 48% since 1950. About 1 in 2 American men and 1 in 3 women will be diagnosed with cancer at some point in their lives.^{9 10 11}

In 2005, a major project began that made scientists rethink the mutation theory.

The Cancer Genome Atlas project, also known as the TCGA, was the logical extension of the landmark work done by Boveri, and later by Watson and Crick. The federal government devoted more than \$220 million to the ambitious effort.¹²

The TCGA set out to catalog all genetic mutations believed to cause cancer. In theory, this would allow researchers to devise treatments to fix the broken genes...and cancer would be cured.¹³

When the project began, researchers believed the data would reveal a nice, orderly sequence of a few oncogenes that when mutated caused a certain type of cancer. Then they’d be able to target the sequence and shut down the genetic pathways that cause cells to grow out of control.

This would cure cancer.

But it turns out that cancer is much more complicated than they thought.

The TCGA project found that cancer mutations are usually different among patients with the same type of cancer.

And the number of mutations can be massive. A single colon cancer tumor can contain more than 11,000 mutations. Scientists had no way to know which of them—or which combination—actually causes cancer.¹⁴

With few exceptions—such as the BRCA gene that increases a woman’s risk for breast and ovarian cancers—single mutations that clearly caused cancer could not be identified.¹⁵

Even more significant, in some tumor samples, no genetic mutations were found. For the Somatic Mutation Theory to work, these cancers can’t exist. And yet they do.

The results sowed doubt that mutations, even if they are involved in the development of cancer, are the real cause. Nor could treatments based on the mutation theory be effectively used to cure the disease. After all, if every cancer patient has a different set of mutations, a different treatment would have to be devised for each patient. This is far beyond our current capabilities.¹⁶

Now mainstream researchers are finally starting to recommend that the prevailing theory of cancer be discarded.

Dr. Thomas Seyfried of Boston College

I'd like to introduce you to Dr. Thomas Seyfried. He is a professor of biology at Boston College and runs a lab devoted to the study of cancer growth. He has authored dozens of scientific papers on the topic.¹⁷

Even before gene mapping revealed the flaws of the Somatic Mutation Theory, Dr. Seyfried was a skeptic.

In a graduate lecture on cancer at Boston College, Dr. Seyfried told his med students this:

"The professors in your other molecular biology and genetics classes will tell you that mutations to genes cause cancer because that is what they were told. And that's what the professors before them were told. And what their textbooks said.

"Don't believe them. Look at the evidence and make up your own mind."¹⁸

More researchers are starting to believe that cancer metabolism could be the key to curing it...the long-sought "Achilles' heel" of cancer.¹⁹

Normal cells use oxygen to produce energy in cell structures called mitochondria. The mitochondria are known as the cellular "power plant."^{20 21}

The metabolic theory says that cancer begins when mitochondria are damaged. The damage can be caused by smoking, chemical carcinogens, viruses...the same factors blamed for mutations by the Somatic Mutation Theory of cancer.

With damaged mitochondria, the cell is forced to find another energy supply to survive. It can no longer use oxygen. So it turns to glucose, a simple sugar.

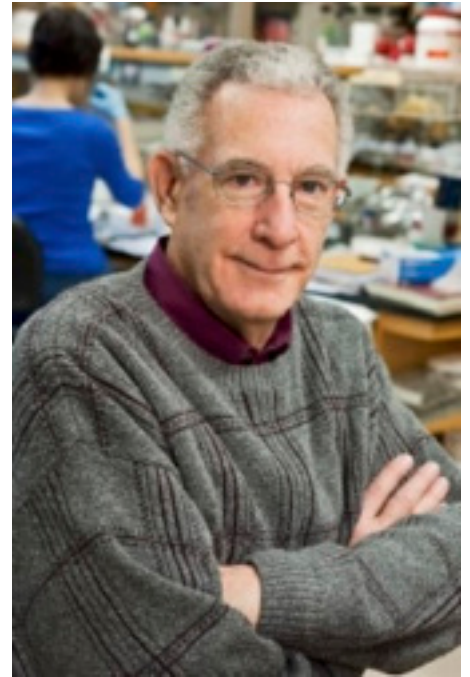
It is only after this turn to consuming glucose that mutations occur. It initiates the uncontrolled growth that is the hallmark of cancer.²²

Unlike the Somatic Mutation Theory, metabolic theory can explain every cancer. Some degree of metabolic dysfunction is found in all cancers.²³

Warburg believed the difference in fuel sources between cancer cells and healthy cells could be the key to curing the disease.²⁴

Consider this...

Doctors have long observed that diabetics seem to get cancer more often than healthy people do. But a major Swedish study in 2007 of more than 64,000 people found that even among non-diabetics, blood sugar levels are closely linked to cancer risk. The higher their blood sugar, the greater the subjects'



chances of getting cancer.²⁵

The findings were later confirmed by other studies. One showed that cancer patients with high blood sugar are more likely to have faster-growing tumors.²⁶

In other words, glucose feeds cancer. By blocking glucose, Warburg believed, you could prevent cancer and kill existing tumors.²⁷

One prominent convert to the metabolic theory is a very unlikely one. James Watson, the Nobel Prize winning pioneer who uncovered the structure of DNA.

And despite his own role in popularizing cancer gene theory, Watson says it has been “remarkably unhelpful” in the search for a cancer cure.

“We know the current approach is not working,” he says. “On the whole it has made no dent in cancer mortality.”

He believes that finding out more about the metabolic weakness in cancer cells is a far more productive avenue of research.

Dr. Watson is such a strong believer in the Warburg Effect, he’s testing it on himself.

Although he’s not diabetic, he takes the diabetes drug metformin. This lowers his blood sugar and insulin levels. And he believes it prevents cancer.

“I take metformin, I try not to eat too much sugar, and I exercise,” he says. “Put all together, they probably reduce my cancer risk by half.”

Since metformin was approved in 1995 to treat diabetes, doctors have noticed that cancer patients taking it have higher survival rates. Among diabetics who take it, metformin is linked to lower risk of breast, pancreatic, colon, prostate, and blood cancers.²⁹

Clinical studies are ongoing to determine whether metformin should be routinely used to treat cancer.³⁰

In the meantime, there’s a way to use the metabolic theory to dramatically lower your cancer risk.

We’ll tell you how in **Lesson** .

Sources

- ¹ <https://cancerandmetabolism.biomedcentral.com/articles/10.1186/s40170-016-0145-9>
- ² <http://cardiology.ucsd.edu/faculty/Pages/alan-maisel.aspx>
- ³ <https://books.google.com/books?id=opzvCAAAQBAJ&pg=PA6&lpg=PA6&dq=boveri+and+warburg&source=bl>
- ⁴ <https://books.google.com/books?id=3p0FiYoI9F4C&pg=PA21&lpg=PA21&dq=boveri+and+warburg&source=bl>
- ⁵ <http://www.history.com/this-day-in-history/watson-and-crick-discover-chemical-structure-of-dna>
- ⁶ <http://robbwolf.com/2013/09/19/origin-cancer/>
- ⁷ <https://www.ncbi.nlm.nih.gov/pubmed/11170258>
- ⁸ <https://www.ncbi.nlm.nih.gov/pubmed/15382143>
- ⁹ <http://www.nytimes.com/2009/04/24/health/research/24cancerside.html>
- ¹⁰ <https://www.cancer.gov/about-cancer/understanding/statistics>
- ¹¹ <http://www.ewg.org/research/industrys-myths/myth-3-cancer-rates-are-decreasing>
- ¹² https://en.wikipedia.org/wiki/The_Cancer_Genome_Atlas
- ¹³ <https://cancergenome.nih.gov/> > <https://cancergenome.nih.gov/>
- ¹⁴ <http://www.diagnosisdiet.com/what-causes-cancer/>
- ¹⁵ <http://robbwolf.com/2013/09/19/origin-cancer/>
- ¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3938290/>
- ¹⁷ <http://www.bc.edu/schools/cas/biology/facadmin/seyfried.html>
- ¹⁸ <http://robbwolf.com/2013/09/19/origin-cancer/>
- ¹⁹ <https://www.peprotech.com/Lists/PTPublications/INC%20Cancer%20FOCUS.pdf>
- ²⁰ <https://micro.magnet.fsu.edu/cells/mitochondria/mitochondria.html>
- ²¹ <http://robbwolf.com/2013/09/19/origin-cancer/>
- ²² <http://www.singlecausesinglecure.org/>
- ²³ <http://www.singlecausesinglecure.org/metabolic-theory-of-cancer/>
- ²⁴ <https://thetruthaboutcancer.com/ketogenic-diet-weakens-cancer-cells/>
- ²⁵ <http://www.webmd.com/cancer/news/20070227/high-blood-sugar-linked-cancer-risk#2>
- ²⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677694/>
- ²⁷ https://www.nytimes.com/2016/05/15/magazine/warburg-effect-an-old-idea-revived-starve-cancer-to-death.html?_r=0
- ²⁸ <http://www.cancerworld.org/Articles/Issues/56/September-October-2013/Cover-Story/610/Jim-Watson-DNA-revealed-the-causes-it-may-never-reveal-a-cure.html>
- ²⁹ <https://www.sciencedaily.com/releases/2016/06/160604051019.htm>
- ³⁰ <https://www.sciencedaily.com/releases/2016/06/160604051019.htm>

LESSON #3 FEATURE REPORT

Oncologists Warn: Stop Eating This Immediately

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 3: Oncologists Warn: Stop Eating This Immediately

You're probably eating it with every meal.

And it turns out that putting this one food on your plate feeds cancer cells and spreads it like a raging wildfire.

We consume about 11 million tons a year. That's 160 pounds per person.¹

Children in the U.S. get about 32 teaspoons of it a day.²

It's linked to a whole medical textbook of diseases...insomnia, hair loss, obesity, allergies, insomnia, manic depression, high blood pressure, heart disease, and diabetes.

Yet many people still consider it a harmless treat.

I'm talking, of course, about sugar.

And now scientists have uncovered sugar's worst evil... It fuels the spread of cancer. Especially breast cancer.³

In fact, sugar is so dangerous that removing it from your diet can actually reverse cancer growth.

Researchers at MD Anderson Cancer Center in Texas found that sugar can turn non-threatening localized cancers into deadly malignancies that spread throughout the body.

"The majority of cancer patients don't die of their primary tumor," said researcher Lorenzo Cohen, who worked on the study. "They die of metastatic disease."⁴

The findings help explain what cancer doctors have noted for years...

Patients who eat sugary foods are more likely to have advanced cancer.

The researchers used mice for their study. But they took procedural steps to mimic human eating habits. They fed mice doses of sugar equivalent to levels in the typical American diet. And they used mice genetically predisposed to breast cancer in the same way many women are.

The results were alarming. At six months, half the mice had breast cancer.⁵

Common table sugar, or sucrose, is actually composed of two sugars. These are glucose and fructose. The study found fructose caused tumors to grow larger and faster than glucose.

Fructose is processed mostly by the liver. Glucose is processed by the pancreas and other organs. These two different processing systems could have something to do with the findings.

Of course, Big Sugar attacked the study. It pointed out that fructose is found naturally in fruits. Researchers fired back that only a little bit of fructose is needed by your body. But Americans eat far more than they could ever possibly get by eating fruit.

And fruit contains fiber and other healthy substances mixed in with the fructose. Sweetened soft drinks, the number one source of sugar in the American diet, provide virtually no nutrition.

The fact that this matter is even up for debate is absurd. Especially considering that doctors actually use sugar to detect cancer in your body.

It's usually one of the first diagnostic tests your doctor will order if he suspects you have cancer. A PET scan. They inject you with radioactive glucose (that's right...sugar) before the scan. Hungry cancer cells suck up the sugar faster than healthy cells. The scan shows the concentration.⁶

And yet, despite all of the evidence proving that sugar fuels cancer, here's what the Mayo Clinic recommends as snacks to cancer patients dealing with weight loss during chemotherapy...

"...Ice cream, canned fruit in heavy syrup, dried fruit, peanut butter with crackers, muffins, and chocolate milk are examples of high-calorie snacks requiring little or no preparation."

That's like pouring gasoline onto an already blazing inferno!

What do they *not* tell you about?

The anti-cancer diet you'll discover in **Lesson 4** that starves cancer to death.

But before we get to that, I want to tell you about some traps you'll need to actively avoid...

Because the solution here seems simple enough: Avoid sugar. But that's much harder than it sounds.

Have you ever heard of Dri-Mol? What about Clintose? Treacle?

You probably don't know what these words mean.

That's the idea.

They are terms used on food labels to hide added sugar.

After sugar became public health enemy number one in the minds of many consumers, Big Sugar had to find a way to keep its profits flowing. So it simply used different names for sugar, making it difficult to spot its poisonous product on labels.

Big Sugar successfully disguises the ingredient under dozens of aliases. They include flo-malt, honi flake, and the others I mentioned earlier.

Dr. Barry Popkin is a professor of nutrition at the University of North Carolina. His research found added sugar in 60% of the packaged foods in U.S. grocery stores.⁷

Professor Popkin compiled a list of dozens of names used by the food industry as stand-ins for sugar. Big Sugar sometimes goes so far as to use foreign words for sugar. One example is mizuame. That's Japanese.

Another trick is to use an incomprehensible chemical name like isomaltulose.⁸

Here are 50 food label weasel words that mean one thing: sugar.

1. **Agave juice**
2. **Agave nectar**
3. **Agave sap**
4. **Brown rice syrup**
5. **Cane juice**
6. **Cane syrup**
7. **Clintose**
8. **Corn glucose syrup**
9. **Corn sweet**
10. **Corn sweetener**
11. **Corn syrup**
12. **Dextrose**
13. **Dri-Mol**
14. **Dri-Sweet**
15. **Dried raisin sweetener**
16. **Edible lactose**
17. **Flo-malt**
18. **Golden syrup**
19. **Gomme**
20. **Granular sweetener**
21. **High fructose corn syrup**
22. **Honey**
23. **Honi-Bake**
24. **Honi flake**
25. **Invert sugar**

26. **Isoglucose**
27. **Isomaltulose**
28. **Kona-ame**
29. **Lactose**
30. **Liquid sweetener**
31. **Malt**
32. **Malt sweetener**
33. **Malt syrup**
34. **Maltose**
35. **Mizuame**
36. **Molasses**
37. **Nulomoline**
38. **Rice syrup**
39. **Sorghum**
40. **Starch sweetener**
41. **Sucanat**
42. **Sucrose**
43. **Sucrovert**
44. **Sugar beet**
45. **Sugar invert**
46. **Sweet n Neat**
47. **Treacle**
48. **Trehalose**
49. **TruSweet**
50. **Versatose**

Professor Popkin found that fruit juice concentrates are another common way to slip sugar into foods. Before it's added to foods, the fruit is stripped of nearly all its nutrients, leaving mostly sugar.⁹

If you see the name of a fruit followed by the words “juice concentrate,” don't be fooled. This is just another way to say “added sugar.”

Making matters worse, manufacturers are allowed to label food as “organic” or “natural” even when it has added sugar in the form of juice concentrates.

Of course artificial sweeteners aren't any better. Equal (the brand name for aspartame), Splenda (the brand name for sucralose), and Sweet 'N Low (the brand name for saccharin) are all linked to cancer.^{10 11}

However, there are some sweet alternatives that come without major health risks:¹²

Raw Honey. You have to make sure it isn't processed. Refined honey can be as bad as sugar. Look for 100% organic raw honey. The darker the honey, the more nutrients and flavor. It also has antibacterial, antifungal, antiseptic, and antioxidant properties.

Blackstrap Molasses. Don't confuse this with regular molasses. Blackstrap is a byproduct of sugar cane. The healthy minerals such as iron, B6, magnesium, and calcium aren't processed out. It doesn't flood your body with sugar. The sugar content is released slowly.

Stevia. This low-calorie natural substance is made from the leaves of a plant native to South America. It is very sweet, so a little is all you need.

Its glycemic index is zero... So it has no effect on your blood sugar.

But reducing your sugar intake is just the beginning.

As I mentioned, **Lesson 4** reveals the comprehensive eating plan to make you cancer-proof.

Sources

- ¹ <https://www.statista.com/statistics/249692/us-sugar-consumption/>
- ² <https://www.mindbodygreen.com/0-4543/14-MindBlowing-Facts-About-Sugar-Infographic.html>
- ³ <https://www.nbcnews.com/health/cancer/here-s-how-sugar-might-fuel-growth-cancer-n488456>
- ⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3871217/>
- ⁵ <https://beatcancer.org/blog-posts/5-reasons-cancer-and-sugar-are-best-friends/>
- ⁶ <http://beatcancer.org/2014/03/5-reasons-cancer-and-sugar-are-best-friends/>
- ⁷ [http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(15\)00419-2/abstract](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(15)00419-2/abstract)
- ⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733620/>
- ⁹ <https://www.nytimes.com/2016/05/22/upshot/it-isnt-easy-to-figure-out-which-foods-contain-sugar.html>
- ¹⁰ <http://www.instituteornaturalhealing.com/2013/05/five-healthy-and-natural-sugar-alternatives/>
- ¹¹ <https://www.instituteornaturalhealing.com/2015/09/these-healthy-sugar-substitutes-are-even-deadlier/>
- ¹² <http://www.instituteornaturalhealing.com/2013/05/five-healthy-and-natural-sugar-alternatives/>

LESSON #4 FEATURE REPORT

Unique Diet Switch That Cuts Off Cancer's Fuel Supply

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 4: Unique Diet Switch That Cuts Off Cancer's Fuel Supply

Let me tell you about Alix Hayden. In 2011, something strange happened to her.

She recalls, "I first experienced it while getting out of my car at a greenhouse where I'd gone to pick up some summer plants."¹

Suddenly, she couldn't move her right arm. She felt perfectly fine otherwise. She could walk and talk normally. But her arm was paralyzed.

Just as she was starting to panic, after only a minute or two, the odd symptom went away.

But then, two months later, it happened again. She knew it was time to see her doctor.

Alix's general practitioner referred her to a neurologist. He suspected multiple sclerosis and sent her to get an MRI.

The neurologist called Alix at work with the test results. She didn't have MS. She had brain cancer. It was glioma, one of the deadliest forms of cancer.

The doctor told her to go to the emergency room right away. She needed surgery because the tumor was growing into her motor cortex, where it could cause permanent paralysis and seizures.

Unfortunately, surgeons were able to remove only part of her tumor. Afterward, it started to grow back. Her future looked grim.

Alix had read about an eating plan that had helped cancer patients like her. It's called the **ketogenic diet**.

The principle is simple. Remember, cancer feeds on glucose. But it's not enough to simply cut sugar from your diet (although it is a great start).

Carbohydrates are broken down into glucose in your body. To starve cancer, you need to remove carbohydrates from your diet.²

Let's take a look at some of the evidence...

Tumors in mice with malignant brain cancer shrank by 65% when they went on the diet, according to a study published in the journal *Nutrition & Metabolism*.³

Other animal research shows the diet fights colon, prostate, stomach, and lung cancers.⁴

Human studies also show it can work. The first human tests were in two young girls with inoperable advanced brain cancer. Both were considered hopeless cases.



Dr. Linda Nebeling of Case Western Reserve University put both children on a ketogenic diet. Both responded well, and one of them was still alive 10 years later.

Scientists at European University in Frankfurt followed a small group of end-stage cancer patients who had been unsuccessfully treated with conventional chemotherapy, radiation, and/or surgery. Once again, doctors said there was nothing more that could be done for them.

Using a ketogenic diet, several of the patients had dramatic recoveries.

One woman had had metastatic breast cancer that had spread to her lungs and bones. She had a full remission.⁵

The researchers noted that when ketogenic dieters in remission went off the diet, their cancer often returned. The scientists concluded that a ketogenic diet “is likely beneficial for patients with cancer.”⁶

The ketogenic diet is very low-carb. The “keto” in a ketogenic diet comes from the fact that when you don’t eat carbs, your liver uses fatty acids to produce ketones. These are small molecules that healthy cells can use for fuel, but cancer cells cannot. Without the glucose it needs, cancer dies.⁷

After her surgery, when the remaining part of her tumor started to grow, Alix went on a ketogenic diet to supplement conventional treatments. She believes the results were nothing less than life-saving.

Today, she says, “I am feeling terrific, with no lasting effects of surgery or treatment. My MRI scans show no tumor remains.”

Alix now teaches yoga and writes a blog to educate other cancer patients.⁸

If you are a person who craves carbs, following a ketogenic diet will take some willpower. You’ll need to keep your carb intake below 50 grams a day. That’s very low. This means not only staying away from sugary foods, but also avoiding starches such as bread, pasta, rice, and potatoes.⁹ It even means limiting your intake of fresh fruits.

Except for those rules, a ketogenic diet is flexible. There are no calorie restrictions.

Simply follow these guidelines—¹⁰

Eat these as often as you like:

- Grass-fed, organic meats
- Wild-caught fish
- Pastured eggs
- Coconut, olive, and avocado oils
- Organic butter or ghee
- Non-starchy vegetables: leafy greens, radishes, kohlrabi, celery, asparagus, cucumber, summer squashes
- Avocado
- Raw macadamia nuts
- All herbs and spices

- Condiments: organic or homemade mayonnaise (soy-free), pesto, mustard
- Grass-fed whey protein powder (make sure there's no added sugar)

Eat these no more than once a day:

- Full-fat, grass-fed organic dairy (plain Greek yogurt, cheese, cream, sour cream)
- Nuts: pecans, almonds, walnuts, hazelnuts, pine nuts
- Seeds: flaxseed, pumpkin seeds, sesame seeds, sunflower seeds
- Berries
- Peas
- Mushrooms
- Onions, garlic, leeks
- Cabbage, cauliflower, broccoli, Brussels sprouts, turnips, rutabaga
- Apples, pears
- Okra
- Artichokes
- Rhubarb
- Olives
- Extra-dark chocolate
- Root vegetables: carrots, beets, parsnips, sweet potatoes
- Melon
- Dry red or white wine

Stay away from these entirely:

- All grains: breads, rice, flour, cookies, crackers, pasta, etc.
- Sweets: candy, ice cream, cakes, syrup, soft drinks
- Factory-farmed meats and fish
- Potatoes
- Sweet or starchy fruits: banana, mango, pineapple, oranges, grapes
- Dried fruit
- Soy products
- Fruit juices
- Processed foods
- Artificial sweeteners
- Refined oils: sunflower, safflower, soybean, canola, corn oils
- High-carb alcohol: sweet wine, beer

Here's a typical daily ketogenic diet menu:

Breakfast is two scrambled eggs prepared with butter, two ounces smoked wild salmon, and an avocado.

Lunch is grilled chicken on top of spinach or another leafy green. Garnish with macadamia nuts and top with your favorite low-carb (not low-cal) dressing.

An afternoon snack is a hard-boiled egg, cucumber slices with tuna salad, grass-fed protein shake, or celery sticks with almond butter.

Dinner is a ribeye steak topped with mushrooms and fresh thyme sautéed in olive oil, steamed asparagus.

People fighting cancer typically stay on this diet until they are cancer-free. Cancer survivors, or those trying to prevent cancer, may cycle on and off.

In addition to Alix Hayden, there are many other success stories...

Patricia Daly was diagnosed with malignant melanoma in 2008. She had radiation, chemo, and multiple surgeries.

Melanoma survivor Patricia Daly

After relapsing, she started using a ketogenic diet in 2012 as an adjunct to conventional treatments. Today, she is in remission and says her health is excellent.

Patricia says, "My energy is great. My digestion has improved. My skin looks fabulous. And I feel like I'm my ideal weight." ¹¹

Another study chronicles the case of a 65-year-old woman who complained of memory loss, chronic headaches, and nausea. Doctors discovered she had a brain tumor. But surgeons could remove only part of it. Her cancer started growing again after the operation.

After two months on a ketogenic diet, the woman's brain tumor disappeared. Her case study was reported in the journal *Nutrition & Metabolism*.¹²



Why aren't more cancer patients using the ketogenic diet? It's because their doctors are operating under the wrong theory...that mutation causes cancer, not metabolism.

And Dr. Thomas Seyfried says there's another problem. Not many patients know about it. Nobody is promoting the ketogenic diet because there's no way to make money off of it. Anybody can do it for free.

"The efficacy of this diet is really remarkable," he says. "If one was able to patent and package the ketogenic diet as a pill for cancer it would be a blockbuster. It would be all over the media. The irony is, because it is free, nobody is interested."¹³

Let's review the basics of the ketogenic diet...

- **Keep your carbohydrate intake below 50 grams a day.** We recommend using a food-tracking app like *My-Fitness-Pal*.

- **Avoid sugary and starchy foods. That includes bread, pasta, rice, potatoes.**
- **Eat foods high in protein and healthy fats. This includes organic meats, eggs, wild-caught fish, avocados, and olive oil.**
- **There are no calorie restrictions.**

The ketogenic diet may be the world's most powerful weapon against cancer. But in **Lesson 5**, we'll tell you about four other simple ways to starve cancer to death.

Sources

- ¹ <https://greymadder.net/health-history/>
- ² <http://drsircus.com/cancer/sugar-cancer-growth-research/>
- ³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1819381/>
- ⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215472/>
- ⁵ <https://www.spandidos-publications.com/10.3892/ol.2015.3923>
- ⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1819381/>
- ⁷ <https://www.dietdoctor.com/low-carb/keto>
- ⁸ <https://greymadder.net/about/>
- ⁹ <https://www.dietdoctor.com/low-carb/keto>
- ¹⁰ <http://ketodietapp.com/Blog/post/2015/01/03/Keto-Diet-Food-List-What-to-Eat-and-Avoid>
- ¹¹ <https://patriciadaly.com/>
- ¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215472/#bib44>
- ¹³ <http://lpi.oregonstate.edu/mic/dietary-factors/phytochemicals/resveratrol>

LESSON #5 FEATURE REPORT

4 Ways to Starve Cancer

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 5: 4 Ways to Starve Cancer

The ketogenic diet is a great way to cut off cancer's fuel supply. But it's not the only way.

In recent years, scientists have discovered that certain foods, herbs, and eating patterns also can rob cancer of its energy source. This means that cancer cells die before they can become full-fledged tumors. And existing tumors shrink. Or they even disappear altogether.

In this lesson, we'll give you four ways to starve cancer of the glucose it needs to survive. The cancer-fighting power of all four has been confirmed in high-quality studies.

The first is **bitter melon**. This vegetable is found in kitchens throughout Asia. It's used medicinally in China, India, and Central America. In recent years, it has been gaining popularity in the United States as an alternative treatment for—not surprisingly—diabetes.¹

Bitter melon has a high concentration of compounds called glycosides. They lower blood sugar and insulin, depleting cancer of nourishment.

A 2010 study at the University of Colorado found that bitter melon extract kills breast cancer tumors. The research was later confirmed in a 2013 study at China Medical University in Taiwan.²

A 2013 animal study found that bitter melon juice was effective against pancreatic cancer. This is the deadliest form of cancer. Conventional treatment has proven almost useless against it.³

But the study found that pancreatic tumors shrank 65% in animals fed bitter melon.⁴

Fresh bitter melon can be found in Asian markets. For maximum potency, eat it raw. As you might expect from its name, bitter melon has a very astringent taste. To many Americans, it is too strongly flavored to eat raw. So they dilute the pulp by adding it to a smoothie.^{5 6}

The easiest way to get the benefits of bitter melon may be to take it in supplement form. One excellent brand is Jarrow Formulas Wild Bitter Melon Extract. Take one 1,500 mg tablet twice a day.

Intermittent fasting is another way to cut cancer's power supply. When you stop eating, even for just a few hours, your body runs out of glucose.

It goes into "ketosis." That means you deprive any cancer in your body of fuel while your healthy cells run on ketones.

Putting your body into ketosis through fasting is not as difficult as it sounds. If you can avoid snacking between lunch and dinner, your body will go into mild ketosis.

A 2012 study in the journal *Science Translational Medicine* found that intermittent fasting sensitized tumors to chemotherapy. It made anti-cancer drugs more effective. What's more, it reduced chemotherapy side effects. This was true for breast, brain, and skin cancers.⁸

One research group has applied to the FDA to get intermittent fasting approved as an adjunct therapy for cancer patients.

To use intermittent fasting to treat or prevent cancer, restrict your eating to an eight-hour window. In other words, if you eat breakfast at 9 a.m., finish dinner by 5 p.m. And stay away from carbs. Do this once a week.⁶³

MCT oil is short for medium-chain triglycerides. As the name implies, they are fatty acids of a certain length.

All fats are composed of carbon and hydrogen. But they vary in length. By definition, short-chain triglycerides have five or fewer carbon atoms. Medium-chains have six to 12. Long-chains have more than 12.⁹

MCTs are the sweet spot for your metabolism.

Unlike shorter and longer fatty acids, MCTs are processed in the liver, not in the digestive tract. This means they put your body into ketosis. Your liver breaks them down into ketones that healthy tissues can use for fuel but cancer can't.

Researchers have linked MCTs to a wide variety of health benefits, including better digestion, mood, weight loss, immunity, and mental sharpness.¹⁰

A 2008 study found that MCT oil also inhibits cancer. Researchers split mice into two groups. One group was put on a normal diet. The other group was fed MCT oil. All the mice were injected with stomach cancer cells.

The mice eating MCT oil showed resistance to cancer. Their tumors grew at almost half the rate of those in mice on a normal diet. And the cancer in the MCT oil mice stayed confined to a smaller area.¹¹

The researchers concluded: "MCT delays tumor growth."

The most common source of MCTs is coconut oil. The fats in coconut oil are about 15% MCTs.¹²

But if you're looking to maximize the cancer-fighting power of MCTs, there's a better source. Take a supplement. They are a concentrated form of MCTs extracted from coconut and palm oils. Virtually all the fat in them is MCTs.

One excellent brand is NOW Foods MCT Oil. Take three 1,000 mg gel caps every morning. You can also get the liquid version and blend it into shakes or smoothies.

There's another supplement proven to fight cancer. It has been used in traditional Chinese medicine for thousands of years. It's called **berberine**. It's the active ingredient in an Asian herbal remedy used to treat diabetes.

Berberine lowers blood sugar as effectively as the drug metformin, according to a 2008 study published in the journal *Metabolism*.

And research shows it also fights cancer. But it does so without metformin's typical side effects—diarrhea, fever, muscle pain, fatigue, and coughing.¹³

A 2001 study found that berberine stops mice from developing cancer after exposure to chemical carcinogens.¹⁴

A 2009 review of berberine research found that it suppresses tumor growth and spread. And it stops cancer from becoming resistant to chemotherapy drugs.¹⁵

A 2012 study published in the European Journal of Pharmacology found that berberine kills colon cancer cells.¹⁶

These supplements are widely available online and at health food stores. One brand we recommend is Integrative Therapeutics.

The usual dose is 500 mg two to three times a day. It's usually well-tolerated. But sometimes berberine can cause mild constipation. This usually clears up over time or with a reduction in dosage.¹⁷

If you are taking metformin or another diabetes drug, be sure to talk to your doctor before taking berberine. It could interact dangerously with your medication.

Let's review what we've learned in this lesson...

The four ways to starve cancer are:

- **Bitter melon.** The easiest way to get the benefits of bitter melon may be to take it in supplement form. One excellent brand is Jarrow Formulas Wild Bitter Melon Extract. Take one 1,500 mg tablet twice a day.
- **Intermittent fasting.** Restrict your eating to an eight-hour window. In other words, if you eat breakfast at 9 a.m., finish dinner by 5 p.m. And stay away from carbs. Do this once a week.
- **MCT oil.** Take three 1,000 mg MCT supplement capsules every morning. You can also get the liquid version and blend it into shakes or smoothies.
- **Berberine.** Take a 500 mg supplement two to three times a day. But be sure to first check with your doctor if you are on a diabetes drug.

Cutting off cancer's food supply is not the only way to prevent and treat it. In **Lesson 6** we'll tell you how to activate your immune system to kill cancer naturally.

Sources

¹ <http://beatcancer.org/blog-posts/bitter-melon-extract-kills-breast-cancer>

² <http://blogs.naturalnews.com/bitter-melon-kills-cancer-cells-stops-type-ii-diabetes/>

³ <http://pancreatic.org/pancreatic-cancer/about-the-pancreas/prognosis/>

⁴ <http://www.healthy-holistic-living.com/can-vegetable-really-treat-diabetes-cancer.html>

⁵ <https://draxe.com/bitter-melon/>

⁶ <http://simplegoodandtasty.com/2011/05/03/bitter-melon>

⁷ <https://authoritynutrition.com/7-tips-to-get-into-ketosis/>

LESSON #6 FEATURE REPORT

Activate Your Immune System Now

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 6: Activate Your Immune System Now

In earlier lessons, we discussed immunotherapy, the new cancer treatment that cured former President Jimmy Carter of advanced melanoma. There are two reasons it is the most exciting development in mainstream cancer care in decades.¹

First is its effectiveness. Although it doesn't work for all patients, when it does work, the results can seem miraculous. "Hopeless" patients are being cured.

Second, it uses natural immunity to get rid of cancer. Instead of fighting your body, it works with it. It harnesses your body's own healing powers.

This is a vast departure from surgery, radiation, and chemotherapy, the standard treatments also known as "cut, burn, and poison."

Even though immunotherapy is a true breakthrough, you don't want to get to the point where you need it. Think of it as a "last resort" type of treatment. And even if you are one of the lucky ones who respond to immune drugs, the side effects are often severe.

The steps you're about to discover help boost your immune system naturally to help kill cancer without drugs. And they don't just help fight cancer, but they can help prevent it as well.

Instead of waiting until you are near death, they can help you stop cancer before it gets started.

Each of the seven measures I'm about to tell you about have been clinically proven to help stop cancer. Each of them on their own can help boost your cancer immunity.

But the more of them you incorporate into your life, the better your odds of never getting cancer. And if you already have cancer, you'll increase your chances of getting rid of it for good.

Now is the time to activate your immune system. Let's get started...

Step #1. Get more of one of the most powerful anti-cancer vitamins.

Now let me ask you a question...

If your doctor wanted to prescribe you a pill that cut your risk of ever getting cancer by an astounding 80%, would you take it?

Of course you would! Who wouldn't?

The good news is, this pill already exists, according to one leading expert. The bad news is, chances are your doctor won't prescribe it. Or tell you about it (I doubt he even knows). Because it's not a drug...

It's **vitamin D**.

**"We have the information
we need right now to
prevent 80% of cancers..."**

—acclaimed cancer expert Dr. Cedric Garland

Vitamin D is actually a hormone your body already produces—a natural substance—but chances are it probably doesn't produce enough.

We dove into the research of acclaimed cancer expert Dr. Cedric Garland.

He confirms that this relationship is so strong that most cancers are simply a deficiency in vitamin D. He says...

"[It] prevents breast cancer in the same sense that vitamin C prevents scurvy. It happens that it's also true of colon cancer. It happens that it's also true of pancreatic cancer. And it's largely true of ovarian cancer. Cancer of the brain. It's true of adult leukemia. It's true of bladder cancer. And it's true of cancer of the kidney.

"We have the information we need right now to prevent 80% of cancers."

Imagine... Cancer eradicated as easily as scurvy. Think about that. I mean, do you know anyone who has scurvy?

This may all sound unbelievable. But Dr. Garland is the real deal. He's an adjunct professor with the University of California, San Diego. He studied at Johns Hopkins. He's been published in mainstream journals including the .

But still, no one is listening to his warning.

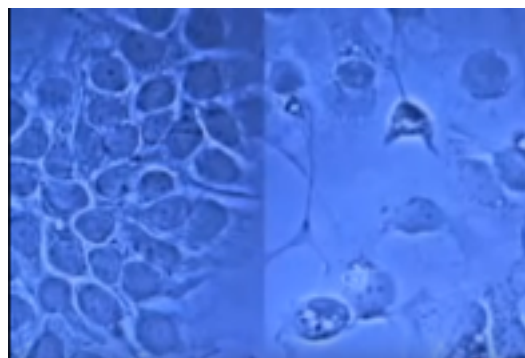
And if you already have cancer?

Dr. Garland says that even modest amounts of vitamin D could reduce the mortality of breast cancer by HALF.

He found the same to be true for colon cancer.

Researchers recently treated human cancer cells in a test tube—taken from an actual woman who had breast cancer—with this powerful cancer-fighting vitamin.

And look what happened in only four days...



Before

4 days after treatment

Half of the cancer cells were dead.

Lead researcher JoEllen Welsh with the State University of New York at Albany explains, “The longer they are treated, the more of an effect we see. What happens is that it enters the cells and triggers the cell death process.”

So the scientists went further...injecting these human cancer cells into mice. And the results were even more impressive...

Tumors shrank more than 50%. Some—like this one—vanished completely...

What does the mainstream have to say?

They throw around words like “encouraging” and “provocative” and “tantalizing.” Then in the next breath talk about needing more research!

But we’ve already seen remarkable evidence.



Vitamin D is one of the most valuable natural immune supporters.⁷¹

Researchers at the University of Copenhagen found vitamin D is the immune system’s primary source of activation. If immune T cells have insufficient vitamin D, they will not activate.

Even the most mainstream cancer resources, like the National Institutes of Health, acknowledge that vitamin D does the following:^{3 4}

- **It prevents the development of cancer**
- **It slows cancer cell growth**
- **It activates cancer cell death (apoptosis)**
- **It stops angiogenesis, which is the formation of new blood vessels that feed cancer**

Findings presented at the 2011 meeting of the American Society for Radiation Oncology revealed more than 75% of cancer patients have low levels of vitamin D. The lower their vitamin D levels, the more likely it was that their cancer had spread.

So why *shouldn't* everyone incorporate it as part of their cancer war plan?

Blood levels of vitamin D are measure in units of nanograms per milliliter. Patients with less than 24 ng/mL of vitamin D in their blood were three times more likely to have advanced Stage 3 cancer than those with higher levels. This was observed for breast, prostate, lung, thyroid, and colorectal cancers. ⁵

One study found that raising your vitamin D levels to 40 ng/mL is enough to drop your overall cancer risk by up to 77%.⁷⁵ We recommend you shoot for 50 ng/mL. ^{6 7}

Ask your doctor for a vitamin D test. It’s a simple blood draw. If your results show you have 40 ng/mL or higher, you’re in good shape.

You can maintain your levels by eating wild-caught salmon, mushrooms, grass-fed meats, and getting at

least 12 minutes of sunlight each day to your exposed arms and legs.

But if your levels are low, take a D3 supplement. D3 is the most effective form of vitamin D. That's because it is the same form your body makes from sunlight. Take 5,000 IU a day until you reach the 50 ng/mL target.

Step #2. Eat more food containing ellagic acid.

This little-known compound is the natural equivalent of an immunotherapy drug. It makes your immune system more sensitive so it can detect and destroy cancer.

Ellagic acid is effective against liver, esophageal, prostate, and colorectal cancers.⁸

By ramping up immunity, it activates a process called apoptosis. This is the means by which your body naturally kills cancer.^{9 10}

It short-circuits the rapid cell growth that leads to tumors. Ellagic acid also has been shown to shut down the blood vessels that fuel tumors.

There is, however, a drawback. This compound is not effective as a stand-alone supplement. It's insoluble and biologically unavailable. This means your body can't absorb it well.

Instead of taking a supplement, you're better off eating foods rich in ellagic acid. They deliver it in a naturally occurring form your body can use.¹¹

The top five food sources of ellagic acid are:

- **Blackberries**
- **Cranberries**
- **Pecans**
- **Pomegranates**
- **Raspberries** ^{12 13 14}

Another surprisingly concentrated source of ellagic acid is whiskey aged in oak barrels.¹⁵

These include single malt Scotches and bourbons. The longer they've been aged in oak barrels, the higher the ellagic acid content.

To optimize cancer benefits, limit your consumption to two drinks a day. Heavy drinking is linked to increased cancer risk.¹⁶

We're not suggesting that you can simply eat blackberries, drink Scotch and never have to worry about cancer, although those things help. It's the cumulative power of all these immune-boosting steps that can protect you...

Step #3 is sprint (don't jog).

Kansas State University physiologist Brad Behnke explains what happens when a person with cancer is sedentary. Their tumors become starved for oxygen. They respond by seeking another area of the body with better blood flow. They spread. And the cancer becomes more deadly.

"Simply speaking, the tumor says, 'I can't breathe here, so let's pick up and move somewhere else in the body,'" Behnke says.¹⁷

Research shows people who exercise regularly have:

- 20-30% lower breast cancer risk ¹⁸
- 38% lower risk of invasive breast cancers ¹⁹
- 30-40% lower risk of colon cancer
- 44% lower risk of bowel cancer after age 65 ²⁰
- 55% lower risk of lung cancer

Researchers at Copenhagen University Hospital exposed two groups of mice to a chemical that causes liver cancer. The first group had activity wheels they could use without limit. The other group was unable to exercise.

Three-quarters of the non-exercisers developed tumors. Only a third of the exercise group got cancer. And the tumors in this group were 60% smaller than those in the sedentary mice.

Lead study author Dr. Pernille Hojman says the exercising mice had more infection-fighting cells to combat cancer. ²¹

Exercise causes disease-fighting white blood cells to circulate faster. It means a faster immune response to threats.²²

This helps explain why breast and colon cancer survivors who exercise regularly are half as likely to have their cancer recur.²³

But it's important to get the right kind of exercise. Short bursts of **high-intensity interval training, also known as HIIT**, have been shown to boost the immune system better than long hours of moderate exercise such as jogging or bicycling.

A study in the journal *Medicine & Science in Sports & Exercise* found that extended moderate-intensity exercise actually can weaken immune response.²⁴

A HIIT workout can be simple. Start with a five-minute warm-up doing your preferred form of exercise at a leisurely pace. Then go at an all-out pace for 30 seconds. After 30 seconds, return to your warm-up pace until you catch your breath. This is one round. Aim for five rounds.

Do HIIT training every other day, up to three times a week. You can apply this training style to biking, swimming, running, rowing, elliptical, stair climbing, and many other activities.

Step #4 is an ancient Chinese health remedy.

Astragalus root is used in traditional Asian medicine. It is a potent immune-booster and cancer-fighter.

In fact, it's a natural version of one of the new immunotherapies called adoptive cell transfer or ACT. Like ACT, it boosts T cell function so cancer cells are destroyed in early development. A study in China showed that cancer patients receiving astragalus had longer T cell life span and stronger overall immunity.²⁵

The study authors concluded astragalus inhibits the development of secondary cancers, decreases the toxic effects of chemo, and boosts total immune function.²⁶

Research from the University of Texas MD Anderson Cancer Center shows astragalus enhances the cancer-fighting power of immunotherapy treatments. It restores function in damaged immune cells.²⁷

Astragalus comes in many different forms. At Asian markets you can buy the dried root, which often is made into tea. It also comes in capsules, tinctures, and topical ointments.

For best results, use a tincture or capsules with a standardized dosage. They are widely available at drugstores and online. Take 1,200 mg a day with meals.

And astragalus is even more effective in combination with another natural cancer-fighter...

Step #5 is pterostilbene.

A study in the *Asian Pacific Journal of Cancer Prevention* found combining pterostilbene, a powerful antioxidant found in blueberries, with astragalus inhibited melanoma tumor growth by 62%. It did this by turning on apoptosis, the natural cell death process that prevents cancer.²⁸

Research in the journal *Oxidative Medicine and Cellular Longevity* revealed pterostilbene-rich blueberry juice decreases the spread of dangerous triple-receptor negative breast cancers. It does the same for pancreatic, stomach, and colon cancers.

Eating blueberries helps, but your best defense is a pterostilbene supplement. Take 25 mg a day.²⁹

Look for brands that use trans-pterostilbene. Your body can more easily absorb this form.

Step #6 is diallyl disulfide.

Garlic is rich in sulfur compounds that stimulate the immune system to kill cancer in a way similar to immune drugs. One garlic component has been shown to be particularly effective. It's called diallyl disulfide.

Research shows it prevents cancers of the skin, colon, and lungs. Studies show people who eat garlic



regularly reduce their incidence of stomach cancer by a factor of 12.^{30 31 32}

But there is a way to get more anti-cancer power from garlic...

Black garlic was developed in Korea. It has double the immune-boosting sulfur compounds as fresh garlic.³³

When researchers in China tested it on mice in 2010, they were astounded by the results. Black garlic cured half of mice with cancer.³⁴

Black garlic is a fermented version of the regular fresh garlic you buy at the supermarket. It doesn't look appetizing, but the taste is mild and sweet. Trader Joe's sells it, but most other grocery chains do not. You can also find it in health food stores and online.



Step #7: Get sulforaphane.

Cruciferous vegetables—like broccoli, cabbage, and cauliflower—strengthen immunity. They contain several anti-cancer agents.³⁵

The most well-researched is **sulforaphane**, which, like sulfur compounds in garlic, acts like an immune drug. It switches on immune cells that kill cancer cells before they can multiply. And it slows the growth of existing tumors.

Sulforaphane has a long track record of preventing prostate cancer. A University of Illinois researcher called it “one of the most powerful anticarcinogens found in food.”^{36 37 38}

The problem is that you destroy the sulforaphane in cruciferous vegetables if you prepare them the wrong way. Much of the broccoli we eat doesn't have any. According to the *Journal of Food Science*, frozen broccoli contains no sulforaphane.³⁹ It is lost in the freezing process.

Fresh broccoli, cabbage, and cauliflower are excellent sources. When cooking them, gently steam these vegetables for 3-4 minutes to get the most sulforaphane. Make sure to cook only until tender yet firm.⁴⁰

A more reliable way to get cancer protection is with a sulforaphane supplement. They can give you 20-times the sulforaphane of one serving of broccoli. Follow label directions for correct dosage.

Step #8 is the most powerful anti-cancer vitamin.

Vitamin D is one of the most valuable natural immune supporters.

Researchers at the University of Copenhagen found vitamin D is the immune system's primary source of activation. If immune T cells have insufficient vitamin D, they will not activate.⁴¹

Even the most mainstream cancer resources, like the National Institutes of Health, acknowledge that vitamin D does the following:^{42 43}

- It prevents the development of cancer
- It slows cancer cell growth
- It activates cancer cell death (apoptosis)
- It stops angiogenesis, which is the formation of new blood vessels that feed cancer

Findings presented at the 2011 meeting of the American Society for Radiation Oncology revealed more than 75% of cancer patients have low levels of vitamin D. The lower their vitamin D levels, the more likely it was that their cancer had spread.

Blood levels of vitamin D are measure in units of nanograms per milliliter. Patients with less than 24 ng/mL of vitamin D in their blood were three times more likely to have advanced Stage 3 cancer than those with higher levels. This was observed for breast, prostate, lung, thyroid, and colorectal cancers.⁴⁴

One study found that raising your vitamin D levels to 40 ng/mL is enough to drop your overall cancer risk by up to 77%.⁷⁵ We recommend you shoot for 50 ng/mL.^{45 46}

Ask your doctor for a vitamin D test. It's a simple blood draw. If your results show you have 40 ng/mL or higher, you're in good shape.

You can maintain your levels by eating wild-caught salmon, mushrooms, grass-fed meats, and getting at least 12 minutes of sunlight each day to your exposed arms and legs.

But if your levels are low, take a D3 supplement. D3 is the most effective form of vitamin D. That's because it is the same form your body makes from sunlight. Take 5,000 IU a day until you reach the 50 ng/mL target.

Following these seven steps fights cancer the way nature intended. There's no toxic chemicals, dangerous radiation, or risky surgery. Instead, you'll be using the world's most powerful cancer cure: your body's own healing power.

Let's review what we've learned in this lesson...

The seven ways to activate your immune system against cancer are:

1. **Eat foods high in ellagic acid.** They include blackberries, raspberries, cranberries, pecans, and pomegranates.
2. **Sprint (don't jog).** Make high-intensity interval training part of your workout routine.
3. **Take astragalus root.** Take a 1,200 mg supplement every day with meals.
4. **Take pterostilbene.** Take a 25 mg supplement every day.
5. **Get diallyl disulfide.** Eat black garlic, a fermented version of fresh garlic. It's available at health food stores and online.
6. **Get sulforaphane.** Take a sulforaphane supplement. Follow label directions for dosage.
7. **Take the anti-cancer vitamin.** Get tested for vitamin D. If your levels are low, take a 5,000 IU supplement of vitamin D3 every day.

In **Lesson 7** you'll discover how to fight cancer as soon you get up in the morning. And this one may really surprise you...

Sources

<http://www.nytimes.com/2015/08/21/us/jimmy-carter-cancer-health.html>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3166406/>
<https://www.sciencedaily.com/releases/2010/03/100307215534.htm>
<http://www.cancer.gov/about-cancer/causes-prevention/risk/diet/vitamin-d-fact-sheet>
<http://www.webmd.com/cancer/news/20111004/low-vitamin-d-levels-linked-to-advanced-cancers>
http://www.grassrootshealth.net/media/download/daction_cancer.pdf
http://www.grassrootshealth.net/media/download/dip_with_numbers_8-24-12.pdf
<https://www.mskcc.org/cancer-care/integrative-medicine/herbs/ellagic-acid>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069806/>
<http://www.mesothelioma.com/blog/authors/jackie/5-superfoods-for-cancer-patients.htm>
<https://jonbarron.org/article/truth-about-ellagic-acid-and-red-raspberries#.V3Kfi0YrJhF>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069806/>
<http://www.mesothelioma.com/blog/authors/jackie/5-superfoods-for-cancer-patients.htm>
<https://jonbarron.org/article/truth-about-ellagic-acid-and-red-raspberries#.V5YmJVKV-Uk>
<http://www.medicaldaily.com/americas-bourbon-demand-leads-record-surge-production-3-health-benefits-whiskey-298472>
<http://www.cdc.gov/alcohol/faqs.htm>
http://journals.lww.com/acsm-msse/Abstract/2003/11000/Physical_Activity_and_Cancer_Prevention_Data_from.7.aspx
<http://www.ncbi.nlm.nih.gov/pubmed/20864719>
<http://oncology.jamanetwork.com/article.aspx?articleid=2203829>
<http://www.dailymail.co.uk/health/article-3685538/Why-cancer-patients-carry-exercising-new-evidence-shows-exercise-protects-bodies-against-cancer.html>
<https://www.nlm.nih.gov/medlineplus/ency/article/007165.htm>
<http://www.medicalnewstoday.com/releases/249636.php>
<http://link.springer.com/article/10.2165/00007256-199928030-00003>
<https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=160&ContentID=35>
<http://www.ncbi.nlm.nih.gov/pubmed/12592686>
<http://nutritionresearchcenter.org/healthnews/astragalus-for-the-immune-system/>
<http://www.ncbi.nlm.nih.gov/pubmed/24606435>
<http://www.nhcbl.nlm.nih.gov/pmc/articles/PMC3649683/>
<http://cancerpreventionresearch.aacrjournals.org/content/2/7/650.full>
http://preventcancer.aicr.org/site/PageServer?pagename=foodsthatfightcancer_garlic
<http://www.rd.com/health/conditions/10-foods-to-help-prevent-cancer/>
<http://umm.edu/health/medical/altmed/herb/garlic>
<http://worldtruth.tv/aged-black-garlic-a-new-superfood%E2%80%8F/>
[http://www.globalsciencebooks.info/Online/GSBOnline/images/2010/MAPSB_4\(1\)/MAPSB_4\(1\)37-40o.pdf](http://www.globalsciencebooks.info/Online/GSBOnline/images/2010/MAPSB_4(1)/MAPSB_4(1)37-40o.pdf)
<http://healthyeating.sfgate.com/fruits-vegetables-boost-immune-system-7370.html>
http://www.naturalnews.com/032988_sulforaphane_cancer_cells.html
<http://newsroom.ucla.edu/releases/ucla-study-reports-broccoli-may-46578>
<https://www.sciencedaily.com/releases/2005/03/050326114810.htm>
<http://www.ncbi.nlm.nih.gov/pubmed/23915112>
<https://www.sciencedaily.com/releases/2005/03/050326114810.htm>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3166406/>
<https://www.sciencedaily.com/releases/2010/03/100307215534.htm>
<http://www.cancer.gov/about-cancer/causes-prevention/risk/diet/vitamin-d-fact-sheet>
<http://www.webmd.com/cancer/news/20111004/low-vitamin-d-levels-linked-to-advanced-cancers>
http://www.grassrootshealth.net/media/download/daction_cancer.pdf
http://www.grassrootshealth.net/media/download/dip_with_numbers_8-24-12.pdf

LESSON #7 FEATURE REPORT

**Daily Beverage That
Can Cause Cancer
When You Drink it
Wrong, But Helps When
You Drink it Right!**

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 7: Daily Beverage That Can Cause Cancer When You Drink it Wrong, But Helps When You Drink it Right!

OK, so now we're going to examine one of those age-old medical research flip-flops: Coffee.

First it causes cancer. Then it doesn't. Then it does. Then it doesn't... You get the idea.

Now a massive review by the World Health Organization may finally settle the issue—while solving the mystery of why coffee studies have been so wildly divergent on the issue of cancer.

I'll get back to that in a moment. And share with you an important factor to consider when drinking your morning cup. (It could make the difference between your favorite beverage triggering or destroying cancer.)

But first let's look at some of the science showing that this drink can actually prevent—even fight—the disease...

- It protects against brain cancer. Harvard researchers report drinking five cups of coffee a day lowers your risk by as much as 40%.¹
- It helps you avoid liver cancer. Your risk here drops about 15% for each daily cup of coffee you drink, according to a recent study published in the *European Journal of Cancer Prevention*.²
- It might help reduce your risk of getting uterine cancer by up to 49%.³ One cup a day lessens your risk by as much as 13%. But the real benefit comes from drinking a few cups. Another study found up to four servings reduced uterine cancer risk by 19%.⁴ And each cup led to an additional 7% drop.

Perhaps most surprising of all? This drink is a powerful weapon against skin cancer.

It lowers the risk of basal cell carcinoma by 20%.⁵

This is the most common form of skin cancer diagnosed in the U.S. It affects roughly 2.8 million Americans a year.⁶

And it even protects against far more dangerous types of skin cancer...

Yale researchers found heavy coffee drinkers are 20% less likely to develop malignant melanoma. Again, you need to drink a few cups to see this protective benefit. Subjects here had about four cups a day.⁷

But the research doesn't end there...

Now let's take a closer look at how coffee works against prostate cancer. Because it is impressive.

Scientists from several institutions, including the Italian National Institute of Health, studied the coffee drinking habits of more than 7,000 Italian men. An extensive study.

The ones who drank more than three cups of espresso a day lowered their risk of prostate cancer by 53%.⁸

And when the scientists tested espresso coffee extract against cancer cells in a lab, it reduced the ability of tumors to grow and spread.⁹ It's worth noting that decaffeinated espresso did not have this same effect.

But if espresso isn't your thing, don't worry.

Because a 2011 Harvard study found that men who drink 1-3 cups a day of coffee reduce their risk by 30%.¹⁰

Now, what if you've already been diagnosed with prostate cancer?

Coffee has you covered there, too. It lowers the risk of a recurrence and slows down the progression by as much as 59%.¹¹

It has a similar effect on breast cancer.

Researchers in Sweden looked at about 500 breast cancer survivors taking tamoxifen. Among these women, researchers found drinking two cups of coffee cut the risk of breast cancer recurrence in half.¹²

And this isn't the first research showing coffee's role in fighting breast cancer.

Another Swedish study found drinking five or more cups of coffee a day made women 57% less likely to develop certain breast cancers after menopause.¹³

Five cups is a lot. But research shows just two cups of coffee a day can help delay the onset of breast cancer in women...even help prevent it in the first place.¹⁴

Of course, you aren't only fighting cancer with each sip.

Drinking coffee is linked to a wide variety of health benefits. It's tied to better memory, vision, and hearing.¹⁵ It decreases your risk of Alzheimer's.¹⁶ And it helps you live longer.¹⁷

But you need to prepare it the right way. This is important.

Remember, experts used to think coffee causes cancer. And they weren't entirely wrong.

But it turns out it's the temperature of the coffee—not the coffee itself—that raises your risk.

An international panel of experts found drinking coffee—or any other beverage—that is hotter than 149 degrees Fahrenheit can lead to throat cancer.

They found no evidence that drinking coffee at cooler temperatures causes cancer.

So how hot is too hot?

The safe threshold is 149 degrees. Drinking coffee hotter than that can cause irritation of the esophagus tissue. This can lead to malignant cells and throat cancer.¹⁸

Coffee comes out of most makers at about 180-185 degrees. It takes about 5-10 minutes for a non-insulated cup of coffee to cool to a safe drinking temperature.

But if you are a coffee drinker—and I hope based on all of this incredible evidence we've seen that you are—there are some other things to keep in mind...

For one thing, you'll want to choose organic, dark-roasted coffee varieties to get the most health benefits. Non-organic beans can contain pesticide residues. Dark roasts have higher antioxidant levels.¹⁹ Buy single-source coffee beans when you can.

That's because blends are more likely to contain harmful mycotoxins that attack the immune system.²⁰

You should also avoid flavored creamers. They are packed with sugar, artificial sweeteners, and can be a secret source of dangerous trans fats.

Even if the label says it contains “zero” grams, that may not be true...

The FDA allows food makers to round a half gram down to zero so they can make “fat-free” claims.²¹ Even small amounts of trans fats can be harmful. There is no safe level of consumption.²²

If you don't like to drink your coffee black, use unsweetened coconut, almond, or hemp milk.

Our recommendation? Drink your coffee iced. There's no danger of irritating throat tissue and causing cancerous cell changes. And you still get all the anti-cancer benefits.

Let's review what we've learned in this lesson...

- **Coffee protects you against many types of cancer.** Studies show they include cancers of the brain, liver, uterus, skin, prostate, and breast.
- **Don't drink piping-hot coffee.** It can irritate esophagus tissue and trigger throat cancer. The safe threshold is 149 degrees. Drink it warm or iced.
- **Choose organic, dark-roasted varieties.** They have higher antioxidant levels.
- **Avoid flavored creamers.** They are often packed with sugar or chemical artificial sweeteners. If you don't like your coffee black, add unsweetened coconut, almond, or hemp milk.

In **Lesson 8**, you'll discover why people in Asia have far lower cancer rates than Americans...and how you can use their secret to stay healthy.

Sources

- ¹ <http://cebp.aacrjournals.org/content/19/1/39.abstract?sid=fd6ce47a-e4c6-45fb-a57c-9dd1f6ef140c>
- ² http://journals.lww.com/eurjcancerprev/Abstract/publishahead/Coffee_and_the_risk_of_hepatocellular_carcinoma.99419.aspx
- ³ <http://coffeeandhealth.org/topic-overview/coffee-consumption-and-breast-ovary-and-endometrial-cancers/>
- ⁴ <http://www.medicalnewstoday.com/articles/288988.php>
- ⁵ <http://cancerres.aacrjournals.org/content/72/13/3282>
- ⁶ <http://abcnews.go.com/Health/CancerPreventionAndTreatment/caffeine-linked-lower-skin-cancer-risk/story?id=16679958>
- ⁷ <http://gsas.yale.edu/news/more-coffee-less-melanoma>
- ⁸ <http://onlinelibrary.wiley.com/doi/10.1002/ijc.30720/abstract;jsessionid=BF0A496EA54264BB6FEAA0B664093EF2.f04t02>
- ⁹ <http://onlinelibrary.wiley.com/doi/10.1002/ijc.30720/abstract;jsessionid=BF0A496EA54264BB6FEAA0B664093EF2.f04t02>
- ¹⁰ <https://news.harvard.edu/gazette/story/2011/05/coffee-tied-to-lower-prostate-cancer-risk/>
- ¹¹ <http://www.fredhutch.org/en/news/releases/2013/08/coffee-keep-prostate-cancer-away.html>
- ¹² <https://clincancerres.aacrjournals.org/content/21/8/1877.full>
- ¹³ <http://www.breastcancer.org/research-news/20110513>
- ¹⁴ <http://www.sciencedaily.com/releases/2008/04/080424115324.htm>
- ¹⁵ <https://www.sciencedaily.com/releases/2014/05/140502213047.htm>
- ¹⁶ <http://www.express.co.uk/life-style/health/737870/Three-cups-coffee-day-reduce-risk-Alzheimers-disease-quarter>
- ¹⁷ <http://www.cnn.com/2017/07/10/health/coffee-leads-to-longer-life-studies-reaffirm/index.html>
- ¹⁸ <http://www.medicaldaily.com/hot-drinks-esophageal-cancer-tumor-growth-389664>
- ¹⁹ <https://www.sciencedaily.com/releases/2011/02/110202132607.htm>
- ²⁰ <https://www.bulletproofexec.com/why-bad-coffee-makes-you-weak/>
- ²¹ https://www.cspinet.org/nah/04_08/creamed.pdf
- ²¹ <http://www.health.harvard.edu/staying-healthy/the-truth-about-fats-bad-and-good>

LESSON #8 FEATURE REPORT

Asia's Best Natural Cancer Fighters

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 8: Asia's Best Natural Cancer Fighters

The War on Cancer here in the U.S. has produced plenty of new cancer drugs. But none of them actually cure cancer. If you're lucky, they help you go into remission. They treat the symptoms. They also come with life-altering side effects. Some of them even cause cancer.

Meanwhile, pharmaceutical companies rake in record profits selling treatments at exorbitant prices. And they make even more money by selling additional drugs that treat the side effects of their cancer treatments.

It's time we paid attention to what is going on outside the U.S. Especially in Asia. They are actually winning the war on cancer. In this chapter, we'll tell you exactly how they're doing it.

The weapons they use have nothing to do with the conventional treatments in America—drugs, surgeries, and radiation...

Let's start by looking at India...

American men get 23 times more prostate cancer than men in India. Americans have 14 times the rate of melanoma, 11 times more colon cancer, 17 times more lung cancer, five times more breast cancer...you get the idea.¹

The gap in cancer rates between the two countries is massive...between 500% and 2,300%.²

Scientists believe they've discovered India's anti-cancer secret.

Turmeric, the yellow powder that is the main ingredient in curry, has had a reputation in India for centuries for being a "holy powder." Curcumin is the active compound in turmeric.

Dr. Ajay Goel is one of the world's leading researchers into curcumin's health effects. He is director of the Center for Translational Genomics and Oncology at Baylor University Medical Center. And according to Dr. Goel, this treatment has more evidence showing it works against cancer than any other nutrient.



"I've been researching curcumin now for about 20 years," he told The Institute for Natural Healing. "Some people tell me their cancer has gone away entirely after taking curcumin."³

The mechanism behind its anticancer effect is not entirely understood. But Dr. Goel says it appears this nutrient interferes with the ability of cancer cells to divide uncontrollably.

"Genes tell cells when it's time to die," he explains. "When they don't, cells go on living. You have abnormal growth. That's what cancer is."

Modern gene therapy drugs often target only one



cancer-causing gene. This means the drugs may work in some patients, but not others. Or they work on one type of cancer, but not others.

But this solution seems to work no matter which genes are involved.

“[It] can target many genes and pathways,” Dr. Goel said. “It is not confined to working on just patients with a specific gene variant.”

Over the past 10 years, studies have found strong evidence that this treatment works on all kinds of cancer cells:

- A Chinese study at Zhejiang Provincial People’s Hospital in 2012 found that it induces cell death in triple negative breast cancer cells in vitro. (This is the most aggressive and deadly kind of breast cancer.) ⁴
- UCLA researchers found in 2011 that, in vitro, it activates cancer-fighting enzymes in the saliva of patients with head and neck cancers. ⁵
- An in vitro 2013 study at the University of North Texas Health Science Center found that this solution suppressed pancreatic cancer tumor growth. ⁶
- A 2006 study published in the journal Neuroscience Letters found that the ancient healing root also caused brain cancer cells to self-destruct. ⁷
- Kentucky University research showed that it inhibits B lymphoma cells in vitro. ⁸
- An Emory School of Medicine study demonstrated that it attacks vascular endothelial growth factors, or VEGFs. These cut off the ability of tumors to generate essential blood supply lines. There are a number of drugs in development trying to stop VEGFs... But this natural substance has already been shown to work in vitro. ⁹

And while all of the above research is still based on cell studies, and there’s more research to be done in patients...

Even the Mayo Clinic admits that this natural substance “...may prevent cancer, slow the spread of cancer, make chemotherapy more effective, and protect healthy cells from damage by radiation therapy.” ¹⁰

So why do drug companies and most mainstream doctors ignore it?

Oncologists are trained to prescribe conventional treatments that cost \$10,000, \$15,000, and even \$25,000 a month.

In fact, cancer doctors, unlike other doctors, are permitted to act as pharmacists. They buy cancer drugs at wholesale and sell them to their patients at retail.

They can actually make more money selling chemo drugs than providing physician services.

A full cancer treatment over two or three years can run \$200,000 to \$300,000. The oncologist, the radiologist, and the cancer clinic at the hospital all count on this money.

But this substance can’t be patented or sold exclusively. It’s abundant and inexpensive and has been used for centuries.

Indians get curcumin by eating turmeric at almost every meal. Most Americans don't or won't do this. That's why for most of us, supplements are the best option.

You should consult your physician before taking curcumin. It's safe for just about everyone. However, if you take blood thinners like Coumadin, be careful. Curcumin is not a blood thinner itself, but it can increase the effect of Coumadin and other drugs like it.

It's also important that you take the right form. Curcumin by itself is not easily absorbed by the body. Fat increases bioavailability.

One supplement has been shown to increase blood levels of curcumin more than others. It's called BCM-95. It has extra essential oils that aid absorption. **BCM-95** is widely available from many supplement makers.

Moving on to another part of Asia...

For years, cancer researchers have been baffled by a phenomenon called the "Japanese lung cancer paradox."¹¹

Japanese men who smoke have a much lower incidence of lung cancer than American smokers. Their risk is still high—6.3 times greater than nonsmokers. But here in the U.S., male smokers have a 40 times greater risk of lung cancer than men who don't smoke.

Researchers at the American Chemical Society set out to solve the puzzle.¹²

They studied mice who were genetically predisposed to lung cancer.

Without any treatment, virtually all of these animals develop cancer.

They divided the rodents into three groups. For five months, researchers fed one group of mice capsaicin, the chemical that makes hot peppers spicy. The second group was fed 6-gingerol, the compound that gives fresh ginger its pungent flavor. The third group was fed both.

Of the mice fed only capsaicin, all got cancer. Of those eating 6-gingerol, half developed tumors. But among the mice who ate a combination of capsaicin and 6-gingerol, the cancer rate was only 20%.¹³

Ancient Healing Root Brings Woman Back from Brink of Death

There are dozens of natural solutions you won't hear about from most oncologists that are quietly helping patient after patient. But the ancient healing root of turmeric and its active compound curcumin may be among the most powerful there is.

Diane Fuller is one of those fortunate patients...

She was rapidly losing her five-year battle with myeloma.

Despite three grueling rounds of chemotherapy and four stem cell transplants, the blood cancer was spreading throughout her body.

"I have been on all sorts of toxic drugs and the side-effects were terrifying," she said. "At one point I lost my memory for three days, and in 2008 two of the vertebrae in my spine collapsed so I couldn't walk. They injected some kind of concrete into my spine to keep it stable."

All for nothing. None of it helped. She was going to die.

With nothing left to lose, she decided to try a natural remedy she'd read about online—curcumin.

Over five years later, she was healthy. With no active cancer-causing cells. All thanks to this ancient healing root.

Jamie Cavenagh, professor of blood diseases at London's Barts Hospital, said, "When you review her chart, there's no alternative explanation [for her recovery] other than we're seeing a response to [this treatment]."

But despite the shock of her doctors, this was no fluke...

After being diagnosed with breast cancer, Valerie Stewart had surgery to remove one breast and some lymph nodes. Then she had radiation.

Afterward, her doctors pressured her to go on tamoxifen. They almost always recommend it for women following breast cancer surgery to stop the cancer from spreading or coming back (as it so often does).

But Valerie said "no."

She didn't want to face side effects like hair loss, nausea, vomiting, hot flashes, sepsis, chronic cough, and weight gain.

Instead, she started exercising. She changed the way she ate. And she incorporated this ancient healing root into her everyday life.

Her doctors refused to admit her dietary changes could help.

But 5 years later, she remained cancer-free and married her fiancé Michael.

Researchers say 6-gingerol and capsaicin slow cancer by binding to a receptor on tumors linked to cell growth. The combination works synergistically to lessen the incidence of cancer.¹⁴

What do the findings mean for you? If cancer runs in your family, or if you have other risk factors, you may be able to protect yourself by eating plenty of hot peppers and ginger...especially if you are a smoker. This is a staple combination in Japanese and other Asian cuisines.

Now let's take a quick visit to Thailand to discover its greatest cancer secrets...

Because—once again—the numbers put the U.S. to shame.

American men have 18 times more prostate cancer than Thai men. They suffer four times more colon cancer, three times more lung cancer, and three times more leukemia. American women suffer almost five times the rate of breast cancer as Thai women. They have three times more colon cancer, double the ovarian cancer, and five times the uterine cancer.¹⁵

It all comes down to diet.

Thai cuisine is notable for three staple ingredients proven to fight cancer. It's worth noting that I'm not talking about the food you get at your local takeout restaurant. This is real, local Thai food:¹⁶

First up, perhaps not surprisingly, is coconut oil.

For decades everyone told you it's bad for your heart. Recent studies have shown that common wisdom was wrong. Coconut oil not only is good for your heart, there's strong evidence it is a potent cancer weapon.

It protects against colon cancer. In fact—even better than that—in an in vitro study, it killed 93% of colon cancer cells in only two days.¹⁷

In another study, virgin coconut oil improved the quality of life in breast cancer patients. It also helped reduce side effects of chemotherapy.¹⁸

And yet more research shows that a compound in coconut oil induces breast cancer cell death.¹⁹

Now, these next two ingredients are a bit more obscure. Don't worry about remembering the names.

Kaffir lime leaves are commonly used to flavor food in Thailand. These limes are rich in antioxidants and have anti-inflammatory properties. So it's no surprise they also fight cancer.²⁰

One study showed that kaffir lime extract kills cervical and brain cancer cells in the lab.²¹

And if you or a loved one have cancer...it's been shown to boost the immune system in postsurgical patients.¹⁹ I'm sure you know just how critical that is.

OK. This final ingredient you can also find in extract form. It's called bitter melon—or bitter gourd.

It's been used as a medicinal plant in Asia for generations. And in Thailand it is commonly cooked with other vegetables in stir-fries and soup.

Now let's look at how it stacks up as a cancer fighter...

A 2013 study published in the journal *Carcinogenesis* found that bitter melon kills pancreatic cancer cells.²²

Another study—this one found in the journal *Cancer Research*—shows that bitter melon extract triggers cell death in breast cancer cells.²³

It's been shown to reduce squamous cancer growth.²⁴

And, last but not least, it enhances the effectiveness of chemotherapy in fighting ovarian cancer.²⁵

If nothing else, you may want to take a cue from our Asian friends and get more adventurous with your cooking. Use more curry. Switch to coconut oil.

Let's review what we learned in this lesson about why cancer is less prevalent in Asia...

- **India:** Curcumin, the active ingredient in the spice turmeric, is effective against a wide range of cancers. Get it by taking the supplement **BCM-95**.
- **Japan:** Smokers in Japan have far lower rates of lung cancer than U.S. smokers do. Researchers believe it may be due to **ginger** and **hot peppers**, two staples of the Japanese diet.
- **Thailand:** Thais protect themselves from cancer with three foods...**coconut oil**, **kaffir lime leaves**, and **bitter melon**.

These aren't the only food-based remedies that prevent cancer.

In **Lesson 9**, you'll learn how one doctor discovered how to use a natural fruit extract to stop the spread of cancer in its tracks.

Sources

- ¹ <http://nutritionfacts.org/2015/05/05/why-are-cancer-rates-so-low-in-india/>
- ² <https://thetruthaboutcancer.com/cancer-fighting-benefits-of-curcumin/>
- ³ https://instituteformaturalhealing.com/issues/cd_june2017.html
- ⁴ <https://www.ncbi.nlm.nih.gov/pubmed/23023821>
- ⁵ <https://www.dailynews.com/2011/09/13/ucla-study-turmeric-supresses-cancer-growth-in-head-neck/>
- ⁶ <https://www.ncbi.nlm.nih.gov/pubmed/24023285>
- ⁷ <https://www.ncbi.nlm.nih.gov/pubmed/16949208>
- ⁸ <https://www.ncbi.nlm.nih.gov/pubmed/10527691>
- ⁹ <https://www.ncbi.nlm.nih.gov/pubmed/17569211>
- ¹⁰ <https://www.mayoclinic.org/diseases-conditions/cancer/expert-answers/curcumin/faq-20057858>
- ¹¹ <https://www.verywell.com/the-japanese-lung-cancer-smoking-paradox-2248990>
- ¹² <https://www.sciencedaily.com/releases/2016/09/160907125119.htm>
- ¹³ <http://pubs.acs.org/doi/abs/10.1021/acs.jafc.6b02480>
- ¹⁴ <https://www.thesun.co.uk/living/1748003/chilli-and-ginger-slash-the-risk-of-cancer-stopping-tumours-growing/>
- ¹⁵ <http://www.thaiwebsites.com/livercancer.asp>
- ¹⁶ <http://www.westonaprice.org/health-topics/thailand-land-of-the-coconut/>
- ¹⁷ <https://www.ncbi.nlm.nih.gov/pubmed/27033117?dopt=Abstract>
- ¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4176590/>
- ¹⁹ <https://www.nature.com/articles/cddiscovery201763>
- ²⁰ <http://www.wellnessbin.com/advantages-kaffir-lime-health-wellness/>
- ²¹ <http://www.sciencedirect.com/science/article/pii/S1876619615000637>
- ²² <http://asysyifak.blogspot.com/2011/07/jeruk-purut-for-immune-post-surgical.html>
- ²³ <http://www.express.co.uk/life-style/health/384209/Juice-of-bitter-melons-can-kill-cancer-cells>
- ²⁴ <http://www.nhs.uk/news/2009/03march/pages/bitter-melon-cancer-test.aspx>
- ²⁵ <https://www.ncbi.nlm.nih.gov/pubmed/24147107>
- ²⁶ <http://journals.sagepub.com/doi/abs/10.1177/1534735415611747?papetoc=&>

LESSON #9 FEATURE REPORT

Stop the Spread of Cancer in Its Tracks

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 9: Stop the Spread of Cancer in Its Tracks

Let's start with a simple fact that you may not know...

Most cancerous tumors are not deadly in and of themselves. It's true. Believe it or not, they aren't usually life threatening even when they expand and invade surrounding tissues.

So, when *does* cancer become dangerous?

When groups of cells break off and spread to other parts of the body. This process, as you may know, is called metastasis. When cancer metastasizes, it can spread throughout your entire body. It can invade your vital organs—your brain, lungs, and liver. It can even spread throughout your skeletal system.

But in this presentation, I'm going to tell you about a highly effective compound that can stop the spread of cancer in its tracks. It could be one of the most important natural compounds for fighting and preventing metastasis.

The world's leading expert on this compound is Dr. Isaac Eliaz. He was first introduced to it growing up in Israel, when he lived next to Dr. Ruth Cohen.

Dr. Cohen and her husband were organic chemistry scientists. Their passion was the study of a compound in the peel of citrus fruits.

To this day, Dr. Eliaz remembers that his neighbor told him, "One day, they will find out that there is a cure for cancer in the peel of an orange."

As he embarked on his own scientific and medical career years later, he began to study this compound.

The substance is called pectin. It is a soluble fiber found in the cell walls of plants. And it's most abundant in the inner white "pith" of citrus peels.

An orange rind contains about 30% pectin. The digestive benefits have been understood for many years. It can remove toxins from the intestines and colon. It prevents constipation. And numerous studies show that it can reduce colon cancer risk.¹

There's just one problem... You can't just eat a ton of citrus fruit to get these benefits. That's because the molecules of dietary pectin are very large. They can't penetrate the intestinal wall and enter the bloodstream.

They just pass right through the GI tract.

But in the 1960s a technique was developed for "chopping" the pectin molecule.² This compound is called modified citrus pectin (MCP). It is just a fraction of the molecular weight of regular citrus pectin. MCP can easily enter the bloodstream and travel to target points throughout the body.

The first research on MCP was published in 1992. It showed that this smaller pectin molecule provided significant benefits against cancer.³

Here's how it works...

Cancer cells are able to metastasize thanks to a “sticky” protein on their surface. This protein is called galectin-3. It helps cancer cells clump together. And it also helps them adhere to tissues throughout the body. ⁴

Without the glue-like stickiness of galectin-3, cancer cells would have a tough time forming solid tumors... much less attaching to new sites and forming secondary tumors.

So it's really not surprising that hundreds of studies have proven that galectin-3 plays an important role in the formation and spread of cancer.⁵ It is also highly predictive of the risk for heart failure. Anyone at risk for these conditions should have galectin-3 levels tested.

Here's a snapshot of reference ranges. As you can see, galectin-3 levels above 14.0 ng/mL are considered high risk.

Galectin-3 Reference Ranges		
Measured as Nanograms/Milliliter (ng/ml)		
Extreme Risk	High Risk	Ideal Levels
>17.8	14.0-17.8	<14.0 to 12.0
Indicates high risk for cancer, heart failure and fibrosis. Extreme risk of mortality.	Indicates significant increased risks for cancer, congestive heart failure, fibrosis and overall mortality.	Levels below 14 are ideal for the general population. Below 12 is ideal for cancer and heart patients.

But this molecule does not just make cancer sticky. It helps these rogue cells communicate. And it is also required for the formation of new blood vessels. This is how tumors get their nourishment.

By disarming this molecule, you can:

- **Prevent cancer cells from adhering to each other and other tissues**
- **Disrupt their ability to communicate**
- **Cut off their power supply**

Do this and you destroy cancer's ability to survive and proliferate.

And that's exactly what MCP can do. But how?

Well, galectin-3 is highly attracted to a sugar molecule called galactose. MCP contains large amounts of it. When MCP comes into contact with cancer cells, it binds to the sticky molecules on their surface. Think of MCP as an “anti-adhesive agent.” So it provides powerful protection against metastasis. ⁶

The *Journal of the National Cancer Institute* published a study performed on rats that showed MCP reduced the spread of melanoma by 90%.⁷ This is just one of dozens of studies that have proven the cancer-fighting benefits of this safe and natural compound.

Dr. Eliaz has led or participated in many of these studies, including several trials performed on humans. ⁸

He says that, “MCP is the only natural substance proven to block excess galectin-3 molecules.” In addition to taking away the adhesive properties of cancer cells, MCP destroys their ability to communicate.⁹

It blocks the formation of new blood vessels to tumors.¹⁰ And once it binds to a cancer cell, it even helps to “tag” these cells for attack by the immune system.¹¹ These effects ultimately lead to the death of cancer cells.

One study showed that MCP resulted in cancer cell death of 81%.

This was compared to just 3.8% in the control.

As you can see, the potential for MCP in the fight against cancer is very promising. In many cases, it produces better results than standard therapies.

But it can also enhance these conventional treatments. The use of MCP alongside chemotherapy may allow for a lower dose of chemotherapy, fewer side effects, and a greater clinical outcome.

And if you need surgery or a biopsy? MCP is especially critical.

You see, these procedures can actually aggravate cancer cells. They can also release cancer cells from the initial site and allow them to migrate to other parts of your body. That’s where MCP steps in. It binds to these cells and neutralizes them.

Of course, you want to be sure you are getting the best MCP out there.

Dr. Isaac Eliaz and his colleagues have been working on different formulations in the laboratory for more than a decade. The goal was to produce a product of the ideal molecular weight and size.

They employed a cutting-edge process involving acid, heat, and modification of citrus pectin with enzymes. The result is a form of modified citrus pectin with an unprecedented level of potency.

It is called PectaSol-C. And it has been proven to be effective on humans in peer-reviewed clinical trials.

For cancer patients, Dr. Eliaz recommends a standard dosage of 5 grams—or one rounded teaspoon—three times a day. The powder mixes easily with water. For maintenance dosing, he suggests 5 grams once a day.

Also, it’s best to take it a half hour before or an hour after eating meals.

But what about safety?

Modified citrus pectin has been designated as “GRAS” (generally recognized as safe) by the FDA. Rarely, it can cause loose stool because of its fiber content. This mild symptom often resolves as the body gets used to it. Or you can slightly reduce your dosage. But if you’re on potassium or a sodium-restricted diet, you should consult with your doctor before taking it.¹²

To learn more or purchase this product for yourself, go to EcoNugenics.com.

Let's review what we've learned in this lesson...

- **Modified citrus pectin (MCP)** is a natural extract derived from orange peels.
- **MCP stops the spread of melanoma.** One study found it reduced metastasis by 90%.
- **MCP increases cancer cell death.** A study showed it killed 81% of malignant cells.
- The best form of MCP is PectaSol-C. It is potent and proven effective in human cancer patients.

Moving on... In **Lesson 10**, you'll discover the best treatment to beat prostate cancer without debilitating side effects.

Sources

¹ <https://www.ncbi.nlm.nih.gov/pubmed?term=pectin%20colon%20cancer>

² <http://www.ralphmoss.com/html/mcp.shtml>

³ Inohara H, Raz A. Effects of natural complex carbohydrate (citruspectin) on murine melanoma cell properties related to Galectin-3 functions. *Glycoconj J*. 1994; 11(6):527-32.

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/2428477>

⁵ <https://www.naturalmedicinejournal.com/journal/2014-09/galectin-3-oncological-biomarker>

⁶ Honjo Y, Nangia-Makker P, Inohara H, Raz A. Down-regulation of Galectin-3 suppresses tumorigenicity of human breast carcinoma cells. *Clin Cancer Res*. 2001 Mar; 7(3):661-8.

⁷ Platt D, Raz A. Modulation of the lung colonization of B16-F1 melanoma cells by citruspectin. *J Natl Cancer Inst*. 1994; 84(6):438-42.

⁸ <https://www.ncbi.nlm.nih.gov/pubmed?term=Eliaz%2C%20I>

⁹ <https://www.ncbi.nlm.nih.gov/pubmed/1538421>

¹⁰ Nangia-Makker P, Honjo Y, Sarvis R, Akahani S, Hogan V, Pienta KJ, Raz A. Galectin-3 induces endothelial cell morphogenesis and angiogenesis. *Am J Pathol*. 2000 Mar; 156(3):899-909.

¹¹ Hsu DK, Chen HY, Liu FT. Galectin-3 regulates T-cell functions. *Immunol Rev*. 2009 Jul; 230(1):114-27.

¹² https://www.instituteformaturalhealing.com/issues/ih_june2016.html#anchor6

LESSON #10 FEATURE REPORT

Every Man's Worst Nightmare: Prostate Cancer & The Best Treatment

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 10: Every Man's Worst Nightmare: Prostate Cancer & The Best Treatment

Now we are going to spend a little time talking about the most common type of cancer in American men (besides skin cancer)¹...

Prostate cancer.

For decades, men had to make a terrible choice after a diagnosis...

They could have surgery to remove their prostate. But then they'd face devastating side effects. Like impotence and loss of bladder control.²

Or they could have radiation treatment. It's less invasive. But the side effects could be just as bad as surgery.

Or they could skip the surgery and radiation...and hope the cancer wouldn't spread.

A major new study in the *New England Journal of Medicine* may finally reveal the best option.

It followed more than 82,000 prostate cancer patients for 10 years. So it was an extensive study. And it found that 99% of men who have either surgery or radiation for prostate cancer are still alive 10 years later.

That's a great outcome, right?

It is...until you consider what else the study found.

The survival rate for men who skip treatment is exactly the same...99%.

The only difference is that these men are able to have sex and empty their bladder on command.³

In other words, having no treatment at all is just as effective as those that have terrible, life-altering side effects.

"That is a really striking finding. All three groups have an almost 100% [chance of] surviving," said Dr. Mark Litwin. He is chair of urology at the David Geffen School of Medicine at UCLA. Dr. Litwin was not involved in the research.

The study "should give all men pause before pursuing radical treatment for low- or intermediate-risk tumors," he said.

Dr. John L. Gore is a surgical professor at the University of Washington Department of Urology. He has extensively studied what happens to prostate cancer patients after surgery.⁴

"We're not saying sexual function is always terrible after surgery," he says. "We're saying the likelihood of that function being exactly what it was before surgery is essentially zero."

That's right. Zero.

Perhaps your doctor never told you that part. Well, urologists are notoriously guilty of downplaying the risks. Or failing to explain them at all.⁵

For example, a patient might be told that their chance of postsurgical recovery of erections is 75%. Men reasonably interpret that to mean they have a 75% chance of returning to their normal sexual function.

But that's not the case. It actually means that 75% of patients will be able to get an erection that allows intercourse on some occasions, often with the aid of a pill or a device. But the vast majority of men will not go back to normal.⁶

Just how bad is it?

A 2011 study published in the *Journal of the American Medical Association* found that 64% of patients were unable to have intercourse two years after their surgery.⁷

But remember, that's not the only thing you need to worry about.

The other major side effect of surgery is incontinence.

Another study of nearly 1,300 prostate cancer patients found that 80% had bladder control issues six months after surgery. After two years, it wasn't much better. Most of them—68%—were still incontinent.⁸

And if all of that isn't bad enough, there's yet another crushing side effect doctors won't talk about...

It's not a matter of life or death. But it is personal. And it's important to just about every man.

Go to prostate cancer Internet forums and you'll find patient after patient complaining that their doctor did not warn them that prostate surgery could reduce their penis size.

Here's one typical comment:

"I had a radical prostatectomy five years ago. I consider myself a very well-informed patient. NOWHERE did I read or hear about penile shortening. The loss has been about 30%."⁹

Urologists don't mention this side effect. But at least five studies confirm it.

Researchers don't know exactly why it happens. But they theorize that the death of nerve cells and reduced blood flow to the penis after surgery may have something to do with it.¹⁰

One study found that the average reduction a year after surgery was one inch in erect length. But some men report losing at least two inches.

Keep in mind, these men faced the same odds of surviving their cancer without the harrowing surgery that permanently altered their lives.

That's because prostate cancer—believe it or not—is quite normal.

Several studies have examined the prostate glands of men who died of causes other than cancer:

- **30% of men between 30 and 60 have cancer observable in the prostate at autopsy if they die for some other reason.**¹²
- **70% of men who reach their 80s have cancer in their prostate at autopsy.,**^{13 14}

Most of these men never knew they had prostate cancer. It didn't affect their lives. It is what doctors call "indolent" or "latent" cancer. It does not spread or cause any symptoms.

Treatment would have done nothing for these men except make their lives miserable.

On the flip side, doctors who promote prostate cancer surgery say that skipping it turns men into nervous wrecks. The stress of knowing cancer is inside of them and perhaps growing can destroy quality of life, they say.

But another new study debunks that myth.

Researchers followed 89 men with low-grade prostate cancer who were practicing "watchful waiting." They had decided to skip surgery.

Instead, their doctors monitored their cancer. This is also called "active surveillance."

For three years, scientists followed stress levels of the prostate cancer patients and compared them to healthy men. There was no difference.¹⁵

If you aren't comfortable with doing nothing at all there is a way to give active surveillance a boost...

A new study shows that exercise can help patients make sure their cancer stays dormant. All of the subjects had decided to skip surgery and opted instead for watchful waiting.¹⁶

Men who did vigorous aerobic exercise were about a third less likely to have their prostate cancer spread. This was true whether the men were exercisers before their diagnosis or started working out afterward.

The results confirm an earlier Harvard University study. It showed that for men who did mild forms of exercise, such as walking, their risk of prostate cancer death stayed the same.

However, men who exercised vigorously had a 61% lower risk of prostate cancer death while also getting cardiovascular benefits.

Researchers concluded: "A modest amount of vigorous activity such as biking, tennis, running, or swimming may substantially improve prostate cancer survival."¹⁷

So when you exercise, it's better to go hard in short bursts instead of going easy for long workouts. This is called high-intensity interval training (HIIT), which we've recommended for years.

The basic formula is simple...

Warm up with a walk for three to five minutes. Then sprint all-out for the next 30 to 60 seconds. Then slow to a jog for the next minute or two. Repeat this process five to seven times and then cool down for at least

two minutes.

It only takes about 15 minutes. And you can apply the HIIT principal to just about any type of cardio exercise. A treadmill, bike, elliptical machine, rowing, or swimming all work well.

The bottom line?

Surgery should no longer be the default treatment for prostate cancer. It's not a one-size-fits-all solution. Younger men with aggressive forms of prostate cancer are generally better candidates for surgery than men in their 70s with slow-growing tumors.

But if you're an older man, the chances are slim that localized prostate cancer will harm you.

Let's review what we learned in Lesson 10...

- **99%:** That's the survival rate for prostate cancer patients who skip treatment.
- **0%:** That's the chance a man's sexual function will be same after prostate surgery as it was before.
- **68%:** That's the percentage of men who are incontinent two years after prostate surgery.
- **61%:** That's the reduction of prostate cancer death risk men get from high-intensity interval training.

But there's still a lot more men need to know about keeping their prostates healthy. Starting with how to have it screened. And our findings here may surprise you...

The Institute for Natural Healing recently interviewed Dr. Richard Ablin.

In 1970, he discovered the prostate-specific antigen—more commonly known as the PSA. It is the basis for the screening commonly given to men to detect prostate cancer.

Dr. Ablin has devoted much of his career to warning men not to get the PSA test even though it is based on his work. He calls it a “public health disaster” and told us it “is hardly more effective for the diagnosis of prostate cancer than a coin toss.”

Here's a full transcript of our exclusive interview with Dr. Ablin...

Prostate Exam Pioneer Warns Against Taking It: “It Will Ruin Your Life.”

Independent Healing: First of all, can you tell us how you discovered prostate-specific antigen.

Dr. Ablin: In the late 1960s I was at the University of Buffalo. I had been working with two urologists who had developed cryosurgery (freezing vs. surgery) for prostate cancer. I eventually started to ask the question of whether the immune response observed in some patients following cryosurgery was due to a tumor-specific antigen for prostate cancer that could be used to detect it. I couldn't find one. But in 1970, I did find an antigen that was present in a normal prostate or one with benign or malignant cancer. And I found that after a prostate cancer patient was successfully treated, the level of this antigen went down. So I believed, and still maintain, that this antigen can be a good marker to check whether prostate cancer patients have been cleared of disease.

IH: Did you ever think your discovery would be used to routinely screen healthy men for prostate

cancer?

Dr. Ablin: No. Because the PSA can't tell if you have cancer. And, after I found it, the PSA lay fallow for about 10 years. Nothing was done with it. Then other investigators and big drug companies saw its potential to make money and they picked it up.

IH: In 1986, the FDA approved the PSA test as a screening for prostate cancer recurrence. And then in 1994, it was approved for routine screening even though it was known to have a 78% false-positive rate. Were you surprised that a test this unreliable could get FDA approval?

Dr. Ablin: Yes. Was there a payoff? Possibly, but I can't prove anything. There certainly was not sufficient data to approve the test for screening. And after it was approved, it was supposed to go out with all kinds of warnings and precautions about its limitations. Those warnings were never included!

The medical community took the science of the PSA test beyond its capabilities to serve as a marker for the recurrence of prostate cancer. In 1989, five years before the PSA test was even approved by the FDA, Schering-Plough, which was selling the PSA, spent big on a publicity campaign to aggressively promote PSA screening with a blitz of fear-mongering ads and free screening programs. This scared the hell out of men. Eventually, 30 million PSA tests a year were performed at a cost of \$3 billion.

The successful marketing of the PSA test is based on two things: Fear and money. The medical, particularly the urological community and drug companies used fear to get men to take the test and it bring in more revenue. One thing it is not based on is better outcomes for patients.

IH: In your book you call routine PSA screening a “public health disaster.” How so?

Dr. Ablin: Over a million men have been overdiagnosed and overtreated for prostate cancer largely because of the PSA test. They've been left incontinent, impotent, along with the psychological effects thereof, and the removal of their prostate didn't help them live longer. It's shameful.

IH: The advocates for the PSA test say it's better to have more information than less. How do you respond to that?

Dr. Ablin: I say, yes, I would like more information. But I would like that information to be reliable. When it comes to prostate cancer, the PSA test is simply not reliable. A man with a reading of 0.5 can have prostate cancer while another man with a reading of 11.0 can be cancer-free.

The PSA test is hardly more effective for the diagnosis of prostate cancer than a “coin toss.” PSA can vary by more than 50% in a man over the course of a year. So the outcome of the test is often dependent on when it is given.

IH: In your book, you base your argument against routine PSA testing around what you call “four cruxes.” Can you explain them?

Dr. Ablin: *First*, PSA cannot diagnose prostate cancer. It's not cancer-specific. PSA can be elevated by sex, infection, or even riding a bicycle.

Second, there is no specific level of PSA that detects prostate cancer. Urologists have used arbitrarily derived numbers to decide when to give a patient a biopsy.

Third, the PSA test cannot distinguish between a cancer that is not dangerous and one that is. This is why so many men are overtreated.

Fourth, prostate cancer is age-related. If you went out on the street and randomly selected 100 men between the ages of 60 and 69 for biopsies, 65% will be positive for prostate cancer. The vast majority of these men will not die because of prostate cancer. The cancer, in the majority, is not a threat. But in today's world, many men in this situation end up having a prostatectomy. It leaves them incontinent, unable to have sexual relations, and their quality of life greatly suffers. And, in the majority, it's for no good reason because the cancer was not going to spread or threaten their health.

IH: When you present these arguments, how do urologists and the representatives of the testing industry respond?

Dr. Ablin: They don't respond. It's like when you're walking down the sidewalk and you come upon some dog "poop". You don't want to kick it because it'll get on your shoe and stink. You step around it. And that's what they do. They know the "four cruxes" are valid, so they change the subject and talk about something else.

IH: In your book, you apologize to a hypothetical prostate cancer patient. Why did you feel the need to do that?

Dr. Ablin: I guess I feel some guilt. This is my discovery that is being used for the PSA test. So many men have had their quality of life ruined for no good reason. The overdiagnosis and overtreatment of a million plus men due to the inappropriate use of PSA screening is a "public health disaster." I want people to know that.

Aside from skin cancer, prostate cancer is the most common malignancy in men.

In women, it's breast cancer. In **Lesson 11**, you'll learn about the biggest breast cancer risk most women have never heard of.

Sources

- ¹ <https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html>
- ² <https://www.cdc.gov/nchs/fastats/prostate.htm>
- ³ <https://acspressroom.wordpress.com/2016/09/14/prevent>
- ⁴ <https://www.washington.edu/urology/people/gore/>
- ⁵ http://www.nbcnews.com/id/35874966/ns/health-mens_health/t/surgery-regrets-i-want-my-prostate-back/#.WdfbUzspBhE
- ⁶ <https://www.mskcc.org/blog/prostate-surgery-complications-what-patients-should-know>
- ⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3831607/>
- ⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3273970/#B3>
- ⁹ <https://www.medicalnewstoday.com/opinions/44196>
- ¹⁰ <http://onlinelibrary.wiley.com/doi/10.1111/bju.12443/pdf>
- ¹¹ <https://www.harvardprostateknowledge.org/preserving-penis-length-after-radical-prostatectomy>
- ¹² <https://www.ncbi.nlm.nih.gov/pubmed/8326560>
- ¹³ <https://www.ncbi.nlm.nih.gov/pubmed/14354564>
- ¹⁴ <https://prostatecancerinfolink.net/risk-prevention/cancer-is-normal/>
- ¹⁵ <https://consumer.healthday.com/cancer-information-5/mis-cancer-news-102/choosing-active-surveillance-doesn-t-impact-quality-of-life-for-men-with-low-risk-prostate-cancer-713217.html>
- ¹⁶ <https://www.reuters.com/article/us-health-prostatecancer-fitness-surviva/exercise-linked-to-lower-mortality-with-early-prostate-cancer-idUSKBN1AH58R>
- ¹⁷ <http://ascopubs.org/doi/abs/10.1200/jco.2010.31.5226>

LESSON #11 FEATURE REPORT

The Biggest Breast Cancer Risk You've Never Heard Of

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 11: The Biggest Breast Cancer Risk You've Never Heard Of

Smoking, family history, sunburn, chemical exposure... Most of us know these things cause cancer.

But there's one grave risk factor that flies under the radar. It can increase a woman's chance of breast cancer by an astounding 400% to 600%. Only the BRCA gene and age carry a bigger risk.¹

I'm talking about **breast density**. It is strongly linked to cancer. No one knows exactly why.

A recent survey by the University of Virginia School of Medicine found that just one in eight women were aware that breast density is a cancer danger. Which must mean that doctors aren't telling people.

And just one in five knew that dense breasts reduce the ability of mammograms to find tumors.

Breasts are made of fat and glandular tissue. The more glandular tissue and less fat you have in your breasts, the denser they are...and the greater your chances of breast cancer.

You can't tell if your breasts are dense by feel. You'll need a diagnostic test to know for sure.² And you can't change your density by losing or gaining weight.

So how dense are your breasts?

Breast density is categorized into four types:³

- **Type 1:** Breasts are almost entirely fat with less than 25% glandular tissue.
- **Type 2:** There is scattered glandular tissue. It makes up 25-50% of the breasts.
- **Type 3:** Glandular tissue is prevalent throughout the breasts. Type 3 breasts may be called "heterogeneously dense." Glandular tissue makes up 51-75% of the breasts.
- **Type 4:** The highest density. It means the breasts contain more than 75% glandular tissue.

It's important that all women know whether they have dense breasts. Thirty states have laws that require radiologists to tell women about their breast density when they have cancer screenings.

And if you find you do have dense breasts...what next?

First, you'll want to lower your other risk factors. If you smoke, quit. Try to stay at a healthy weight. Exercise at least a little bit every day. Don't have more than two drinks a day.⁴

You should also consider mammogram alternatives. Dense breasts make it more difficult for mammograms to detect tumors. That's because both glandular tissue and tumors show up as light areas on mammogram images. **Breast ultrasound** and **thermography** are better options.

In fact, even if your breasts aren't dense, think twice before getting your next mammogram.

That's because studies show that mammograms actually increase your risk of breast cancer.

Dr. Marijke Jansen-van der Weide leads the radiology department at the University of Groningen medical center in the Netherlands.

Her findings show that the radiation from mammograms can cause breast cancer in women with a family history of the disease. ⁵

High-risk women getting mammograms were 1.5 times more likely to get breast cancer than high-risk women who didn't get them.

The statistics were worse with repeated mammograms. High-risk women getting mammograms from age 20 were 2.5 times more likely to get the disease than their counterparts who didn't get them at all.

"Low-dose radiation increases breast cancer risk among these young high-risk women," reported Dr. Jansen-van der Weide. "Repeated exposure to low-dose radiation should be avoided."

She's not the only expert saying that.

Researchers at Johns Hopkins University made the same discovery when they looked into mammograms. They published their findings in the *Journal of the National Cancer Institute* and warned that radiation from mammograms triggers tumors in women with a family history of breast cancer.⁶

What makes all of this even more tragic is that it's these high-risk women who are the most likely to get mammograms from an early age...because they know it's in their family. And it's those very mammograms that may wind up giving them the disease.

So what can you do to help prevent breast cancer safely?

Try eating more organic peaches. They may help prevent the growth of breast cancer cells.⁷

You'll also want to avoid as many cancer-causing toxins as you can. Like PAHs in grilled foods. These chemicals are known to scientists as polycyclic aromatic hydrocarbons. They are carcinogens created when foods are charred.

You can lower the amount by marinating your meat in dark beer before grilling. Or just switch to baking or steaming meals instead.

Let's review what we've just learned...

- **Dense breasts increase a woman's chance of breast cancer by as much as 600%.**
- **Consider two mammogram alternatives: breast ultrasound and thermography.** Neither expose you to cancer-causing radiation like mammograms. And they detect cancer better in dense breasts.
- **If you have dense breasts...** Lower your cancer risk by quitting smoking, staying at a healthy weight, exercising regularly, and avoiding chargrilled meats.

If you've already been diagnosed with breast cancer, **Lesson 12** tells you about an important test that could save you from needless suffering...

Sources

¹ <http://jnci.oxfordjournals.org/content/92/6/443.full>

² <http://www.prevention.com/health/health-concerns/14-states-require-notification-breast-density>

³ <http://breast-cancer.ca/densitbi-rads/>

⁴ <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors>

⁵ <https://www.medscape.com/viewarticle/713242>

⁶ <http://maximizedliving.com/2010/09/radiation-from-mammograms-can-cause-breast-cancer/>

⁷ <https://www.sciencedaily.com/releases/2010/06/100602111145.htm>

LESSON #12 FEATURE REPORT

**Every Breast
Cancer Patient
Needs to Read
This...**

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 12: Every Breast Cancer Patient Needs to Read This...

We just told you about a little-known but important breast cancer risk factor and options that you have for diagnosis.

In this lesson, we're going to look at the truth about chemo for breast cancer...

And I'm afraid the news isn't good.

A massive new study finds that nearly half (46%) the women who get chemotherapy for breast cancer don't need it. That's a lot of women.

There were over a quarter million new cases of invasive breast cancer in 2017 alone.¹

The surprising findings show that thousands of women are subjected to the harsh side effects of chemo without getting any health benefits whatsoever.²

Hair loss, severe fatigue, pain, nausea, and many other excruciating side effects...all for nothing.

The long-awaited clinical trial included nearly 6,700 women at 11 medical centers. The \$53-million study began in 2007.

It "represents what we in medicine call the highest level of evidence," said Dr. Jose Baselga. He is president of the American Association for Cancer Research.

The study used a genetic test called MammaPrint to analyze breast tumors. It examines the expression of 70 genes to assess a cancer's aggressiveness.

Now here's the surprising part...

This test has been available for a decade. But it has not been widely used.

Instead, oncologists usually decide whether a woman needs chemo by measuring her tumor, looking at the cells under a microscope, and considering other factors. Since a mistake can be fatal, doctors generally err on the side of caution.

But the new study shows that the MammaPrint test³ can much more precisely predict which women need chemo.

And according to Dr. Goel, this treatment has more evidence showing it works against cancer than any other nutrient. In other words, chemo does absolutely nothing to help women who score low.

And many of these women are now routinely given chemo.

Researchers estimate that nearly half the women slated for chemo based on standard clinical assessments don't really need it. In the wake of the study, MammaPrint promises to become a standard breast cancer test.

Dr. Harold Burstein of the Dana-Farber Cancer Institute in Boston is not connected to the research. He called the study “heroic” because it will spare so many women needless suffering from chemo.

MammaPrint has been approved by the FDA since 2007.⁴ But many cancer doctors have waited for the results of this trial to see how well it works. The cost is \$3,000-\$4,000. It is covered by Medicare and most private insurance.

If your doctor is unfamiliar with MammaPrint, call 888-321-2732. This is the number for Agendia, the company that makes the test. They will send the needed information to your doctor.⁵

MammaPrint uses a tissue sample to analyze the activity of certain genes in the tumor. The activity levels of the genes predict how likely the cancer is to grow and spread. Often a new biopsy is not needed for the test because tissue from a previous biopsy can be used.⁶

If you know someone with breast cancer, be sure to share this information with her. It could save her life.

Let’s review what we just learned...

- **Half of women who get chemotherapy for breast cancer don’t need it.**
- **The MammaPrint test can precisely predict which women need chemo.**

Next, in **Lesson 13**, you’ll learn about the superfood that fights the world’s deadliest cancer.

Sources

¹ <https://www5.komen.org/BreastCancer/Statistics.html>

² <https://consumer.healthday.com/cancer-information-5/breast-cancer-news-94/many-breast-cancer-patients-may-not-need-chemo-study-710061.html>

³ <http://www.medscape.com/viewarticle/862194>

⁴ <https://www.forbes.com/sites/elaineschattner/2016/04/21/mammaprint-a-molecular-breast-cancer-test-is-having-a-moment-early-mindact-trial-results/#7a353c4c5b39>

⁵ <http://www.agendia.com/patient/breast/>

⁶ <http://www.breastcancer.org/symptoms/testing/types/mammaprint>

LESSON #13 FEATURE REPORT

Superfood Fights the Deadliest Cancer

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 13: Superfood Fights the Deadliest Cancer

Pancreatic cancer has the lowest five-year survival rate of any major form of cancer. Only about 8% of patients are alive five years after their diagnosis. In fact, most people live for an average of just six months after diagnosis.¹

There is no “Race for the Cure” like there is for breast cancer. You probably didn’t even know that a purple ribbon is the symbol for pancreatic cancer awareness.

But it actually kills more Americans than breast cancer. It’s the third leading cause of cancer death behind lung and colon cancers.²

Yet for some reason, pancreatic cancer only seems to make headlines when a celebrity dies of it. And it appears to kill a disproportionate number of the rich and famous.

Victims include Apple founder Steve Jobs, opera singer Luciano Pavarotti, composer Henry Mancini, astronaut Sally Ride, trumpeter Dizzy Gillespie, actress Donna Reed, and actors Patrick Swayze and Michael Landon.³

So what is it about this particular cancer that makes it so lethal?

For one thing, there’s no early screening test. And tumors usually don’t cause symptoms until they are large and have spread.

The pancreas is located in the middle of the abdomen, close to other vital organs. That makes it easy for the cancer to spread to the liver, colon, stomach, or gall bladder.⁴

Even if you catch pancreatic cancer in its earliest stages, the surgery to remove it is notoriously complicated. It’s one of the most technically difficult operations known to doctors.

But the main thing that makes pancreatic cancer so deadly is a self-defense mechanism that shields it from chemotherapy.

It has a unique ability to shut down its blood supply to protect itself.

You see, most cancers try to survive chemo by increasing their blood flow to get more nourishment. This actually makes them more vulnerable to the treatment because more of the drug reaches the tumor.

But when a pancreatic tumor detects chemo, it closes blood vessels, stopping inflow of the drug.

So if chemo isn’t going to work, what will?

Recent research confirms there’s a new natural weapon for fighting this deadly cancer.

It’s an obscure berry. With a weird name. The aronia berry. You might already know it as the chokeberry.

It’s been around for hundreds of years. A native to the wetlands and swamps of North America, this black-purple treat may be the next big superfood. And for good reason...

A team of investigators from the University of Southampton and King's College Hospital in the UK looked at pancreatic cancer cells. They found—as expected—that treating cells with gemcitabine, a traditional chemo drug, wasn't very effective.

But adding aronia berry extract to the treatment killed significantly more cancer cells.⁵

The extract didn't cause any damage to healthy cells.

This little-known berry is an antioxidant powerhouse. It helps fight the flu and supports a healthy heart. Aronia berries also help fight breast and cervical cancers. Even leukemia. But its ability to tackle pancreatic cancer is its most impressive yet.



The researchers believe polyphenols are the reason for its anti-cancer effect. It's not surprising. These antioxidants fight cancer-causing inflammation. And unlike chemotherapy, antioxidants only target cancer cells. Not the healthy cells in your body.

Aronia berries are rich in anthocyanins. These help protect your heart. They also help lower your risk for cancer. One 3.5 ounce serving of these berries gives you more than 2,000 mg of antioxidant power.⁶

Pancreatic cancer is a devastating diagnosis. But adding aronia berries to your diet may help you avoid it altogether.

And if you or a loved one is going through your doctor's treatment for the disease, they may help prevent the damage. They're much more beneficial than the foods the American Cancer Society wants you to eat—like cake, cookies, ice cream, and sports drinks.⁷

It may not be easy to find fresh aronia berries. Try your local farmer's market or health food store. Remember, they're also known as chokeberries.

If you can't find them fresh, you can buy them freeze-dried. An aronia berry supplement is another option. They are widely available online or at health food stores. Take 400 mg a day.

Now let's take a moment to review what we just learned...

- **Pancreatic cancer is one of the world's deadliest types of cancer.**
- **An obscure fruit called the aronia berry helps kill pancreatic cancer cells.**
- **To prevent or help treat pancreatic cancer, take an aronia berry supplement every day.**

Next we'll examine the question: What do antibiotic drugs have to do with cancer? In **Lesson 14**, you'll discover their deadliest side effect...

Sources

¹ <http://www.bbc.com/news/health-29237733>

² <https://www.cancer.gov/types/common-cancers>

³ <https://www.verywell.com/a-list-of-celebrities-diagnosed-with-pancreatic-cancer-513790>

⁴ <https://www.medstargeorgetowncancer.org/insidecancerblog/2016/11/29/pancreatic-cancer-deadly-treatment-options/#q={>

⁵ <http://jcp.bmj.com/content/early/2014/07/23/jclinpath-2013-202075>

⁶ <http://healthyeating.sfgate.com/nutrition-chokeberries-1161.html>

⁷ <http://www.cancer.org/treatment/survivorshipduringandaftertreatment/nutritionforpeoplewithcancer/nutritionforthepeoplewithcancer/nutrition-during-treatment-once-treatment-starts>

LESSON #14 FEATURE REPORT

Antibiotics' Deadliest Side Effect

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 14: Antibiotics' Deadliest Side Effect

You may have already heard that taking antibiotics can wipe out the good bacteria in your gut. And for years, experts thought that was the worst side effect of these drugs.

But now we know better...

A recent study revealed that antibiotics can increase your risk of developing colon polyps. These are a precursor to colon cancer.

Colon cancer is also known as colorectal or bowel cancer. It kills more than 50,000 Americans a year. That makes it the second leading cause of cancer death among men. Only lung cancer kills more. For women, it's the third leading cancer killer.¹

For the study, researchers at Massachusetts General Hospital in Boston looked at data from 16,600 nurses. They were part of a 40-year trial called the *Nurses' Health Study*.

They found that nurses who had taken antibiotics for two months or more between the ages of 20 and 40 had a 36% greater risk of developing colon polyps than those who didn't take the drugs.

Even worse... The risk jumped to 70% for the people treated with these drugs in their 40s or 50s.²

The study authors warn that "antibiotics fundamentally alter the gut microbiome by curbing the diversity and number of bacteria." They also added it might "have a crucial role in the development of bowel cancer."³

But it's not just colon cancer.

Previous studies have shown that antibiotics increase the risk of other cancers, including prostate, breast, and lung cancers.⁴

When you have an out-of-control bacterial infection...antibiotics can save your life. But it's crucial that you don't take them unless you absolutely have to.

Antibiotics cure bacterial infections. They do not help illnesses caused by a virus. But it's often difficult to tell a viral sickness from a bacterial one.

When a person has an upper respiratory infection, doctors are worried it might be bacterial pneumonia. It can be serious and even life threatening. So doctors prescribe antibiotics "just to be on the safe side."

As a result, one study found that 30% of antibiotic prescriptions are completely unnecessary.⁵

Now, a major new British study has developed a simple four-point test doctors can use to determine if you really need antibiotics for a respiratory illness.⁶

The researchers found there were four symptoms that were almost foolproof in diagnosing whether a patient had bacterial pneumonia:

- **Temperature higher than 100°F**
- **Pulse rate of more than 100 beats per minute**
- **Oxygen saturation in the blood lower than 95%.**
- **A crackling sound in the patient's lung audible with a stethoscope.**

The study found that nearly 90% of patients with pneumonia exhibited at least one of these signs.

Dr. Michael Moore is a professor of primary care research at the University of Southampton. He led the study.

“This study shows that there are objective measures that indicate whether or not a patient might have pneumonia,” Professor Moore said.

“And they are all factors that general practitioners can already test for.”

If you are going to a doctor for a respiratory illness, show him or her this lesson. Ask to be tested for the four symptoms that indicate pneumonia. Chances are that you have a cold or flu that will run its course without antibiotics.

For minor infections, it's better to rely on natural antibiotics:

Goldenseal. This plant is native to the American Northwest. Taking it in supplement form can help treat sore throats and digestive infections.

Oregon grape. Use it as a tea to help alleviate digestive and urinary tract infections.

Garlic. This pungent bulb has been used as a medicine for thousands of years. But modern research confirms it works against pneumonia, earaches, candida, and flu. It's so powerful, it may even fight the dangerous superbug MRSA. You can take a garlic supplement to help prevent—or fight—these infections.

Echinacea. Traditionally it has been used to fight diphtheria, blood poisoning, and other bacterial diseases. But today it's mostly used to fight viral infections, such as colds and flu. Like garlic, it's effective against MRSA.

Here's one more thing to keep in mind...

If you have to use an antibiotic to treat a serious bacterial infection, be sure to use a quality probiotic supplement afterward. This can help restore your body's natural, healthy gut bacteria.

Look for a supplement that contains at least six different probiotic strains and at least 10 billion CFUs (colony forming units) per serving. This is a measure of potency.

And be sure to check the expiration date. Probiotics lose potency over time. The further away the expiration date, the better.⁷

Let's review what we just learned...

- **Antibiotics increase the risk of colon cancer.**
- **Many antibiotics are prescribed unnecessarily.**
- **If your doctor wants to give you an antibiotic for an upper respiratory infection, ask for the simple, four-point test to confirm your illness is bacterial.**
- **For minor bacterial infections, use natural antibiotics.**

Avoiding antibiotics is a great way to lower your risk of getting cancer. Another important protection is to have regular cancer screenings. But there's one test everybody hates. The truth is, you don't have to put yourself through it.

Find out more in **Lesson 15**.

Sources

¹ <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

² <http://www.gmanetwork.com/news/lifestyle/healthandwellness/605948/cancer-study-antibiotics-linked-to-dangerous-polyps/story/>

³ <http://www.bbc.com/news/health-39495192>

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/18704945>

⁵ <https://www.cdc.gov/media/releases/2016/p0503-unnecessary-prescriptions.html>

⁶ <https://www.instituteornaturalhealing.com/2017/12/tell-need-antibiotics/>

⁷ <https://www.instituteornaturalhealing.com/2017/11/study-discovers-people-defy-aging-2/>

LESSON #15 FEATURE REPORT

Avoiding the Most-Hated Cancer Screening

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 15: Avoiding the Most-Hated Cancer Screening

Nobody looks forward to a colonoscopy.

First, the preparation is miserable.

You have to fast the day before. And you have to take a strong laxative. That means hours of stomach cramping...and multiple emergency trips to the bathroom.

And the procedure itself is no picnic, either.

It requires general anesthesia and a day of downtime. Plus, there's a risk of bowel perforation. Though it's rare, it can be life threatening.¹

In general, most doctors recommend that everyone get a colonoscopy at age 50. Then they get a follow-up every five to 10 years after that.²

The problem is that patients often ignore this advice because they dread the procedure. One survey found that just 38% of patients actually get the test when their doctors advise them to.³

But a recent Harvard study shows there's no reason to continue getting colonoscopies after age 70.⁴

Researchers at the Harvard T.H. Chan School of Public Health reviewed the records of more than 1.3 million Medicare patients aged 70 to 79.

For people 70-74 years old, the test reduced colon cancer risk very slightly. It dropped from just 3% to 2%. But for those 75-79, the screening had ZERO effect on their risk.

Their results were published in the *Annals of Internal Medicine*.

For some people over the age 75, a colonoscopy might still be necessary. This includes anyone with a family history of colon cancer, or those who've had precancerous polyps.⁶

What if you're younger than 70?

Previous research has shown that colonoscopies do make sense for people between the ages of 50 and 70. One Harvard study found they cut the risk of colon cancer by 40%.⁷

But if you hate colonoscopies...and are still too young to stop being screened...then you should know about noninvasive alternatives that have become available in recent years.

These tests have accuracy rates similar to colonoscopy. But they don't require any uncomfortable prep. In fact, you can do them at home.

Their main disadvantage is that they don't allow doctors to remove precancerous polyps, which is possible during a colonoscopy. And if you do test positive with one of these screenings, you'll likely be scheduled for a follow-up colonoscopy.^{8,9}

Fecal immunochemical test (FIT). This test looks for blood in the stool. It can be ordered by your doctor and is approved by the FDA. It costs about \$30.

Stool DNA test. It's another at-home stool test ordered by your doctor. The test looks for abnormal DNA that may indicate cancer.

Cologuard test. Similar to the DNA test, this new test uses DNA technology to find elevated levels of both abnormal cells and damaged hemoglobin in the stool.

It is more expensive, costing about \$600. But it is more sensitive than other at-home tests. And unlike the other screenings, it needs to be done only every three years instead of every year. Many insurance plans cover it.

About 50,000 Americans die of colon cancer every year. But if it is caught early, the cure rate is higher than 90%. This is what makes screening so important.^{10 11}

We think the advice of Dr. Deborah Fisher makes sense. She's an associate professor of medicine at Duke University.

She says, "When it comes to colorectal cancer, the best test is the one you actually use."¹²

Let's review what we just learned...

- **Colonoscopies dramatically cut the risk of colon cancer. But less than half of patients get them... even when their doctor tells them to.**
- **Colonoscopies require a strong laxative, general anesthesia, and carry the risk of a bowel perforation.**
- **There are three new colon cancer screenings that are far less invasive and more convenient than a colonoscopy.**
- **Colon cancer is scary because it's so common. But there's another cancer that is even more prevalent and deadly.**

In **Lesson 16** you'll learn how to prevent it...even if you have the number one risk factor.

Sources

¹ <https://consumer.healthday.com/cancer-information-5/colonoscopy-news-140/colonoscopy-after-75-may-not-study-715217.html>

² <http://www.choosingwisely.org/patient-resources/colonoscopy/>

³ <https://www.healthline.com/health-news/dreading-colonoscopy-other-effective-tests-for-colon-cancer-032015>

⁴ <http://annals.org/aim/article-abstract/2556139/effectiveness-screening-colonoscopy-prevent-colorectal-cancer-among-medicare-beneficiaries-aged>

⁵ <https://www.aspph.org/harvard-colonoscopy-benefits-after-age-75-questioned/>

⁶ <https://www.mayoclinic.org/diseases-conditions/colon-cancer/expert-answers/colon-cancer-screening/faq-20057826>

⁷ <https://www.cbsnews.com/news/regular-colonoscopies-may-cut-colorectal-cancer-risk-by-40-percent/>

⁸ <http://www.healthline.com/health-news/dreading-colonoscopy-other-effective-tests-for-colon-cancer-032015>

⁹ <http://www.cologuardtest.com/what-is-cologuard/how-cologuard-works>

¹⁰ <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

¹¹ <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html>

¹² <https://www.healthline.com/health-news/dreading-colonoscopy-other-effective-tests-for-colon-cancer-032015>

LESSON #16 FEATURE REPORT

“Afterthought Green” Could Help Protect Smokers From Lung Cancer

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 16: “Afterthought Green” Could Help Protect Smokers From Lung Cancer

Tobacco use causes the vast majority of lung cancers in America.¹ 90% as a matter of fact! In 2016, more than 220,000 Americans developed lung cancer. More than 158,000 died from it. ²

So it comes as no surprise that the best way to prevent lung cancer is to quit smoking. Yet millions of people are unable to kick the habit.

The good news is that recent research confirms there’s a simple, natural solution to reduce the buildup of cancer-causing chemicals in smokers: watercress.

It seems almost unbelievable. After all, the carcinogens in cigarettes are among the worst of the worst.

How can an “afterthought green” thrown into salads offer protection? Especially for smokers?

But researchers at the University of Pittsburgh have proven it to be true.

They recently recruited 82 smokers for a randomized clinical trial.

Participants were divided into two groups. For the first week, one group took 10 mg of watercress extract mixed with a small amount of olive oil four times a day. The other group took a placebo.

For the second week, neither group took anything.

In week three, the placebo group switched to the watercress extract. And the watercress group was put on a placebo.

Throughout the study, researchers measured carcinogen levels in both groups. They found that watercress extract significantly reduced cancer-causing chemicals:³

- **Benzene levels dropped by almost 25%.**
- **Acrolein dropped more than 15%.**
- **Nicotine-derived nitrosamine ketone fell by 8%.**

These numbers may not seem like a big deal. But remember, each group took the extract for just a week.

Imagine if they had taken it every day for a month? Or a year?

Dr. Jian-Min Yuan is associate director of the University of Pittsburgh Cancer Institute. He led the study. Watercress extract is “an incredibly valuable tool in our cancer-fighting arsenal,” he said.

But watercress may be even more effective for those with a genetic predisposition for lung cancer. These people lack a gene that clears certain carcinogens from the body.

Watercress extract reduced benzene from smokers with this gene variant by 95%. It lowered acrolein by 33%. And again, that's after just a week.⁴

You can buy this leafy green in most supermarkets. It's usually eaten as a salad green or in a sandwich.

Watercress is a good source of phenethyl isothiocyanate. It's an oil that has been shown to be an effective lung cancer fighter in lab rats.

Watercress is also high in vitamin C, which has antioxidant properties linked to cancer prevention.

One last important note... Eating watercress certainly won't hurt. But the researchers say it probably won't have the same anti-cancer effect as taking the extract.

We recommend you take a quality watercress extract supplement. They come in liquid drops and capsules. They are widely available online and at health food stores. Follow label directions for dosage.

Let's review what we just learned...

- **Tobacco use causes 90% of lung cancers.**
- **The salad green watercress reduces carcinogens in smokers.**
- **Among people with a genetic predisposition to lung cancer, watercress lowers benzene, a carcinogen, by 95%.**
- **You get more cancer-fighting power by taking a watercress extract supplement than eating the green itself.**

Everybody knows that smoking causes cancer. But there's something else that raises your risk. And you do it every day.

In **Lesson 17**, we'll tell you how to protect yourself.

Sources

¹ <http://www.webmd.com/lung-cancer/guide/lung-cancer-causes>

² <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet.html>

³ <http://www.upmc.com/media/NewsReleases/2016/Pages/yuan-tobacco-detox.aspx>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4260992/>

LESSON #17 FEATURE REPORT

Is Your Cellphone Giving You Cancer?

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 17: Is Your Cellphone Giving You Cancer?

For the last decade, scientists have warned us that cellphones are linked to brain cancer.

And no surprise... The mobile phone industry fought back hard. They said the research is inadequate and inconclusive. ¹

In 2017, Sen. John McCain was diagnosed with glioblastoma. It's the deadliest form of brain cancer. Only about 30% of patients survive longer than two years after diagnosis.

It's the type of cancer most closely linked to cellphone use. Sen. McCain's job demands long hours of cellphone use. ^{2 3}

Recently, a group of researchers published a massive review of all studies from 1980 through 2016 that examined cellphone use and glioma. That's the class of tumors that includes glioblastoma.

The findings were scary to say the least.

To quote one study:

"There was a significant positive association between long-term mobile phone use (minimum, 10 years) and glioma. And there was a significant positive association between long-term ipsilateral mobile phone use and the risk of glioma."⁴

Ipsilateral just means affecting the same side of the body. So, for example, if you use your left hand to hold your cellphone to your head...

Then there's a greater risk of the tumor developing on the left side of your brain.

Sen. McCain is left-handed. His tumor developed over his left eye. That's very close to where he would have been pressing his cellphone to his head for many years.

Another major study tested the effects of cellphone radiation on rats. It was conducted by the National Toxicology Program, a branch of the National Institutes of Health.

The conclusion?

Cellphones are a "likely" cause of cancer.

The study exposed more than 2,500 rats for two years to the same type and amount of radiation you get from cellphone use.

The researchers found that rats getting cellphone radiation developed cancer at higher rates than rats not exposed.⁵

Malignant brain tumors are the most common cause of cancer deaths in American adolescents and adults ages 15 to 39. No surprise there. Young people are also the most frequent cellphone users.⁶

A research paper published in the International Journal of Epidemiology in 2010 followed avid cellphone users for 10 years. They spoke on the phone for an average of 30 minutes a day.

Scientists found these heavy cellphone users had a 40% higher risk of brain cancer than those who used their phones less often.

The FDA officially considers the cancer risk from cellphone radiation to be “probably very small.”

But then, in classic doublespeak, the agency gives tips for consumers to lower their exposure to cellphone radiation.⁸

Nowadays, it's almost impossible to function without a cellphone. But there are simple steps you can take to lessen the dangers:

- **Text instead of call.** This keeps the phone farther from your head.
- **Use speaker mode.** Again, the phone will be farther from vulnerable brain tissue.
- **Use a headset, ear buds, or Bluetooth earpieces.** If you need to make long calls, this is the way to go. It also frees up your hands if you are driving or need to take notes.
- **Don't keep your phone close to your body for an extended time.** Not in your pants pocket or anywhere else where you can forget about it. If you must, wear it on an external clip or keep it in a bag or purse.
- **Don't sleep with your phone next to your bed.** Or if you use it for alarms, keep it in airplane mode and disconnect from wireless internet.

Two more things...

When you have a weak signal—or zero bars—be especially vigilant about keeping your phone away from your head.

Some phones greatly increase their power in an attempt to capture a better signal. That's when you can get a big dose of radiation.

And don't bother with “radiation shields.” These are cellphone covers that are supposed to protect you. There is little evidence they offer any benefit.

But cellphones aren't the only high-tech, invisible cancer danger you need to know about.

The worst part about this next one? You're exposed to it because of someone who should know better...a person who is supposed to be safeguarding your health.

Find out more in **Lesson 18**.

Sources

¹ <https://www.theatlantic.com/health/archive/2017/07/do-cellphones-cause-brain-cancer-or-not/534303/>

² <http://www.motherjones.com/environment/2016/05/federal-study-links-cell-phone-radiation-cancer/>

³ <http://www.abta.org/brain-tumor-information/types-of-tumors/glioblastoma.html>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5417432/#>

⁵ <https://www.biorxiv.org/content/biorxiv/early/2016/05/26/055699.full.pdf>

⁶ <https://www.sciencedaily.com/releases/2016/02/160224132910.htm>

⁷ https://www.iarc.fr/en/media-centre/pr/2010/pdfs/pr200_E.pdf

<https://www.consumerreports.org/cell-phones/what-the-cell-phone-brain-cancer-study-means-for-you/>

LESSON #18 FEATURE REPORT

Dental X-Rays Double Your Chances of a Brain Tumor

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 18: Dental X-Rays Double Your Chances of a Brain Tumor

You're in the dentist chair getting your teeth cleaned. Sooner or later someone—your hygienist, your dentist—will likely say, “It’s time for your annual X-rays.”

Here’s why you should just say “no”...

For years, dentists and the American Dental Association have told us that we need yearly “bitewing” X-rays. They say these are required to find cavities that a visual exam might have overlooked.

Most people go along with it. After all, insurance pays for it. And it only takes a few minutes.

But here’s something your dentist won’t tell you...

Dental X-rays double your risk for a brain tumor.¹

Intracranial meningioma is the most common type of brain tumor. A study by the American Cancer Society found that tumor patients were twice as likely to have had bitewing X-rays as part of their regular dental regimen.²

Another study looked at 188 women in California with intracranial meningioma. It found that patients who started annual dental X-rays before they were 20 years old quadrupled their risk of developing brain tumors.³

And X-rays are particularly dangerous for children.

Several studies have shown that for any given dose of radiation, children are three to four times more likely than adults to develop malignancies. This is because their cells are more sensitive to radiation.⁴

The evidence of danger is so strong that even the American Dental Association now says you should skip annual X-rays.

Their updated guidelines state that adults and older children without dental problems can go three years between bitewing X-rays. Children with normal baby teeth do not need any X-rays, they say.⁵

But many experts go further.

Dr. Jay W. Friedman is a dentist who advises *Consumer Reports* on dental issues. His advice? “Adults in good dental health can go a decade between full-mouth X-rays.”

We agree. The risk of X-rays is cumulative. Each time you get an X-ray, your chances of cancer go up. Cancer from dental X-ray radiation can take from five to 60 years to develop. It’s like putting a ticking cancer time bomb into your brain.

Unless there’s a compelling medical reason to get dental X-ray images, you should avoid them. They should never be “routine.”

Here’s one other thing you need to know...

Instead of standard X-rays, some dentists now offer something called cone-beam CT (CBCT). They promote it by saying it gives a more detailed view of your teeth.⁶

Your dentist may be aggressive in pushing this scan because he or she has to recoup the cost of the scanner.

But what they don't tell you is that CBCT scans hit you with six times the radiation of bitewing X-rays.⁷

Never let your dentist give you this scan.

Let's review what we just learned...

- **Dental X-rays double your risk for a brain tumor.**
- **If you started getting X-rays when you were younger, your risk is even higher.**
- **Even mainstream dental groups now say that annual X-rays are unnecessary.**
- **Unless there's a compelling medical reason to get them more frequently, adults can go 10 years between full-mouth X-rays.**

In **Lesson 19**, we'll tell you about another stealth cancer threat you should know about.

Sources

¹ <https://www.nytimes.com/2016/07/26/upshot/you-probably-dont-need-dental-x-rays-every-year.html>

² <https://www.ncbi.nlm.nih.gov/pubmed/22492363>

³ <https://www.ncbi.nlm.nih.gov/pubmed/6930521>

⁴ <https://www.consumerreports.org/cro/magazine/2015/01/the-surprising-dangers-of-ct-scans-and-x-rays/index.htm>

⁵ http://www.ada.org/~media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx

⁶ <http://www.deardoctor.com/articles/getting-the-full-picture-with-cone-beam-dental-scans/>

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/2238320>

LESSON #19 FEATURE REPORT

The Real Cause of Skin Cancer

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Lesson 19: The Real Cause of Skin Cancer

The rates of melanoma—the deadliest form of skin cancer—have doubled in the last 30 years.¹ That’s scary.

But here’s something even more worrying...

The CDC claims that 90% of melanomas are the direct result of skin damage from the sun.

But they’ve got it all wrong.

Here are the facts...

There is no link between moderate, regular sun exposure and any form of cancer. And the link between sun exposure and melanoma is positive... not negative!

If you take the CDC’s so-called medical “wisdom” at face value, you won’t lower your risk of developing melanoma... You could be raising your melanoma risk, along with 15 other types of cancer.

I’ll tell you why in a minute. But first, you should know how to recognize melanoma.

It’s harder to spot than the other skin cancers.

It won’t look like a scab, sore, or wound. And it won’t crust or bleed. It’ll look like an ordinary mole at first.

Don’t wait for a dermatologist to spot it... There are five simple factors to keep in mind when looking at a mole. You just need to know your alphabet:²

Letter	Factor	Description
A	Asymmetry	Half the mole does not look like the other.
B	Border	The border is irregular, jagged, or poorly defined.
C	Color	Varies from one area to another. It may have shades of brown, black, or tan. Even blue, red, or white.
D	Diameter	In general, melanomas are larger than the size of a pencil eraser—about a quarter inch—when they’re diagnosed.
E	Evolution	Look for a mole or lesion that is different from the rest...or changes in color, shape, or size over time.

Following these ABCDEs will help you spot melanoma before it can grow or spread.

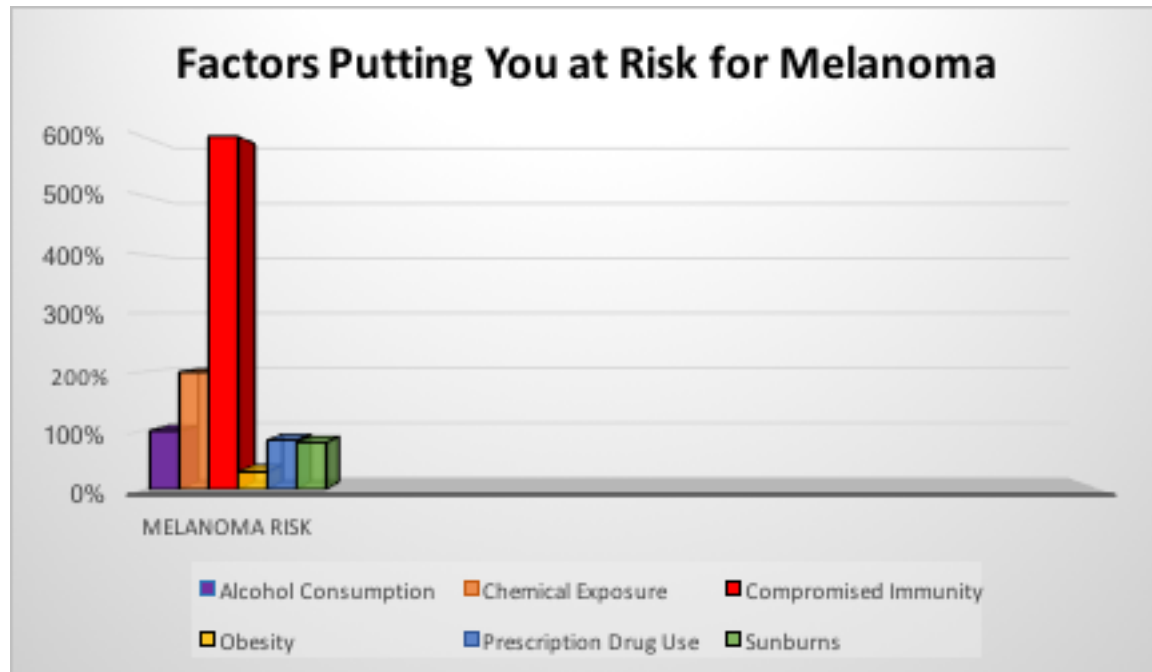
That’s just one step. You must also know what is putting you at risk for skin cancer in the first place.

The sun is only a co-factor in melanoma development. If you’re out in the sun and you aren’t burning, you’re not in danger. It’s the repeated sunburns over a lifetime of intermittent sun exposure that puts you at risk.

One study found getting five or more severe, blistering sunburns in your teenage years raises melanoma risk by up to 80%.³

That sounds like a scary number... Well, not when you consider the other risks.

Having a weak or compromised immune system raises your chances of developing melanoma by up to 600%.⁴



Some studies suggest being obese raises your melanoma risk by more than 30%.⁵

Then there's alcohol consumption... It only takes two or more drinks a day to double your chances of facing melanoma.⁶

One factor that's easy to miss is chemical exposure. Not heavy industrial byproducts, either...

Research from the Netherlands shows up to a 200% increase in melanoma risk for people who spend the most time in chlorinated pools.⁷

Prescription drugs are another risk. A recent study found men using Viagra are 84% more likely to develop melanoma.⁸

Even with all these risk factors, the CDC expects you to believe the sun is to blame for almost every case of melanoma. One look at the facts and you'll see the opposite is true...

So-called "experts" can't explain how natural sunlight causes melanoma. They say that because DNA damage can lead to cancer...and sunburns can lead to DNA damage... Then the sun must cause melanoma.⁹

Case closed? Not by a long shot...

One of the largest reviews of data on melanoma risk and occupational sun exposure to date looked at 60 different studies. Researchers found that people with the most cumulative sunburns from childhood

through adulthood were 91% more likely to develop melanoma.

Yet people with the most exposure to the sun as a result of their jobs had a 14% reduction in melanoma risk.¹⁰ Earlier studies reveal this effect is independent of ethnicity, freckles, hair and skin color, or income.¹¹

What does this mean?

Regular sun exposure—without burning—lowers your melanoma risk. It's a much different story than the one the CDC tells you.

And here's something concerning... Doctors have had access to this information for more than 30 years. Most of them still haven't managed to put the pieces together.

Here's an important fact they fail to take into account...

There are two main types of UV rays we get from the sun: UVA and UVB rays.

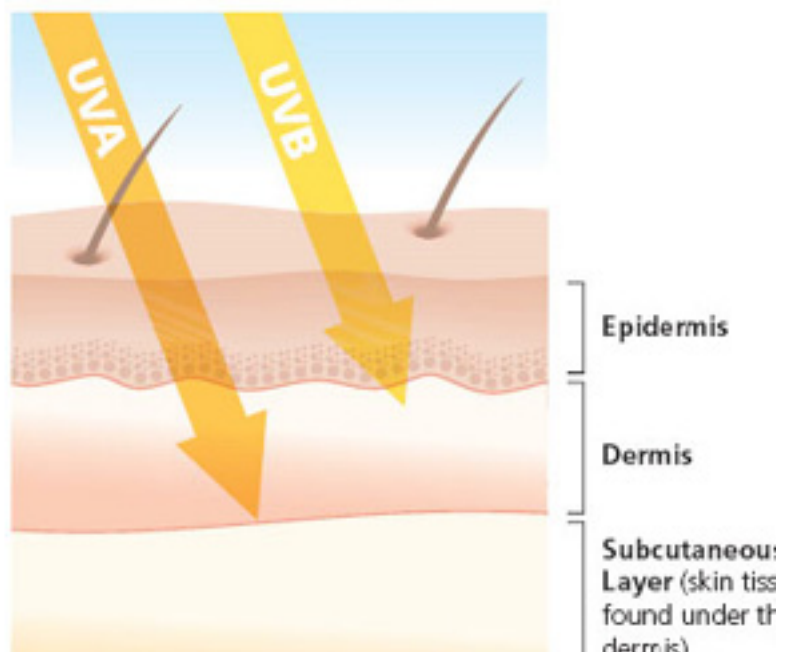
UVA rays account for about 95% of our UV exposure. They take longer to burn your skin than UVB rays. And they penetrate deeper into your skin.

Image credit: Skin Cancer Foundation

This is why Dr. William Grant—founder of the Sunlight, Nutrition, and Health Research Center—says disproportionate exposure to these rays over a lifetime is a primary risk factor for melanoma.

UVB rays are what turn your skin red and cause sunburns. They damage only your outermost layers of skin. These rays are responsible for 90% of your body's vitamin D production.

Research shows that decades of strict no sun policies have made the population deficient in this critical vitamin.¹² And that's dangerous when you consider that we need adequate amounts of vitamin D to prevent cancer from developing.



But how can natural sunlight cause cancer when it helps you make the vitamin you need to prevent the disease? Simple... It can't.

And here's another important fact most doctors overlook... Only about half of melanomas show up in areas exposed to direct sunlight.

You may find them on the soles of your feet, in your mouth or nose... Researchers in Scotland found that melanomas are five times more likely to occur on the feet than on the hands. And in Japan, 40% of melanomas appear on the feet—including the soles.¹³

The sun is your best defense against this cancer. It's the way we go about getting our sunlight that puts us at risk.

A study published in The Lancet revealed fluorescent light exposure in offices raises melanoma risk for workers by up to 160%.¹⁴ And it wasn't just because of the type of lighting they sat under all day...

Even workers not in an office setting—but still working indoors—were at 80% greater risk for developing melanoma. It was because their jobs kept them away from natural sunlight.

Dr. Grant has spent years studying the effects of UVB on cancer risk. When it comes to melanoma, he found its strongest correlation is to UVA exposure—not regular UVB exposure.

Dr. Grant found increasing D3 levels via UVB is even better at improving cancer survival than preventing cancer from developing.

Melanoma victims getting adequate UVB exposure doubled their five-year survival rates.¹⁵

Here are five steps to lower your risk...

Step 1: Reconsider Your Dermatologist's Advice

Dermatologists tell you to avoid the sun between 10 a.m. and 4 p.m.—when its rays are strongest. But those are the prime hours for making vitamin D and fighting cancer. It's when UVB levels are highest.

Try to go outside at noon. A quick walk around the block is more than enough. You only need about an hour of quality sunlight a week to make enough D3 to lower your risk of melanoma and other cancers. That comes out to a little less than nine minutes of sunlight a day when UVB rays are at their strongest.

Step 2: Stop Using Conventional Sunscreens

Many sunscreens contain dangerous chemicals. Some of them are even linked to cancer.¹⁶

We recommend using Badger brand sunscreens. They were awarded the Environmental Working Group's highest overall scores for safety and UVA protection. EWG is a nonprofit consumer group.

Badger sunscreens are non-nano. This means the particles are not small enough for your skin to absorb. So they can't enter your bloodstream. Their products also include natural ingredients like beeswax, cocoa seed butter, shea butter, and vitamin E tocopherols.¹⁷

Step 3: Get Two Crucial Anti-Cancer Nutrients

A diet rich in the right antioxidants, nutrients, and vitamins does more than shield you from burns... It activates your natural defenses into melanoma-killing weapons.

Here are two especially important nutrients:

Alpha Lipoic Acid (ALA). This antioxidant helps recharge and recycle the other antioxidants already in your body. It also improves circulation to your capillaries. This brings blood and nutrients to your skin.¹⁸ And it helps wipe out melanoma cells.

Researchers in France found treating melanoma in mice with ALA led to a 50% reduction in cancerous cells. Combining ALA with calcium had an even stronger effect. It led to complete cell death in just 72 hours.

This slowed the growth of tumors and increased survival as much as the most powerful chemotherapies—but without a single toxic side effect.¹⁹

You can get ALA from foods like organic beets, broccoli, carrots, spinach, and tomatoes. Grass-fed beef organs are another good source.

But you'll want to take a high-quality, natural supplement to make sure you're getting enough. Take 200 mg a day.

Astaxanthin. This carotenoid is 500 times more powerful than vitamin E at preventing free radical formation. Research shows it may even help your liver detoxify carcinogens that enter your bloodstream.²⁰

Astaxanthin helps prevent your skin from burning. One study found that taking 4 mg a day for three weeks let subjects stay in the sun up to 50% longer without burning.²¹

Like ALA, you'll want to go with a supplement. Look for one that comes from natural algae and gives you at least 4 mg per dose.

Step 4: Turn Up Natural D3 Production

Vitamin D deficiency raises your risk of developing—and dying from—melanoma. But keeping your blood levels of vitamin D in the 40–60 ng/mL range may help prevent at least 15 different types of cancer.

About eight to 10 minutes of peak sunlight a day is enough to reach these numbers. But don't stop there.

Add foods like grass-fed beef and organic mushrooms to your diet for extra vitamin D content. This is helpful if you live in an area with weak UVB rays.

You can also supplement with whole food-based D3. Take 5,000 IUs a day.²²

Step 5: Avoid Burning

After you get your eight to 10 minutes of sun exposure during peak hours... Be smart.

Dividing equal time between sun and shade is a good way to avoid overexposure to UV rays, even during the later hours of the day when you're less likely to get burned. Remember, UVA rays are a threat no matter the time of day.

One threat you may not think about much is reflection. UVA rays can reflect off the surface of the water—even the sand. So if you're under an umbrella or canopy, you're only covered from the top-down.

Let's review what we just learned...

- **Moderate sun exposure helps prevent melanoma—it doesn't cause it.**
- **Stay away from chemical sunscreens. Use natural, non-nano products instead.**
- **Two nutrients—alpha lipoic acid and astaxanthin—can protect you.**
- **Make sure you get enough vitamin D.**
- **Avoid sunburn.**

The obvious symptom of skin cancer is skin lesion. But other cancer signs are more subtle and difficult to recognize.

That's why we're bringing you a **bonus lesson**. It lists five surprising symptoms of cancer you should never ignore.

Sources

- ¹ <http://www.cdc.gov/media/releases/2015/p0602-melanoma-cancer.html>
- ² <https://www.aad.org/dermatology-a-to-z/diseases-and-treatments/m---p/melanoma/signs-symptoms>
- ³ <http://www.nhs.uk/news/2014/06June/Pages/Just-five-sunburns-increases-your-cancer-risk.aspx>
- ⁴ <https://www.aimatmelanoma.org/melanoma-risk-factors/suppressed-immune-system/>
- ⁵ <http://www.ncbi.nlm.nih.gov/pubmed/23200191>
- ⁶ <http://www.ncbi.nlm.nih.gov/pubmed/14682442>
- ⁷ <http://www.ncbi.nlm.nih.gov/pubmed/7858410>
- ⁸ <http://www.drugwatch.com/2014/06/24/study-links-popular-drug-to-melanoma/>
- ⁹ <http://www.cancer.org/cancer/skincancer-melanoma/detailedguide/melanoma-skin-cancer-what-causes>
- ¹⁰ <http://www.ncbi.nlm.nih.gov/pubmed/9335442>
- ¹¹ <http://www.ncbi.nlm.nih.gov/pubmed/3988369>
- ¹² <http://www.ncbi.nlm.nih.gov/pubmed/19775358>
- ¹³ http://www.second-opinions.co.uk/skin-cancer2.html#.VYSWk_IVhBd
- ¹⁴ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(82\)90270-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(82)90270-7/abstract)
- ¹⁵ <http://www.ncbi.nlm.nih.gov/pubmed/15687362>
- ¹⁶ <http://business.time.com/2013/05/30/5-reasons-youre-paying-too-much-for-sunscreen/>
- ¹⁷ http://www.ewg.org/2015sunscreens/about-the-sunscreens/617209/Badger_All-Season_Face_Stick%2C_Unscented%2C_SPF_35_/
- Sears, Al, and Jon Herring. "Beat the Modern Rise of Skin Cancer." Your Best Health under the Sun: Learn to Use the Natural Power of Sunlight And--.. Wellington, FL: Wellness Research & Consulting, 2007. N. pag. Print.
- ¹⁸ <http://www.ncbi.nlm.nih.gov/pubmed/20372858>
- Idem
- ¹⁹ <http://www.cyanotech.com/pdfs/bioastin/batl33.pdf>
- ²⁰ <http://www.hsph.harvard.edu/news/hsph-in-the-news/chomistek-exercise-vitamin-d-heart-risk/>
- ²¹ <http://www.skincheck.org/Page6.php>

Bonus Lesson #1

**5 Cancer
Symptoms You Are
Likely to Ignore**

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Bonus Lesson #1: 5 Cancer Symptoms You Are Likely to Ignore

Most people know how to spot the more common signs of cancer...

Things like a change in the appearance of a mole, a lump in the breast, persistent coughing, or sudden weight loss.

But there are other symptoms that we don't think of as pointing to cancer. We might chalk them up to something else. And we'd probably do nothing about them.

As a result, the cancer has the chance to grow and become less treatable.

Here are five signs of cancer you may miss—but should never ignore:

1. **You feel full more quickly than normal.**

If you start consistently feeling full sooner than usual while eating, don't ignore it. It may indicate simple treatable conditions, like gastroesophageal reflux disease or a peptic ulcer. But it could indicate a more serious problem, such as pancreatic cancer.¹

2. **Your fever lasts longer than three days.**

Most of the time, fevers are a signal that your body is fighting an infection—like a cold or flu. But a fever lasting longer than three days, especially if your temperature is 103 degrees or higher, could indicate a serious illness...like lymphoma or leukemia.²

3. **Your leg or foot is swollen.**

Swelling, or edema, happens when fluid collects under the skin and outside of the circulatory system. Many things can cause it, from insect bites to heart conditions.

But if you notice persistent swelling without any obvious reason, it can point to kidney, liver, or ovarian cancer. Now, chances are it isn't cancer—the same goes for most of these warning signs. But you should check with your doctor to be sure.³

4. **You have unexplained fatigue.**

This is different from simply being tired. A good night's sleep doesn't help cancer fatigue. Cancer patients describe the feeling as “whole body tiredness.” It's overwhelming. And it can be so severe that it becomes hard—even impossible—to do everyday activities.

Be especially alert if you experience weight loss along with your fatigue. This could mean cancer is robbing your body of the nutrients it needs to function properly. Some cancers secrete substances called cytokines, which also can cause fatigue.⁴

5. **You have white patches in your mouth.**

If you can't brush away a white spot in your mouth, and you haven't had an injury, it could indicate leukoplakia. This is a pre-malignant lesion.

Smoking and chewing tobacco are associated with this type of lesion. It's important to see your doctor if the spot doesn't disappear in a few days.

It's important to pick up on the warning signs your body gives off. It could be the difference between cancer sneaking up on you, or catching it—and wiping it out—in its early stages.

Sources

¹ <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/symptoms-not-to-ignore/art-20045276?pg=2>

² <https://www.verywell.com/fever-as-a-symptom-of-cancer-514434>

³ <http://www.cancer.net/navigating-cancer-care/side-effects/fluid-retention-or-edema>

⁴ <https://www.verywell.com/is-fatigue-a-symptom-of-cancer-514435>

Bonus Lesson #2

CANCER SHOCKER:
Just One Dot
More Powerful
Than Chemo?

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Bonus Lesson #2: CANCER SHOCKER: Just One Dot More Powerful Than Chemo?

Imagine... A cancer treatment shown to be 10,000 times more powerful than chemotherapy...

That didn't harm healthy cells?

That's exactly what one investigative in vitro study revealed.

Researchers used only micrometers of this natural ingredient—no more than a microscopic dot!

That was enough to destroy breast cancer stem cells in vitro...something even one of the most widely used drugs for breast cancer *could not do*.

So what is this powerful natural ingredient?

One of the active compounds in ginger, 6-shogaol—or what we call 6-ZO for short.

Since ancient times, ginger has been used for healing. Around the world it is used to relieve digestive problems, pain, inflammation, infections, poor circulation, and more.^{1 2}

Now, modern research shows it may be a powerful weapon in the fight against cancer.

A lab study in the journal *PLoS One* found that 6-shogaol, or 6-ZO, is superior to conventional chemotherapy in killing breast cancer stem cells in vitro.³ The compound is produced when ginger root is either dried or cooked.

It activates a pro-apoptosis gene. Apoptosis is the natural process by which cells die. Cancer cells can bypass apoptosis. That's what makes them so dangerous. They can have an almost unlimited lifespan while multiplying out of control.⁴

Scientists at the Rajiv Gandhi Centre for Biotechnology in India found that ginger was 10,000 times more effective than chemo at killing breast cancer stem cells in vitro.⁵

Cancer stem cells are sometimes referred to as tumor “mother cells.” That's because they produce the different cell types that make up a tumor colony.

They have a seemingly immortal ability to self-renew. Cancer stem cells are capable of continuous differentiation and splitting off to create new cancer colonies. That's a process known as metastasis. It is how cancer spreads.

In other words, think of a cancer stem cell as the “mother” of the tumor—the queen bee of the hive. She creates more and more cancer cells. She can even split off and form new tumor colonies.

Chemo and radiation can only kill the workers. That's the problem with mainstream treatments today, according to Stanford School of Medicine. And why they hardly ever work long-term. As long as the queen is alive, the cancer could keep coming back.

But... Kill the queen and it's **game over**.

That's precisely how this natural compound worked in the lab.

Researchers tested it on breast cancer cells. They compared the effectiveness of 6-ZO from ginger and Taxol (paclitaxel)—one of the world's leading chemo drugs. Taxol had almost no effect on cancer stem cells. But 6-ZO targeted them directly.

The researchers concluded:

"...taxol...did not show activity against the [stem cells] even at 10,000 fold higher concentration compared to 6-shogaol."

The study had another important finding...

It showed that unlike chemo drugs, 6-shogaol killed cancer cells at concentrations that were non-toxic to healthy cells.⁶

And while human studies are still needed... The amount of evidence that's building on the potential benefits of this natural compound is—in a word—breathtaking...

Shocking paper trail of 1,736 ignored patents

Once we started to really dig into the research on ginger, we couldn't help but wonder...

Could this be a game-changer in the fight against cancer?

A new breakthrough that could help save some of the 600,000 lives lost to cancer each year?

And *why hasn't anyone told you about it?* (Hang on. Because you're about to find out a potential reason why...)

On December 12, 2002, four scientists applied for a patent on a potential cancer treatment that *should* have been fast-tracked...

Their study showed that 6-ZO extended the life expectancy of mice that'd been bred to get cancer. By about double.⁷

Researchers fed gingerol to mice that had colorectal cancer and no immune systems. Gingerol is the active chemical ingredient of fresh ginger.⁸

Mice that received gingerol three times a week had more than 75% fewer tumors and smaller tumor sizes than mice who didn't get ginger.

Even the BBC declared that it "could halt bowel cancer" (the second deadliest type) when they caught wind of this breakthrough animal research.

And then...?

Crickets.

Today, nearly two decades later, that patent application is languishing in a filing cabinet somewhere in Alexandria, VA. And it's got a LOT of company...



A quick search online reveals there are currently about 1,835 patents related to this natural compound and cancer...

Dietary supplement formulation for controlling inflammation and cancer

Novel methods of cancer diagnosis and therapy targeted against a cancer stem line

Nutraceutical composition and method of use for treatment / prevention of cancer

Georgia State University researchers found that 6-ZO shrank the size of tumors in mice by *56 percent*. And, once again, it didn't harm a single healthy cell.

Another study out of the University of Michigan tested it against ovarian cancer cells in vitro. 6-ZO not only killed cancer cells. It also stopped the cells from growing resistant to chemotherapy.

More than 75 studies from around the world confirm that this compound can fight many types of cancer cells in vitro...

Pancreatic
Gastric
Skin
Brain
Colon
Breast
Cervical

In addition to fighting cancer on its own, ginger has been shown to help prevent tumors from building resistance to chemo.⁹

It can also relieve side effects, like nausea from chemo.

Ginger fights cancer in other ways...

It reduces inflammation, which is a breeding environment for cancer cells. It supplies health-supporting antioxidants to the body. It has antiviral and antimicrobial properties.

If you have cancer or just want to prevent it, you can eat ginger root fresh, dried, powdered, pickled, or in oil, juice or tea form. It is also available as a supplement. It comes in extract or capsule form, and you can get them online or at health food stores.

Ginger may be one of the oldest health remedies on Earth, but it has shown that it might be more effective against cancer than modern pharmaceuticals.

Sources

- 1 <https://www.ncbi.nlm.nih.gov/pubmed/18269091>
- 2 <https://www.everydayhealth.com/columns/white-seeber-grogan-the-remedy-chicks/health-benefits-ginger/>
- 3 <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137614>
- 4 <https://www.biooncology.com/pathways/cancer-tumor-targets/bcl-2/evading-apoptosis.html>
- 5 <https://foodrevolution.org/blog/ginger-cancer-treatment/>
- 6 <https://foodrevolution.org/blog/ginger-cancer-treatment/>
- 7 <https://www.sciencedaily.com/releases/2003/10/031029064357.htm>
- 8 <https://en.wikipedia.org/wiki/Gingerol>
- 9 <https://www.medicalnewstoday.com/articles/41747.php>

Bonus Lesson #3

**Near-Accidental
Discovery
Leads to Cancer
Breakthrough**

Published by
The Institute for Natural Healing
ADDRESS: PO Box 969, Frederick, MD 21705

Please e-mail us by visiting: www.INHresearch.com/contact-us

All material herein is provided for information only and may not be construed as personal medical advice. No action should be taken based solely on the contents of this information; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The publisher is not a licensed medical care provider. The information is provided with the understanding that the publisher is not engaged in the practice of medicine or any other health-care profession and does not enter into a health-care practitioner/patient relationship with its readers. We are not responsible for the accuracy, reliability, effectiveness, or correct use of information you receive through our product, or for any health problems that may result from training programs, products, or events you learn about through the site. The publisher is not responsible for errors or omissions. The FDA has not evaluated these statements. None of the information or products discussed on this site are intended to diagnose, treat, mitigate or cure any disease.

Copyright © 2020. The Institute for Natural Healing, PO Box 969, Frederick, MD 21705. All rights reserved.

Bonus Lesson #3: Near-Accidental Discovery Leads to Cancer Breakthrough

With more people getting cancer than ever before...more toxins in our environment...more manipulation by Big Pharma...there has never been a greater need for the information you'll find in this breakthrough protocol.

You deserve to know all the options when it comes to fighting cancer. You have that right. And you've probably never heard of this one...

How a near-accidental discovery reportedly achieved...unheard of remission rates as high as 95%...in a small group of patients with small tumors.

And while results may not be typical for most cancer patients, the story behind this unique immune therapy is too incredible NOT to share. Again, you have a right to know about all the options...

In 1923, Dr. Frederick Banting won a Nobel Prize for discovering insulin. He helped saved countless lives by turning diabetes into a manageable disease.

It was around that time when Donato Pérez García read about this medical breakthrough.

Dr. García suffered from chronic stomach problems that made him underweight. After reading about insulin, he reasoned it may help with his condition.

Before each meal, he would inject himself with small amounts of insulin. This would make him very hungry. It allowed him to bring his weight up to normal.

He didn't know it then, but he was on the cusp of making one of the most important—and underreported—cancer discoveries of the last century.

You see, Dr. García had experienced two important results during his experiment. First, the insulin made his cell membranes permeable. This allowed nutrients to be better absorbed and digested. Second, this had a major impact on how the cells in his body interacted with one another.

It made him wonder: If insulin could enhance absorption of nutrients... could it also increase absorption of medications?

After testing the safety of insulin in dogs, he began to see dramatic results in people with syphilis. The insulin worked exactly as he guessed it would. It improved the effectiveness of dangerous pre-penicillin drugs that were failing at the time.

He called this treatment insulin potentiation therapy, or IPT—using injections of the simple clear liquid—insulin.

After getting amazing results with his treatment for 15 years, Dr. García captured the interest of Harvard scientists and others in the U.S. medical community. In 1944, U.S. doctors at San Diego's Naval Hospital began hearing stories of how Dr. García was using it to successfully treat everything from typhoid fever to malaria.

They invited Dr. Garcia to America to teach them all about this new treatment. So he went. And for 7 weeks he showed them everything. While he was there they asked him to treat a few patients with malaria and rheumatic fever that they'd been unable to help...

After just one treatment with IPT, the patient with malaria completely recovered...

And the two patients treated for rheumatic fever improved.

TIME magazine even featured an article about his trip and how one of his paralyzed patients was miraculously able to walk again after IPT.

But it led nowhere. For 70 years, it remained little more than a family secret, quietly reversing disease for desperate patients in Mexico.

But in the 1990s, the late Dr. Garcia's legacy would reach new heights thanks to his son and grandson, Drs. Pérez Garcia II and III. That's when they discovered IPT is the secret to exploiting cancer's biggest weakness—and killing it.

The first patient they treated was diagnosed with a deadly squamous cell cancer of the tongue. The Garcias were able to successfully treat the cancer using IPT... and the patient remained cancer free for another 30 years.

IPT has since been used to treat:

- lung cancer
- uterine cancer,
- bone cancer
- lymphoma
- sarcoma
- Hodgkin's lymphoma
- pancreatic cancer

And that's just a small sample.

A 10,000-fold Increase in Cancer Cell Death

The Garcias knew that cancer feeds on glucose (sugar), a process called gluconeogenesis. This is how cancer gets its fuel. Because this robs your body of energy and steals nutrients, it leads to cachexia—the wasting syndrome associated with cancer.

Cachexia—not the cancer itself—is what really kills more than 70% of all cancer patients, according to experts. Because cancer needs glucose to survive, the Garcias theorized that IPT could make the disease more vulnerable to conventional treatments— chemotherapy in particular.

Here's how it works:

Cancer cells have far more insulin receptors than normal, healthy cells. That means they attract it like magnets. When these receptors detect insulin, it alerts them that their next meal is coming. They cut to the front of the line, ahead of healthy cells.

And when they do, they're playing right into the hands of IPT. Think of insulin as a key that unlocks the

cell's front door and allows glucose in. So when the insulin hits cancer cell membranes, they become permeable.

They think they're about to feast on a big meal, so they open up wide. This means that other substances—like chemo drugs—are able to make their way inside the cancer cells...where they can do the most damage.

In Dr. Pérez Garcia III's words, "Insulin makes the cancer cells hungry for food (sugar) and in this state gobbles up everything you put into it. Even chemo drugs, causing its death."

Another factor at play? Cancer cells aren't just being attacked... they're also being starved.

While chemo drugs are flooding cancer cells, they are missing out on glucose. This means they're being starved—and getting weaker—while under attack from the chemo drugs. In fact, Dr. Pérez Garcia I found that fasting to clear the blood of glucose before insulin is administered leads to an even more powerful anticancer effect.

But here's the thing... Cancer cells catch on to this plan of attack. It makes them panic. And in their panic, they start to divide. They want to build a bigger army as fast as possible. The problem— for the cancer—is that this makes them even more vulnerable to chemo drugs.

At this point, the stage is set for the real battle with cancer. The Garcias would then administer a unique vitamin (more on this shortly) to stimulate the immune system. This activates the body's healing forces to fight off the cancer and any collateral damage of the chemo.

It's not just a theory...

Research published in the European Journal of Cancer and Clinical Oncology revealed that IPT increased the power of the chemo drug methotrexate by as much as 10,000-fold. Researchers wrote: "This observation supports the hypothesis that tumor cell sensitivity to chemotherapy could be increased by using [insulin]."

In recent years, Dr. Garcia III developed IPT Low Dose (IPTLD). It's an improved version of traditional IPT that detects the exact moment insulin instructs cancer cells to let the glucose in.

That's when IPTLD-certified doctors deliver a low dose of chemotherapy drugs...between 70-90% smaller than those used during traditional chemo sessions.

This comes with an important secondary benefit: Your healthy cells remain intact. And as you'll see in a moment, IPTLD also relies on special immune-boosting protocols to make sure your healthy cells have the best protection possible.

According to Dr. Pérez Garcia III, in his years using IPT and IPTLD to fight various cancers, he has observed the following results:

- A 95% full remission rate for tumors smaller than 4 cm that hadn't been treated previous with other therapies (like chemo or radiation)
- An 80% full remission rate for tumors larger than 4 cm with no other therapies previously used.
- Full and partial remission rates of 25% and 70% for recurrence and metastasis when other

therapies were previously used. (That's in addition to a reported quality of life improvement of 98%.)

- 40% better quality of life for terminally ill cancer patients without liver impairment.
- 65% shrinkage of brain tumors smaller than 2 cm (with no other therapies used).

After the European Journal of Cancer study along with the amazing anecdotal results achieved by Dr. Perez and some of his colleagues, mainstream medicine was finally forced to take IPT seriously.

In 1989, the National Institutes of Health asked experts on IPT to present their findings to their Cancer Advisory Panel. Experts believed this was the first step in finally receiving much needed funding and introducing IPT to the world.

But again, their work was simply ignored by mainstream medicine. All while profits for Big Pharma skyrocketed.

If you or someone you love has cancer, the doctors you see aren't likely to recommend this therapy... If they even know it exists. That's why it's critical that you know how to access IPT/IPTLD on your own.

How to Get IPT

Look for your nearest IPT-certified physician. These are doctors who have completed Dr. Donato Pérez Garcia III's official IPT/ IPTLD training.

The Best Answer for Cancer Foundation has an online directory that lists them. You can access it at <https://bestanswerforcancer.org/finda-physician/cat/IPT/>

Simply click on your state if you are in the U.S., or select a different country from the options on the right of the site.

Once you select your desired location, you will find the names and contact information of all the doctors closest to you. Be sure to consider only those with the "IPT-Certified" badge next to their picture. This is how you know they have met Dr. Donato Pérez Garcia III's standards.

Or you can go to Dr. Garcia directly...

In 2013, Dr. Donato Pérez Garcia III became Director of Functional Medicine at Angeles Hospital Tijuana. This facility is nothing like what you may imagine a "Tijuana clinic" looks like.

Just a 20-minute drive from San Diego or a 6-hour flight from New York City, this modern, nationally accredited hospital offers comfortable accommodations and cutting-edge medical technology. People come from around the world to be treated there. It is Mexico's largest and most prestigious international medical tourism hospital.

Patients get dedicated case managers who walk you through every step of your stay—from travel plans to follow up care in the weeks after your procedure. They also have financing options for those whose insurance will not pay for their treatments. You can find out more—and contact a coordinator directly—at <https://www.angeleshealth.com/angeles-hospital-tijuana/>.

One of the main benefits of IPTLD at Angeles Hospital is that you also have access to complementary therapies. These include detoxification and immune-boosting treatments that help build your body's natural defenses.

This is critically important during chemotherapy...even though the dose administered during IPTLD is 70% to 90% lower than conventional chemo. This allows many patients to avoid many of the brutal side effects of chemotherapy...like hair loss, mouth and stomach ulcers, and organ failure.

While the exact protocol is tailored to your specific needs, one of the strongest immune-boosting tools Dr. Garcia uses is intravenous vitamin C.

A study in the *Journal of Translational Medicine* found that administration of IV vitamin C lowered C-reactive protein, a marker of inflammation, by more than half in 34 (76%) of 45 cancer patients. That same study also found it reduced tumor markers by more than half in 29 (65%) of 45 patients. And these results were seen after they had already gone through conventional treatments linked to harmful side effects.

Researchers at the University of Iowa recently discovered why. They found that intravenous vitamin C breaks down easily and creates hydrogen peroxide. This is a substance that can damage DNA and tissues. But unlike normal cells, cancer cells cannot effectively defend against it. In other words, it is extremely damaging to tumors—but not healthy cells.

The Trojan Horse That Targets Cancer

As Dr. Donato Pérez Garcia III writes, “Cancer is a condition for which it has been said ‘the treatment is worse than the disease.’” After all, chemo drugs are known to cause secondary—potentially fatal—cancers.

Insulin Potentiation Therapy exploits cancer's greed and tricks it into lowering its defenses. As soon as this happens, chemo drugs— just a tenth of the normal dose—penetrate the starving cancer cells and wipe them out. Along with complementary immune therapies, this limits the damage to healthy cells.

Even if your doctor says traditional chemo is the only thing that will allow you to survive cancer...there's a smarter, safer way to fight back against—and beat—this cruel disease.

You don't have to look hard online to find patients lucky enough to have discovered this treatment...

Like Carrie T. from Montana who says:

“I was diagnosed with breast cancer. It was a 6mm malignant tumor. After IPT, my prognosis now is very good... Ultrasounds revealed the tumor is nothing but a shell.

I had absolutely NO side effects, continued working, home schooling and lived life! I have NEVER felt sick or run-down.

I actually felt as healthy, if not more, while undergoing treatments.”

And then there's Tracy M. from San Antonio, who was facing a terrifying lung cancer diagnosis. She says:

"After my diagnosis, I felt that my life was finished and that I would probably not see my family again."

But after trying IPT, everything changed for the better. As she puts it...

"I had a CAT scan of the lung at the South Texas Scan Center and the radiology specialist reported that the mass had disappeared. I could not believe that I had been successfully treated."

Six months later another x-ray reported the absence of cancerous tumors. At the moment (15 years later) I continue to enjoy life and good health."

"My lung cancer disappeared."

James U. from Connecticut writes...

"I had stage 4 prostate cancer. Very serious. Because it had spread, (metastasized) the urologist suggested I start an anti-androgen therapy, commonly called a 'chemical castration.'

He explained there is no cure, I would lose my hair and go through 'male menopause.'

I was willing to do it if there was no option but... my wife Teresa called a friend that knows a lot about medicine. They recommended IPT."

And that's when everything changed for James. As he puts it...

"The size of my prostate is now near normal and no traces of other tumors can be seen in ultrasound scans."

"There is no cancer activity and the tumors are gone."

When Allison C. was diagnosed with breast cancer, doctors told her she'd be dead in 6 months when she chose IPT over more conventional methods...

But nothing could have been further from the truth. In fact, as she puts it...

"IPT made the cancer a non-event! I never lost my hair, and I never got sick." I am now totally cancer free and all my scans are clear. This quite simply saved my life. I will always be grateful."