



The Cancer Trap and How *You* Can Break Free



by Jeff Bell

Author's Note: Conventional "Western" medicine seems to focus on specific diseases and to develop and rely on treatments aimed at dealing with those diseases, or at least suppressing their symptoms.

In marked contrast, Traditional "Eastern" medicine explicitly and deliberately focuses on the whole individual. It views what we in the West typically call "disease" as being merely a symptom that one or more aspects of the whole person are out of balance. Viewing health through this lens leads to the to determine what aspects are out of balance in the whole person and to restore them to balance.

The logical expectation arising from this approach is that when these elements are restored to balance, the disease(s) will be resolved. This makes sense if what Conventional "Western" medicine calls diseases are really the symptoms caused by the various ways in which the whole person may be out of balance.

While I do employ some Conventional "Western" medical technology in my work, the core principles I have learned over the years to rely on are more congruent with those embodied by Traditional "Eastern" medicine.

What's In This Booklet: Simply put, this booklet is my best attempt yet to explain how I employ a set of core principles, (largely arising out of and extensions of Traditional "Eastern" medicine), to help people to understand, prevent and overcome cancer.

The First Section, beginning on the next page, is devoted to a discussion of these core principles and how they apply to dealing with cancer. The section also includes a narrative of an actual example of a rather special client, and how she applied these principles to overcome an aggressive, life-threatening cancer. Although this narrative is dramatic, it is by no means atypical when these principles are effectively applied and followed.

Appendix I - A Typical Cancer Measure Daily Checklist: This section contains a typical example of the Daily Health Measure Checklist that the client featured in this article used to get well. This example is included to give you, the reader, a good, realistic idea of what is entailed in this approach. Please understand that this checklist is NOT intended to be used, as is by anyone else. As you will see in the course of reading the article, a core principle is that any set of health measures intended to get rid of cancer MUST be customized to fit the individual in order to have a reasonable chance for success. Further, at many points throughout the program, the Daily Checklist must be modified to address changes encountered along the way.

Appendix II - A Top Anti-Cancer Measure Almost Anyone Can Use: This section is included because although it is a specific measure, it is applicable to almost anyone seeking to prevent cancer or to recover from almost any cancer. Further, the specific principles underlying this measure are included and explained.

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by Jeff Bell
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Introduction:

For the past 11 months, I have had the honor of working with a particular client.. A number of those concerned have expressed their amazement at her miraculous progress in recovering from a life-threatening cancer.

Because so many people have asked what she has done, she is allowing me to share her story and her treatment plan, provided I preserve her anonymity. For purposes of this article, I have changed her name to Jane. No other facts or details have been altered in any way.

In this limited space it is not possible for me to describe, in detail, the knowledge and experience it has taken me more than 3 decades to acquire. I will certainly spend the balance of my life expanding and deepening this body of knowledge. However, I can provide the following summary, introducing and explaining what I believe to be the most important of the basic principles

My Focus On Cancer Recovery And Prevention:

Helping people to prevent cancer, as well as recovering from it once they have it, has been a major focus of my research and my practice for many years. I first got interested in cancer in the mid-1960s when I read the first major book about Laetrile (sometimes known as "B-17"). At the time I was beginning my study of conventional medicine and still planned on becoming a physician. But reading the book led me to question much of what I was being taught by the conventional medical training system. It became clear to me that the conventional system was not for me and I decided to leave the field.

Over the many years since, it has become more and more clear that it is crucial to question almost everything we have been told and have learned to accept as fact when it comes to cancer. Digging through vast amounts of research from all over the world, working with many different types of clients and observing real-world results has further underscored the importance of always questioning what I read, and the results of medical studies. This has frequently compelled me to let go of conventional assumptions about cancer and to dig for and often find different questions and different answers. My early training in both hard science and critical thinking have led me to seek out logical, sound core principles and rational measures for dealing with cancer. Practical experience with clients has taught me a great deal about what works. Just as importantly, it has taught me what does not work. This latter is crucial to success.

Over the years, a relatively small set of basic principles has emerged with startling consistency. Overwhelmingly, those clients who have enjoyed the best outcomes have been those who based their treatment decisions on these principles.

Relying On Good Science:

So far, Jane has declined conventional treatment. However, on my recommendation she has continued to take advantage of conventional diagnostics. That means that she meets with the conventional oncologist to review the results of PET Scans and related diagnostics for regular cancer follow-up. This is so that Jane can have confirmation that her 100% alternative treatment plan is working. It also should provide the earliest possible warning if it should stop working. So far, so good!

Jane's Case:

Toward the end of May, 2012, Jane was diagnosed with cancer, specifically diffuse, large B-Cell, Non-Hodgkin's lymphoma. At that point the conventional oncologist urged her to begin chemotherapy immediately. He explained that her cancer was a fast, aggressive form and that it needed immediate treatment if she was to have any chance to get into remission and survive for a significant length of time.

His definition of "significant length of time" turned out to be five years or less. However, that prognosis only considered the average length of time she might expect to survive the cancer. It did not factor in the high probability of dying much sooner as a result of the side-effects from the chemotherapy and radiation therapy he recommended. Including those factors brought the survival prognosis down to an average much nearer to 18 months!

The specific form of chemotherapy routinely used for this form of cancer is a powerful cocktail of chemotherapy agents, known as "RCHOP". This is an acronym for the five major chemical agents that comprise it. He explained that there would be serious side-effects and significant long-term tissue and organ damage, but that this would nonetheless offer Jane her best chance for survival. He also told her that both radiation and surgery might well be needed in the near future, depending on how the cancer progressed. To say the least, this was a dismal prognosis.

Instead of jumping into the conventional treatment plan, after some digging on her part and a sober consideration of her options, Jane chose to try and get well by relying solely on holistic and alternative therapies. She asked me to put together a comprehensive treatment plan for her.

As of the 04/20/2013 revision of this summary, Jane has been on the plan for just over ten months. On April 8, 2013 Jane had a follow-up endoscopy to examine the original site of the cancer. Her gastroenterologist, (same doctor who did the original endoscopy that confirmed the cancer back in May of 2012), was amazed to see that her endoscopy did not show any cancer. Not only that, he found no sign that there ever was a cancer at that site, or anywhere else, for that matter. Even the large scar on the lining of her stomach wall had healed so thoroughly that it was not detectable at all.

Further, several previous PET scans, taken some months after Jane began her 100% alternative treatment plan, did not find any sign of the cancer. Please keep in mind that this was a diagnosis that was positively confirmed and that posed an imminent threat to her life.

This does not mean she is out of the woods – not yet. But it does mean that her alternative therapy plan is working. And it is working faster and better, (so far), than chemo or any conventional therapies generally work.

Frankly, I was surprised when Jane's plan began showing significant, positive results so quickly. Two months from the start of Jane's alternative anti-cancer treatment program, a follow-up PET scan did not show any definitive signs of the cancer. I expected it to work, but to take much longer than 2 months to see any definitive results. Her diagnostics since have continued to demonstrate that the plan is working.

I was about to say here that there have been no side-effects from Jane's treatment. However, that is not quite true. There has been one major side-effect – her health is dramatically improved since she has been following the plan. That is not surprising, since the plan works by zeroing in on the major ways in which her health, specifically her immune system, is being impaired and correcting the problems at the core level.

A number of people have learned about how well this plan seems to be working and have asked Jane what she is doing. This article is a summary and is my attempt to answer that question for all who are interested.

Housekeeping:

Before we dive into the heart of the matter we have one important piece of housekeeping to take care of. I want to make sure we have 100% clarity concerning the following:

1. This article is not intended to serve in any way as diagnoses, treatment, or recommendations with regard to any medical conditions. If you, the reader, have any need of those services, please consult a qualified health care professional.
2. This article and its entire content are intended for educational purposes only.
3. By continuing to read this article beyond this point, you, the reader, agree to take full responsibility for your health, and for your health care choices and decisions.

Back To Jane's Case:

Again, I want to emphasize that Jane is not out of the woods, yet. While she has made great progress towards being completely well, there is much more to be done, and much more time must elapse before I think we can start using the term "cured".

Cancer is a tricky business. It is one thing to show cancer the door. It is another thing entirely to make sure it does not come back. And most of the time when cancer does

come back it is much more serious and far more difficult to get rid of. Each time it recurs, it is far harder to deal with.

That said, so far Jane has progressed towards full recovery far more rapidly than we expected. And I think we have good and legitimate reasons to feel very optimistic.

Before discussing the details of Jane's treatment, I need to lay out several basic principles so that the plan will make sense to you:

Basic Principles:

For most people, the hardest principle to grasp or even to consider, is that all too often the conventional medical approach to cancer is not the safest path. Actually, that fact should be rather obvious as we see friends and loved ones become terribly ill, often from what are euphemistically called "side-effects" of the very treatment that is supposed to be saving their lives. Even while utilizing the best that conventional medicine has to offer, far too many of these patients succumb to the initial cancers, to these so-called side-effects of the treatment, or to a combination of the two.

Some people even seem to recover from the initial cancer, only to succumb to one or more "secondary cancers" that even conventional oncologists acknowledge are primarily caused by the drastic treatments for the initial cancer. This is clearly a grave risk for those following the conventional medical model for cancer treatment in the United States of America, and much of the so-called "developed world".

If one takes an honest and accurate look at the statistics for the so-called "war on cancer", they are not encouraging. It is true that for a very few cancers, some of the long-term survival statistics have improved. But overall, the statistics provide a bleak picture. It does not take a great deal of digging through the research and scientific literature to confirm this.

Friends and family members are often horrified and even riddled with fear when they find out that their loved ones are even considering alternative treatments. They say things like: "How can you take such a risk? Are you crazy? How irresponsible!" Perhaps if they had a more accurate view of conventional treatment and its usual outcomes they would not say such things.

What may be less obvious to those of us living in the United State today is that there are other parts of the world where very different approaches are the not only available but are even in widespread use. Often, these different approaches yield far better outcomes. There is not much about this in the mainstream press or commonly available literature in most parts of our "western world", and especially not in the United States.

There seem to be complex economic reasons and sociopolitical realities that account for these discrepancies in accepted approaches and the persistent reluctance to even consider treatment models that are working so well in other parts of the world. It is beyond the scope of this summary to deal with this further. For those with deeper interest in this aspect of the "war on cancer" and where it has apparently gone astray, I highly

recommend an excellent book called *The Politics of Cancer, Revisited*, by Dr. Samuel S. Epstein, M.D.

One other point I want to make before leaving this topic: I do not fault the oncologists and other related practitioners in the field. Rather, I think the problems are systemic and stem from the top executive decision-makers who run our medical system. In all the years I have spent doing this work, I have never met a single oncologist or related practitioner who did not seem to be doing the very best he or she could within the current system. In fact, many have exhibited the characteristics of true heroes.

That said, much of what I have learned about cancer over the years is at odds with the principles promoted, practiced and taught by conventional medicine. Fortunately, I am not in any way beholden to the prevailing politics or financial aspects of cancer. I am free to express what I believe to be true. If you are able to set aside whatever pre-existing ideas you may have about cancer, you may find the following to be highly valuable.

Another Common Cancer Belief To Question:

Before we dive into the cancer principles, I want to point out one other common and often detrimental belief about conventional versus alternative cancer therapies. I think this belief limits many people's thinking about cancer: Often when people are faced with a cancer diagnosis and need to make some hard choices, they allow themselves to be trapped into thinking they must choose between probable survival time and quality of life.

The prevailing, conventional wisdom about cancer treatment in the United States and much of the "western world" is that alternative treatments lead to an earlier death. But it is well-known and accepted that most conventional cancer treatments entail a great deal of suffering. As a result, people often feel that there is no "good choice" that they can make.

A close relative of this belief is that alternative treatments are useful only for helping to mitigate the worst of the side-effects and suffering that the conventional treatments almost always cause. The second half of this belief is that alternative treatments are not safe or even useful for eradicating the cancer. In short, the belief states that if you want to live as long as possible with a cancer diagnosis, you must choose conventional treatment. You may use alternative therapy or treatment to help reduce the pain and suffering caused by the conventional treatment. This belief, if it were based in reality, would truly leave us between a rock and a hard place. There would be no good choice one could make.

Fortunately, there really is a third option. My observations and experience, corroborated by decades of experience from the best alternative cancer clinics in the world, clearly supports this third option: If one chooses the **right** alternative therapy then one can avoid the terrible pain and suffering **and** increase the odds of a longer post-diagnosis survival than would probably result from conventional treatment.

The key here is choosing the right alternative therapy. In order to provide the best odds of recovery, long term survival and health, any alternative therapy must be multi-faceted, comprehensive, and carefully matched to the specific person. And it must follow certain basic principles. Although they occasionally work, the "silver bullet" approach of relying on

a single alternative measure most often leads to failures and sad outcomes. The key is which principles to follow. The balance of this summary article is devoted to those principles that when used synergistically, most often seem to lead to better outcomes.

By the time you are done reading this summary, you will understand how a comprehensive alternative treatment plan can actually result in improved survivability. You very well may not need to make the terrible choice between length of life and quality of life.

What Is The Origin Of Cancer?

First we need to understand that most cells in the body have a limited life-span. There are a few specific types of cells that are intended to have very long life spans, but these are a few special cases. Most cells are created, mature and perform their intended function for a period of time, begin to wear out, die, and are replaced. This is normal and is the way things are supposed to work.

To make sure this happens with reliability and regularity, most cells in the body are pre-programmed to live for an appropriate life-span. This pre-programmed cell death is called "apoptosis".

Next, we need to understand that it is perfectly normal and healthy for relatively small numbers of cancer cells to be present in the body at all times. If you consider the billions of cells in a human body that are replicating each day, it stands to reason that at least some of those replications will include errors. In most cases, these replication errors result in cells that are not viable. So the cell dies right away. This causes no harm. The errant cells die soon after they are created, and are eliminated as waste.

But occasionally, a replication error results in a cell that is viable, even though defective. The specific defect in a small percentage of these viable cells is that their apoptosis or pre-programmed death is disabled. Instead, these cells live on long after their normal functioning is no longer healthy. Further, these defective cells tend to go on to replicate still more cells that carry this faulty apoptosis error. This is one way that cancer cells can occur and then go on to multiply relatively quickly, (compared to normal cells.)

Besides defective apoptosis, another defect that can arise through cell replication errors gives rise to cells that grow and replicate too quickly. In many cases, these cells may be overly-responsive to hormones and other environmental and biological stimulators. This is another way that cell growth can get out of control. It is worth noting that many chemicals and related toxins can precipitate this condition in the body.

Cancer cells also may be present from a subset of the original embryonic cells, known as "trophoblast cells". This topic gets into some highly complex biology that is beyond the scope of this summary article. However, it is important to know that these are another source of cancer cells that are present in the human body from well before birth. In fact, cancer cells that have their genesis as trophoblast cells have an enhanced ability to eat into healthy tissues and cells. So cancer cells that originate from trophoblast cells are especially damaging and dangerous, because they can rapidly "eat" into and damage organs and other healthy tissues and structures.

Hormone imbalances also can cause cells to grow and replicate too quickly. This is another factor that can lead to an increase in the number of cancer cells in the body. Reproductive tissues and organs are especially sensitive to this over-stimulation. However, almost all cells exhibit some sensitivity to hormones that increase their growth and replication rates.

All of these errant cells that grow, replicate and live beyond normal and healthy control are commonly known as cancer cells. At any given time, it is normal in even the healthiest bodies to find a relatively small number of these cancer cells. But not to worry – ***as long as there is a healthy immune system to track them down and eliminate them.***

The Oxygen Factor:

So far, we have looked at various reasons for relatively small numbers of cancers cells to exist in the human body. For decades, the reasons discussed so far have been known by many practitioners and researchers. And these reasons for the existence of cancer cells, even in healthy bodies, are well supported by good science and a large body of research. (There is some disagreement about the “trophoblast theory”, but even it has significant scientific acceptance and support.)

Before we move on to the next topic, I want to present an emerging theory that provides yet another reason why the number of cancer cells in any given body may increase beyond the level that the immune system can keep in control. According to this theory, when the body is not healthy in a very specific way, healthy cells can become cancerous.

Here’s how this works: When living cells in our bodies metabolize the nutrients we feed them to produce the energy they need to live, they do so by combining the nutrients with oxygen. That is why we must breathe air that contains oxygen in order to sustain life. The overall process is known as “aerobic metabolism”.

However, many cells are capable of generating energy, (in much smaller quantities), without using oxygen. This is known as “anaerobic metabolism”. (In fact, many of the pathogens that cause disease generate their energy anaerobically.)

It has been observed that nearly all cancer cells derive their metabolic energy anaerobically, or without using oxygen. This observation enjoys near universal acceptance among cancer specialists and researchers world-wide.

Based on the above physiological facts about aerobic and anaerobic metabolism, it has been theorized that cancer may arise when otherwise healthy cells are deprived of healthy oxygen levels. The theory is that when the available oxygen is too low to support healthy aerobic metabolism, but not low enough to immediately kill the cells, they adopt a “survival strategy.”

These oxygen-starved cells switch over to anaerobic metabolism. If these cells are starved for oxygen long enough and forced to rely on anaerobic metabolism for long enough, they may actually become what we call cancer cells.

Although this theory has its detractors, there are some good reasons not to dismiss it too quickly:

1. Nearly all cancer cells rely on anaerobic metabolism for their energy production and survival.
2. It has been observed and confirmed beyond question that normal cells can become cancer cells without the need for replication errors or any of the carcinogenic conditions I described much earlier in this article.
3. In many cases, increasing the oxygenation at the cellular level suppresses the growth of cancer cells. This may be one reason why ozone therapy and hydrogen peroxide therapy both can be effective anti-cancer measures.

Here is just one site where you can learn more about this theory:

<http://www.nutritionandmetabolism.com/content/7/1/7>

I also want to add that there are more theories about what causes cancer and that many of these are also credible. Based on the best research currently available it seems most likely that causes included in these theories at least play a role in the cause and persistence of most, if not all, cancers.

For example, research is currently underway in a number of countries, speculating that in many cases cancer cells are simply immune cells that have gone awry and are now attacking the body. To some extent, this theory implies that at least some cancers are actually “auto-immune” diseases, much like lupus, ALS, or MS. Personally, I doubt that this is the *primary cause* of most cancers, but it certainly could play a significant role in at least some cancers.

Listing the many other theories about the causes of cancers here is beyond the scope of this summary. Suffice it to say that many seem credible enough to be worthy of ongoing research and investigation. If you are interested in learning more about this aspect of cancer, I would encourage you to look into the research that is connected with the Cologne Medical Center in Cologne, Germany.

Why Most of Us Don't Have Cancer?

If there are always misbehaving cells in our bodies that are either growing or replicating out of control, why don't we all just die of cancer soon after we are born? The reason is that although at any given time there are cancer cells in the body, a healthy immune system is able to track them down and eliminate them.

It is normal to have some cancer cells in the body. As long as our immune system is healthy and therefore able to eliminate them effectively and keep them under control, all is well.

To some this may seem a precarious and frightening scenario – a number of cancer cells competing against a healthy immune system that must keep their population below a certain level in order for us to live and be healthy. However, such cases of balance between competing conditions and “agendas” is common in nature. If you look deeply enough into almost any biological system, you will see similar patterns of opposing conditions and agendas being dynamically balanced to maintain health. There is nothing unusual or precarious about this, unless some powerful factor or factors are allowed to disrupt the immune system.

The trouble begins when our immune systems are not healthy and therefore lack the power to keep the cancer cells under control. Or if some factor enables these errant cells to grow and replicate so rapidly that the immune system becomes overwhelmed, that also spells trouble.

We have seen that cancer cells are always present in the body, usually in relatively small numbers at any given moment.. Technically, we all always have some cancer. In this article, we will follow the convention of saying one has cancer when the population of cancer cells grows out of control. Conversely, we will say one does not have cancer when the population of cancer cells is under control by the body’s natural control mechanisms, primarily the immune system.

It is no accident that the best diagnostic technologies in use for cancer detection generally do not detect cancers when the cancer cell populations are controlled by a healthy immune system. They only begin to "detect" cancers when the cancer cell populations begin to exceed the capacity of the immune system.

Keep in mind that anything that increases the frequency of cell replication errors, such as (radiation, some viruses, certain fungi, some bacteria, and many toxic chemicals) , also increases the total number of errant cells at any given time. To make matters worse, all of these factors also can weaken the immune system, rendering it less capable of keeping cancer cells under healthy control.

In summary these are the factors we’ve discussed, that can lead to cancer. Anything that:

1. weakens the immune system
2. increases the cell replication error rate
3. stimulates cells to grow and divide faster than normal
4. disrupts or negates normal cell apoptosis
5. throws hormones, particularly reproductive hormones, out of balance
6. lowers the level of oxygen available to the cells

In most instances of cancer, particularly advanced cancers, more than one of these factors is present.

What About Cancer Genes?

You may have heard that many of us have one or more genetic pre-dispositions toward cancers of various types. There is intense research being done in this field, and more “cancer genes” are being discovered on a regular basis. However, it isn’t common knowledge that in most cases, genes represent a potential for something to happen or not. The genes must be “expressed” or “turned on” in order for them to have any effect. Clearly, this is a worthwhile area for much more research and exploration. Certainly it has already yielded some benefits, and promises more. However, please keep in mind that although understanding in the area of genetics has advanced remarkably in the last 20 years the science of genetics is a very long way from being useful for restoring the health of the immune system.

Genetics is also inherently expensive to research and expensive to apply to actual people struggling with disease. It may never be the most cost-effective, nor even the most effective direction for restoring the immune system. Time will tell.

At this point, I cannot resist a brief, but related side-note: There are those who are electing to have pre-emptive surgery to remove parts of their bodies that their genetic tests indicate may be more vulnerable to cancer than those in the general population. I want to go on record in saying that I believe this is barbaric and makes no medical sense. To me it seems far more sensible if someone learns that he or she has any of these so-called “cancer genes”, to focus on what controls whether or not they are expressed. That should lead to sensible health measures to help the body suppress these specific genes.

Controlling Cancer:

Both chemotherapy and radiotherapy are employed with the assumption that medical practitioners can control which cells are affected by these treatments. To some extent that may be possible. But, so far, none of those therapies can even approach doing the job as well as a healthy immune system – not even close. As a result, both radiation therapy and chemotherapy inevitably kill large numbers of healthy cells, and at the same time weaken the overall body impairing the all-important immune system. And in many cases both therapies cause extensive tissue and organ damage, from which recovery may be difficult or even impossible.

For example, many people suffer permanent heart damage from many of the chemotherapy protocols in common use. Widespread neuropathy among conventionally-treated cancer patients is another example of a serious problem with conventional cancer treatment.

Radiation exposure increases the risks of cell replication errors because it damages the DNA that is the “blue-print” for the new cells. It is a strange choice to use radiation to try to control cancer. The rationalization for this strategy is that most cancer cells are even more susceptible to radiation damage than healthy cells. This means that they die off sooner and in greater numbers when exposed to radiation. However, radiation therapy inevitably damages surrounding healthy cells and often leads to widespread DNA damage that can

persist for years, and that never may be repaired. This is one reason why radiation often results in short-term reduction or even remission of the cancer, but also leads to a high percentage of recurrences. Both radiation therapy and chemotherapy often cause extensive neurological damage, as well. For many, this neurological damage may be permanent, may be extensive, and in some cases fatal.

To make matters worse, in the case of chemotherapy, *cancer as a dis-ease or ill health condition is tricky: it frequently changes in crucial ways as it progresses*. The nature of the specific cancer cells that are present actually changes. You can think of this as the cancer cells changing their “signature” or “identifying markers”. Because of this, chemotherapies that may be designed to attack very specific cancer cells can no longer accurately identify their targets. To overcome this challenge the chemotherapy needs to be so broadly targeted that it attacks large numbers of healthy cells, or it will soon fail to be effective. It no longer can target the mutated or changed cancer cells. The other option is to change chemotherapies on a frequent basis. But this also leads to extensive healthy cell, organ and biological system damage.

The challenge of the changing signature of the cancer cells also impairs the immune system’s ability to accurately identify and eliminate the cancer cells. However, a healthy immune system is quickly able to detect these changes and adapt accordingly. Chemicals formulated in a laboratory for the purpose of chemotherapy are not living entities and they have no ability to make such adaptations. A healthy immune system has innate intelligence. Chemotherapy and radiation do not and cannot have anything approaching such intelligence. Both are inanimate.

From this discussion, you can see why I maintain that ***a healthy immune system is by far the best line of defense we have against all cancers***. This applies to both preventing and eliminating cancers.

Does this mean that I think chemotherapy and maybe even radiation therapy should never be used and have no place in the set of medical interventions for cancer? Not at all! There are a few types of cancers, most notably several types of leukemia and several types of malignant brain tumors, that kill so quickly that some dramatic measure to slow things down and buy some time, so to speak, can be life-saving.

In these cases, a small dose of carefully-targeted chemotherapy is worth considering. This treatment should not be relied upon or intended to send the cancer into long-term remission, let alone to cure it. Instead, it should be applied just to slow the cancer down long enough to provide a reasonable time window for the more holistic measures to take effect. Radiation therapy can be life-saving in the same way for some types of brain cancers.

However, the purpose of such short-term, and carefully limited measures is so important that it bears repeating: Neither should be relied on either to cure the cancer, or to lead to long-term remission. This treatment requires applying them in such high doses that the collateral damage would be far too great. Further, keep in mind that ***neither chemotherapy nor radiation therapy does anything to change the terrain that was***

favorable to the growth of cancer in the first place. And it should go without saying that neither is appropriate even for consideration as a preventive measure.

Want to prevent or defeat cancer? Optimize your immune system! That means making sure your body has all the nutrients it needs and is relatively free of toxins or anything else that could detract from the health of your immune system.

Emotional Toxins:

In addition to ingested toxins, we would be wise to pay attention to emotional and spiritual toxins, as well. Have you ever had a conversation with a friend or family member and felt exhausted afterward? The chances are that for you it was an emotionally toxic interchange. In fact, if you notice that you often feel drained after talking with that person, you may have to consider the relationship toxic. And if you continue spending time with that person without working out the relationship so that it is no longer drains your energy, you risk weakening your immune system.

Scientific measurements of immune function before and after different types of emotional experiences have firmly established the relationship between emotional states and immune system health. In these studies, the relevant cell counts and related factors before and after negative and positive emotional experiences have been objectively measured. Not surprisingly, the immune system cell counts increase following positive emotional experiences. Conversely the immune cell counts decrease following negative emotional experiences. And the efficacy of the immune cells follows suit. Furthermore, the changes measured are large and significant.

In addition to limiting your exposure to current situations that may be emotionally toxic, you may need to go back and “emotionally detox” from past experiences or memories that may still be traumatic. There are many tools you can utilize to do this work. At least a few of them, such as “Emotional Freedom Technique” or “EFT”, Tapas, and others can be effective as self-help tools. However, if you feel that you have significant stored traumas, I would encourage you to seek appropriate professional help, at least to get started. Some people benefit from conventional psychotherapy in this area. Others find that they prefer working with a good life coach or other healer experienced in working in this area.

The bottom line is that the correlation between emotional health and physical health is well-established by extensive research and it is very significant. If you wish to prevent or cure cancer, it is important to detox your emotional body as well as your physical body. Of course, this applies to most other forms of “disease” (lack of ease), as well.

Reasons For Living:

This is an extraordinarily important aspect of both cancer prevention and cancer recovery. Reasons for living may well be the single most important factor of all. *The will to live, or more precisely the reason for continuing on in this body, can be thought of as a direct measure of your "intangible life force".* Essentially, why are you here? And why is it important for you to continue to be here in this form?

During my years in this work, I have found that one of the most reliable predictors of outcomes is the strength of the person's will to live, or reason(s) for being here. This may seem simple and obvious. But most people in our culture seem to pay it far too little attention. This is a prime element in the quest for ongoing good health or recovery from dis-ease.

If you ask most people if they would prefer to live or to die, they will look at you as if you are crazy and reply, "Of course, I want to live! Isn't that obvious?" On the conscious level that may well be true and even obvious. We, like most living organisms, seem to be programmed to cling to life at almost any cost. Fortunately so, or we would not have survived this long as a species.

But there is more to this issue than meets the eye. In fact, in all my years of holistic health practice I have run into no issue that is more important and no issue that is more complex.

The will to live seems to be made up of multiple layers and exists on multiple levels, conscious and unconscious. For example, the reflexive and automatic layer will cause most of us to jump out of the way of a speeding bus. And even if we are consciously indifferent as to whether we live or die our automatic responses will attempt to keep us alive.

I can only skim the surface of this huge aspect of health in this summary article. I will include just 2 layers that we can focus on:

On the conscious level, if one is to maximize his or her chances to defeat any serious illness, or even to prevent some serious illness from finding its way into his or her life, a major requirement seems to be a really good reason for living. This is too challenging to adequately describe in abstract or theoretical terms, so I will provide a real-world example instead.

I once asked a woman who was battling late stage cancer why she wanted to live. She told me she wanted to be around to take care of her grandchildren. She even went on to express her fears that her son and daughter-in-law might not be qualified to do a good job of raising her grandchildren unless she was around to help.

I felt compelled to respond that I wasn't confident that this was a strong enough reason to allow her to get well. We then had a lengthy and detailed dialog in which I explained my somewhat mysterious response. We discussed the difference between external motivation, (usually having to do with controlling others, or fulfilling obligations to others), and internal motivations, which are more about self-actualization and living our true purpose.

I recommended that she do some specific writing exercises to help her discover and clarify her reasons for being here. She did.

A week later I saw her again and put the same question to her. This time she told me that being around her grandchildren filled her with great joy, inner happiness and a strong sense of fulfillment. She went on to tell me that she was not done with that experience and

wanted more of it before she would feel complete. I felt the intrinsic truth in her words and told her that I was now convinced. Of course, it was not at all important whether I was convinced or not. It was only important that she was 100% convinced, that she was truly and thoroughly passionate about wanting to live.

From there we set about crafting her treatment plan. This was about 10 years ago. When I last checked in with you, about 10 months ago, she was happy, healthy and spending lots of time with her grandchildren.

In the first statement her reason for living was based on her sense of obligation and responsibility. The underlying motivation was her fear that her own children were not adequate parents and that she needed to stick around to make sure her grandchildren would be OK.

While successfully fulfilling our responsibilities can feel good and make us proud, it seldom fills us with joy and the real life-force our souls need to power the other aspects of our being. Her first statement described an “outer-directed” reason for living.

In contrast, her second statement came directly from her heart and soul. In her second statement the reason for living was fully “inner-directed”. Her second statement was soul-centered, and therefore much more closely aligned with her true purpose in this life.

A great exercise for anyone struggling with a serious illness or dealing with any other issue where a strong will to live may be important, is to practice writing down reasons for living. Focus on reasons that are as inner-directed as possible. Emphasize joy and fulfillment rather than obligation.

Doing this at the beginning of every day for a week or so leads to amazing insights and allows manifestations of personal power to emerge. Powerful reasons for living will tend to bubble up from the unconscious and they will empower the immune system, as well as many of the other vital systems necessary to support life and good health. The positive impact of this seemingly simple exercise seems to flow over and strongly influence many key aspects of life.

Some people may confront this central question and not find any strong, inner-directed reason or reasons for living. As much as those of us around them may wish that our loved one would find reasons and that they would continue to strive to live, I have learned over the years that it is not my place to even try to convince anyone. Living just so that family and friends will not miss you is usually not enough. Living on because one is afraid of what does or does not come next also does not seem to be enough. Instead, let pure inner joy be your gauge.

Anti-Cancer Dietary Principles:

Nutrition and supplementation is a huge subject. Whole books have been written about “cancer diets” and various aspects of diets for recovering from or preventing cancer. There certainly is no room for specifics in this article. Even if space permitted, I would

hesitate because of how varied our individual needs are. However, I can share a few dietary principles which seem to generally apply.

The first and by far most important dietary principle for dealing with cancer is that we are all individuals. Any effective anti-cancer diet must account for our differences and our highly individual specific needs. Recall the old saying: “One man’s food is another man’s poison.” That is a profound piece of wisdom. Beware of any “cancer diet” that purports to be applicable to all.

That said, there are several basics that I think are universally applicable:

The first is to do all that you can to avoid toxins. For example, do not eat foods that include chemical preservatives. All commercially produced preservatives that I know of have the potential to promote the growth of cancers. And with recent studies published over the strong objection of big-agra, I would add the strong recommendation to steer well clear of GMOs.

The second is to avoid sugar. Sugar is cancer’s preferred food. Why feed the very cancer one is trying to get rid of? Not only must one avoid and limit sugars, but also it is important to pay attention to the different forms of sugars. Stay away from sugars that are rapidly absorbed, and instead favor those that absorb more slowly. You can find this out by learning the glycemic index number of a specific food. The lower its number, the better. This limits “insulin spiking”, which promotes cancer growth.

Most of us have at least a few food allergies. These can be subtle. For example, if after eating a certain food you notice that your nose runs a bit, or you get hiccups, or just feel congested, you should suspect that you are at least somewhat allergic to that food. Another subtle sign of food allergy is if eating certain foods consistently results in a feeling of abnormal fatigue within a short time after ingesting that food.

Food allergies can be tricky. The signs can be subtle. Of course there are prominent and obvious food allergies, and those are often less of a problem on an ongoing basis because such allergies are usually obvious. Those of us who are allergic to peanuts or sea food usually learn of these allergies early and remain aware of them for the rest of our lives. For example, I am allergic to cheeses of all kinds and have been so since early childhood. This is not a problem for me. I simply make sure that I never eat cheese.

But the not-so-dramatic or obvious food allergies can present a problem. Eating these foods does not generally send one to the emergency room, require an injection of epinephrine, or otherwise constitute an emergency. Instead, eating these foods leads to more subtle symptoms. Yet, eating these foods can have a profoundly negative effect on an otherwise good anti-cancer plan.

This is because allergic reactions of any kind, even something as seemingly innocuous as a runny nose or minor feeling of fatigue, mean that the immune system is being challenged and is under stress. Exposure to almost any allergens in significant quantities and/or concentrations increases the overall inflammation level in the body and taxes the immune system. We have already seen just how crucial a healthy, otherwise un-stressed immune

system is to defeating cancer. Remember that fighting a battle on more than one front at a time is seldom wise and rarely results in a good outcome. This is a time-honored piece of military wisdom. It applies in full to health and the immune system.

Because most food allergies are subtle and often difficult to test for, I often recommend that anyone battling cancer or other serious illness keep a food diary. Until you know what foods work well for you and which should be avoided, it is really helpful to write down what you eat at each meal. Approximately 30 minutes after the meal, write down how you feel. Does your digestive system feel comfortable? Has nasal mucus increased? How is your energy level? Have your mental functions become fuzzy? Do your eyes itch?

By keeping such a food diary, you can quickly learn how to feed your body in a way that maximizes health and reduces stress on your body, and especially on your immune system. This simple measure can have a profound effect on the success or failure of an otherwise good treatment plan.

Cleansing The Body:

In my experience, cleansing the body is crucially important. There are a great many cleanse protocols out there. Frankly, I think most of them are of limited benefit and some are downright dangerous. Any cleanse must be carefully evaluated in terms of cost-benefit. I am referring to the cost in terms of the body's energy, the person's time and energy, the degree to which normal life may be disrupted, as well as the overall stress that the cleanse may impose. Any cleanse that is powerful enough to be effective, also entails at least some degree of stress on the body, as well as other aspects of any person undergoing it.

As elements of the plans I have crafted and recommended over the years, I usually have included periodic cleanses. However, I have tried to use them sparingly, and with attention to their inherent costs. I have always done my best to ensure they were suitable for the person involved. That said, the cleanses I have relied on most often in recent years have been those designed by Dr. Edward Group of The Global Healing Center. I usually start with Dr. Group's the "Whole GI Tract Cleanse." I have often followed that with Dr. Group's "Liver and Gall Bladder Cleanse." In my experience, both of these are thorough, effective, and place minimum stress on the body, while still delivering maximum benefits. They seem to work better for most people than any other of the many cleanses I have researched and tried.

When you examine the sample daily treatment plan checklist that follows, you will notice that supplements are listed, but meals are not. We have a whole separate list for meals. You will also note that cleanses are not on the checklist. In Jane's treatment plan, cleanses are scheduled for every 65 days or so. The sample checklist is not for a day during which any cleanse is in progress.

PH Balance:

You may also notice that there is nothing specific for PH balance on Jane's daily checklist. This is because Jane is fortunate to have one of the best water ionizers available – the

Akai Water Electrolyzer. This is the sole source of her drinking and cooking water. Because of this, her PH is in the high 7s, which is appropriate for her for long-term health and for keeping her cancer-free.

When she started, we raised the alkalinity on her water ionizer to the maximum settings to get her body PH up to 8+ for a short period of time to sort of send a message to the cancer that it was not welcome to stick around. It would not be healthy to maintain PH at that high level for the long term for most people, and was not for Jane, either. After a few weeks, we reduced the PH of her drinking water back down to 9.5. Drinking this very healthy water and eating the right diet for her has kept Jane's PH levels right where we want them – in the mid 7s.

By the way, most advice on how to properly test your body's PH level is flat out wrong and will not yield accurate results. Hint: relying on testing either urine or saliva will inevitably mislead you. Here is a link to a blog post that explains an accurate method for PH testing: <http://myhealthoptimizer.com/accurately-testing-your-ph-level/>

Hormone Balance:

Also, there is no daily item for hormone balance on Jane's daily list. Jane is due for a saliva test in the next few weeks, which will determine what hormones are out of balance and what must be done to bring them back into balance. This is a critically important anti-cancer measure, but it must be done properly to be safe and effective. This subject is so involved and complex that I have an entire article devoted to the basic principles and best practices involved. Here is a link you can use to download that article:

http://myhealthoptimizer.com/wp-content/uploads/A_Top_Cancer-Proofing_Measure.pdf

One Size Does Not Fit All:

There are a number of other principles I would love to include in this summary, but, there are the constraints of time and space. I cannot include everything or this summary would be many hundreds of pages long. Our forthcoming book on cancer will be several hundred pages long – I expect to publish it by the 3rd quarter of 2013. The working title is the same as that of this article: ***The Cancer Trap and How You Can Break Free.***

However, there is one primary principle that is so central to dealing with most long-term illness that I must squeeze it in here. It seems to be one of those “make or break” principles of cancer outcomes. This principle is pivotal in determining whether a given holistic or “natural health” approach is likely to work or not.

It is simply that *we are all individual and each of us needs different things and different measures to recover our health or to remain healthy.* A way to say it would be: “Never treat the cancer. ALWAYS treat the individual person.”

Take it a step further and you could almost say that cancer does not even exist. If John Doe seems like as if he has cancer, that can be a really dangerous and inaccurate oversimplification. *What he really has is “John Doe Syndrome”, in other words, the sum total of everything that is going on in his body, heart, brain, mind, soul... that is preventing his*

immune system from keeping the cancer cells that are always popping up in his body in a healthy state of balance and under control.

Whether one takes this as literally true or not, it is a highly useful way to look at any person who is in a state of “dis-ease”. It is useful and powerful because it prompts us to ask about and investigate what factors are disrupting his natural state of health, wherever and however they may manifest anywhere in his being. From there, we can begin to prioritize the factors by urgency and importance.

Once we have an adequate picture, we can craft a treatment plan to address all of the important issues in appropriate order and grouped according to how John Doe’s whole being would like to have them addressed. Of course, this does not guarantee the outcome. But it does seem to maximize the chances for John Doe to fully recover his health.

Not only must the plan be crafted so that it as closely as possible fits the real needs and priorities of the whole individual, but as things change and results become apparent the treatment plan must be modified to fit these changes. Typically, this must be done many times throughout the course of treatment. For tricky problems, such as cancer, I frequently find it is necessary to review and modify the plan at least once a week until the person is well away from crisis mode and has largely recovered his or her health. (Maintenance of good health is usually simpler than recovery to good health from serious problems.)

In keeping with this concept, I want to emphasize that although I have included a copy of one day of Jane’s treatment plan, (successful, so far), it is only one day’s plan. As of this writing, Jane has been on this plan for about 11 months. On average, we have reviewed and adjusted the daily plan at least once a week for the entire time. And we will continue to do that until she has completely recovered her health.

There is much more that I could say on the subject of the basic principles of cancer prevention and recovery. That is why I am hard at work, co-authoring the full-length book on the subject mentioned earlier in this article. My brilliant colleague and co-author in this exciting project is James P. Roguski. We expect to have the full-length book: *The Cancer Trap, And How **You** Can Break Free* published sometime in the 3rd quarter of 2013.

In Summary:

We have covered quite a bit of ground, so let’s summarize the basic principles:

1. Despite more than 60 years of massive effort by the conventional medical establishment, allegedly dedicated to finding a cure for cancer, (The “*War on Cancer*”), surprisingly little progress has been made. If you properly interpret the survival statistics, they show that the odds of surviving most cancers are hardly better than they were 60 years ago. In addition, the quality of life for many undergoing treatment is clearly worse in many cases. In view of this assessment it is difficult to honestly argue that the so-called “War On Cancer” has been even modestly successful, so far. And when you consider the enormous amount of resources thrown at the problem in terms of time, money and human dedication, the

results are downright sad and embarrassing. Clearly, something is and has been badly wrong with the overall approach.

2. Contrary to the prevailing opinion in the conventional medical community and among many suffering from cancer, alternative treatments are not limited in usefulness to just lessening the side-effects and suffering caused by conventional treatment. Rather, a properly designed and implemented alternative treatment plan cannot only eradicate most cancers, but also it can dramatically lower the incidence of recurrences and secondary cancers.
3. Cancer cells are always present in the body. This is normal and not a sign of ill health. When the immune system is not able to track them down and eliminate them, they grow out of control and we call that condition “cancer”.
4. Anyone wishing to recover from cancer, often truly a life-threatening challenge, needs to have truly strong reasons for living. The better the reasons for being here and living on in these bodies that we “rent”, the better the chances for recovery and ongoing health.
5. Detox, detox, detox! This must be on all levels – physical, emotional, spiritual and any others that you can think of. Usually people just think of the physical when they consider detox. That can limit the results.
6. Each human being is an individual, with unique needs. To maximize the chances of recovery from cancer and return to full health, the plan needs to be crafted for the individual as opposed to some generic plan that is focused on the cancer rather than the person. This plan must be evaluated frequently and modified according to changing needs and conditions throughout the entire course of treatment.
7. When it comes to cancer there are no silver bullets. Instead, a set of effective treatment protocols must be carefully combined to fit the needs of the specific person as precisely as possible. They must be combined knowledgeably in a way that maximizes their synergy, and that addresses the core issues that allowed the cancer to thrive in the first place.
8. When considering adding any specific protocol to the treatment plan, always weigh the costs and benefits. Any measure included in the plan requires time, energy and usually money, as well. Otherwise good measures can sometimes cost more than they are worth, in one or more of those areas.
9. Last and perhaps most difficult to accept: There are no guarantees. All we can do is our best. Much of what we experience in this life is not within our control. Western “civilization” and culture does a poor job of teaching us this reality. However, failure to accept this and learn to live with and even embrace the inherent uncertainty of life creates terrible anxiety, unnecessary fear and stress. That weakens the immune system, which is the last thing on earth you want to do when seeking to wrest control back from cancer.

In Conclusion:

You probably noticed that this summary focuses on principles and not on details. That is by design.. *This summary explains key underlying principles that can form the basis of a treatment plan which maximize one's chances for a good outcome.* Specific protocols must be matched to and often adjusted for specific clients in order to be safe and effective. That level of detail cannot adequately be covered in an article or summary such as this one.

Conspicuously absent from this summary are any specifics about nutrition and supplementation, details about cleanses, PH balancing, and hormone balancing. Each of these topics contains far too many intricate details to cover in this summary beyond merely noting their importance.

This summarizes the basic principles I have learned to follow over many years. These are the principles that Jane is following, and which are working beyond our expectations, so far. Of course, there is much more, especially at the detail level. Over the years I have accumulated a large toolbox of protocols and measures that seem to be effective. We will include as much detail and as many specifics as possible in our forthcoming book, ***The Cancer Trap, And How You Can Break Free.***

The final 2 pages of this article are an actual sample of a typical daily checklist for Jane's treatment plan. I have found over the years that using such a daily checklist makes it far easier and less stressful to adhere to the program long enough and well enough to get the desired results. In addition to using the daily checklist to ensure that she does not miss any of the steps, Jane also makes notes in the comments section throughout the day so that we do not forget to discuss things that come up and that may be important.

At the beginning of each new day, Jane installs the previous day's completed checklist in her 3-ring binder, in chronological order. That way we have a valuable, permanent record of her plan, as well as any results and issues she may have written in the Notes Section. We use this detailed record to spot trends and to help us evaluate what is working and what may not be.

When people are in the most intense and concentrated phases of their recovery, I make sure that we communicate as often as necessary so that timely adjustments to their daily plans can be made. As you can see, this is a labor-intensive process that takes lots of time. But it seems to work. A goodly number of people have realized great results from this approach. And, so far, Jane has, as well.

As you review the example daily treatment plan presented, please be aware that this is what the plan looks like at approximately 5 months out. (As of this revision, Jane has been following this daily treatment for 11 months.)The plan has been modified many times. There are a number of measures that were on it because they seemed to be effective, initially. Then they were removed from the list for various reasons. Other measures have been added as we have gone along, day to day. The list of daily measures will continue to evolve throughout the entire process.

Before we get to the detail of a typical treatment plan, I want to add one crucial factor: This approach only works for those willing to assume responsibility for their health. In our conventional health system in the U.S at least, too many of us have given over control and responsibility for our own health to “the professionals.” For dealing with serious illness, and especially cancer, often that does not lead to good outcomes. When we relinquish our control and responsibility, we also give up our power. Ultimately, that leads to a weakening of our will to live and a diminishment of the power of our immune systems.

Lastly, I want to acknowledge that *everyone I know who has faced cancer is shocked to discover that, at least at the beginning of their campaign to recover, their entire lives become centered around the cancer and the effort to recover.* This seems to be true for those who choose the conventional path, as well as for those who choose complimentary or alternative treatment programs. It just seems to go with the territory.

Cancer will change your life, and there does not seem to be any way around that fact. You may as well accept it and look for the gifts that are hidden in the cancer. They may not be obvious, but they are there.

If you really look you will find the gifts in forms such as renewed and clarified purpose for life, re-awakening of the power and immense importance of love and friendship, and more. Just to illustrate, the personal growth I have observed in Jane in the relatively short time since her cancer diagnosis probably outweighs all of her personal growth in the previous 15 years or more. I actually asked her if she felt this was true. She told me that in her view it was. So my observation is probably accurate.

I am certainly not recommending that one go out of his or her way to contract cancer in order to experience the personal growth! But if one finds oneself facing cancer, one may as well be aware of the gifts and take advantage of them. They will certainly come at a huge price, so one may as well accept and realize the benefits.

To your great health!

Jeff Bell

PS Please feel free to send me your comments, questions, or:
jeff@myhealthoptimizer.com

PPS: If this approach often yields such great results, why hasn't it been submitted for classic double-blind scientific study? I have been asked this question a number of times by people who have read early drafts of this summary article. Several of my clients who have benefited from the approach have asked, as well.

Nothing would please me more than to have this approach more widely known and better accepted. Certainly formal scientific validation would be a huge help in accomplishing that goal.

But there is at least one major obstacle. It is simply that **although** the core principles discussed in this cancer principles summary article seem to apply in every case, the **specific measures vary widely**, depending on what is needed for the specific client. , In fact, this is one of the most important of those core principles : **that the overall set of measures and the detail of how they are applied must be tailored for the individual client.**

I doubt it would be possible to design a classic double-blind study if the treatment plan requires intensive interviews with the clients, evaluation of various test results, choosing the protocols and measures for that client, and then modifying them to fit the client. Further, there would not be any practical way to preserve the anonymity that any double-blind study requires. Even if these obstacles could be overcome, I doubt that current evaluation technology could usefully correlate the massive number of variables and permutations such a study into a meaningful result.

I have never found a way to overcome these inherent problems. I have discussed the issues with many researchers and practitioners and no solution emerges..

As I mentioned in the body of this article, there are complex and powerful realities that are more socio-economic and political than practical and scientific. They stand squarely in the way of significant, classic scientific validation of this approach to dealing with cancer. They also can be predicted to obstruct its acceptance by the conventional medical establishment in the US even if formal validation can be achieved. (Read **The Politics of Cancer, Revisited**, by Dr. Samuel S. Epstein, M.D. if you want to learn just how significant and real these factors are.)

To date, my work-around for this obstacle is to accept that ample quantities of good-quality anecdotal data must be considered adequate validation. Armed with that form of data, perhaps we can let the results speak for themselves. After all, if by following these principles significantly fewer people die from their cancers, most enjoy a better quality of life, and there are far fewer negative side-effects, shouldn't that be reason enough to consider them?

Meanwhile I am grateful for any suggestions or ideas you may have about how to get this approach to cancer more widely known and perhaps more widely considered. Thanks in advance for any help you may offer.

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APPENDIX I

An Example Of A Typical "Daily Health Measures" Checklist

The example checklist on the following two pages demonstrates how the core principles discussed in this article were applied in the featured case, and how they might be applied in other cases.

Please, please understand that this is NOT intended to be the specific checklist that anyone else, seeking to overcome cancer should use. Any checklist, intended to be a tool for the practical application of these core principles MUST be custom tailored to fit the individual in order to maximize the likelihood of a good outcome.

Further, I feel I must remind all readers that even during the course of a typical cancer recovery campaign, the Daily Health Measures Checklist ends up being frequently modified to account for changes in symptoms, new test results, and other changes. Also, new research sometimes drives such modifications to the program.

Some Practical Recommendations: If you are embarking on a campaign to defeat cancer, utilizing an approach similar to that outlined in this article, if you don't already have one, I recommend purchasing a basic laser printer that is capable of printing on both sides of the paper, (or what is known as "duplex printing".) Then set your Daily Health Measures Checklist up on your computer as a form that is easy to access, easy to update and easy to print. This provides a really great way to avoid missing crucial measures each day.

We found that setting up a 3-Ring Binder, and inserting the completed Daily Health Measures Checklist in it for each day provides a valuable record of what was done. It also helps to track what the results were, what issues arose, what measures were changed along the way, as well as what measures, if any seem to be consistently being missed. This has proven to be very valuable.

Date: _____ **Jane's Health Measure Daily Log** (Last Revised: 11/10/2012)

Description	Instructions	Purpose/Comments	When
Gratitude Log	Log 3 things I am grateful for this morning	Boost mood, energy and immune	1 st thing upon arising
Food-Grade H ₂ O ₂	Add 2 teaspoons H ₂ O ₂ to 1 gal water	Daily drinking water	prepare 1 st thing
Organic Sulfur	1 tablespoon in a full glass of water	Detox and metabolic support	drink 1 st thing
Aloe Vera Juice	1/2 ounce	Heal ulcer	drink 1 st thing
Nascent Iodine	3 drops in water	Support thyroid & energy	drink 1 st thing
Magnesium Oil	Apply oil or gel to skin (if no mag. foot soak)	Anti-cancer & metabolic support	early in AM
Go for walk	15 minute walk	Anti-cancer & emotional support	repeat as able
Bach Flower Centaury	2 drops in water (4 to 6 ounces), sip slowly	Healthy boundaries	anytime before breakfast
Bach Flower Wild Oat	2 drops in water (4 to 6 ounces), sip slowly	Reinforce life purpose	anytime before breakfast
Self-Hypnosis	Meditation: focus, visualization & health goals	Get well! (Use Ed Pio's CD)	anytime before breakfast
Byron Katie Work	15 minutes on whatever Katie tool seems right	Reduce stress, increase joy	anytime before breakfast
Digestive Enzymes	1 capsule, GHC "VeganZyme"	Digestive aid + absorption	at beginning of breakfast
Vitamin D ₃	1 capsule, 4,000iu	Immune system enhancement	with breakfast
Bitter Apricot Seed	6 seeds (increase gradually over weeks)	Anti-cancer	with breakfast
Mushroom Tincture	2 drops with meals	Anti-cancer	with breakfast
Turkey Tail Fungi	2 capsules	Anti-cancer	with breakfast
Chlorella by Source Nat.	5 each 200mg tablet	Ongoing detox	with breakfast
Cilantro	1 small handful with meal, (organic)	Ongoing detox	with breakfast
Spirulina	2 tablets	Complete nutrition	with breakfast
IntraCal	1 capsule – Calcium Orotate 1,100mg	w/ Magnesium Orotate 550mg	with breakfast
Turmeric	2 capsules, 900mg each	Anti-cancer and antioxidant	with breakfast
Vitamin C	1 packet in 6 ounces of water	Liposomal	at end of breakfast
A.G.E. Blocker	1 packet in 6 ounces of water	Liposomal	at end of breakfast
Glutathione (GSH)	1 packet in 6 ounces of water	Liposomal	at end of breakfast
MMS	8 drops activated sodium chlorite in H ₂ O	Anti-cancer and anti-pathogen	after breakfast
QiGong Walk	Walk for 5 minutes per Dr. Mei's method	Build, balance and conserve chi	after breakfast
EFT	Begin learning and using EFT	Reduce stress and improve mood	after breakfast
Note: Use EFT	throughout the day as needed to release	stress, anger, sadness, etc.	
Digestive Enzymes	1 capsule, GHC "VeganZyme"	Digestive aid + absorption	at beginning of lunch
Chlorella by Source Nat.	5 each 200mg tablet	Ongoing detox	with lunch
Cilantro	1 small handful with meal, (organic)	Ongoing detox	with lunch
Spirulina	2 tablets	Complete nutrition	with lunch
Vitamin D ₃	1 capsule, 4,000iu	Immune system enhancement	with lunch
Mushroom Tincture	2 drops with meals	Anti-cancer	with lunch
Turkey Tail Fungi	2 capsules	Anti-cancer	with lunch
Turmeric	2 capsules, 900mg each	Anti-cancer and antioxidant	with lunch
Organic Sulfur	1 tablespoon in a full glass of water	Detox and metabolic support	after lunch
Bitter Apricot Seed	6 seeds (increase gradually over weeks)	Anti-cancer	after lunch
MMS	8 drops activated sodium chlorite in H ₂ O	Anti-cancer and anti-pathogen	after lunch
QiGong	15 minute session	Energy & immune optimization	mid-day
Beck Protocol	Wear Silver Pulser for 2 hours daily	Stimulate immune system cells	when convenient
Nap	If needed		
Visualizations	Visual my private army of immune cells	Knocking out the cancer	
Reset Energy Meridians	Use Goldfish Machine for 15 minutes	Immune and energy support	mid afternoon
Colloidal Silver	1 glass	Kill pathogens & detox	mid afternoon
QiGong Walk	Walk for 5 minutes per Dr. Mei's method	Build, balance and conserve chi	mid afternoon
Milk Thistle Tincture	20 to 25 drops in water	Support liver	take mid-day
Bach Flower Centaury	2 drops in water (4 to 6 ounces), sip slowly	Healthy boundaries	anytime before dinner
Bach Flower Wild Oat	2 drops in water (4 to 6 ounces), sip slowly	Reinforce life purpose	anytime before dinner
Self-Hypnosis	Meditation: focus, visualization & health goals	Get well! (Use Ed Pio's CD)	anytime before dinner
Digestive Enzymes	1 capsule, GHC "VeganZyme"	Digestive aid + absorption	at beginning of dinner
Bitter Apricot Seed	6 seeds (increase gradually over weeks)	Anti-cancer	with dinner

Description	Instructions	Purpose/Comments	When
Vitamin D ₃	1 capsule, 4,000iu	Immune system enhancement	with dinner
Mushroom Tincture	2 drops with meals	Anti-cancer	with dinner
Turkey Tail Fungi	2 capsules	Anti-cancer	with dinner
Chlorella by Source Nat.	5 each 200mg tablet	Ongoing detox	with dinner
Cilantro	1 small handful with meal, (organic)	Ongoing detox	with dinner
Spirulina	2 tablets	Complete nutrition	with dinner
IntraCal	1 capsule – Calcium Orotate 1,100mg	w/ Magnesium Orotate 550mg	with dinner
Turmeric	2 capsules, 900mg each	Anti-cancer and antioxidant	with dinner
Vitamin C	1 packet in 6 ounces of water	Liposomal	at end of dinner
A.G.E. Blocker	1 packet in 6 ounces of water	Liposomal	at end of dinner
Organic Sulfur	1 tablespoon in a full glass of water	Detox and metabolic support	after dinner
MMS	8 drops activated sodium chlorite in H ₂ O	Anti-cancer and anti-pathogen	after shower
Oxy-Powder	3 capsules with fresh lemon juice	Keep GI tract clear	just before bed
FarInfaRed Sauna	25 minutes at 130 degrees	Detox, stimulate immune system	just before bed
<i>Soak Lower Legs</i>	<i>Soak for 20 minutes in magnesium chloride in warm water</i>	<i>Build, balance and conserve chi</i>	<i>just before bed</i>
Magnesium Gel	1 tablespoon transdermal magnesium gel	Boost magnesium, anti-cancer	just before bed
<i>Colloidal Silver on Feet</i>	<i>Spray colloidal silver on feet and inside shoes</i>	<i>To kill fungus</i>	<i>just before bed</i>
Whole Body Meditation	Coordinate breathing with relaxing and having all organs and systems smile		just before sleep

Items in italics are those for which assistance is needed.

Note: Need to add CoQ10 in form of Ubiquinol in liposomal form from Pure Encapsulations, Omega 3 that is mostly DHA, more Bach Flower Essences, guided energy work.

Note: A repeat endoscopy is scheduled for early October. Depending on what this test shows, additional ulcer and/or H-Pylori eradication measures may be needed.

Note: Supplemental selenium is NOT included in this treatment plan. 6 organic raw Brazil nuts per day, (roughly 300mcg of bioavailable selenium), covers this need.

Note: Ozone therapy is under consideration for possible addition to this treatment plan.

Note: Need to find out about removing tooth # 31 that has a root canal. Will consult with holistic dentist.

Note: Transdermal Magnesium Gel therapy is only to be done on nights when it gets too late in the evening to soak the lower legs in a magnesium salt solution. The nightly foot soaks are using warm water with Ancient Minerals brand magnesium chloride bath flakes, which takes care of the need for magnesium, (supports healthy mitochondrial energy production and is anticancer measure.)

Notes and Comments

Important Warning: This daily treatment plan has been extensively customized for a specific individual. It is not likely to be either safe or effective for anyone else. Furthermore, during the entire course of treatment, the plan is reviewed, the results are evaluated and the plan is modified and adjusted accordingly. This is done frequently to maximize safety and efficacy. This plan is NOT intended for use as a “do it yourself” treatment plan for cancer! It must be customized and implemented in partnership with an appropriately qualified practitioner, who has been properly trained in the underlying principles as well as the specific protocols involved.

APPENDIX II

A Top "Cancer-Proofing" Measure For You

(a practical measure to both prevent cancer,
and to help block the growth of most cancers)



The Role Of Hormone Balance In Countering Cancer

A Top “Cancer-Proofing” Measure For You

By Jeff Bell
June, 2011

www.MyHealthOptimizer.com

There is widespread agreement among many of the world’s top anti-cancer docs on the 10 most important anti-cancer measures. These measures show up over and over again and are routinely used by these practitioners. They are “standard protocols” at most of the world’s best anti-cancer clinics.

This article is about one of the most important and effective of these anti-cancer measures. One caveat: The health measure I’m talking about applies most directly to those cancers that form tumors. It is not quite as effective in preventing or dealing with blood-borne or lymphatic cancers. However, it improves overall health sufficiently to be well worth following for reasons aside from its effectiveness as an anti-cancer measure.

Further, since blood-borne and lymphatic system cancers often lead to tumor-forming cancers in specific areas and organs, this is still an important anti-cancer measure. And as you will see from reading this article, this measure has the potential to retard the growth of all cancers.

What is this measure? I’m talking about reproductive hormone balancing. Not sure how or why this is an effective anti-cancer measure? Read on!

First, A Little Background – What Does Hormone Balance Have To Do With Cancer?

To understand this we need to look at a typical, healthy menstrual cycle. (Don’t worry, these principles apply to men, as well as to women.) Towards the beginning of the cycle, the body, particularly the ovaries, produce and release an abundance of estrogen. This stimulates the cells in the lining of the uterus to grow and divide more rapidly. The result is a significant thickening of the lining of the uterus. The purpose is to create a thick enough lining so that if there is a fertilized egg it can easily be implanted in the lining of the uterus.

If no fertilized egg appears for that cycle, then the estrogen tapers off, and an increased amount of progesterone is produced and released. The increased progesterone puts the brakes on the rapid cell growth and division. When the growth and division is sufficiently slowed down, the lining of the uterus is sloughed off and discharged during the menstrual period.

Now the body is ready for the next cycle. Cycles are typically 24 to 30 days long from start to finish.

So what does this have to do with cancer? Simple, when the ratio between estrogen and progesterone gets out of balance in favor of an excess of estrogen, then the reproductive

tissues are over-stimulated to grow and divide too rapidly and without healthy restraint. Over time this “out-of-control” growth can morph into a cancer.

And it is not just the lining of the uterus that is subject to this out-of-control growth. Breast tissue is especially vulnerable to this overstimulation. So is ovarian tissue, all parts of the uterus and even the cervix.

Sounds like this is just about women, and men need not concern themselves with this, right? Wrong! In a human embryo the very same set of cells that grow to become a uterus in a female grows to become the prostate gland in a male. And the cells of the prostate are subject to exactly the same stimulation and control by estrogen and progesterone as are the reproductive tissues in a human female.

Note that in humans the primary form of estrogen, (also known as the “female sex hormone” even though it is present in both males and females), is called “estradiol”.

Again, a crucial requirement for health is a proper balance between estradiol and progesterone. Progesterone is the hormone which balances estradiol in humans. When this ratio is healthy, the reproductive tissue cells tend to grow and divide at the proper rate and in a state of control. When there is too much estradiol relative to the amount of progesterone, the tissues tend to get out of control in both males and females. Females are then prone to a number of cancers. In men it usually shows up as prostate cancer.

The Estradiol-to-Progesterone Ratio Also Affects Non-Reproductive Tissues:

The role of excess estrogen in stimulating and accelerating the growth of most reproductive tissues is well established and confirmed by a large number of studies. This is even so well accepted that many conventional oncological medicine practices and research facilities recognize and test for it.

It has become common practice to test breast cancer cells for “estrogen sensitivity”. When breast cancer cells are found to be estrogen sensitive, that is they are stimulated to grow at a faster rate when exposed to estrogen, drugs that block the production and function of estrogens are frequently included even in conventional treatment.

However, this practice misses an important key point: There is mounting evidence that nearly all cells in the human body are stimulated to grow and divide faster when exposed to estrogens, (or estradiol). Many practitioners believe that the accumulating evidence is already well past conclusive. And there are many alternative practitioners who have used holistic measures to re-balance the estradiol-to-progesterone ratio any time there are either concerns about cancer risks or when there already is an active cancer.

So just for controlling and “normalizing” cell growth and division rates among all cells balancing the estradiol-to-progesterone ratio is an important measure.

Another Cancer Factor Tied To The Estradiol-to-Progesterone Ratio:

Not only does an excess of estradiol relative to progesterone lead to out-of-control growth of reproductive cells, but it also causes another condition that promotes cancers and aids their growth.

Cancerous tumors need an ever increasing supply of blood in order to grow. The types of cancers that form tumors have the ability to stimulate the body to produce the extra blood vessels they need. In effect, they are manipulating the body to work against its own interests.

Estradiol promotes the ability of the body to create extra blood supply on demand. Again, this is to facilitate nourishing an embryo implanted in the lining of the uterus under healthy conditions. Progesterone acts as a balance and impedes the growth of extra blood supply.

So you can see that if the ratio of estradiol-to-progesterone is out of balance in favor of estradiol then cancers will have an easier time forcing the body to create the blood supply they need to grow and flourish.

Conversely, if the ratio between estradiol and progesterone is healthy in either males or females, all tumor-producing cancers, regardless of whether growing in reproductive tissue or other tissues, will have a much harder time forcing the body to create the extra blood supply they require. This can have a dramatic effect in slowing the growth of most tumor-producing cancers.

In fact, some forms of chemotherapy are actually designed to make it more difficult for cancers to create their own auxiliary blood supply. However, balancing estradiol and progesterone is generally a safer and more effective way to accomplish the same thing.

And in case you are a person who has already suffered a cancer and are concerned about doing all you can to prevent a recurrence the measures covered in this article may be doubly important for you.

What Other Common Problems Are Caused By Reproductive Hormone Imbalance?

There are at least two ways that reproductive hormone imbalance can increase both cancer risk and cancer growth. In addition, such imbalances lead to a number of highly unpleasant and sometimes dangerous symptoms and conditions in both men and women. (I'm just listing the most common ones here – there are more.)

In Women:

1. Uterine fibroids
2. "Benign" growths and ovarian and uterine cysts
3. Painful and/or irregular menstruation
4. Extreme and dangerous levels of bleeding during menstruation

5. Cystic breasts
6. Painful breasts
7. Increased cancer risks, especially breast and other reproductive cancers
8. Accelerated growth of most, if not all, cancers
9. Loss of bone density – increased tendency towards osteoporosis
10. Difficulty building and maintaining healthy muscle mass
11. Increased menopausal symptoms, (for those of menopausal age)
12. Difficulty conceiving, (for those of child-bearing age)
13. Low sex drive
14. Emotional instability
15. Difficulty thinking and focusing
16. Compromised immune system
17. Fatigue

In Men:

1. Increased risk of prostate cancer
2. Growth of prostate cancer
3. Enlarged prostate, disrupting normal urination and sexual function
4. Prostate pain
5. Impotence
6. Low sex drive
7. Enlarged male breasts, (commonly called “man boobs” these days)
8. Accelerated growth of tumor-producing cancers
9. Loss of bone density – increased tendency towards osteoporosis
10. Difficulty building and maintaining healthy muscle mass
11. Over-appearance of feminine characteristics, both physical and mental
12. Emotional instability
13. Difficulty thinking and focusing
14. Compromised immune system
15. Difficulty thinking and focusing
16. Fatigue

So What Causes Hormone Imbalance? A Design Flaw?

Hardly! If there are truly design flaws in the human organism I have not found them. This is no exception. The most common and generally most dangerous type of hormone imbalance is too much estradiol relative to progesterone. This is known as “Estrogen Dominance”.

So if this is not the result of a design flaw why is it so common? Simple – in our modern industrial environment we are awash in chemicals that stimulate our bodies to produce

far more estradiol than they otherwise would. Unfermented soy products in our diets further contribute to this problem. The many petrochemicals that contaminate much of our world stimulates the overproduction of estradiol in both men and women.

A second factor is widespread obesity. Fat cells are the other cells in the human body, besides the reproductive hormone organs, that produce estradiol in both men and women. Anyone who is significantly overweight is at much greater risk of estradiol dominance than those who maintain a healthier weight.

So you can easily see why this problem is so widespread in the industrial world.

Also, it is important to keep in mind that in almost all cases where the ratio of estradiol-to-progesterone is out of balance, the imbalance is towards estrogen dominance. That is too bad, as an imbalance in favor of excess progesterone probably would cause far less harm. But most of the pollutants in our environment stimulate excess estradiol but not excess progesterone. And an overabundance of fat cells just exacerbates the problem.

I do very occasionally see an imbalance in favor of progesterone, particularly in young women who are having trouble conceiving. But that is the only ill effect I see from a progesterone-dominance imbalance. It is usually easily corrected using natural balance methods.

Hasn't Reproductive Hormone Balance Proven To Be Dangerous?

It can be, but only if it is done improperly. If done correctly reproductive hormone balance is a very safe and effective way to improve one's health.

There are some basic principles that need to be followed for safe and effective reproductive hormone balance. Here they are:

1. Always start by finding out what the existing hormone levels are. Do this BEFORE any attempt to balance. Saliva testing is by far the best way to do this. (This is explained in the next section.)
2. Always use only bio-identical hormones for balancing. Never use synthetics. They may behave fine in the glassware of the laboratory, but they certainly do not work correctly or safely in the human body.
3. Always use physiological doses. That means use a relatively small amount so that the correction is mimicking what the body would do if it were functioning optimally in the area of hormone production and secretion.

Why Saliva Testing?

Conventional medicine has primarily relied on blood testing for measuring reproductive hormone levels. This is a serious mistake. The problem is that blood is a highly complex liquid, containing many organic molecules and other biochemical compounds and substances. The reproductive hormones tend to bind to these molecules, chemicals and

substances, leaving them unavailable for use as hormones in the body. But they still show up in the blood tests.

This means that the blood test levels of the reproductive hormones are highly misleading. They have little to do with the levels of the reproductive hormones that are actually available to regulate crucial functions in the body.

In contrast, saliva is a relatively simple liquid that has few biochemicals in it and almost no organic molecules or other substances for the hormones to bind to. The hormone levels measured in the saliva are almost exactly the levels available and active in the body.

For certain reproductive hormones, including testosterone, some labs have developed methods for testing for the “free” hormones – those that are not bound to other biochemicals and organic molecules and that are therefore available for the body to use. So far, this is only accurate for testosterone, and many of my colleagues question even that claimed accuracy. Since you would need to test the other hormone levels via saliva anyway, it makes sense to do all the tests via saliva.

Further, when testing for reproductive hormone levels and balances, it almost always makes sense to include testing for cortisol levels, as well. There are complex biochemical relationships between cortisol levels and the levels of the reproductive hormones. Because of this, to safely balance the reproductive hormones, you really need to know what the cortisol levels are, as well.

Since cortisol levels naturally fluctuate during the day, to get an accurate picture, 4 samples must be taken at specific times in the course of a single day. It is certainly more convenient and easier to collect saliva 4 times throughout a day than to draw blood 4 times in a day!

DHEA is another hormone that should be included in the saliva testing. It is a precursor for reproductive hormones and there is a complex biochemical relationship between DHEA and the entire system of reproductive hormones. For example, if your DHEA is high it may make sense to include some DIM in your balancing program to prevent the excess DHEA from converting to excess estradiol.

Saliva testing is easy, accurate and generally cost-competitive compared to blood testing. More importantly, it is the only accurate method I know of. There is nearly universal agreement about this among my colleagues who work in the area of reproductive hormone balance.

Much of the harm that resulted from conventional “hormone replacement therapy” or “HRT” occurred because the practitioners relied on blood testing to determine the uncorrected levels. We have seen the flaw and danger in that approach. And some conventional physicians did not even test at all – they relied solely on their patient’s descriptions of their symptoms! To me that is nearly as dangerous as trying to perform surgery with your eyes closed. Bottom line? Saliva testing is the only safe way to go.

There is a link to more information and a way to order a saliva test near the end of this article. The test is easy, involves no needles or discomfort and the samples can easily be collected in the comfort of your home. They are then sent off to the lab for analysis.

As we have seen, lack of testing or inaccurate testing led to much of the harm that conventional HRT has caused to so many people over the last 3 or 4 decades.

Bioidentical Hormones:

The second factor that made HRT ineffective in many cases and quite harmful in others was the widespread use of synthetic hormones to do the actual balancing. Decades of clinical experience has proven that regardless of how synthetic hormones may behave in the lab they do not have the right effect inside the human body. Over and over synthetics have been shown to be unpredictable and unsafe for hormone balance.

In all cases, it is crucial to use natural, bioidentical hormones for replacement. For most reproductive hormone balance, transdermal creams containing only bioidentical hormones seem safest and most effective. These are applied in small amounts directly to the skin. The bioidentical, natural hormones contained in the transdermal creams are absorbed through the skin, and carried by the body to where they are needed.

Most holistic and natural practitioners, who work in the area of reproductive hormone balance, believe that bioidentical, transdermal creams are the only safe and effective method for supplementing progesterone, estradiol and testosterone. There are a number of companies, including compounding pharmacies that produce various formulas for supplementing these 3 crucial reproductive hormones. A qualified practitioner will be able to review the saliva test results and determine which one or ones are right for any given person.

I am seeing a disturbing trend when it comes to testosterone supplementation: People are beginning to use weekly injections as well as other “long-term-dose methods” to avoid the need for daily dosing. However, I am not convinced that this approach is either safe or effective. Studies, as well as clinical experience, show that this method results in significant fluctuations in testosterone levels. Such fluctuations in testosterone levels are very unhealthy and cause a number of serious side-effects. I recommend sticking with the tried and true – bioidentical, transdermal testosterone, applied daily. We know that it works and is safe when properly prescribed and used.

The Third Deadly Mistake – Huge Overdoses:

One of the most harmful mistakes that most conventional medical practitioners made over the several decades in their HRT methods was to prescribe doses that were many times too high. As pointed out earlier, many conventional practitioners either did not test before prescribing, or they used inaccurate test methods. Then they compounded the problem by grossly overdosing their patients.

I have seen a number of clients who were very sick when they first came to me. They had been given HRT doses that were sometimes 50 or more times larger than they should have been! Most of them did not begin to get well until their huge overdoses were corrected.

One of the most important principles that both Dr. John Lee, M.D. and Dr. David Zava, PhD. developed and taught was to use what they called, “physiologic doses”. This simply means to only use the amount to bring the body to the hormone level it would have if it were functioning properly. In most cases, this is a very small amount.

For example, I often find men in middle age whose testosterone levels are too low. For years, conventional physicians frequently prescribed 50mg to 100mg of testosterone for such men. Many of them developed symptoms of dangerously high testosterone levels and either became very sick and/or abandoned the hormone supplementation because the side-effects were driving them crazy.

In most cases the proper dose from a biological standpoint for these men would have been 2.5mg to 5mg at most. That constitutes a “physiologic dose”. This is one of the key reasons why so many of Dr. John Lee’s patients got well under his care, and why so few did under conventional HRT.

Another crucial measure concerning dose is to retest (again using saliva, of course) after one has been on a hormone supplementation regimen for 3 to 6 months to see what the actual results are. Of course, keeping track of symptoms and changes to symptoms also is important. But there is no substitute for retesting after a reasonable time period. Often the retesting reveals that some minor adjustments to the dosing are needed. And occasionally the body changes enough after being on a proper hormone balancing protocol for awhile that the program needs to be significantly changed.

A Saliva Testing Resource For You:

Here is a link to more information about saliva testing for hormone balance. The link also includes a way for you to easily order the test yourself. You do not even need a physician’s signature in most states:

<http://myhealthoptimizer.com/?p=1710>

In case that link does not work, please go to: www.MyHealthOptimizer.com and then search for Saliva Testing. You will find several blog posts discussing Saliva Testing for Reproductive Hormone Balance, as well as links at the bottom of each, which you can use to order a Saliva Test Kit.

Conclusion:

In conclusion, let me point out that safe and effective reproductive hormone balance requires working with a fully qualified practitioner who is experienced and versed in the proper methods. The point of this article is not to equip the average person to do this work on their own.

The Purpose Of This Appendix To "The Cancer Trap..." Article Is Threefold:

1. To highlight the importance of reproductive hormone balance as a top anti-cancer measure;
2. To explain the basic principles of reproductive hormone balance while dispelling the most dangerous myths created by conventional hormone replacement therapy, (HRT);
3. To raise your level of understanding about reproductive hormone balance so that you can more easily and safely decide what is right for you and select an appropriate practitioner to help you with any needed reproductive hormone balance;

I sincerely hope that through this article I have accomplished these goals. As always, I value your feedback.

I also want to add this comment: I am not sure why the conventional medical sector has been and remains so slow to adopt the principles and measures described in this article. And I am not sure why so few conventional oncological practices have added this approach to their arsenal of anti-cancer measures. The research to support this methodology is overwhelming and completely compelling. I have not been able to find any credible research against it. The evidence is clear that much unnecessary suffering and even many deaths could be avoided by embracing this approach.

Please feel free to send your questions or comments to: jeff@myhealthoptimizer.com

To your great health!

Jeff Bell

Please visit www.MyHealthOptimizer.com for more valuable health information.

Acknowledgement:

I want to acknowledge that much of the information I have presented here I learned through my study of the ground-breaking research and clinical work of Dr. John Lee, M.D. and Dr. David Zava, PhD. Dr. Lee had both a clinical and research practice over a number of decades. In the course of his career he identified, defined and confirmed the principles presented in this article. Dr. David Zava, PhD. is the founder ZRT Laboratories, this country's first saliva testing laboratory. Dr. Zava is also the developer of most of the testing protocols currently in use at most labs that offer saliva testing. He also has been a key player in developing, confirming and publishing this life-saving information. Also I want to acknowledge Virginia Hopkins, who helped with the research as well as in writing the seminal books that made Dr. Lee's and Dr. Zava's work available to practitioners and to the general public.

For those wanting to learn more I highly recommend the most complete of the books on the subject that Dr. Lee, Dr. Zava and Virginia Hopkins co-authored: "What Your Doctor May Not Tell You About Breast Cancer..." Don't be misled by the title – it is about much more than breast cancer. Although it covers the hormonal aspects of breast cancer and much more, it also clearly explains the principles of hormone balance, in general.

I personally benefitted from the work of all three of these Health Heroes. I used the protocols I learned from them to easily and quickly cure my own prostate cancer a number of years ago. It was quicker, easier, safer, more effective and far less costly than conventional "treatment" for prostate cancer. Also it was 100% free of side-effects, which are a major problem for almost all men who undergo conventional prostate cancer treatment. Well, actually, in my case there were two side-effects: 1. My overall health improved significantly. 2. I became a fanatic about sharing this life-saving information with anyone who would listen – patients as well as practitioners.

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- Have you or a loved one been diagnosed with cancer?
- In the battle against cancer are you wondering if there is a better way?
- Are you anxious about how many of us become victims of cancer?
- Are you worried by the ruined quality of life caused by most cancer treatments?

If you answered "**Yes!**" to any of the questions above, you may find this article is just what you have been searching for.

The Cancer Trap



and How *You* Can Break Free

