

POSSIBILITIES. ♦ ♦ ♦

From NUTRITION COALITION, INC. ♦ Fargo, ND 58108-3001 ♦ 1-800-447-4793 (218-236-9783) ♦ www.willardswater.com ♦ September, 2005

Did She Lie? Was It Cancer? Is It Ever Cancer?

Undoubtedly, readers heard about the controversy surrounding Victoria Gotti's statements that she had been treated for breast cancer, and the report that followed when

another newspaper declared it was a sham and a publicity stunt—that she really didn't have breast cancer. The second article claimed it was all a publicity stunt to promote interest in her television show, "Growing Up Gotti".

She was interviewed on ABC's "Good Morning America" (GMA) and said it was actually "Ductal Carcinoma In Situ" or "DCIS". Charles Gibson, one of the anchors of GMA, interjected that DCIS was really "precancerous cells". Gotti appeared to agree.

All of which reminded us of the late Dr. John Lee's discussion of DCIS in his book "What Your Doctor May Not Tell You About Breast Cancer".

But before we get to Dr. Lee's explanation, let us summarize what we found online about DCIS from various sites.

The long-and-short of it is that Gotti was correct in saying on GMA "if you look it up on the internet it is cancer". Indeed every cancer site we checked, from the American Cancer Society page to the WebMD page, to about.com, which is a part of The New York Times Company, listed DCIS as a type of breast cancer. Often simply defined as a type of cancer that doesn't spread, or as a type of

She said her breast cancer was DCIS... they said that made it a scam...

cancer that is "99% curable". The more detailed explanations said that it is cancer that is limited to the inside of the milk ducts within the breast... they may multiply within the ducts, but they do not invade through the duct walls or move into the blood or lymphatic systems, as the New York Times about.com site put it. That same site also pointed out that "ductal carcinoma is the most common form of breast cancer".

What we found amazing in the Gotti controversy was that DCIS was finally being reported by mainstream media like "Good Morning America" and a host of print publications as NOT being cancer. That's amazing because, as the New York Times about.com site pointed out, ductal carcinoma is

Every site listed DCIS as breast cancer... the most common form of breast cancer...

the most common form of breast cancer! What's even more interesting is what Dr. Lee said in his book previously mentioned.

Dr. Lee said "even experts debate whether DCIS is really a cancer... in situ means... 'in place', indicating no penetration of the deeper layers of cells. But invasive or infiltrating carcinoma, by its very definition invades the deeper tissue, while DCIS is contained within the duct. If DCIS becomes even the tiniest bit invasive, then it's automati-

cally no longer considered DCIS." Dr. Lee continued, "A few years ago there was an editorial in the medical journal *The Lancet* discussing this misuse of words in DCIS. Titled 'Have Our Pathologists Gone Amok?' it basically made the above points in a witty fashion... but the politics of calling this marginally malignant tissue a cancer are also of interest, and the women who receive mastectomies, radiation, and chemotherapy for a 'cancer' that is '99 percent curable' (as many DCIS experts like to say) may not find it amusing.

"The calcium deposits and scattering of abnormal cells found in most DCIS are probably the result of some underlying metabolic dysfunction—the debris of a battle and not a real cancer. If they occur in one breast, they're likely to show up in both breasts. This is another sign that the problem is a systemic metabolic dysfunction and not a random local incident.

"The politics of DCIS are created when it's included as a breast cancer diagnosis, and thus made part of breast cancer statistics. DCIS diagnoses have accounted for 17 to 40 percent of breast cancer diagnoses (depending on the year) over the past two decades, but since only a small fraction of them ever go on to become actual cancer, it makes the 'cure' rate statistics look much better. If DCIS weren't included as a breast cancer diagnosis, the cure rate

for breast cancer would look significantly worse and the billion-dollar breast cancer establishment, with its surgery, radiation, and chemotherapy treatments, would look incompetent. Thus do politics and money dictate medical diagnosis." Dr. Lee also pointed out that another aspect of DCIS politics is the recurrence statistics, "which are used to justify treatments such as mastectomy, radiation, and chemotherapy. It makes sense that if DCIS is the result of an underlying meta-

"...the politics of breast cancer... DCIS accounts for 17 to 40% of all breast cancer (depending on the year), so without it their cure rate would look far worse..."

bolic imbalance, and the imbalance isn't corrected, it will come back. Statistics clearly show that when DCIS is treated with a lumpectomy and radiation, the recurrence rate is lower than if it is treated only with lumpectomy. However, recurrence isn't a real issue with most cases of DCIS—which is essentially a benign condition—and therefore to risk permanently damaging the body with radiation may be a grievous overtreatment. A recent meta-analysis of studies of radiation for breast cancer clearly demonstrated increased risks of dying from the radiation compared to the breast cancer itself—in good part due to the negative effects of radiation on the blood vessels and heart."

As to how many cases of DCIS develop into invasive breast cancer, Dr. Lee said the statistics are mixed, but "for all (please turn to DCIS page 2)

DCIS, continued from page 1 except the severe, inflammatory types of DCIS, they show either a normal risk of breast cancer (the same as if a woman didn't have DCIS), or, in some cases, even a reduced risk. One study published in the *Journal of the American Medical Association* in 1996 took all women diagnosed with DCIS between 1983

can be done by biopsy. DCIS that is low grade, small celled, and without necrosis (dead and dying tissue) is less likely to become invasive, especially if you correct the underlying imbalance that caused the problem in the first place. On the other hand, the more aggressive types of DCIS, which are high nuclear grade, large celled, and with comedo-type necrosis, have more potential to become invasive, and you should have them removed. The types of analyses can only be done in partnership with a trusted physician or oncologist, and preferably with a second opinion."

The JAMA article reported the study found women who'd had DCIS were less likely to die of breast cancer than those who'd never had DCIS...

and 1991, regardless of treatment (or no treatment), and found that their survival rates were ranged from 100 to 104 percent. This meant that these women were less likely than the general population to die of breast cancer or other causes."

Dr. Lee went on to say that since DCIS calcifications tend to be scattered around in breast tissue, and therefore were difficult to remove surgically, in the 1980s women were often prescribed a mastectomy "for treatment of this non-cancer". Dr. Lee said it has become much less common to do mastectomies for DCIS, however, "it's still done with women who have a lot of calcifications".

Dr. Lee said that how a woman chooses to treat DCIS "should be based on a thorough analysis of its severity, which

other hand, the more aggressive types of DCIS, which are high nuclear grade, large celled, and with comedo-type necrosis, have more potential to become invasive, and you should have them removed. The types of analyses can only be done in partnership with a trusted physician or oncologist, and preferably with a second opinion."

Dr. Lee said he believed "the underlying metabolic disorder that leads to the cell changes and calcifications that create DCIS is likely to be estrogen dominance and progesterone deficiency, and that when balance is restored by progesterone supplementation, the cells will return to normal. The calcifications are often permanent, but they aren't the disease, merely the result of past imbalance.

"If DCIS lesions are found

to be low grade, we recommend using progesterone cream, following an overall hormone-balancing lifestyle as outlined in *What Your Doctor May Not Tell You About Premenopause*, and following the breast condition with mammograms (or some of the newer types of diagnostic tests such as ultrasound) every six months or so for the next few years. If there's no change, then it makes sense to continue with progesterone. If, for some reason, there is a change indicating more lesions, then it may be time to consider surgery. Optimally, women need to participate in their treatment decisions and become as fully informed as they can about the nature of their disease. Again, it's important to consult with a physician whose judgment you trust."

Editor: So was Victoria Gotti lying? We'd guess not. We'd guess she WAS told she had cancer... DCIS. Since, up until this controversy broke we never heard any mainstream medical or media group refer to DCIS as anything but cancer.

Why isn't the mainstream medical cancer industry coming to Gotti's defense? We certainly don't know. Maybe there's a deliberate decision to stay out of it, or maybe the media simply isn't asking the

medical people for an explanation. Or maybe, since there has been much said about DCIS not being cancer, only precancerous cells, the medical people don't want to get into those details.

We don't know, as we said. But we're more convinced than ever about the need for people to better inform themselves, before they have to make any decisions regarding cancer.

That's why we urge everyone — women and men — to read Dr. Lee's books ... *What Your Doctor May Not Tell You About Menopause*; *What Your Doctor May Not Tell You About Premenopause*, and *What Your Doctor May Not Tell You About Breast Cancer*. We sell them and so do most bookstores. We also urge everyone to familiarize themselves with cancer options by reading Tanya Harter Pierce's book, "Outsmart Your Cancer" (from us or online at out-smartyourcancer.com) regarding alternative treatments that, according to the author's research, work. Why? Because people who have dealt with cancer have told us mainstream doctors often want to start treatment immediately, and if they haven't read up on their options before, they may not be given much time to do so after diagnoses.

Progesterone creams are Items HP-1, HP-1P & HP-2. ♦

Trivia & Tidbits . . .

1. How fast do flying fish "fly"?
2. What device was introduced in 1934 as a "portable superregenerative receiver and transmitter"?
3. At what level above ground, in feet, do meteorologists measure wind speed?
4. How many inkblots are on the standard Rorschach test?
5. In the past, what was used as transmission oil in Rolls Royce automobiles?
6. How many hands did the first clocks made with hands (in 14th century), have?
7. What are zygodactyls feet?
8. How long is the giant anteater of South America's tongue?

AND THE ANSWER IS...

1. They average 35 mph and have been known to go as fast as 45 mph.
2. The walkie-talkie.
3. Thirty-three feet.
4. Ten.
5. Spermaceti oil—from the sperm whale.
6. Just the hour hand, minute & second hands came in the 16th & 17th centuries.
7. Feet with 2 toes pointing forward and 2 pointing backward—like parrots, parakeets, and woodpeckers have.
8. 22 to 24 inches. It uses it to lap up about 35,000 ants per day.

ON "THE WEB"!

www.willardswater.com

(Note: "willardswater" is all one word, all lower case with an "s" between "willard" and "water"—that's how people usually ask for it!) *Come visit!*

Please Note: We are not health authorities of any kind. This newsletter represents our own views—presenting information we believe to be true and correct, but is "opinion", nonetheless. We also have a vested interest in most of these topics, so don't claim to be impartial. This newsletter, or anything else we publish, is no substitute for a competent health professional. User reports, though published here, don't prove anything—we pass them along because they certainly are of interest to others using the same products, or who have an interest in them.

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PRODUCT HIGHLIGHTS & UPDATES FROM CHARLIE

Natural Cancer Help; Dementia Cause?

Melatonin and Cancer

Survival... A new study reported that the use of the natural hormone Melatonin is linked to a substantial improvement in survival from cancer after one year.

Canadian researchers compiled the study by pulling information from studies conducted by researchers in Poland and Italy.

Melatonin is a hormone involved in the body's regulation of sleep/wake cycles. The researchers found there's a positive interaction between melatonin and cancer survival rates. The reasons behind this interaction are not understood. The studies involved 643 patients, but the data from all the studies was from the same network of researchers so that means there's a lack of independent verification which makes the results considered less than certain by the scientific community. But clearly of interest. The study was reported on at the 20th Annual Meeting of the American Association of Naturopathic Physicians held in Phoenix, Arizona in August of 2005.

Our natural Melatonin is Item No. J-3 and sells for \$9.95 for 60 capsules (not on current order form, so just write it in on back or mention it if calling — it IS listed on our web site willardswater.com). Most people using Melatonin over the years, have used it for the help they say it gives them in getting a good night's sleep.

Dementia and Blood

Flow to the Brain... A recent study by researchers in the Netherlands indicates less blood

flow to the brain may lead to dementia.

Dementia is defined as a loss of cognitive functions, such as thinking, remembering and reasoning. Alzheimer's disease is the most common cause of dementia, but many different conditions can produce the symptoms.

In the Dutch study, researchers examined 17 patients with late-onset dementia (occurring after age 75), another 16 of the same age with optimal cognitive function, and 15 healthy younger individuals. They used MRI scans to measure blood flow to the brain and brain damage in each person.

Average blood flow to the brain was 742 milliliters per minute in the healthy group. In those with dementia, average blood flow to the brain was 443 milliliters per minute — 108 milliliters per minute lower than seniors of the same age with optimal cognitive function. Although those with dementia have been shown to need less blood flow as the brain becomes less active, the new study shows decreased blood flow may lead to some types of dementia.

Maybe that's why some people have said supplements such as CoQ10 (our Items J-13 and J-23) which are known to increase the level of oxygen in the blood and the amount of blood getting to the brain, seem to improve their thinking, and their memory. Another supplement often mentioned for its ability to improve memory is, of course, Ginkgo Biloba (our Item No. J-44). My wife, Kolleen, says she can tell not only if I'm taking "Ginkgo", but how many, based on my memory! ♦

One Customer's Experiences...

A long-time customer (R.D.) recently sent us a note, which I'm simply running here in its entirety:

"I just wanted to tell you how much I love your water. My family has used your water in so many ways. We have used it since 1980. We live in south Texas, and my oldest son would surf at the beach with his friends. They would never go without their water. Never did we have any **sunburn pain.**"

But, R.D. went on to say, that wasn't always the case... like before she had Willard Water:

"Back in 1980 I had gone to the beach for the 4th of July. And I was sunburned so badly I could not touch my back. I couldn't let my clothes touch me. My mother came to my house armed with creams and sprays and her aloe vera. She would lay strips of aloe vera on my back and they would slide off where my back was soooo hot. The next day I had to go to work. I did office work at a private home. I wore one of my husband's shirts. In the car while I drove I tilted the seat back so it wouldn't touch my back. I was in that much pain. My boss could see I was hurting, and he offered to spray my back. All day long I kept saying 'no, it's okay'. Well he just kept telling me how great this spray was. Finally, I said okay, because I could see he wasn't going to give up. Well, as soon as he sprayed my back, first I got a cold chill, because my back was sooo hot, but within 2 minutes, the pain was gone. Completely Gone. I could never imagine anything working so fast, when I had tried Solarcane, and all the different things and none of them worked.

"Well, since that day I have used the Water for **all type of burns**, for **mosquito bites**.

"My step-dad had a **skin cancer** on his nose. He had no faith in the Water, but he said 'what the heck, I'll try it'. He put the dark gel directly on his nose. I really can't remember how long he applied it, maybe a month. But that skin cancer went away. And that was the only treatment!!!

"I have a lot of **allergies**, and my eyes some times get so itchy you just can't hardly stand it and when you rub your eyes they swell. I spray the Water directly in my eyes and within 30 seconds my eyes stop itching. The Water is great!!!!!!!!!!!!!! Thank you for having it available for myself and my family. Gratefully yours, R.D."

NEVER use the Willard Water Concentrate in your eyes—Dr. Willard said only the 1-ounce-to-a-gallon mixture of the Clear Willard Water should be used in the eyes. And, Willard Water is **not** a treatment for skin cancer, or anything else. Never self-diagnose or self-treat. ♦

Even Solar-cane and aloe vera hadn't worked on the sunburn...

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A SMALL CHRISTMAS MIRACLE

“Last Christmas I ran out of time and money and didn’t buy my usual tree. I really missed it so this year I got the spirit and bought a beautiful Noble pine, 7-feet tall.

“The problem—I was just recovering from back surgery. I got it home in my car trunk. My son lives far away and my friend was out of town. I live in a community with elderly people so I couldn’t count on anyone helping me to unload and drag it to my door (the tree man said it weighs about 50 pounds, gulp) so I said a prayer: Please, Lord, let someone come by and offer me help.

“I went to the trunk and opened it up. Just then a slightly built, elderly, gentleman was jogging in the street and came to a stop just beside me. ‘Do you need help getting that out of your car?’, he asked. ‘Yes’, I said, and he deftly pulled it out and set it down. He asked where I wanted it. ‘Inside my porch, please’, I told him. ‘You got it’, he said, panting a

little, and commenting on how heavy it was. But down the little slope and into my porch it went.

“I was so grateful I said I had something for him... ‘No, no’, he said. But I had a Christmas pin with acorns and red berries and I asked him to please give it to his wife. He smiled and waved and went on his way. I never saw my ‘Christmas Angel’ again (nor ever before).

“My friend came by the next day and put it on a stand in the corner. The angel on top just touched the ceiling.”

And that’s what “C.S.” called her “Small Christmas Miracle”.

It made us think that whether one wants to believe the jogger was a real person, or not, you still can’t argue with the fact that he appeared after C.S.’s prayer for just such a person to come along and offer just such help.

What a beautiful reminder of how well we’re all watched over! And what a perfect time of year for such a reminder! ♦

(Editor: We invite you to send us your own “unexplained help” stories, for publication in this newsletter, identified or not.)



E-Mails, Mailbag & Phone Calls. . .

After somewhere around 80 years —

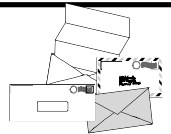
“M.M.” told us she’s had problems with her foot since she injured it as a child... and she’s 89 now.

She said she’s tried all kinds of things over those many decades, and nothing helped. Nothing until she tried our “EasyFlex” (Item No. J-38), that is. Now, she says, **it doesn’t even wake her up at night** any more.

From The Bird to the Bonsai — “S.E.” told us he gave his wife a Bonsai plant back in 2001, and it basically just sat there. Never had more than maybe 3 leaves at the most on its branches. At some point he’d got Willard Water and started giving it to his bird. Then this last Christmas they got some poinsettias. At some point after that they started giving Willard Water to the poinsettias, and to the Bonsai as well as the bird. Well... the Bonsai now has a number of branches with 8 leaves

on each and one has 7... S.E. says it’s “like a little tree now, and it’s **fascinating to watch the change**”.

Not Just ANY DHEA — “N.C.” called in and ordered three different supplements, one of which was DHEA (Item No. J-32, from Daily Mfg.). DHEA is often called the “mother hormone” and has been referred to as a hormone that just seems to **fight the adverse effects of aging**, with benefits including fighting many of the problems many people face as they age. Well, N.C. said she can’t even recall why she originally started using it, but she says she knows she just feels better when she’s taking it—especially the one she gets from us. She has sometimes bought “whatever brand” from a health food store and it just doesn’t work as well. Like we’ve often said Daily Mfg. products are second to none and much better than most! ♦





More Product Highlights & Updates from Charlie

Arthritis: One Person's Experience and Options for All; Prostate Cancer Information

Arthritis has become so common there are people who think it's "just natural to end up with arthritis"!

That's really sad. I'm not saying the statistics don't seem to bear that out, I'm just saying it's sad that our culture just accepts something as "natural" because it's so widespread.

I can't say that we have any "magic formula" to prevent arthritis. Although I do believe a truly healthy diet and proper lifestyle might avoid a lot of the arthritis problems people have. However, it's also true that given the way food is produced and distributed, it can be extremely difficult to get "healthy" food.

Once a person has arthritis, what next? There are a lot of prescription drugs we see advertised as being helpful. But those ads also contain almost mind-blowing (to me) warnings about the possible problems with those medications. Those warnings always make me glad that I do know of some natural, *harmless*, products I'd certainly try if I had the problem.

And my wife, Kolleen, has benefited from some of them, as have many of our customers. Kolleen, as some long-time readers will recall, was involved in a couple of accidents when she was a kid that left her with some real problems. One was agreed-upon by all the chiropractors she ever saw, along with the neurologists and orthopedists she also saw years ago...she was destined to be bedridden with arthritis throughout her spine from those injuries. And she likely wouldn't be very old before it would happen. Indeed, by very early in 1982 (when she was 31) chiropractic X-rays showed the arthritic formations already in her spine and neck, and she was having difficulty even getting out of bed and maintaining her normal activities. The chiropractor who took those X-rays told her to be prepared to just start spending more and more of her time in bed, and ultimately to simply be bedridden. It had begun.

It was shortly after that, that we were

introduced to Willard Water. After arguing that it couldn't possibly do her any good for about the first 2 or 3 months that we had it, she finally did start using Willard Water, and her turnaround was amazing.

Even more amazing were the X-rays taken by our new chiropractor in 1986, after we moved to a new city. Those '86 X-rays didn't show any of the arthritic areas that had been there in 1982.

Yes, we called the chiropractor who had taken the '82 X-rays that showed the arthritis, but he'd thrown them out since we'd left the area, and he knew we wouldn't be his patients any longer. He did check his notes and confirm that our memory of what those X-rays had showed was correct. So, it seemed that this really had been an amazing turnaround.

Kolleen did nothing but drink Willard Water for many years. She didn't really start any routine nutritional supplements until she was maybe around 45. Since then she has added some products that have given her additional help, since she started noticing some stiffness in joints. She has used EasyFlex (Item J-38) and saw real changes in that stiffness almost immediately with that. She also uses Glucosamine-Chondroitin Blend (Item J-91) due to the reputation such items have for repairing damage to cartilage. But now she says she's going to switch from that to our J-98 which is MSM-Glucosamine Sulfate Blend.

She's going to do that because we've heard from a number of customers that they just LOVE that product (J-98), and have found it works even better for them and their arthritis than the J-91 does. Others are so happy with J-91, I'm sure they wouldn't *believe* anything could be any better.

According to Dr. Jim Daily, the biochemist at Daily Mfg., different people with different types of arthritis, will get better results with different types of products.

A rule-of-thumb is that if you have sort of generalized problems all over, which is indicative of rheumatoid-type

arthritis problems, the EasyFlex (Item J-38) may well be the best guess as to which product to try first. But if you have stiffness only in one joint, like the knee, for instance, which would be more of an osteo-arthritis problem, then the J-91 or J-98, may be the best guess to try first. And I suppose if you have both kinds of symptoms, you could use EasyFlex (J-38) along with J-91 or J-98.

Another natural product to consider, if your problems seem to be more of the rheumatoid-type, is Colostrum. This may surprise a lot of you, but we've had more than a few people tell us over the years that our liquid colostrum (either H-1 or H-2) really seemed to make a difference in their arthritis. Especially rheumatoid arthritis. Since rheumatoid arthritis is an immune system problem, it makes sense to me (strictly as a layperson, remember!) that the colostrum, which boosts one's own immune system and seems to balance it, might well have a positive impact. I know there are some arthritis-sufferers who have used the colostrum who would argue with me that there's no "might have" about it, since they'd say "it did it", not "it might have done it"!

What Kolleen and I both tend to tell people who call here and ask if we have anything we'd suggest for arthritis relief, is that if it were us, (or in Kolleen's case, as she did do), we'd try the Willard Water first. That has seemed to help so many people with arthritis all by itself so many times, that it certainly seems worth trying. Again, as in Kolleen's case, after additional aging takes place, and at that point your diet alone doesn't supply you with the nutritional items that Willard Water can optimize for you, you might add a product like J-38, J-91 or J-98.

Again, we're just laypeople here—none of us are experts. All we can tell you is what we've read, what we've been told in the 23+ years we've been in this business by customers who have tried various products, and what we've experienced ourselves. "Take it for what it's worth"!

Now, for the men in our "audience",

and/or the women who care for them!, I want to review some information I ran across recently on **prostate cancer**, along with some thoughts and information on general **prostate health**.

The first item was a report on a study that was conducted by researchers from the University of California, San Francisco (UCSF), to see if diet and exercise could keep prostate cancer “at bay”. Not surprising, to me or most people familiar with natural health approaches, the study found that it does appear diet and exercise can do that — keep prostate cancer at bay.

The diet was a strict vegan diet, and the exercise was “regular”, plus there were some relaxation sessions included.

The study included 93 men with early stage prostate cancer who had opted to forego traditional treatments. Half of them were put on the experimental regimen: the vegan diet, exercise, relaxation. The other half, the article said, received “usual care”.

At a one-year follow-up, investigators found significantly reduced PSA levels in the men who took part in the experimental program, creating a direct correlation between the level of their adherence to the program and reduction in PSA levels. Men in the “usual care” group experienced increases in their PSA levels. PSA levels are protein markers for prostate cancer.

Researchers also took serum from the men and tested it in the lab to see how it would effect prostate tumor growth. Serum from men in the experimental group inhibited growth by about 70 percent, compared to just 9 percent for serum taken from men in the “usual care” group.

Study author Peter Carroll, M.D., said “This study provides important new information for men with prostate cancer and all men who hope to prevent it.”

Fellow author Dean Ornish, M.D., also from UCSF, agreed, saying “This adds new evidence that changing diet and lifestyle may help to prevent prostate cancer.”

The next item that caught my eye, made me decide the information from the study above was even more valuable, just based on the headline of the second story. That headline read “**Prostate Radiation Doubles Rectal Cancer Risk**”.

That threat alone would seem to be a very motivating factor in a person’s decision to consider diet and lifestyle

changes instead of radiation for prostate cancer, I’d think!

An actual reading of the article, however, shows that the study found the chances of developing rectal cancer only increased by 70% (so not actually double) over those men who underwent surgery instead of radiation. But it also said the study authors pointed out there may be implications for patients treated with radiation for other pelvic cancers.

Nancy Baxter, M.D., Ph.D., who was the lead study author from the University of Minnesota Cancer Center in Minneapolis, said “Men who have had prostate radiation should be aggressively monitored for rectal cancer starting five years after treatment”. She also said the findings do not suggest prostate cancer treatment should change, just that the risk for rectal cancer should be discussed between patients and doctors when choosing the individualized course of treatment.

I can’t help but say it: it would certainly change the likelihood I’d consider such treatment! Although, admittedly, I would likely not opt for radiation or surgery for prostate cancer if I ever faced it, whether or not this study had come out. However, as I always say, a person never knows what they will actually do until they’re in the situation.

Back to the study: it included data on more than 85,000 men between ages 18 and 80 from the Surveillance, Epidemiology and End Results (SEER) Registry.

The article also said that even though there is a high rate of survival associated with prostate cancer, the study authors explain a large number of men are left at risk for long-term consequences of their cancer treatment, including the development of other cancers. The article pointed out that past research has shown an increased risk for bladder cancer as a result of prostate radiation.

Given all that, I went back and looked over my notes from a call from a customer recently... “R.D.” had called in to order a dark quart of Willard Water, and started talking about his particular situation. He has prostate cancer, and when we first wrote about Tanya Harter Pierce’s book, “Outsmart Your Cancer”, he’d gotten it and read it. He also decided to get on the Protocol product which is one of the products mentioned in that book. He also said he got a shot of something the M.D.s typically give for

prostate cancer (I think it was Lupron, but not sure about the spelling). And he said he regards Willard Water is a part of what he’s doing for his problem, as well.

Anyway, he wanted to tell me that his PSA level had dropped from “140-something” to 6.5, which means it is getting close to “normal”!

That’s fantastic. And, given what I had now read about the problems longer-term with standard medical treatment for prostate cancer, I have to admit, I was even more impressed than when “R.D.” had first told me about it.

But that’s sort of normal. We go along sort of taking things for granted, until something happens to stir them up, or make us question them.

I’ve been aware for a long time of the dangers of chemo and radiation, which is why I don’t believe I’d ever undergo them, but every time you read of one more study that suggests another particular problem, it makes you that much more concerned.

Kolleen and I were really impressed lately by what a medical doctor candidly told a friend of ours. This friend told Kolleen that she was having radiation for breast cancer, but had decided against any chemo, based not only on what she’d known about it before she was diagnosed with breast cancer, but also based on what her radiation doctor told her. He told her that her other oncologist would want her to have chemo, because it would increase her chances of a cure by about 1% (yes, one percent—that’s not a misprint!), but, the radiation doctor said he wanted our friend to know that **chemo would increase her chances of developing some other type of cancer later in life**. We have read that in various natural health publications more than once in recent years, but this was the first time we know of that a medical doctor actually told a patient about it. We certainly salute that honesty.

We’re hopeful that the study mentioned here on the negative effect of radiation for prostate cancer is another step toward more and more focus on the real costs of standard medical practices such as chemo and radiation, costs in terms of their long-term effects on the patient. This is NOT to say standard practices like chemo and radiation may never be the right choice. We just think the patient should be told much more about the effect of them long-term, than most patients have typically been told. ♣