

**CANCER**

**SURVIVING**  
**AGAINST THE ODDS**

by

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## INTRODUCTION

This is a story about my two experiences with cancer, one a malignant melanoma and the other a Stage 3 cancer of the colon, and how I developed my own cancer therapy program in order to try and survive beyond the grim forecasts in the cancer medical journals.

I believe that what I have written could be of help to other cancer sufferers where either they or a family member has been diagnosed with cancer of any type. The information facilitates an understanding of the disease, addresses what may have caused it and outlines a program which could be followed in addition to the treatments prescribed by the medical profession.

In addition, the book may be of help even if you don't have cancer but want to learn more about it; after all, at the rate at which it is spreading throughout the Western world we can be sure that at some time in the future, no matter how much we hope it will never arise, somebody close to you is going to be diagnosed with some form of cancer.

After my colon operation and six months of chemotherapy in 2002, I was told that over the following year my program would involve two visits to my surgeon as well as two visits to my oncologist for blood tests. When I learned from a Cancer Victoria publication that there was evidence to show that the results of these blood tests could be unreliable I decided to investigate what my chances of survival would be if I decided to follow the path suggested by the medical profession.

What I discovered alarmed and shook me to the core to say the least. In the same publication I learnt that according to statistics my chances of being alive and free of any cancer in five years was 50%, and also that those who have already had some form of cancer are at an even greater risk of a recurrence than those who have never had the disease and if it did return to other areas of my body "...it is usually not curable".

I decided that this 'wait and see if I survive' approach was not good enough and if I wanted to end up in the right 50 per cent of the cancer mortality statistics I would need to develop my own cancer survival program, and that is what is outlined in the following chapters.

When my surgery was completed I set about researching as much information as I could find on cancer - and believe me there is plenty of it - in an attempt to find a way of reducing the chances of the cancer recurring somewhere else in my body. The medical profession and Cancer Councils in Australia and overseas provide an abundance of literature which is helpful in gaining an understanding of the disease and in addition, Cancer Victoria distributes an excellent booklet titled *Eating Well*. However other than recommending a healthy diet, there is no cancer prevention

program which adopts a holistic approach by covering other important issues such as the involvement of mind, body and spirit. That is why my research was extended to include alternative therapies and complementary medicines. Some aspect of each have been included in my program, which is centered around the belief that:

- \* our natural immune system has the ability to destroy cancer cells, and
- \* cancer cannot survive in a body that is healthy with tissues well nourished nourished by a blood supply that flows freely

In Traditional Chinese Medicine a basic premise is that each of us is made up of mind, body and spirit and these three elements must be nourished. We need to make our internal energy so strong that no disease can enter. I have attempted to build my cancer survival program around these principles and what has evolved is:

1. A diet based on -

- \* research undertaken by Donald Rudin, MD and Clara Felix and reported in their book *Omega3 Oils - A Practical Guide - 1996*,

- \* research by Dr Johanna Budwig, a German scientist and recognised as one of the world's leading authorities on fats and oils, as outlined in her book *Flax Oil as a True Aid Against Arthritis, Heart Infarction, Cancer and Other Diseases - 1959*,

- \* Julie Stafford's work in her book *Juicing for Health - 1994*

- \* Dr Bernard Jensen's recommendations on bowel management as outlined in his book *Dr Jensen's Guide to Better Bowel Care - 1999*

2. Exercise and breathing based on what I had learned from Dr Ramesh Paramahansa at the Indian Institute of Tantric Studies in New Delhi

3. Meditation techniques to relieve stress and anxiety also learned from Dr Paramahansa

4. Self-healing by using Reiki, as well as the healing procedures offered by the healing ministry within the Southern Cross Anglican Church in North Caulfield.

I believe there is a need to follow a total health program that takes into account the mind, body and spirit. What is the point in having a healthy diet if you are constantly stressed out, your blood pressure or cholesterol is too high and medication is needed to manage these problems?

My objective has always been not to use any prescribed medications, and this could be your objective too; if you are a cancer sufferer I believe my survival program will

help you in this, but you must work with your health practitioner; if he or she attempts to talk you out of it because they think it sounds like ‘another alternative therapy’ ask what harm you are likely to suffer, particularly given that the diet part of my program uses only natural products. There are two added benefits - you may be able to eliminate the need to use prescribed medication and also everything in the program fits in with recommendations issued by the Diabetes Institute International to limit the risk of getting Type II diabetes.

During a visit to my surgeon I outlined the program to him and he gave me a great deal of encouragement when he said - “Mr Cox, if ever I get cancer I think I would be on the same course you are following.”

Is my program working for me? Three years after my operation neither my surgeon nor oncologist can find any evidence of cancer. I am in my 70s and not using any medication; my weight is at an acceptable level, my cholesterol and blood pressure are under control without medication, my friends and even my local doctor tell me I look well, and in myself I feel great both physically and emotionally. Furthermore, I believe I have taken charge of my recovery and taking every step possible to ensure my cancer doesn't return.

## PART 1

### 1. What is Cancer?

During the research I undertook to learn as much as I could about the cancer that had invaded my body I discovered many definitions of the disease, each of which explained it in almost the same way. But because I am an accountant and not a medical practitioner there is no point in my analysing each one and coming up with a new definition for the purpose of my story. Therefore I quote a detailed description of cancer from the November 2003 edition of *Cancer in Australia 2000* published by the Australian Institute of Health & Welfare -

‘Cancer describes a range of diseases in which abnormal cells proliferate and spread out of control. Other terms for cancer are tumours and neoplasms, although these terms can also be used for non-cancerous growths.

Normally, cells grow and multiply in an orderly way to form organs that have a specific function in the body. Occasionally, however, cells multiply in an uncontrolled way after being affected by a carcinogen, or after developing from a random genetic mutation, and form a mass which is called a tumour or neoplasm. Tumours can be benign (not a cancer) or malignant (a cancer). Benign tumours do not invade other tissues or spread to other parts of the body, although they can expand to interfere with healthy structures. In the year 2000 there were 134 deaths from benign tumours.

The main features of a malignant tumour (cancer) are its ability to grow in an uncontrolled way and to invade and spread to other parts of the body (metastasise). Invasion occurs when cancer cells push between and break through other surrounding cells and structures. Spread to other parts of the body occurs when some cancer cells are carried by the bloodstream or the lymphatic system and lodge some distance away. They can then start a new tumour (a secondary cancer) and begin invading again.

Cancer can develop from most types of cells in different parts of the body, and each cancer has its own pattern of growth and spread. Some cancers remain in the body for years without showing any symptoms. Others can grow, invade and spread rapidly, and are fatal in a short period of time. Apart from the cancer’s natural behaviour, its effects can also depend on how much room it has before it damages nearby structures, and whether it starts in a vital organ or is close to other vital organs.

Although a number of cancers share risk factors, most cancers have a unique set of risk factors that are responsible for their onset. Some cancers occur as a direct result of smoking, dietary influences, infectious agents or exposure to radiation (for example, ultraviolet

radiation), while others may be a result of inherited genetic faults. It should be noted that for many cancers the causes are unknown. While some of the causes are modifiable through lifestyle changes, some others are inherited and cannot be avoided through personal action. However, the risk of death due to particular cancers may be reduced through intensive monitoring of individuals at high risk, reducing external risk factors, detecting and treating cancers early in their development, and treating them in accordance with the best available evidence.

Many cancers can be serious and fatal. However, medical treatment is often successful if the cancer is detected early. The aim is to destroy the cancer cells and stop them from returning. This can be done by surgery to remove the growth or by other methods such as cancer-destroying drugs (chemotherapy) or ray treatment (radiation therapy). The growth of some cancers can also be controlled through hormone therapy.

The treatment approach often combines a number of these methods and uses them in stages. The first line of treatment aims to remove as many cancer cells as possible; the second line, which may go on for a long time, aims to ensure the cancer does not recur.(p.1)

The spread of cancer after surgery to other parts of the body is a real danger and in a book available from Cancer Council Victoria titled *Bowel Cancer - Treatment in Addition to Surgery - 2002*, was the chilling statement that -

‘If the cancer has spread to other areas of the body it is still called metastatic bowel cancer because the bowel is where it started. When cancer has spread to other areas of the body it is usually not curable. This is called Stage 4 cancer.(p.16)’

Let us move on to the next question - do we know what causes cancer?

## 2. Do we know what causes cancer?

As we look around us we don't need to be a medical expert to realise that something has changed to bring about a situation in Australia where on page xii of the Preface to its publication *Cancer in Australia 2000*, the Australian Institute of Health and Welfare report says in the Preface that -

‘National monitoring of cancer is particularly important as it is a National Health Priority Area, and one in three men and one in four women currently can expect to be diagnosed with a malignant cancer before the age of 75 years.(p.xii)’

This dramatic increase in the number of people expected to be diagnosed with cancer should be of great concern to everybody in this country.

But what is the reason for this? Whilst there may be agreement between those within and outside the medical establishment about defining cancer, there appears to be little agreement about the factors that may be contributing to its increase in the community.

Ross Horne, author of numerous books on health management including *Health and Survival in the 21st Century*, *The Health Revolution*, *Improving on Pritikin* and *The Health Revolution Cookbook*, puts his theories forward in his latest work, *Cancerproof Your Body - 1996*. Horne claims that modern ‘scientific’ medicine has failed to solve the problem of cancer and that getting cancer is not a result of bad luck but one of bad management. He believes strongly that cancer cannot exist in a healthy body and his book contributes significantly to the debate about what causes cancer. For example, he states that -

‘Cancer used to be called ‘the disease of the aged’, but as the nutritional quality of the modern diet continues to decline, the eligibility for cancer extends now to younger age groups. With the advent of supermarket provisioning and the increased dependency on packaged, canned and processed food - and the advent of take-away pizzas, fried chicken and hamburgers loaded with fat and salt - people’s digestive organs, notably the pancreas, kidneys and liver, start packing up sooner than they used to, so that sickness care (the government calls it ‘health care’) has become the nation’s number-one problem. (p65).’

Again quoting from Ross Horne’s book, he believes that this increased cancer risk is caused because in the Western diet -

‘...we have elevated the practice of eating to an intensely pleasurable art form in which eating is encouraged as much by a craving for addictive tastes, such as sugar and salt as it is by genuine hunger, so leading to the over-indulgence that overloads our vital organs, pollutes our blood, and diminishes our vitality. Our cells get sick and we get sick. And sometimes, due to influences not yet understood within the medical profession, one or more cells somewhere in the body begin to

behave abnormally and, in defiance of the existing constraints, commence to reproduce needlessly. Should this abnormal reproduction of faulty cells continue, the resultant growth is cancer; called in medical terms a 'tumour' or 'neoplasm' .(p21).'

He goes on to say on page 22 that cancer never occurs in healthy tissue that is well nourished and has good circulation, and that it is becoming recognised in medical circles that cancer is usually a gradual process in a slowly degenerating body.

Ross Horne emphasizes the problems associated with a faulty diet. He feels that because animal and vegetable fat is mainly consumed in cooked form this makes it most harmful because it is difficult to digest, destructive to the vital organs and disruptive to the body's chemical balance.

'Incompletely broken down by the struggling digestive organs, a great deal of fat bypasses the liver and enters the lymph system and then into the main bloodstream and, by its physical presence in the blood, it increases the blood viscosity (stickiness). The red blood cells stick together, so do the blood platelets, and the white cells of the immune system are similarly handicapped, the heart's workload is increased, blood pressure increases while at the same time circulation in some areas is diminished or shut right off. Mental processes slow down.(p67).'

The belief that dietary deficiencies are the basis of a host of modern-day ailments is covered extensively in a book Omega-3 Oils - A Practical Guide by Donald Rudin and Clara Felix. Dr Rudin is a researcher and physician and Clara Felix is a nutritionist. Both are based in the United States.

Dr Rudin explains in his book how modern food processing techniques have stripped a vital family of oils - the Omega-3 fatty acids - out of our food and how this deterioration in our diet has brought about such an alarming increase in the illnesses now challenging Western society. His research identified that a special group of fats called the Omega-3 fatty acids had been reduced in the American diet to 20 percent of the level found a century ago.

But why are these fatty acids so important and what do they do? In his book Dr Rudin puts it this way -

'Both plants and animals can make fats, using building blocks known as fatty acids. The fatty acids we humans can make are called nonessential fatty acids because we don't have to get them from the food we eat. However, there are certain fatty acids that we cannot make ourselves, but which are essential to health. These are called the essential fatty acids.

Each of the body's cells depends on the essential fatty acids for normal functioning. The cell is a tiny factory, taking in raw materials from the surrounding fluid and sending out various chemicals. Everything

going into or coming out of the cell has to pass through the cell's outer surface - its membrane. The membrane depends on essential fatty acids to remain fluid and flexible. Without them, the membrane becomes stiff and unable to do its job.(p6).'

To provide the Omega-3 fatty acids lacking in our diet Dr Rudin recommends incorporating a daily intake of flaxseed oil, and his views about its effectiveness are shared by Dr Johanna Budwig, a seven time Nobel Prize nominee and a world-renowned scientist and biochemist.

The belief that cancer is a disease of the blood was put forward fifty years ago by Dr Budwig, who at the time was campaigning against foods that she believed caused cancer. Principally, she argued, chemically treating vegetable oils to make them more easily handled, commercially marketable, longer lasting, easier to spread and slower to turn rancid, was dangerous because the manufacturing processes destroyed the unsaturated qualities of these unsaturated fats.

Dr Budwig describes these as 'pseudo' fats and always advises strongly against their inclusion in any diet. She believes that in order to extend the shelf life of their products manufacturers used chemical processes that rendered such food products harmful to the body and that these harmful fats were being marketed under a number of names, including 'hydrogenated', 'partially hydrogenated' and even 'polyunsaturated'.

Because the metabolism of fat has such a damaging effect on every individual organ in the body, she believes that the lack of unsaturated fats was no longer acceptable, pointing out that medical treatments prescribed eating less fat because it had been observed that patients could not digest it. However, in her opinion the problem could be overcome by using threefold unsaturated fats prepared from flaxseed oil, together with cottage cheese, a substance which easily dissolved them.

The danger fats pose to human health is also covered in Udo Erasmus' book *Fats that Heal, Fats that Kill*, in which he explains that degenerative diseases that involve fats, such as cardiovascular disease, cancer and diabetes, prematurely kill over two-thirds of the people currently living in affluent, industrialised nations, and Erasmus believes these deaths were the result of eating habits based on ignorance and misconceptions.

In these references you will notice that fats and the chemical treatment to make them more marketable is starting to emerge as a possible cause of cancer. After analysing all this information I came to the conclusion that my body needed to be healthy, particularly by having a free-flowing blood supply, and that the best way to achieve this would be by adopting a diet based on:

- \* eliminating foods high in saturated fats, specifically red meat and animal fat, and
- \* eliminating trans-fats, the synthetic fats that act like saturated fats in the body and found in margarine and shortening. These trans-fats are produced when vegetable fats are converted from liquid to solid form in a process known as hydrogenation.

Are we right in directing the spotlight of blame for the increase in cancer and other diseases solely on the changes over the last 50 years in food processing techniques and the reluctance of consumers to understand how the human body is affected by poor nutrition?

Although these two factors (and obesity) may well be responsible for creating many of the problems in our 'sick' society, I believe another possible reason is that in the case of cancer there has been a breakdown in the ability of our immune system to destroy the invading cancer cells; the reason being a prolonged exposure to antibiotics and drugs which are being prescribed more frequently than they were a decade ago.

If you are not well and visit your medical practitioner you will most likely be given a blood pressure check - if it is high there are two options. One is a change of diet and exercise more, or take prescription medicine such as Monopril. If a check shows your cholesterol level is 'high' you will most likely be prescribed drugs known as statins instead of being advised to initially make dietary and lifestyle changes. Because both prescription medicines are available in Australia under the provisions of the Pharmaceutical Benefits Scheme and are heavily subsidised by the Federal Government, the easy option is to take the drugs.

In a report prepared in 2002 by the Centre for Strategic Economic Studies at the Victoria University of Technology, Melbourne, titled *Trends in the Use and Cost of Pharmaceuticals Under the Pharmaceutical Benefits Scheme*, the cost under the Scheme in 2000-01 of three generic drugs prescribed to reduce cholesterol was \$514.2 million, with scripts for one of the drugs (Atorvastatin) rising by 48.8% over the previous year. The number of scripts for anti-depressant drugs also grew strongly with Citalopram rising 76.8%. The report also showed that the overall cost to the Government of the Scheme had increased markedly - from \$2.5 billion in 1997-98 to \$3.8 billion in 2000-01!

Our immune system is an intricate network of specialized tissues, organs, cells and chemicals. The lymph nodes, spleen, bone marrow, thymus gland and tonsils all play a role, as do lymphocytes (specialized white blood cells), antibodies and interferon (a substance normally produced by the white blood cells in the body in response to infection). The balance in this amazing network must surely be strained when it is subjected to a constant flow of prescribed drugs being introduced into the body.

To help my immune system work effectively and attack any cancer cells that may be

in my body, I decided to do everything I could to keep away from prescription drugs by adopting a sensible diet and this action is what forms the basis of my cancer survival program.

In this section I have looked only at two of the factors which could be contributing to the increasing incidence of cancer in Western civilization - diet and the significant increase in the use of prescription drugs. I believe one additional issue needs to be considered and that is the impact food additives are having on the issue, particularly in regard to the health of children in the community.

Julie Eady has written a comprehensive book on the subject *Additive Alert: Your Guide to Safer Shopping 2004* which makes compelling reading. As an example, here is what she has to say about artificial colours -

‘Many people are aware of the link between well known artificial colours and hyperactivity, but far fewer people are aware that many colours widely used in our foods today are proven or suspected carcinogens (cancer causing). As with MSG and Aspartame, the use of colours in our foods seems to be growing all the time, and artificial colours are now found in an amazing array of foods that we eat every day. Many people who try to avoid the most vibrant artificial colours would be shocked to find out how many colours they are unwittingly consuming every day in seemingly natural, uncoloured foods. Some chocolate biscuits are a good example. Most of us would assume that biscuits such as Tim Tams are made chocolate by the use of cocoa, but in fact that lovely chocolate coating is a mixture of Tartrazine (102), Sunset Yellow (110), Allura Red (129), Brilliant Blue (133), and Caramel (150).(p46).’

What began as a personal project to identify better food choices for her family, led onto a much bigger project as she discovered the truth about the serious health concerns associated with many additives used in Australian foods.

The information in Julie Eady’s book confirms a report on the Today-Tonight program on Channel 7 on 12th August 2002 titled ‘Bread Linked to Hyperactivity’. It covered a report by author and food-intolerance counsellor Sue Dengate into calcium propionate, which is shown on the Nutrition Information panel of some types of bread as ‘Preservative 282’. For six months Ms Dengate, with the paediatric unit of the Royal Darwin Hospital, studied 27 children showing symptoms of irritability and violence. This is what Ms Dengate said on the program -

‘A lot of the parents had no idea what was going on. Some of the children had been diagnosed with ADHD (Attention Deficit Hyperactivity Disorder), some of them had suspected ADHD. We had 300 loaves of bread baked, half of which contained the bread preservative, half didn’t and I didn’t know which was which. When the children were ready to do their challenges I would deliver some

bread and they had to eat four slices a day for three days and keep behaviour ratings. When those desperate parents rated their children's behaviour the results were groundbreaking. It showed that some of the children - it was about 50 per cent of the children - their behaviour became worse on the challenge they did with the preservative in the bread. When the bread was preservative-free the kids improved so much it was really lovely to see.'

Julie Eady elaborates on this additive in her book when she says -

'Calcium propionate (282) is appearing more and more commonly in our foods, not just in fresh bread products. All mainstream breadcrumb products contain this additive. So, to avoid it, you need to either make your own breadcrumbs or look for organic varieties. It is also in many prepared frozen foods such as some fish fingers and many products coated with or containing breadcrumbs. Many frozen sausage rolls contain bread crumbs in the mix. These will contain 282, but it will likely not be declared on the label. If an ingredient label lists breadcrumbs but the breakdown of the breadcrumbs isn't provided, you would need to ring and check to find out if 282 is in the products. Calcium propionate 282 is banned in the UK because it's known to cause skin rashes in bakery workers.(p50).'

My reason for drawing attention to the subject is this; calcium propionate is only one of many additives introduced into food products without any explanation of the possible adverse effect on the consumer's health, yet it is linked to behaviour problems in children, many of whom are diagnosed ADHD. If a child has ADHD symptoms of sufficient severity they may be prescribed long-term use of dexamphetamine or prescription drugs Ritalin or Attenta. I believe we can only despair at the health problems to be faced by these children when they reach adulthood.

If you have children I believe you will gain an understanding of the health dangers of these additives by reading Julie Eady's book, and you can find out more information on [www.additivealert.com.au](http://www.additivealert.com.au).

### 3. My Cancers

Owing to the fact that there had been no evidence of cancer in my biological parents I really didn't give much thought to cancer and tended to consider it as in an 'out of sight, out of mind' way. However, in 1999 Malcolm Paul, my work colleague and closest friend of 25 years lost his battle with cancer at the age of 55. I clearly remember the day about two years prior to his death when he returned from a visit to his doctor and told me a melanoma had been surgically removed from his ankle, which to both of us seemed to have been a rather unusual place for one to appear. My comment was "did he get it all", to which he responded "he said he did".

Around 18 months after his melanoma had been removed our regular conversations invariably focused on his constant abdominal pain and frequent need for medical attention required to treat what had been diagnosed as stomach ulcers. His worsening condition resulted in surgery being carried out during which it was discovered that cancer of the bowel had reached Stage 4, which would require urgent surgery followed by chemotherapy.

I was with him during his daily treatment of chemotherapy and shared his thoughts during the following months until he finally decided not to proceed with the treatment because of its side-effects, but he vowed to continue trying to work through his life as usual.

About three months later, when I left for a ten day business trip he looked to be in good health and was in high spirits because his surgeon had informed him that the cancer appeared to have been cleared from his body. However, when I called his mobile on my return his wife answered and said he was in a hospice because the cancer had spread quickly to his oesophagus. "A hospice", I remember exclaiming to myself - "that's where people go to die"!

When I walked into his room I immediately sensed the seriousness of it all from the expression on the face of his wife and family members. He was passing in and out of consciousness as a result of the heavy Morphine sedation he was under to ease his pain, but when I approached the bed he suddenly lifted his head and left arm in an involuntary gesture as though he had been waiting for me to come.

As I bent over and clasped his upright palm in a sort of Indian arm-wrestle I was surprised at the strength of his grip. But Malcolm was unable to talk coherently and after a short while I leaned over, touched his shoulder and said "I'll call around tomorrow". To my amazement he opened his eyes widely, looked at me and said clearly "Don't bother mate - I won't be here". In a fleeting second I could see there was no fear in his eyes but rather one of determination or anger as though he was saying 'I've had enough of all this' and he lapsed into unconsciousness. The next morning, when I was about to leave to visit him, his eldest son called to tell me he had died during the night.

As well as the sadness I felt at losing such a friend, I remember feeling how cruel the cancer had been to have given him such false hopes only to attack his body so unmercifully again.

My own experience with cancer began in the year 2000 when I had a melanoma surgically removed from the top of my head. The melanoma was first noticed by my doctor during a general examination in the same year. He was unhappy with its appearance and immediately sent me off to a specialist who identified it as malignant and recommended that it be removed by a surgeon. This was performed in day surgery and after the operation I asked the surgeon what would have happened had my local doctor not noticed the melanoma. He replied that the cancer cells would have spread to other parts of my body and that I would have been dead in six months. His reply really gave me cause to worry. Did I have any others cancers? Did he get all the cancer cells surrounding the melanoma?

After my surgery, I had been keeping in good health and following my usual exercise program which involved forty minutes of walking and pranic breathing daily, and gradually these worries drifted from my mind.

Early one morning in June 2002 I awoke with intense stomach pain. My first thought was that I had food poisoning as my wife and I had been out to dinner the previous evening, but because it had been to a barbecue at the home of our youngest daughter Linda I doubted this could be the cause. The pain became so acute that I needed to go to my local doctor but he could not offer any suggestion other than food poisoning. The pain eventually subsided and I thought no more of it. Exactly one week later I observed a slight bleeding from my bowel and this really sent my alarm bells ringing. Even though I felt physically well, I immediately went to my local doctor who after an internal examination suggested I make arrangements with a specialist to have a colonoscopy.

A colonoscopy is an examination of the full length of the bowel using a flexible tube with a light attached. At that point the possibility of bowel cancer was not seriously on my mind; I reasoned to myself that perhaps there was some other medical condition that had caused the bleeding in my bowel.

I was asleep during the procedure and the colonoscopy was painless. I clearly remember when I was dressing to return home when the surgeon visited me and said the examination showed that a tumor in my bowel had burst and ruptured the wall of the bowel.

With a feeling of apprehension I asked if it was cancerous to which he replied “Yes, but come and see me next week”. He then left the room. I sat on the edge of the bed in a state of shock. My first thought turned to my wife - would she be okay if I was not around? Then thoughts from both my rational and emotional minds started flooding in -

**Emotional Mind:** ‘Seems to be following the same pattern as Malcolm’s cancer - melanoma, bowel cancer. Next Christmas will probably be the last one you’ll see.’

**Rational Mind:** ‘No - let’s be positive until next week’s appointment. Your diagnosis was made a lot earlier than Malcolm’s.’

**Emotional Mind:** ‘Hopefully, but everybody in the family is going to be devastated by the news.’

**Rational Mind:** ‘The emotional mind is right but you don’t normally show emotion so keep your worries inside you and wait until you see the specialist to find out how serious it is. Between now and the appointment get as much information as you can on cancer and find out what you’re up against. Don’t get too stressed about things because it will certainly only make the cancer worse than it is.’

By the time I next saw the specialist my knowledge of bowel cancer had been enhanced by what I had learned from books sent to me by the Cancer Council Victoria and from what I had picked up from the Internet. The level of information available was clearly amazing - yet very disturbing.

For one thing, a booklet from the Cancer Council Victoria titled *Bowel Cancer - Treatment in Addition to Surgery* stated that -

‘We know that when cancer grows through the bowel wall or spreads further, even if all sign of cancer is removed at operation, it may return in some people. It may come back either in that area or somewhere else in the body. (p10).’

Another piece of not-so-good news was the statement that:

‘Even with an effective operation some cancer cells may remain in other parts of the body and may grow later, and ...for some the chance (or ‘risk’) of the cancer coming back is quite high, and in others the risk is quite low. (p12).’

To make the situation even more depressing, a report by Dr Michael Jefford, a medical oncologist, was quoted in the booklet which stated that for people with Stage 3 bowel cancer ‘The chance of being alive and free of any sign of cancer five years after surgery - and without any further treatment - is 50 percent’. (p.18)

There was an attempt by the author to provide some comfort by saying it was an average figure, however no matter how many times I read the statement, in my mind there was the possibility that my chances of being around in five years time could be only 50 per cent. I found these survival statistics extremely depressing. I reasoned however, that until I had more information from the specialist there was no point in worrying myself about where I would fit in those statistics.

At a meeting with the surgeon the following week my wife and I were provided with a rather unpleasant looking photograph of a tumor which had broken through the wall of my bowel. He said the cancer needed to be surgically removed quickly by removing a portion of my bowel as well as taking away any lymph nodes that had been affected by the cancer. I told him my wife and I had just collected tickets for a

holiday the following week. Could the operation wait until I returned? He said “no - it needs to be done next week”. My emotional mind was at fever pitch, but outwardly I remained calm.

His assessment that my condition had reached the Stage 3 level again sent shock waves through my mind, because although I had already learned about cancer staging from my late friend’s diagnosis, the following quotation in the book *Bowel Cancer - Treatment in Addition to Surgery* from the Cancer Council Victoria spelt it out clearly

‘Colon and rectal cancers are classified or ‘rated’ by how far the cancer has spread through the bowel wall and whether the cancer has spread into nearby lymph nodes or further. This is called ‘staging’ of the cancer. If the cancer has only spread a very short distance through the bowel wall it is called Stage 1. This used to be called Dukes A or ACPS (short for the Australian Clinico-Pathological Stage A). If the cancer has spread further through the bowel wall, perhaps even all of the way through the bowel wall and into nearby tissues, but has not spread into lymph nodes or anywhere else in the body it is called Stage 2. (Dukes B or ACPS B). If the cancer has spread into lymph nodes it is called Stage 3 regardless of how far the cancer has spread through the bowel wall (Dukes C or ACPS C).(p13).’

Having my cancer classified as Stage 3 was of major concern and I did everything possible to conceal the worry and anxiety that was consuming me as my wife and I drove home after that consultation.

I later went for a long walk to clear my mind of everything and came to the realisation that my rational mind was going to need to be in charge because worry and negativity was only going to aggravate my condition and add to the distress and concern being felt by my wife and other members of my family. I needed to take control of my recovery and not feel powerless.

I knew that this cancer was invading my body and that there was going to be a need for me to do everything I could to ensure my immune system was equipped to repel the attacker. As well as this I was going to need to know a lot more about cancer and what I would need to do in order to help my body’s defense mechanisms function properly. After having made these commitments to myself I felt I was in a better frame of mind to face up to surgery.

For a start I knew that my operation was to be performed by one of Australia’s most respected surgeons and that I would be going to one of our leading private hospitals for the operation - so, to that end, there was nothing to worry about.

It was at this point I realised that being positive and using meditation as well as keeping my body healthy would play an important part in what was to follow in my life.

#### 4. Surgery

The only surgical operation I had ever had in my life was a tonsillectomy when I was four years old so when it came to trying to work out what the operation was all about I was really starting with a clean sheet of paper. I knew that the hospital literature advised patients to relax and take things easy, but I felt there was going to need to be a lot more to be done on my part at a physiological level because my body was about to be subjected to incredible stress in its opening and the repair and removal of numerous tissues and organs.

The most important part of my pre-operation program was to make sure my muscles were relaxed. From my discussions with the surgeon I was made aware that the operative procedure would involve removing that part of the colon in which the cancer was located and also as many surrounding nodes to which the cancer had spread, this encouraged me to ensure I undertook intensive meditation prior to surgery.

From the moment I was wakened on the morning of my surgery my time was spent in meditation. My pulse was checked during the pre-operative procedures and there was a great deal of consternation by the nursing staff - why is it so low? Is there a problem with this patient? After some consultations it was agreed that my whole metabolism had been slowed down by two hours of 'pranic' breathing.

In the operating theatre just before the the anaesthetist was about to put me to sleep, I asked her to pause and said silently to myself 'God be with me and guide this surgeon's hands'.

My first reaction when I awoke after the operation was to give thanks to God for my recovery. This was followed by meditation and self-healing with my hands over my abdomen during which I asked for healing energy to be sent to that part of my body. Whilst I was concentrating on this aspect of my recovery my mind was working overtime about what to ask the surgeon when he was to visit me the next morning.

On the surgeon's early morning visit the next day he was surprised to see me out of bed and having had a shower on my own - although with difficulty because of the need to trundle the intravenous drip machine with me. He told me that the operation was successful and that my organs were in 'pristine' condition but the only question I could put to him was - 'What stage had the cancer reached?' and when he again confirmed his earlier assessment that it had reached Stage 3, I was devastated.

Stage 3? My mind went back to what I had read in the Cancer Council Victoria book - half the people who survived an operation like mine were not around in five years. Which half was I going to be in?

My surgeon told me to come and see him for a detailed report a week after I was discharged from hospital. Between the time I left hospital and the appointment with the surgeon my emotional mind continued to run free.

‘What if the surgeon has found the cancer has spread further into the body? You might even be in the Stage 4 category like Malcolm’

As usual my wife Avis accompanied me for the visit; the delay between the time he studied the X-rays and when he spoke was agonising; what was going to be the verdict? I was watching his face anxiously and the longer he took to say something made things worse.

Finally he spoke and with a smile said “I think Mr Cox the tumor has been removed together with all the offending lymph nodes. Everything looks fine”.

Only those who have been diagnosed with cancer will ever know how it feels to hear such words. A reprieve I thought to myself, but what now? The surgeon suggested I visit an oncologist to discuss my need for a course of chemotherapy, in addition to which for the first year I was to be scheduled for a consultation with him every three months.

Apart from that - good luck for the future!

## 5. Chemotherapy

Within two weeks my surgeon had made arrangements for me to visit an oncologist. Up to the time of the visit my only knowledge of chemotherapy was when I witnessed the illness they caused to my friend in his treatment. Prior to visiting my own oncologist I found the information on chemo in the Cancer Council Victoria book *Bowel Cancer - Treatment in Addition to Surgery* gave me a better understanding of what could be involved.

The most important point made was that for those with Stage 3 colon cancer or rectal cancer a standard six-month program of chemotherapy would improve my chances of surviving for five years from about 50 percent to about 60-65 percent. There was no reference to any study on how this estimate had been calculated.

I was accompanied by my wife at this first visit to the oncologist during which he drew a neat graph confirming what I had already read, namely that my chances of being alive in five years would be 10 per cent better if I had chemotherapy over a six month period - one week of therapy then three weeks off during each month.

So how could I decide not to have it? I was lacking in knowledge of all the facts to enable me to question the accuracy of the survival rates and knew nothing about the level of long-term damage the chemo might do to my immune system. As well as this I knew my family would be further worried if I rejected what appeared on the surface to be the opportunity to have a 10 per cent better chance of surviving after five years. I reluctantly agreed to the treatment.

The special drug used in the chemo treatment works by killing or slowing the growth of cancer cells in the bloodstream and the cells most affected by chemotherapy are those that grow rapidly, such as cancer cells, but some normal cells may also be affected. It is the destruction of some of our 'normal' red cells that brings on the sickness during the treatment, and our resistance to infection is lowered if any of our white cells are also destroyed. However, you need to be guided by your oncologist about using this treatment.

I was able to ensure my treatment was administered in the morning so that when it was completed I got home as quickly as I could to enable me to commence my session of meditation and self-healing to eliminate the chemo toxins from my body. How I was able to do this is explained in the section of my story titled Self-healing Without Medication. I believe this procedure enabled me to avoid using the medication Maxolin which is normally prescribed to overcome the adverse side-effects of chemo treatment.

## 6. What are my chances?

Because I had no real knowledge of cancer, when I received my diagnosis my thoughts were no different to those of most people - this is a death sentence and there's every chance I won't survive beyond five years. I didn't want to believe this and immediately after my operation I decided to learn as much as I could about cancer; what causes it and how could I prevent it from returning.

I returned to Dr Jefford's report in the book from the Cancer Council Victoria *Bowel Cancer - Treatment in Addition to Surgery -*

'Bowel cancer tends to start in the inside of the bowel wall and can grow through the wall. If the bowel cancer has not spread through the complete thickness of the bowel wall, or if it has only spread a short distance, it can usually be removed by operation. If all of the cancer is removed, it may be curable. We know that when cancer grows through the bowel wall or spreads further, even if all sign of cancer is removed at operation, it may return in some people.

It may come back either in that area or somewhere else in the body.(p10).'

Adding to this, another section answering the question 'How can cancer come back if it has been removed by operation?', the report stated -

'By the time bowel cancer is diagnosed, it has probably been slowly growing for several years. During this time, the cancer has made a blood supply of its own. It is possible that over the years, single cancer cells may have broken off from the original cancer and spread like seeds into the bloodstream or the lymphatic system (tiny channels that drain fluid from the tissues) or to other parts of the body where they may come to rest and grow. Even with an effective operation, some cancer cells may remain in other parts of the body and may grow later.(p12).'

I found this information stressful, particularly when the report concluded that for those with Stage 3 bowel cancer '....the chance of being alive and free of any sign of cancer five years after surgery and without any further treatment was 50%.'

What I wanted to know was - of those in the 50 percent group that were not around five years after their successful operation to remove the cancer, what was the cause of their death? I was able to make contact with Dr Jefford at the Peter McCallum Clinic and he answered my question by saying "The majority of people diagnosed with stage 3 bowel cancer who are not alive 5 years following diagnosis died from their bowel cancer".

Without wishing to continue the dialogue my thoughts were ‘why does the medical profession categorise cancer into a ‘5 year’ cycle. In Dr Jefford’s survey, what happened to those who survived in years 6 and 7? How many were still around?’

I have spoken to a number of cancer patients about the survey and generally the reaction was “I don’t want to hear those figures” but to my way of thinking they were real and could not be ignored. I found them disturbing and further emphasized my commitment to develop a cancer survival program to try and ensure I kept in the right part of the statistics.

## PART II

### MY CANCER SURVIVAL PROGRAM

The medical profession is great at what it does best - curing people's illnesses. Our medical system is built around disease treatment rather than prevention, and for those of us like myself who are in remission, or those readers who have been diagnosed with cancer and are about to have surgery, chemotherapy and/or radiation, once your treatment has been completed there is not much to expect in the way of advice on how to prevent the cancer from returning other than quarterly or six-monthly blood tests and discussions with your surgeon and oncologist.

As far as blood tests are concerned, the booklet issued by The Cancer Council Victoria titled *Bowel Cancer - Treatment in Addition to Surgery* states that -

‘It is uncertain whether the CEA blood test (carcinoembryonic antigen, a substance produced by cancer cells) is worthwhile in bowel cancer follow up. Routine liver tests or full blood counts are not recommended, but, as mentioned this issue is controversial and you may want to discuss this with your doctor.(p72).’

Regardless of how comforting these regular discussions with our doctor and oncologist may be, we always need to remember that the medical profession knows that those of us who have had cancer are more likely to develop another cancer than a person who has been free of the experience. That is why I believe that some type of survival program needs to start as soon as cancer has been diagnosed - not delayed until the surgery has been completed.

I also wanted to make sure I could continue to keep away from prescribed medication of any kind because I believed my immune system had a big enough fight on its hands keeping cancer cells from again invading my body, without defending me from the side-effects of medicines from the pharmaceutical companies.

One of the most important statements I read in my research was that -

“...cancer cannot survive in a healthy body”

This point was also emphasized in a book on Chinese healing exercises called *Knocking at the Gate of Life* by Edward C. Chang in which he encourages readers to .... ‘Make your internal energy so strong that no disease can enter.’

I always believed that diet and exercise alone would not be enough to keep my cancer from returning so that I didn't end up in the wrong 50 percent of the statistics. Other factors like managing cholesterol, blood pressure and bowel care needed to be part of the program.

My survival program therefore consists of four parts:

1. Diet

- (a) Flaxseed oil and cottage cheese - why I started using this mixture *every* day
- (b) How I reduce my gluten intake by baking my own bread
- (c) Green vegetables - science has now discovered why they help in a cancer prevention diet
- (d) Fruit and vegetable juices - why I also use these *every* day
- (e) Cholesterol and how I brought it down from 7.2 to 4.6 without using medication
- (f) Bowel care and the importance of eliminating constipation and why I use probiotics *every* day
- (g) Blood pressure - how reducing my salt intake keeps my blood pressure under control without using medication
- (h) The importance of maintaining the correct acid/alkaline balance in our body

2. Exercise and breathing. How walking combined with breathing exercises keeps me out of my doctor's surgery, and how inversion exercises help me remain free of back-pain

3. Meditation

4. Self-healing without medication

- \* Reiki
- \* Healing ministry at the Southern Cross Anglican Church

## 1. Diet

### (a) Flaxseed oil and cottage cheese

What is flaxseed oil? In Australia it is known as linseed oil and many people will remember it as a paint thinner and being useful for oiling cricket bats! However, as I have previously mentioned on page 7 in discussing Dr Rudin's book, flaxseed oil is one of nature's most potent sources of Omega-3 essential fatty acids and contains twice the density found in salmon - a familiar source of Omega-3.

My introduction to flaxseed oil was when I read a book by Dr Johanna Budwig, a seven time Nobel Prize nominee and world-renowned scientist and biochemist, titled *Flax Oil as a True Aid Against Arthritis, Heart Infarction, Cancer and Other Diseases*. Dr Budwig has meticulously analysed thousands of blood samples from patients with cancer, diabetes and those with pre-cancerous conditions of the liver. The overwhelming finding was that these patients were deficient in the essential fatty acids phosphatides and lipoproteins. Dr Budwig suggests that replacing these by using a simple mixture of flaxseed oil and cottage cheese could act in both a preventive and curative manner for cancer. She stressed that both foods must be eaten together to be effective since one triggers the properties of the other to be released.

But what are these phosphatides and lipoproteins and why are they so important to our well-being?

Although it may be hard to imagine, our body contains approximately 55 trillion cells. Phosphatides are substances that make up the protective skin of every cell on earth, including those within our body. Along with proteins, phosphatides become a selective barrier to regulate the flow of substances in and out of the cell. In this way the cell protects itself from carcinogens (cancer causing substances) from entering the cell. In addition, phosphatides help with the oxygenation of cells and provide important substrates used by the cells to make prostaglandins.

Without wishing to turn my story into some sort of short course in biochemistry, I think it is important to take this study of the importance of phosphatides one step further and try and understand the role of these prostaglandins in our body.

Prostaglandins are extremely active biological substances which are created by the body when it uses Omega oils. In their book *Omega-3 Oils - A Practical Guide*, Dr Donald Rudin and Clara Felix stress the importance of these prostaglandins in regulating just about every bodily function, including -

- \* Cardiovascular and kidney system function, including dilation or constriction of blood vessels and clot formation
- \* Digestive system function, including regulation of stomach secretions
- \* The healing and repair process, including regulation of cell division

- \* Immune system function, including allergy responses
- \* The inflammatory process, including fever and pain regulation
- \* Nervous system function, including regulation of neural circuits in the brain
- \* Reproductive system function, including induction of labour or menstrual cramps
- \* Thermoregulation, or the maintenance of a constant body temperature
- \* Various other functions, including control of fluid pressure in the eyes, ears, and joints

The list seems endless - and it may be. Scientists are still discovering regulatory effects of the prostaglandins.

The authors also make the point in their book that prostaglandin formation and the use of essential fatty acids are inhibited by the following -

- Too much saturated fat
- Trans-fatty acids (found in margarine and shortening)
- High amounts of refined sugar and flour
- Too much caffeine and alcohol
- Smoking
- Recreational drugs
- Careless usage of prescription drugs
- Environmental pollutants

The lipoproteins that Dr Budwig said were also so important are packages of cholesterol that travel in our blood. Just like oil and water, cholesterol, which is fatty, and blood which is watery, does not mix. In order to be able to travel in the bloodstream, the cholesterol made in the liver is combined with protein, making a lipoprotein. This lipoprotein then carries the cholesterol through the bloodstream. Dr Budwig maintained that lipids are only water soluble and free flowing when bound to protein, and this is why protein-rich cottage cheese forms such an important part of her recommended diet.

Because I have no medical background I do not advocate use of the diet as a *cure* for cancer, but because both the oil and the cottage cheese were natural foods I could see no problem in using them in my diet to help *prevent* my cancer from returning.

You may be skeptical about how a combination of two such simple foods could work, and you are not alone because in her book, Dr Budwig acknowledges the skepticism that has always surrounded her diet when she states on that -

‘...various highly trained and educated individuals are dismayed and irritated by the fact that serious medical conditions can be cured by cottage cheese and flaxseed oil.(p11).’

Dr Budwig also makes a very important point when she emphasises that -

‘... there is a need for the simple restoration of our fundamental nutrition - oil, protein, fruit and vegetables - and that it is up to us to see that they are on offer in an unadulterated form, and that when maltreatment by chemical means, preservation methods, antibiotics or refining processes make certain foods such a source of danger, we should take great care to avoid them.(p44).’

On the basis of the research work done by Dr Rudin on Omega-3 oils and Dr Budwig’s scientific background and logical explanation of why such a simple combination of flaxseed oil and low-fat cottage cheese should work, I decided to incorporate these two natural foods in my cancer survival diet every morning by mixing three dessertspoons (30 ml) of flaxseed oil with 100g of low-fat cottage cheese (pineapple flavoured) and adding this to my bowl of fresh fruit.

According to Dr Budwig, by combining the protein with the oil it becomes water soluble in the body and can be absorbed more readily and the mixture can enter the smallest capillaries, dissolving any of the undesirable fats and cleaning out the veins and arteries.

It is important to remember that the flaxseed oil and cheese need to be combined, and don’t be dissuaded from using this mixture because you may not like the taste of the flaxseed oil. The pineapple flavour in the cottage cheese, as well as the flavour of the fresh fruit and soy milk will overcome the unusual taste of the oil. If you start your day with this mixture I am confident that within a week you will notice you have more energy because if you read the nutritional information panel on each container you will see that both foods have high energy values.

Don’t try and dodge the issue by taking capsules; according to the manufacturers, each one contains only approximately 1.08 mls of oil!

#### (b) How I reduce my gluten intake by baking my own bread

The reason for using my own home-baked bread is that I believe there is a need to restrict the amount of gluten in my diet. Commercially baked bread has a high gluten content because consumers want a bread that has risen in the baking process and looks good. The bread from my home-baking machine contains no added gluten and therefore has a dense appearance, but the advantage is that smaller portions are

needed and it is far more nutritious. What's the problem with gluten?

As children most of us were encouraged to eat plenty of bread, wheat based breakfast cereals, cake and biscuits, all of which are manufactured from wheat flour. Add to this list pies, crumpets, donuts and all forms of pastries and even liquorice, it can be seen that as the range of these products has expanded to tempt us. Our consumption of wheat flour has risen dramatically over the years and has now become a significant part of our daily diet.

The protein in wheat is known as gluten, which is retained in the flour during the milling process. There is a manufacturing process in which the gluten is washed out of wheat flour. After the gluten has been taken out, the liquid milky product arising from this process can either have an enzyme added and converted under pressure into glucose (a product used in the manufacture of confectionery) or have the moisture extracted and the resultant substance dried. In Australia this product is marketed as 'wheaten cornflour'. In its liquid form from this 'washing out' process, the gluten is an elastic, sticky substance. When dried it is used as an additive to raise even higher the level of gluten in the flour being used in the bread baking process.

Our bowel does not function well with excess gluten in the diet because when any food made from wheat flour is consumed the stickiness of the gluten re-emerges in the stomach and adheres to the bowel wall.

Some people have an allergic reaction to gluten and this is known as Coeliac disease and sufferers need to avoid all products in which it is found. This is why on many food packages you will see that the words 'gluten free' have been highlighted.

Eating fewer biscuits, pies and pastries not only helps lower our gluten intake level but also has the beneficial effect of reducing the level of saturated fats in our diet.

Ross Horne also supports my view about the use of wheat based food in our diet when he says in his book *Cancerproof Your Body* -

'Grains contain much starch, which is not a good form of food; it is incomplete and at the same time difficult to digest, overtaxing the pancreas. Wheat is full of starch and contains gluten and phytic acid, which are also antagonistic to good body chemistry.(p35).'

Horne goes on to say -

'There is strong medical support for the belief that many cancers might be prevented by eliminating chemical irritants from food. Malignant growths of the human digestive tract tend to appear in the 'narrows' of that tract where food slows down its passage and rubs against the intestinal linings most forcefully.(p35).'

(c) Green vegetables

When your oncologist or surgeon waves goodbye to you at the completion of your cancer treatment, they may sometimes advise, in a rare acknowledgment of the benefits to be found in alternative medicine, “Remember to eat plenty of fruit and vegetables”.

Two thousand years ago Roman health practitioners were aware of the benefits of cruciferous vegetables such as cabbage, and among its many recorded uses was in the treatment of “....cancerous sores, which can be healed by no other treatment”. Other green vegetables in the cruciferous group, identified by a cross-shaped pattern found on the underside of their central stalk, are cauliflower, broccoli and brussels sprouts. Studies over the years have shown that eating plenty of greens can halve the risk of cancer, but it has been unclear how it came about.

A report released in May 2004 by scientists at the Institute of Food Research (IFR) in Britain has confirmed that the chemical allyl-isothiocyanate (AITC) is created when this group of vegetables, as well as mustard, horseradish, swede, kale and wasabi, are chopped, chewed, cooked, processed and digested. AITC is a breakdown product of sinigrin, a chemical compound in these vegetables.

Professor Ian Johnson, Head of the IFR team said -

‘This is not a miracle cancer cure, but it does show that preventive dietary measures can be discovered and exploited in the same way as drugs. We have known for many years that sinigrin breakdown products kill cancer cells. But by uncovering a previously unknown part of the process working in a similar way to some anticancer drugs, we hope to show how important diet can be in your personal anticancer armoury.(Institute of Food Research UK News Release 10/5/2004)’

Professor Martin Wiseman, Medical and Scientific Adviser to the World Cancer Research Fund acknowledged the value of this research study’s findings when he said -

‘This is a valuable piece of research that puts in place another piece of the jigsaw on the way in which foods and nutrition could influence cancer risk. These sorts of studies together with other types of study contribute to a greater understanding of the role lifestyle plays in cancer prevention. Our ‘portfolio’ approach allows us to take all different types of study and turn them into real steps that people can take to reduce their own risk of cancer. (Institute of Food Research UK News Release 10/5/2004)’

Other than when there is a salad on my menu, every evening meal includes at least two of these green vegetables.

(d) Fruit and Vegetable Juices

Every one of the alternative therapies I have researched emphasized the need to include fresh fruit and vegetable juices in the diet, and I have incorporated this advice in my cancer survival program.

In her book *Juicing for Health*, Julie Stafford writes -

‘In order for the human body to function efficiently it needs a regular supply of high-quality nutrients in the right combination and concentration. The interaction of these nutrients is the basis of good health and wellbeing. The best way of obtaining these nutrients is through eating fresh fruit and vegetables. Especially in their raw state they contain living enzymes that are essential in the breaking down and absorption of nutrients.(p1).’

Dealing specifically with their role in a cancer diet, Stafford continues -

‘Fruit and vegetables may also provide the key components of disease-beating agents. We already know that the cruciferous vegetable and onion families can stimulate the production of certain types of cancer-fighting enzymes. Broccoli, for example, contains the chemical sulforaphane, which triggers enzymes that break down cancer-causing chemicals and allow them to be flushed from the body. The high fluid content of fruit and vegetables assists this flushing of wastes and toxins, while also providing valuable nutrients.(p1).’

I have been using the juicing recipes in the book every day since my cancer surgery and I am confident it has been a major contributing factor to the good health I now enjoy.

My daily routine involves making around 400-500ml of vegetable juice (carrot/celery/apple) one day and substituting this with fruit juice on alternate days (apple/pear/orange/lemon/passion fruit).

There are many other recipes listed in the book to make sure there is a variation throughout the week. I am convinced that by following this procedure it will play an important role in my anti-cancer program - so much so that I accept the task of cleaning up the equipment without grumbling because I constantly keep the survival statistics from Dr Jefford’s report in the back of my mind.

Julie Stafford’s book also provides helpful information on the nutritional value of most fruits and vegetables and if you find yourself a copy you will be able to formulate your own juicing program. Juicing is not a substitute for eating fruit in its whole raw state - I try to also have at least two apples each day.

A dietary schedule like this, as well as the preparation of a full range of vegetables every night is a lot of work. In my own case it would not be possible without the support of my wife Avis in shopping, cleaning and preparing all the fruit and vegetables, preparing the soups and balanced evening meals. So if you intend following a program such as this you are going to need a lot of support.

During the period between breakfast and lunch I have no snacks, morning tea or coffee because I feel it is the time to take in enough water to help my body function properly.

If you have ever wondered about the benefits of drinking water this is what The Colon Therapists Network in the USA has to say on the subject -

‘....Drinking an adequate amount of water every day is the best treatment for fluid retention. But when your body is given less water than it needs - it perceives the shortage as a threat to survival and will begin to retain every drop. Water reserves are stored in extra-cellular spaces (outside the cells.) This water can show up as swollen feet, hands and legs. Diuretics only offer a temporary solution at best. They force out stored water along with some essential nutrients. Again, the body perceives a threat and will replace the lost water at the first opportunity. Thus, the condition quickly returns. The best way to overcome the problem of water retention is to give your body what it needs - plenty of water - only then will stored water be released. (Water Health Report 30/9/2003).’

But what is ‘plenty of water’. The advice given is that people of ‘normal’ weight for their height should drink eight glasses of pure water every day. Overweight people should consume more. As well as this you should drink more if you exercise or if the weather is hot and dry.

That is why I keep the morning free of other liquids like tea or coffee so that I can take in this required level of water. So eliminate the coffee and the tea - the water will be better for you.

(e) Cholesterol and how I brought my level down from 7.2 to 4.6 millimoles per litre without using medication

Cholesterol is a waxy substance that occurs naturally in all parts of the body. Our body needs it to function normally. It is present in cell walls or membranes everywhere in the body, including the brain, nerve, muscle, skin, liver, intestines and heart. Our body uses cholesterol to produce many hormones, vitamin D, and the bile acids that help to digest fat. It takes only a small amount of cholesterol in the blood to meet these needs. But if we have too much cholesterol in our bloodstream, it can lead to atherosclerosis, a condition in which fat and cholesterol are deposited in the walls of the arteries in many parts of the body, including the coronary arteries feeding the heart. In time, narrowing of the coronary arteries by atherosclerosis can produce the signs and symptoms of heart disease, including angina and heart attack.

But what is the optimal level?

The Australian Heart Foundation recommends that a person’s blood cholesterol level be no higher than 5.5 millimoles per litre (coronary heart disease is rare below a blood

cholesterol of 4.5 millimoles per litre). They go on to say that 50% of adult Australians have a blood cholesterol level above 5 millimoles per litre, making high blood cholesterol a major health concern in Australia.

Long before my cancer problems surfaced I was always conscious of the need to maintain my total cholesterol level at 5.0 or less but was never able to achieve it. Even by using my best endeavours to follow the recommended diet which involved reducing the intake of animal products - with the most common sources being eggs, meat, squid, lobster, prawns, full fat dairy foods and offal, such as brains, liver and kidney and the saturated fats derived from animal sources such as dairy products, cream and fatty meats - my cholesterol level never seemed to get below the 6.2 to 6.5 range.

Not long after my cancer operation my cholesterol test showed it had climbed to 7.2 and my doctor suggested it was time for me to consider bringing it down by using a medication known as statins.

Although I realised that my high cholesterol level could be putting me at risk of cardiovascular disease, I have always been uneasy about the long term implications of using *any* prescribed medications and from what I had learned about them, statins was one of those drugs high on my list to avoid.

I had read of the positive benefits of statins in lowering cholesterol levels but it was the side effects that worried me because they could include -

‘upset stomach, nausea, constipation, gas, headaches, skin rashes, muscle aches, insomnia, unusual dreams, daytime drowsiness and dizziness, with less common side effects being sexual dysfunction, numbness or tingling in the hands and feet, and depression.(University of Maryland Medicine - Statins Review 17/6/2002)’

It was also reported in the same Review Paper that because statins work by inhibiting a liver enzyme used in the manufacture of cholesterol they can adversely affect the liver, and it was recommended that liver function should be assessed periodically by means of a blood test. On this point my doctor said he agreed with the warning and always followed the precaution of having his patients undergo a six monthly check for possible liver damage from statins. Well done, but what if it is still too late?

The increased use of statins in the Australian community has largely been brought about by the success of the drug manufacturers in having these products added to the list of medicines included in the Pharmaceutical Benefits Scheme (PBS) under which the Government subsidises their cost to the consumer. In this way when a doctor prescribes statins to concession-card holders, at the time of writing my story, they only make a ‘co-payment’ of \$3.80 per prescription and those without concession cards pay \$23.70.

As shown on page 10, the Report prepared by the Victoria University of Technology revealed that the cost of the PBS scheme to the Government has increased from \$2.5 billion in 1997-98 to \$3.8 billion in 2000-01, with the cost in that year of drugs to

reduce cholesterol was \$514.2 million. So instead of encouraging patients to make dietary changes to bring down their cholesterol level, the medical profession is able to take the easy option of writing a prescription for statins. In a report published in *The Weekend Australian* on 24th July 2004, Dr Craig Hassad, a senior lecturer in the Department of General Practice at Monash University said -

‘Even some people with normal cholesterol levels are being prescribed cholesterol-lowering drugs because they have just one other risk factor.(p10).’

Patients may be attracted to taking these drugs at the subsidised price because they are able to continue indulging themselves in all the things they should not be eating, and the manufacturers rejoice in having the sale of their products subsidised by the Government.

My views on the problems with statins and their use in encouraging a lack of interest in dietary awareness were reinforced when I read an article about the USA experience written by David Noonan in July 2003 and reprinted in the Australian publication *The Bulletin* in which he said -

‘The rising popularity of statins, first introduced in 1987, has been accompanied by twin epidemics of obesity, which jumped a mind-boggling 61 percent in the 1990s, and diabetes, which climbed 49 percent over the same period. Both conditions are preventable, and their rise is due in large part to what might be called the ‘couch-potato syndrome’. Although experts recommend at least 30 minutes of exercise daily, fewer than half of US adults (more than 60 percent of whom are overweight or obese) get any regular exercise at all.’

After all the evidence I had read about these cholesterol-lowering drugs, and despite the assurance given to me by my doctor that he would have my liver checked every six months for possible damage from the medication, I declined to use them because I wanted to try and reduce my cholesterol level by making further changes to my diet and then have another test in two months time.

In the course of my research on cancer and before I learned of Dr Budwig’s diet, I came across a newsletter on the Internet by Bloomingfoods of the USA describing the possible benefits of the substances in flaxseed to act as protectors against chronic illnesses like cardiovascular disease and cancer, as well as bringing down cholesterol levels.

The August 2000 report said -

‘Current nutrition research continues to identify various substances in foods that appear to act as protectors against chronic illnesses like cardiovascular disease and cancer. Flaxseed is no exception. Several studies confirm that flaxseed *can be a cholesterol-lowering agent* like

oat bran, fruit pectin and other food ingredients that contain soluble fibre. By packaging both Omega-3 fatty acids and soluble fibre together, flaxseed presents two ingredients that favour healthy blood lipid patterns.'

Because of these claims of the possibility of lowering blood cholesterol levels, I decided to add three dessertspoons (30ml) daily to my processed bran cereal before the milk was added; the dry cereal absorbed the oil and I found it added a nutty buttery taste which to me was more palatable than when I was brave enough to drink the oil. I also found the oil to be a good bowel lubricant.

So what happened?

After two months my cholesterol had dropped to 4.6 millimoles, a level I had never previously been able to achieve, and remained at that level when I changed to combining the flaxseed oil with the cottage cheese. In my research I also found another natural way to lower my cholesterol level; it was by eating more pulses (chickpeas, beans, lentils, peas and soybeans).

In an article published in the *The Weekend Australian Magazine*, Dr Nancy Longnecker said -

'Pulses are high in fibre, essential fatty acids and complex carbohydrates, and are proven blood cholesterol reducers.(p38).'

Dr Longnecker is the author of a cookbook *Passion for Pulses*, and in her Internet site [www.passionforpulses.com](http://www.passionforpulses.com) she quotes from a 1994 study by Geil and Anderson that -

'Reductions in blood cholesterol levels of 10% or more are commonly achieved within two to three weeks on test diets containing either canned beans (69 - 150 g/day) or dry pulses (75 - 200 g/day).'

Dr Longnecker believes the implications of a reduction of this size are significant because a 1% decrease in blood cholesterol can result in a 2% decrease in the risk of coronary heart disease. In addition, eating pulses can decrease blood cholesterol in healthy people. However the decrease in blood cholesterol has been more pronounced in people whose initial cholesterol levels were highest and are thus at greatest risk of coronary heart disease.

Even though my cholesterol level had been lowered, I continued to avoid those foods such as eggs, full fat dairy foods and offal and so on which are known to increase our cholesterol level. I do not use butter - and of course I never ever use margarine. So what do I use? A non-hydrogenated blend of canola, olive and flaxseed oils recently released to the Australian market and available through Health Food Stores nationally.

If you are using a cholesterol-lowering medication such as statins why not ask your doctor if you can replace it with flaxseed oil or pulses (or both) in your diet, and have your level checked in three months time. Imagine how proud of yourself you will be

if your doctor confirms that your cholesterol level has been lowered and agrees that you are able to replace your prescribed medication with natural food! What a relief to your liver as well!

(f) Bowel care and the importance of eliminating constipation  
and why I use probiotics *every* day

In his book *Guide to Better Bowel Care*, Dr Bernard Jensen says -

‘If waste cannot be eliminated and accumulates in the body, perhaps suppressed by drugs or extreme tiredness and fatigue, disease walks in and bacteria accumulates. Worms and germ life develop most often in an underactive bowel. This is a big problem today. Gastrointestinal specialists realise that sulfa drugs and antibiotics destroy all bacteria - the friendly bacteria as well as the bad - in the bowel.(p3).’

Our digestive tract is lined with around 100 trillion bacteria, some of which are beneficial and some potentially harmful to our health, together with other ‘good’ micro-organisms known as the intestinal flora. Without them, our digestive system would not function efficiently. However, if the level of ‘good’ and ‘bad’ bacteria is out of balance the bowel cannot function properly and this has been proven to be a major cause of disease and sickness in our society. Maintaining this balance is a critical part of ensuring that we have a healthy bowel, and from what I have learned one of the ways this can be achieved is by increasing our daily intake of probiotics.

Probiotics are foods that have been designed to contain and provide high numbers of ‘good’ live beneficial bacteria and their role is to strengthen our immunity and keep our digestive system healthy. As well as this it is claimed they assist with our digestion of food and absorption of nutrients and help manufacture vitamins such as Vitamin K and the B group vitamins B1, B2, B6 and B12.

Yoghurt is a probiotic and I began having about 200g daily at breakfast, but when I changed my diet to try and reduce my cholesterol level from 7.2 millimolles as discussed earlier, I decided to eliminate the low-fat yoghurt and replace it with a daily 65ml bottle of liquid probiotic from the supermarket.

Both yoghurt and liquid probiotics contain live micro-organisms that occur naturally through fermentation, and in an Information Sheet issued by My Chemist Chadstone and discussed on radio 3AW with Ernie Sigley on 16th February 2004, Gerald Quigley from My Chemist said -

‘... the main problem is actually getting the probiotics (into your system). Not only do the micro-organisms have to be able to reach your lower intestinal tract, they initially have to have survived modern-day food processing techniques. It is questionable how many of these cultures still live in your yoghurt by the time you spoon it into your mouth.’

Although both are cultured dairy products, the somewhat large quantity of yoghurt I had been using was made from milk fermented with five strains of bacteria whereas the liquid probiotic is made from skim milk powder fermented with each manufacturer's own unique strain of bacteria.

Because I wanted to limit the volume of dairy products in my diet, I replaced the yoghurt with the smaller quantity of liquid. I can only report that my bowel started working more efficiently and going about its work without any problems and hopefully, helping my immune system do its job in keeping any cancer cells from re-emerging.

Another vital element in bowel care is constipation. When discussing this subject in his book *Guide to Better Bowel Care*, Dr Jensen claims that -

‘Constipation is often referred to by those who have studied it as the ‘modern plague.’ Indeed, I consider it the greatest present-day internal danger to health. Intestinal toxemia and autointoxication are direct results of intestinal constipation. Constipation contributes to the lowering of the body's resistance, predisposing the body to many acute illnesses and the initiation of many degenerative and chronic processes.(p46).’

Dr Jensen also sees diet as a major cause of cancer and says -

‘Now that it has become more or less common knowledge that diet plays a vital role in cancer prevention, it is prudent to say that bowel cleansing also has its place in preventing cancer as well as other diseases. People can get into a lot of trouble making claims about diseases, especially cancer. Cancer is a sensitive and explosive issue, not only because it is a multi-billion dollar industry, but also because the disease carries a lot of emotional freight as well. We dare not say that bowel cleansing helps prevent cancer, but anyone can see that cleanliness and restoration of proper function go a long way toward building resistance to disease of any kind. Not only does the Western diet directly cause blood pollution, it is guaranteed also to cause constipation, from which further blood pollution ensues. For over a hundred years it has been observed by doctors that the most common factor associated with all forms of cancer is the condition of constipation.(p79).’

He believes that the Western diet not only causes leptoxaemia and high blood viscosity by virtue of excess fat, cholesterol, protein and so on entering the system directly from the digestion, but in addition causes auto-intoxication when unexpelled wastes putrefy in the colon (large bowel).

In discussing the benefits of a healthy diet as part of my cancer survival program, I believe it is necessary to understand the importance of the bowel.

If you want a healthy life and to have an effective bowel cancer survival program you are going to need to become a student of the bowel; to learn how to care for it and to understand exactly how it works and what an important function it performs in disposing of the waste and toxins from your body. Why are we embarrassed about discussing our own unique waste disposal system - the bowel? People are often reluctant to talk about it even with their own doctor. All sick people have some form of bowel problem brought about by the toxins they carry, and there is enough scientific evidence to support the view that development of such disease in our body can be related to improper functioning and blockages somewhere in our own personal sewage system.

From the time we take in food it travels almost nine metres through our digestive system over about three days before ending at the anus. If the figure of nine metres seems hard to understand we should remember that the inner surface area of the small intestine is equivalent to the area of one half of a tennis court!

Chronic diseases build up over long periods of time. It has been estimated that about 80 percent of the patients who go to doctors have chronic diseases.

The American Cancer Society says it can take 20 years to develop cancer. So we may ask what are we developing in our bowel today? How do we know? What are you developing in your bowel today? Do you know? Long before we notice any disease symptoms developing, we go blindly along, ignorant of what trouble may be developing in our bowel. I believe we can do better than that by following a preventive program.

When the bowel is underactive and constipated, whether it has diverticula or not, more toxins, cholesterol, and fats are leaked (forced) into the bloodstream and lymph system. Dr Jensen believes we must speed up our bowel transit time, first by cleansing the bowel, then by consuming more high-fibre foods such as fruits, vegetables, legumes and whole cereal grains.

Another important consideration is the way we treat our bowel.

I remember in 2002 viewing a film about the human body on the huge IMAX screen, and in one segment looking through into the stomach and watching entranced at what was happening when a person was eating a pizza with salad and liquids, and seeing all this being chewed up, sent down the oesophagus - into the stomach and then being able to hear the muscles thumping and grinding away trying to mash this mixture into the first stage of digestion.

When I was leaving the theatre I decided it was time to start being kind to my bowel and to gradually reduce the quantity of food eaten at mealtimes by following a two-thirds to one rule; two-thirds salad or vegetable to one third meat, chicken, fish or pasta, and I have found that over time it has been possible to significantly reduce my portion sizes and thereby give my stomach a chance to do its work efficiently.

An interesting paper *Bowel Function - Dietary Fibre* dealing with constipation and health problems associated with a mal-functioning bowel was written by Dr Warren Enker MD, who is Chief of the Division of Colorectal Surgery at the Beth Israel Medical Centre in the United States. He wrote that most patients who develop colon cancer, diverticulosis, diverticulitis, haemorrhoids, fistula and fissure have had a lifelong history of difficulty with their bowels, and that in most instances they suffer from chronic habit constipation.

In his view, the usual cause of chronic constipation is a lack of adequate dietary fibre. Dietary fibre is generally obtained from plant foods and consists of that portion of the plant which is not digested by Man, while the sugars, starches and vitamins are not digested and go on to form an important component of the stool, the bulk or roughage.

An example of dietary fibre is cellulose and a food which is high in fibre is wheat bran. As I said earlier, you need to be a student of the bowel and understand how the whole process works and to help in this I have quoted what Dr Enker says in his paper -

‘For the bowels to work properly, a lifelong daily intake of 25-30 grams of dietary fiber daily is required. After the digestion of all proteins, fats and carbohydrates, and the absorption of water and other nutrients in the small intestine, the colon (the last five feet of the intestine) receives approximately one pint of liquid stool together with the undigested fiber. Under normal circumstances, the colon gradually removes the remaining water and forms a shaped stool, which moves toward the rectum as a result of gentle pressure waves. In people who eat too little of fiber-containing foods the stool becomes hard, dry and small. Whereas the soft, bulky stool can move easily along the passage of the colon, the hard dry stool sticks to the dry wall of the colon and requires that the colon develop high-pressure waves to be moved. Years pass and the colon is no longer capable of generating such high pressure waves. The colon now requires assistance to push along the hard dry stool and the abdominal muscles begin to contribute the necessary force. This we call “straining”. The straining produces pressure on all of the abdominal wall, forcing the development of hernias, varicose veins (due to pressure on the long veins of the legs), hiatus hernia (upward pressure forcing the stomach into the chest), diverticulitis and diverticulosis (weakening and infection of the colon wall), haemorrhoids and fissure and fistulae. Colorectal cancers may also be more common in patients with lifelong habit constipation. This may be due to the concentrated exposure of carcinogens to the colonic surface as a result of the hard dry stool and its slow movement or evacuation.(p1).’

This is compelling evidence and a good reason to make some effort to understand how our bowel works and to make dietary changes to ensure it works efficiently so that we don’t need to spend time reading magazines in the toilet!

I again emphasise that we should have no embarrassment about taking a greater interest in our bowel, how it works and what we need to do to look after it, because it is the key to keeping us out of the doctor's surgery.

You need to develop the habit of checking the toilet bowl and toilet paper after each bowel motion because this is where blood may appear, which is the most important sign of some leading cancers you should be looking for. If you do see any blood it doesn't necessarily mean you have cancer - but it does mean you should make an appointment to see your doctor. It could save your life - it saved mine!

How do I know that? Because my surgeon told me that had the tumor not been surgically removed the cancer would have spread to my liver; had this happened he estimated my life span would have only been six months.

(g) Blood pressure - how reducing my salt intake keeps my blood pressure under control without using medication

Blood pressure is the force at which blood drives through our veins and arteries. If that force becomes too high - like the pressure of water rushing through the garden hose when the tap is turned on full, it can cause serious harm to the heart, brain, kidneys and eyes.

This is why it's so important to keep blood pressure at a healthy level. If it becomes too high it can damage arteries, making it easier for them to become blocked. If a blockage happens to an artery supplying blood to the heart, for instance, it can cause a heart attack. But if it happens in an artery to the brain, it can cause a stroke - a sudden brain injury which may permanently or temporarily affect movement and speech.

The only way to know whether our blood pressure level is within the desirable limits to have a test done by our doctor and this needs to be done regularly because by doing so we can reduce our risk of heart disease and stroke.

The diet I have adopted in my cancer survival program fits in with what the nutritionists recommend to maintain blood pressure at the right level - losing weight, eating a healthier diet comprising fresh vegetables and fruit and so on, but above all the message is to *reduce the amount of salt in the diet* because salt raises blood pressure.

I must confess that prior to my cancer diagnosis and research into my survival program I always sprinkled salt on my meals before tasting them, generally getting irritated if the holes in the saltcellar were in any way blocked and the salt didn't run quickly enough. Onlookers would remind me that salt was bad but nobody explained why this was so, particularly when it seemed to me that it was only 'a few sprinkles'.

Exactly why it is not good for me is explained by Ross Horne in his book *Cancerproof*

*Your Body*, where he discusses the danger of salt in promoting cancer growth -

‘Salt is a powerful irritant and a strong inhibitor of enzymes, as well as interfering with circulation by causing fluid retention in the tissues. Even in small quantities, salt has been observed to increase the rate of cancer growth, an event which is not surprising in view of the fact that homeostasis within the body is entirely dependent on a proper supply of enzymes. It is because salt is such a powerful inhibitor of enzymes that it performs so well as a food preservative. All fresh food contains enzymes which after a while will decompose it, and salt prevents this happening. Not only does the preserved food place additional demands on the digestive enzymes of the body, but also salt’s adverse influence is continued within the body after digestion. Dr E D Robinson of the National Biochemical Laboratory, Mount Vernon, New York, considered common salt ‘the most active cancer cause among inorganic agents.(p79).’

The important point is that salt is a strong inhibitor of enzymes. That is why it has always been used to preserve meat - it destroys the enzymes to ensure the meat remains edible. What are enzymes? If salt destroys one or two of my body’s enzymes, so what? I decided to find out what an enzyme was and from the Internet found a description on [www.crystalloasis.com](http://www.crystalloasis.com) which described their importance to our body as follows -

‘Enzymes are the catalyst for the hundreds of thousands of chemical reactions that occur throughout the body; they are essential for the digestion and absorption of foods as well as for the production of cellular energy. Enzymes are essential for most of the building and rebuilding that goes on constantly in our bodies. Among the many thousands of species of creatures living on this earth, only humans and some of their domesticated animals try to live without enzymes. And only these transgressors of nature’s law are penalized with defective health. It is not surprising that dogs (and cats) have many human diseases since they are given only canned or packaged, heat treated, enzyme free food.’

All the foods we eat contain salt - some more than others. Remember that if you want to check the level of salt in the food you buy, on the package it will be called sodium, because from our school days we learned that salt is made up of sodium/chloride, and made up of about 40 percent sodium and 60 percent chlorine; it is the sodium content that is the danger to our health.

According to Michael Wright in his book *The Salt Counter* -

‘The point at which to start your salt-reduction campaign is in your own home: with the saltcellar and the cooking-salt jar. Studies have shown that ‘discretionary’ use of salt accounts for 25 to 30 per cent of daily intake; most people could make significant reductions

here.(p12).’

I have followed his advice and no longer wave my arm around with the saltcellar at meal times and, believe it or not, I now find it is possible to live without added salt because I now cannot find any difference in the taste of my meals. As well as this I try and steer clear of things like bacon, olives, shellfish, salted peanuts and potato chips, as well as canned vegetables, soups, preserved meats and so on. If you check the sodium level shown on the Nutrition Information provided on the label, you will understand what I mean. Look for the sodium content. You’ll find they are all very high.

If you have been prescribed medication such as Monopril to lower your blood pressure, why not ask your doctor if he can help you work on a program to reduce your salt intake and have monthly blood-pressure tests to assess whether you may be able to do away with the need to continue with the medication.

Your immune system will be grateful if you do, because there will be one less intruder that your body needs to combat.

#### (h) Acid-Alkaline Balance

In order to create a greater level of resistance to disease such as cancer we need to ensure that within our body there is a correct acid-alkaline balance.

This balance is commonly referred to as pH, ranging from 1 - 14, with 7 as neutral. The lower end of the scale (below 7) is acid, and above 7 is alkaline. The optimum proportions for most bodies is considered to be 20 percent acid to 80 percent alkaline, but studies have shown that a high proportion of the population have a higher acid level than alkaline.

The problems associated with acid/alkaline imbalance are outlined in a report on the Internet site *Tuberose* ([www.tuberose.com](http://www.tuberose.com)), which offers extensive information on complementary medicine. Here is an extract -

‘Body pH refers to the pH of the fluids inside and outside of the cells. Since most of the body is water-based, the pH level has profound effects on all body chemistry, health and disease. Extended pH imbalances of any kind are not well tolerated by the body. Fundamentally, all regulatory mechanisms (including breathing, circulation, digestion, hormonal production, etc.) serve the purpose of balancing pH by removing caustic metabolized acid residues from the body tissues without damaging living cells.

If the pH deviates too far to the acid side or too far to the alkaline side, cells become poisoned by their own toxic waste and die. Just as acid rain can destroy a forest and alkaline wastes can pollute a lake, an imbalanced pH continuously corrodes all body tissue, slowly eating

into the 60,000 miles of our veins and arteries like corrosives eating into marble. If left unchecked, an imbalanced pH will interrupt all cellular activities and functions, from the beating of your heart to the neural firing of your brain. Although it may generally go unnoticed and undetected for years, an imbalanced pH can lead to the progression of most, if not all, degenerative diseases including cardiovascular disease, cancer and diabetes, as well as the never ending frustration of excessive systemic weight gain.

No other single indicator than the body's pH is encountered as often in assessing health and disease. When the pH varies radically, the person is not in the optimum state of health. The pH of your body is something you must not ignore if you wish to maintain perfect health, regain lost immunity, or maintain proper weight. Each solution in your body has its proper pH, and if its pH gets too far out of balance, the secretion or solution loses its effectiveness to assimilate or absorb minerals and vitamins. Enzymes are also affected by the pH of the solution they are contained in. If you are not properly absorbing nutrients from the food you eat, then poor health is going to result. For example, if your body is too alkaline you will have trouble picking up and absorbing iron. You could take copious amounts of it and it would just go through the body and never be utilized and you could be constantly fatigued. If the pH is too acid, a similar problem applies.

The acidity or alkalinity of our cells and fluids govern what metabolic activities can take place and how effectively they function. If pH is too acid, then our body's chemical reactions and electrical responses are too fast. Consequently we can wear out or 'burn up'. The cliché phrases 'adrenal burnout' and 'stress burnout' are frequently used. On the other hand, if pH is too alkaline, then our chemical and electrical processes are too slow and we have autointoxication or self-poisoning. Thus, we have a 'sluggish liver', 'sluggish bowel' and 'congested lymphatics'. Proper pH of the blood is critical for life. The body has many buffer systems to ensure that the pH of the blood is maintained in a range of 7.36 - 7.46. The blood pH is so important that the body will sacrifice the calcium in its bones to maintain the necessary blood pH. This situation gives the metabolic cause of the disease osteoporosis which is too much acid in the diet, such as from red meat, sodas, sugar and the extensive use of many drugs like antibiotics and steroids (cortisone).(p1).'

There are also some interesting observations about the effect of acid/alkaline imbalance on weight gain -

'A habitually acid pH can cause immediate weight gain by triggering a condition known as 'insulin sensitivity' which causes erratic insulin production by the body. When the body is flooded with insulin it diligently converts every calorie it can into fat. Thus, an acid pH will likely direct more insulin to be produced and subsequently the body

stores more fat than usual. Although we commonly diet to lose weight, fasting and dieting are known acid-producing conditions that trigger our body's predetermined genetic response to starvation wherein insulin floods the body so calories can be converted and stored as fat to prepare for the impending 'famine'. So unless you balance your pH level, your best attempts at dieting will be thwarted by your body's own metabolic response to the acid produced by a lower caloric intake.(p5).'

The report also raises the possibility that when the body is too acidic it becomes fertile ground for acute chronic disease, particularly arthritis and fibromyalgia, which means pain in the muscles, ligaments and tendons - the soft fibrous tissues in the body

-

'The more acidic the system becomes, the less the biochemical buffers in the blood are able to maintain the blood's healthy acid/alkaline balance. The pH becomes acidic. One way the body compensates for this is to preserve blood alkalinity by depositing excess acidic substances in the tissues and joints. This might explain why acidity increases arthritis and fibromyalgia.(p5).'

What foods should we eat in order to maintain the 80% alkaline and 20% acid ratio in our body? The Tuberoso report goes on to claim that most diets cause an unhealthy acid pH. -

'Foods such as most vegetables and fruits, which are high in sodium, potassium, calcium, iron and magnesium, are alkaline-forming. When these elements are diminished, the system becomes acidic. To maintain the alkaline-forming minerals in the body, and therefore to foster a slightly alkaline condition in the body, we need to eat enough foods with alkaline-forming elements. Our bodies are both alkaline and acidic at the same time, with either acid or alkaline predominating. The correct percentage of alkaline or acid-forming food intake can help to adjust this dynamic equilibrium. The general consensus of Western nutritionists is that the healthiest acid/alkaline balance in the body is maintained by an optimum ratio of 80% alkaline-forming foods to 20% acid-forming foods. When this ratio is maintained, there is strong resistance against disease.(p14).'

**'Acid-forming foods are flesh foods, grains, dairy products, a majority of nuts and seeds, beans and peas, simple sugars, fats, and proteins. Oils are close to neutral. Alkaline-forming foods are vegetables and fruits. Exceptions include asparagus, cranberries, plums and prunes, which are all slightly acidic. Cheeses are acidic. Butter is slightly acidic, and because it has so much fat, it is probably more acidic than actually rated chemically. Soybeans are considered alkaline, and tofu is slightly alkaline. Kidney and adzuki beans, almonds, Brazil nuts, green corn and millet are alkaline-forming. While fruits such as lemons,**

**oranges, grapefruits, tomatoes and pineapples are acid when you eat them, by the process of enzymatic digestion they are turned into alkaline substances. Excessive amounts of protein in any form - animal or vegetable protein - are debilitating to the body, affect the pH and ultimately lead to chronic diseases like arthritis, diabetes, cancer and osteoporosis.(p18).'**

Once again we can see the benefits of incorporating vegetables and fruits in the diet and from my own experience of having 400 ml each of either vegetable or fruit juice *every day* I am confident that my body will be somewhere in the correct acid/alkaline balance.

I would like to conclude this section on the importance of maintaining a healthy acid/alkaline balance by quoting from a book by Tom Warren titled *A Step Towards Beating Alzheimer's: Unlocking the Mysteries of Brain Diseases*. He was diagnosed with Alzheimer's after having a CAT scan, but four years later another CAT scan showed a normal brain and he began living a normal life again. Here is part of his story -

‘The nerve endings in the brain must be exposed and in good condition to transmit impulses similar to electricity moving from an outlet onto the receptors of a plug. When these nerve endings are tangled and coated, they lose their ability to function as transmitters and communication becomes garbled.

Research over the last 15 years indicates that ‘brain fog’ memory loss and Alzheimer's are the result of foreign substances and/or allergic reactions in the brain causing swelling and the accumulation of plaque residue. Research shows brain tissue of Alzheimer's victims as tangled nerve fibers coated with plaque residue. This plaque can come from many sources - toxic metals like mercury and aluminum, petrochemicals, hydrocarbons, foods, pollens, etc.

These tangled nerve fibers coated in plaque residue are found at the nerve endings (synapses) where the transmission of impulses occurs. These synapses, disfigured and coated, will not send and receive impulses, thus communication breaks down.

A lot can be done!

To aid your memory, start by balancing your body's pH (acid/alkaline balance). Having the correct acid alkaline balance throughout the body will ensure the body's internal communication systems function properly, which helps the body heal itself and grow old gracefully. Healthy blood is slightly alkaline. When too much acid accumulates in the body, it acts as a poison. The body has to deal with the acid overload by neutralizing it, storing it or excreting it through various channels. The liver can become sluggish doing a poor job, allowing the acids to accumulate. This results in many health problems like brain fog, joint pain, weight problems etc.

If you want to reverse memory problems, it's tricky, but can be done.

Learn all you can and map out a program to take you or your loved one through to recovery. This would include -

- \* Bringing the pH's back into normal range
- \* Removing foreign substances and/or allergens causing the problem
- \* Detoxifying the body
- \* Ensuring a daily intake of appropriate nutrition, vitamins and minerals
- \* Maintaining a mild exercise program on a daily basis

It may not be easy, but if someone wants their life back, it's well worth going for. Progress has been made. There is hope. Life can be taken back from this dreaded disease.'

(i) My daily diet routine

To complete my breakfast program I have a bowl of processed bran (because of its fibre) and calcium-fortified soy milk (because of its high potassium content), followed by one small slice of homemade bread consisting of 50% organic rye flour and 50% organic wholemeal flour.

How does all this information on what we should be eating and what we should avoid translate into practice? Here's my daily routine -

Breakfast

- \* 65ml of liquid probiotic
- \* Three dessertspoons (30ml) of flaxseed oil mixed with 100g of pineapple flavoured low-fat cottage cheese. I then add this to a
- \* Bowl of fresh fruit of all types varied throughout the week (pineapple, mango, banana, strawberries, Kiwi fruit, cantaloupe, paw paw - I am allergic to all fresh stone fruit and break out in hives within an hour of eating any)
- \* Bowl of processed bran (about 50g) with Soy milk
- \* One slice of toast with a non-hydrogenated blend of canola, olive and flaxseed oils (*no margarine*)
- \* Cup of black tea - one teaspoon of honey (*no sugar*)

Morning Tea

- \* One apple
- \* As much filtered water as I can drink - minimum 500ml  
Definitely no coffee or tea

Lunch

- \* Soup (home-made using a variety of fresh vegetables - also beans - definitely not canned because of the preservatives used)
- \* Instead of soup - small serving of salmon, sardines or baked beans
- Salad of any type
- \* Two crisp-bread biscuits (no bread in order to reduce my carbohydrate intake)
- \* Cup of black tea - one teaspoon of honey

#### Afternoon Tea

- \* 400-500ml juice using either vegetable (carrot/celery/apple) or fruit (orange/apple/pear/passion fruit) and varied in accordance with recipes in Julie Stafford's book *Juicing for Health*

#### Dinner

- \* Varied during the week between meat, chicken, pasta and fish
- Always cooked vegetables, particularly broccoli, brussels sprouts, cabbage, potato, spinach, green peas
- \* No dessert

#### After dinner snack

- \* Dried figs or almonds

#### Things I avoid

Margarine

Processed meats of any type because of their high salt and preservative content

Charred food

Saturated fat in animal foods

Sugar - contains only calories and has no nutritional value

White bread

Sausages and processed meats

#### Things I try and avoid (with difficulty)

My wife's Xmas cake - available only once a year BUT!

Pizzas - maybe once a month when eating out

#### Alcohol

Whatever diet you read the advice is always the same - either you have none or limit the consumption to a couple of drinks a day. No doubt they are correct in this and I always try to follow the advice. Regardless of how much I enjoy it I try and steer clear of beer because the high level of carbohydrates and sugars are not good for my weight control program. For those of us who enjoy red wine the research I did showed that France had one of the lowest levels of cancer in the Western World which not surprisingly was attributed to their high level of red wine consumption. Like every other part of a good diet it gets back to degree; too much food is not good and neither is too much alcohol.

## 2. EXERCISE AND BREATHING

Up to the time I met Dr Ramesh Paramahansa at the Indian Institute of Tantric Studies in New Delhi, I always believed in the need for physical exercise and played competition squash and tennis, but these pursuits were often interrupted by the commitments of my business career.

My first teaching from Dr Ramesh was in pranic breathing when I met him in 1980.

In these first two hours he introduced me to what he called Ajapa-Breathing. Ever since that meeting I have practised this simple breathing technique when walking and meditating. He showed me how deep, rhythmic, abdominal breathing would enable me to draw in tremendous amount of prana or energy. In my view the following quotation in his book *Breath is Life - an Analysis of the Ancient Science of Breathing* best summarises what it is all about -

‘Ajapa Breath Method is based on the universal laws of loss and conservation of energy, called prana. According to this theory we are losing this energy from our every out-going breath. This loss of energy is greater than the conservation or gain of energy. This imbalance is harmful for Man and disastrous to the world. The purpose of the method is to remove the imbalance by a thrust in the out-going breath which increases the energy level. When the method is repeated, the direction and flow of breath automatically reverses, leading to the conservation of energy and the beginning of its retention and accumulation.(p23).’

Ever since the time of our meeting I have followed this procedure and found that breathing in this way is of particular benefit when walking. I remember he said when instructing me - “You could walk over the Himalayas, Mr Cox, using this method of breathing”.

I have become accustomed to inhaling then thrusting out my breath when walking for 40 minutes almost every day since that time. Try it yourself when you are walking. Take a deep breath by extending your abdomen, hold it for up to eight paces, draw in your abdomen then with the tongue tucked behind the back of your top teeth, exhale sharply during each of the next five paces; just let all the air go out. When passing me, some people may liken the sounds to some sort of miniature steam engine, but I have found it to work in building energy rather than feeling tired after the walk. I remember reading that during the 1930s the New York Police Department instructed their officers to use such a method of breathing while walking the beat.

The breathing method described is not limited to what I do when walking. It forms an important part of my daily life; when meditating I always use this pranic method of breathing. I feel it had the same effect as meditation did in helping me overcome the stress and anxiety of my cancer diagnosis and chemotherapy, most likely because of the increased blood flow to my brain which would have acted as a stimulus to my

nervous system.

I have always been committed to exercise even before my need to have a cancer survival program. I could never get really excited about jogging because I was fearful of the damage it might do to the joints of my lower body so I was always content to walk, not stroll, but to walk with a purposeful stride. We all need to exercise. It increases the blood flow through our body and our brain.

In the years prior to my cancer I exercised regularly because it made me feel good both emotionally and physically, and I was always conscious of the need to counter the stress-related effects of a career that involved constant travel both within Australia and overseas.

Ross Horne talks about exercise in his book *Cancerproof Your Body* and says -

‘If diet is the major factor in the causation of cancer, how does exercise convey protection against it? Exercise provides protection by improving the circulation and enhancing the immune system. The poorer the condition of the blood, the greater the importance of exercise.

People who exercise regularly, even if they eat a Western diet, suffer less constipation, display lower levels of blood fats and cholesterol, lower blood pressure and less hormonal abnormalities, thereby placing themselves in a safer position.(p37).’

What exercise is right for you? Mine has always been walking as an aerobic exercise every day for 40 minutes, rain or shine, except for the one or two days a week when I have the opportunity to enjoy a sporting exercise such as golf or tennis. By using the Ajapa breathing method described earlier whenever I am walking I have yet to feel physically depleted at the end of the time.

You will need to work out your own schedule. Depending on your level of mobility, you should try and exercise at least four or five times a week. You will need to start slowly and find your own level and above all try not to compete with an image you may have of yourself when you were younger.

One thing you need to remember is that exercising is not just part of your cancer survival program. The increased blood flow to your brain will have a positive effect on your general feeling of well-being and also help maintain your blood pressure at the right level.

Inversion Exercises - why I never suffer from back problems

About 20 years before my cancer diagnosis I read a report about the adverse effects of gravity on our spine. According to the report, gravity causes the intervertebral discs to reduce in thickness and allows these segments of the spine to be positioned closer

together, thereby causing many of the back problems prevalent in the community.

The report went on to say that by inverting the body (hanging upside down) and allowing the adverse effects of gravity to be reversed, a more relaxed and healthy spine would be retained. This made a lot of sense to me so I bought an inversion machine and have been using it for about five to ten minutes almost daily since that time; I believe this to be the reason why I have never had any problems with an aching back.

The machine is quite simple in its construction; a flat table where I lock my feet into the base, and then tilt back until I am completely upside-down, then relax. Certainly a lot easier than standing on my head as described in a book I once read on Yoga; I tried this many years ago with disastrous results. Apart from the physical benefits derived from hanging upside-down I always feel the added benefit of having an increased blood flow to my head which brings with it a greater supply of oxygen. This feeling is accentuated when I use my breathing exercises in this position.

There are a number of inversion machines on the market, but if you want to try using one you should consult with your doctor or a qualified health provider because if you have high blood pressure, middle ear infections, eye disorders, back injuries, extreme obesity or pregnancy, hanging upside-down may not be for you!

### 3. MEDITATION

There are many meditation techniques and the bookshops are loaded with books, tapes and videos on how to develop your own program. There are really no rules to follow in meditation, and it doesn't matter what type you decide to use or whether you meditate for three or thirty minutes, provided you are prepared to devote *some* time to it each day.

If you do you will find your attitude to life will change because you will have a new perspective, and in addition the stress levels imposed on you by your cancer diagnosis or chemo treatment will be reduced.

My introduction to meditation was during my first visit to Dr Ramesh and the Hindu technique he taught me involves meditating on the seven main chakras. To understand the basis of this type of meditation requires some basic knowledge about chakras and their function.

The chakras are the seven vital energy centres which are located in an around our body. Chakra is a Sanskrit word which means 'wheel of light' and the chakras are the energy centres of our etheric body. They spin at great speed and are considered to be spheres of radiant energy.

Dr Ramesh explained to me that each chakra has its own purpose and connection and much of my lesson was devoted to instructing me in their meaning and importance in the meditation procedures I was to follow.

There are many people like Dr Ramesh who have inner vision and can visualise the chakras. If you want to try to feel the energy yourself simply lie on your back and pass your hand over your body, and when you center your hand over the location of each chakra you may be able to feel a concentration of energy.

Dr Ramesh told me that according to Hindu tradition, each chakra has a symbol, each of which is related to the lotus and each chakra is shown within a circle surrounded by lotus petals.

This style of meditation is used by those who seek to reach spiritual awareness and it has become so much a way of life for me that I have continued to use it every day since our first meeting.

Before searching for a bookshop you may want to try meditation in its most simple form and give it a try. Move yourself away from your busy environment, find a quiet area, take off your shoes and your watch, loosen your clothing and simply sit still with your eyes closed and listen to you breathing up and down in your chest - in and out slowly - in complete silence. If you do this for only five minutes you will be turning off your outer consciousness and strengthening your inner self.

## 1. SELF-HEALING WITHOUT MEDICATION

### (i) Reiki (pronounced raykee)

Reiki is Japanese for ‘universal life energy’. The word consists of two parts; the syllable ‘rei’ describes the universal, boundless aspect of this energy while ‘ki’ is in itself part of ‘rei’, being the vital life force energy which flows through all living beings. Many races, cultures and religions have always been aware of the existence of a vital energy which corresponds to the meaning of ‘ki’. Thus ‘ki’ is named ‘chi’ by the Chinese and ‘prana’ by the Hindus.

Reiki is an ancient form of healing which is carried out by allowing the Universal Life Energy to flow through a practitioner’s hands as they are placed gently on the patient, or by a person using the same procedure on his own body.

It is said that the knowledge of Reiki would have remained lost forever had not Dr Mikao Usui of Kyoto, Japan, rediscovered the key which led to the recovery of this traditional healing in 2,500-year-old Sanskrit sutras written by one of Buddha’s disciples.

To be initiated into Reiki requires induction by a certified Reiki Master over three stages. This arrangement started following the death of Dr Usui when a number of Masters carried on his work and in 1980 the American Reiki Association was organised to co-ordinate passing on the knowledge of Reiki.

Whilst every attempt was made to make the information and symbols used in each stage only available to those who sought attunement there were a number of Masters who considered the information should be made available to all who wanted it, with the result that it is now available on the Internet. However, many reiki proponents oppose this because they believe that attunement by a master is necessary because the master acts as a channel and a link with God to release the healing power.

In their book *A Complete Book of Reiki Healing*, Brigitte Muller and Horst H. Gunther describe the transmission of this universal life energy from healer to patient as follows -

‘In giving Reiki, we are more than just a channel, we *became* Reiki, and we *are* universal life energy. It is the God within us who accomplishes this powerful task. It is not our ego, it is the *I am* presence, the divine self in us through which the healing takes place. Self healing energies are awakened through the transmission of Reiki, because one can only heal oneself. Because of this, both the Reiki practitioner, as well as the person receiving Reiki are experiencing *self healing* during the treatment.(p10).’

Although I had no interest in becoming an accredited Reiki healer, as part of my spiritual journey and the compulsion to learn about alternative religions and healing practices, I decided to discover as much as I could about it. I visited a young lady in Melbourne whose name I cannot remember and who has since returned to Canada, but being a Reiki Master she was able to pass on to me the necessary Level 1 Reiki attunement. I found her to be a most gifted person with an ability to impart an unusually high level of energy through her hands into my body, and at the end of the session my own inbuilt energy was enhanced and I felt my batteries had been fully charged! Because I was in good health and had no need to practise Reiki on my own body, after our meeting I took no further interest in it.

Early in 1999 I was in Sydney on business and it was on a Friday when I awoke and had the feeling that part of the right side of my face had become 'frozen' as though I had received a dental injection prior to a filling. My mouth was sagging and I was drooling from my mouth. I sensed there was something seriously wrong with me and that perhaps I had suffered a stroke. I immediately returned to Melbourne and consulted my local doctor.

He diagnosed it as Bell's Palsy, a type of facial paralysis. He described the condition this way -

'The seventh cranial nerve on that side of your face runs through your skull and controls the muscles on that side of your face. It has disintegrated and cannot be renewed. Have you had a head infection lately? he asked. "Yes" I responded, "for about four weeks I seemed to have had a head cold which I couldn't shake off".'

My doctor then explained that the right side of my face would drop slightly, I would have a sagging mouth, I would not be able to control saliva running from that side of my mouth, and with an inability to close my eye which would result in a constant flow of tears. Great, I thought - any other good news?

His comment that "Barry Jones the politician has learned to live with it and so will you" was of little comfort to me. "Come back on Monday and I will give you Cortisone to provide some relief."

I was very worried and dejected but then had an inspiration to contact the person who had given me an introduction into Reiki six months earlier.

My first healing session was on Saturday, the day following my diagnosis, and after my Reiki treatment I came away with a feeling of renewed energy and well-being and on the Sunday morning there had been a great reduction in the pain and discomfort of the Bell's Palsy. I returned for another session later that day and again during the treatment I could feel the pulsating waves of energy flowing through her hands into my body.

I felt an extraordinary level of strength and vitality after this second session and on

the Monday morning I found my face had returned to normal. I didn't bother going back for the cortisone or to try and explain to my doctor what had happened because he wouldn't have believed me anyway, but the effects of Bell's Palsy have never returned.

Another way Reiki has helped me was during the period of my chemotherapy sessions when I joined a group of people at the local Community Centre every Monday evening during which they were trying to improve their healing abilities by using Reiki on each other under the guidance of a Reiki master - they called themselves Friends of Reiki and I know there are many such groups throughout Australia. When my turn came I found myself in this relaxed atmosphere with five dedicated enthusiasts laying their hands over me and silently passing energy into my body. The energy from each person could be felt and I believe these sessions were part of the reason why I survived my chemo treatment without the need to take any medication.

In my survival program *every* day I have my 30 minute healing/meditation session during which I lay down, place one hand over my abdomen and the other over my heart and say the following invocation -

‘I thank my God for the wonderful blessings you have given me in this lifetime and for the blessings you have given my wife and our children. I thank my God for standing guard over me whilst I had the cancer removed from my body, and from my heart I ask that You continue to stand guard over me to help prevent the cancer from returning.

Then I say the Lord's Prayer.’

#### (ii) Healing ministry at the Southern Cross Anglican Church

The Christian church today has many healing ministries functioning with the aim of supporting and strengthening people in their resolve to recover from cancer and other serious illness.

I was directed to one such ministry as the result of a chance discussion with a lady who had just completed chemo treatment following a breast cancer operation. She had been to healing services at St Paul's Southern Cross Anglican Church in North Caulfield, Melbourne and spoke with such enthusiasm about the warmth and sincerity at the services and the benefit she had received from the hands-on healing and prayers of faith offered to her that I decided to go along and find out for myself.

It was a truly remarkable experience and I continued to attend for a number of sessions. During each service I felt I was surrounded by people committed to helping me, particularly during that part where three members of the team laid hands on me and said prayers for my recovery. In the concluding soaking prayer session all those attending sat in a circle and all members of the healing ministry team moved silently around in the background laying hands on each person in the circle.

The energy coming through was the same as I had experienced during my Reiki sessions and when taken in conjunction with the meditation, prayers, singing and teaching, each session can best be described as a moving and rewarding two hours.

Faith has a predominant role in the healing ministry of the church - no faith, no healing, a message emphasised in a small book available from the Ministry by Charles Capps called *God's Creative Power for Healing* -

‘Mixing faith with God’s Word by speaking out of your mouth is a means of applying God’s medicine. The rest is up to the individual as to whether or not they have the confidence to take God’s medicine on a regular basis.(p4).

I am convinced that your own words can change your immune system for better or worse. I believe there are some diseases that will never be cured unless people learn to speak the language of health that the body understands. God’s Word is infused (engrafted) into you by giving voice to His Word with your own mouth, and this is the language of health to your body. A continual affirmation of God’s Word in faith will build into your immune system a supernatural anointing that is capable of eliminating sickness and disease in a natural manner.(p7).’

The kind of praying in the sessions I attended is described as the prayer of faith which means that you believe the answer has been received to the point where there is no doubt in your heart.

This is emphasised by Jim Glennon in his book *Your Healing is Within You* in which he says -

‘If prayer is to be answered, then we have to believe our prayer is *being* answered...believe that you *have received* it, not *might receive* or *will receive*, or even *are receiving*, but *have received*. Our belief is to be to the point where *we do not doubt in our heart.*(p37).’

Information about the Southern Cross Healing Ministry is available at [www.southerncrossministries.com.au](http://www.southerncrossministries.com.au).

In summing up this section on self-healing, I believe there is enough evidence to show that both your recovery from cancer and your efforts to prevent it from returning somewhere else in your body will be greatly enhanced if you devote 30 minutes *every* day in using your hands to heal your body.

The words you use in asking for this healing energy to be passed into your body is best left to you - it could be a simple request, or perhaps a prayer. No matter what you say though, make sure it comes from your heart and *believe you are receiving it*.

## CONCLUSION

Is my survival program working for me?

I can't tell what is going on within my body as far as cancer is concerned, but what I do know is that as far as my general health is concerned it is better now than at any other period in my life, no doubt because I am taking better care of my body and being a lot more aware of what and how much I eat and drink. My cholesterol levels and blood pressure are okay which means I continue to have no need for any prescribed medication.

When I go through the processes of mixing up the oil and low-fat cottage cheese every morning, making sure I have all the fresh fruit, have my home-made bread for toast, drink my share of water during the day, go for my walk and do my breathing exercises, take time to have my self-healing meditation period, make up my juice in the afternoon and wash up the juicer and so on - I never complain because at the back of my mind I keep remembering the mortality figures in the report by Dr Michael Jefford that 50% of those who survived an operation like mine are not around in five years.

I wonder how many of that 'majority' who are not with us now would have survived had they followed some sort of cancer survival program.

Having faced up to the cancer diagnosis and thinking 'next Christmas will probably be my last', and now having all that behind me, the priorities in my life have been re-arranged. Things that were once important now seem trivial and not worth worrying about, and more important tasks like providing help and encouragement to people diagnosed with cancer have taken over my life.

I have been able to see the positive things that have happened in my life since my cancer diagnosis. We all know we will die one day, but tend not to dwell on it because we have no way of knowing when it will be. Receiving a cancer diagnosis brings with a need to focus on dying because there is a realisation that death may be sooner rather than later. From the limited amount of information I was able to discover about cancer between receiving my diagnosis and when I had surgery, it was not the operation that worried me. It was the uncertainty of how many years would I have left? One, two, perhaps five years.

At no time did I feel anger or adopt a 'why me' attitude, but tried to look at my situation in a positive light and I came to the conclusion that I was more fortunate than those who lost their life by accident or went to sleep and didn't wake up. At least I was going to have the opportunity of getting my affairs in order, not only in 'cleaning out the garage', but ensuring nothing would be left unsaid to loved ones.

A number of other positives have emerged from my cancer diagnosis. One was that in formulating my survival program I needed to learn about my internal body and every time I read something about it I would marvel at its complexity and yet see how well it can function if properly nourished.

I also believe I have been fortunate in being able to communicate through my Internet site [www.survivingcancerandchemo.com](http://www.survivingcancerandchemo.com) with others in Australia and overseas who have been diagnosed with cancer, which enables me to provide a forum for them to help others by displaying their experiences on the site.

Finally, if you feel that using my cancer survival program may be too daunting, too expensive in terms of cost, time and effort, why not give some parts of it a try and work at it gradually; if that doesn't appeal to you - make up a survival program of your own. You will find you will be less stressed out about your diagnosis if you at least do *something*.

Within my heart I hope that what I have written will be of help to at least one person out there who has been diagnosed with cancer, and also that if I can help *anybody* who may have a question about what I have written in my story I can be contacted on my website.

## REFERENCES

Australian Institute of Health and Welfare (AIHW) & Australasian Association of Cancer Registries (AACR) 2003. Cancer in Australia 2000. AIHW cat. no. CAN 18. Canberra: AIHW (Cancer Series no. 23).

Budwig, Dr Johanna, "Flax Oil as a True Aid Against Arthritis, Heart Infarction, Cancer and Other Diseases": Apple Publishing, Canada, 1992

Charles Capps, *God's Creative Power for Healing*, (Tulsa: Harrison House Publishers, copyright 1991.)

Chang, Edward C, "Knocking at the Gate of Life": New Holland Publishers, Australia 2000

Eady, Julie, "Additive Alert - Your Guide to Safer Shopping: Additive Alert Pty Ltd, Mullaloo WA 6027

Erasmus, Udo, "Fats that Heal, Fats that Kill", Alive Books, Canada, 1993

Glennon, Jim, "Your Healing is Within You" Bridge Publishing, Inc. South Plainfield, NJ

Horne, Ross, "Cancerproof Your Body": Harper Collins Publishers, Australia, 1997

Jefford, Dr Michael, "Bowel Cancer - Treatment in addition to Surgery": Pharmacia Australia in association with the Cancer Council Victoria 2002

Jensen, Dr Bernard, "Dr Jensen's Guide to Better Bowel Care": Bernard Jensen International, 1999

Longnecker, Dr Nancy, "Passion for Pulses" [www.passionforpulses.com](http://www.passionforpulses.com)

Muller, Brigitte and Gunther, Horst H, "A Complete Book of Reiki Healing" LifeRhythm 1995 PO Box 806 Mendocino CA 95460

Paramahansa, Dr Ramesh, "Breath is Life": Shanti Prakashan, India 1986

Rudin, Donald M.D. and Clara Felix, "Omega-3 Oils A Practical Guide: Avery Publishing Group, Garden City Park, New York

Stafford, Julie, "Juicing for Health": Penguin Books Australia, 1994

Sweeney, Kim, "Trends in the Use and Cost of Pharmaceuticals Under the Pharmaceutical Benefits Scheme" Victoria University of Technology, Melbourne

Warren, Tom, 'A Step Towards Beating Alzheimer's: Unlocking the Mysteries of Brain Diseases' Penguin Putnam Inc USA

Wright, Michael, "The Salt Counter": Pan Books, London, 1984