NEXUS
MAGAZINE

The Hidden Story of Cancer

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What makes this information different? Doesn't everyone say they have "The Answer?"

I will tell you the hidden story of cancer. In telling this story, you will discover how cancer is contracted and how to avoid contracting cancer by making simple dietary modifications. If you already have cancer or are in remission you will learn about scientifically-based recommendations to survive this heartless killer. Questions at the top of your list should be: a) What is the science behind this discovery? b) Are renowned physicians around-the-world impressed? and c) Do *real-life* results overwhelmingly confirm success (an 80+% success rate)? What you are about to discover uniquely satisfies all of these anticancer requirements.

America under siege

Cancer was once an uncommon disease affecting a small percentage of Americans. In 1900 only 3% of the population died of cancer.[2] But now, cancer has become so common that virtually everyone knows someone afflicted with this terrible disease. In fact, for the average American, contraction of cancer isn't the exception; instead, it has become the rule.[3] We've come to accept cancer as unstoppable, incurable, and even a natural part of life. This perception is a tragedy since cancer is not a natural disease for man and is preventable.

Everyone's looking in the wrong place for the cure

Shocking to most people is the scientific fact that cancer is genetically recessive, not dominant. The human body is highly resistant to cancer. An amazing professor at Oxford proved previous scientist's theories wrong and shook the cancer research community to its core. Professor Henry Harris took normal tissue cells and fused three types of cancer cells to them. Surely, he thought, the cancer cells would take over the normal cells and "convert" them into cancer. Surprisingly, they grew normally.[4] In fact, contrary to popular opinion, in man, cancer takes several decades to develop.[5] Given this long incubation period, science can show us the way to destroy any initial pre-cancerous cells and keep the cancerous ones from causing widespread damage. If you think cancer has a genetic basis, then think again. Regarding the huge effort to explain cancer with genetics, Dr. Robert A. Weinberg of M.I.T., discoverer of the so-called oncogene (cancer-causing genes), and one of the world's leading cancer researchers, reversed his conclusions after discovering that, "[F]ewer than one DNA base in a million appears to have been miscopied." It's not enough of a defect![6] His exact words, "…Something was very wrong. The notion that a cancer developed through the successive activation of a series of oncogenes [cancer-causing genes] had lost its link to reality." Dr. Weinberg reversed his opinion; calling the genetic discoveries made thus far, "sterile"—the prime cause of cancer is therefore not "genetic." This was in 1998. Did you hear it? Probably not. In 2006, the heads of the world's largest cancer research center in Houston, Texas (USA) know cancer's prime cause *isn't* genetic: "'If it could have happened [solving cancer with genetics], it would have already happened with genetic mutations,' said William Brinkley, a senior vice-president at Baylor who says other research should take precedence over the cancer genome project…. Dr. John Mendelsohn [president of M.D. Anderson Cancer Center] states, 'Any claims that this [genetic research] is going to be the key to curing cancer are not appropriate.'"[7] Thus, the prime cause of cancer is *not* a genetic mutation. Even if cancer "runs in your family," there is real hope. Unfortunately, the geneticists have it

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1. Brian was appointed adjunct professor in the College of Pharmacy and Health Sciences at Texas Southern University (1998-1999). The former President of the University (Dr. James Douglas) stated, "…His nutritional discoveries and practical applications through *Life-Systems* Engineering [Science] are unprecedented." Dr. Habib is board certified in both pediatrics and pediatric endocrinology, a fellow in the American Academy of Pediatrics and the American College of Endocrinology. He was one of the first 200 board-certified graduates in pediatric endocrinology. Dr. Habib is committed to bringing the highest degree of science into the medical arts.

2. Cancer as cause of death was easily determined in 1900. That is why the National Center for Health Statistics and the American Cancer Society gave 3% as the number of people dying from cancer in 1900.

3. "Age Distribution of Cancer: The Incidence Turnover at Old Age," by Francesco Pompei and Richard Wilson, *Human and Ecological Risk Assessment*: Vol. 7, No. 6, pp. 1619-1650, 2001. "Cancer reaches a maximum cumulative probability of affliction *with any cancer* of about 70% for men and 53% for women in the US…"

4. *Racing to The Beginning of The Road: The Search For The Origin Of Cancer*, Robert A. Weinberg, Harmony Books, New York, NY, 1996.

5. "On the Origin of Cancer Cells," Otto Warburg, *Science*, February 1956, Volume 123, Number 3191.

6. *One Renegade Cell: How Cancer Begins*, by Robert A. Weinberg, Ph.D. (New York: Basic Books, 1998), pp. 67, 90, 95, 153.

7 "Cancer: Looking Beyond Mutations," by Eric Berger, *Houston Chronicle*, June 27, 2005, page 1.

backwards, attempting to force the facts to fit their genetically-based theories when they don't fit the facts, because as Professor Harris demonstrated many years ago, cancer isn't genetically dominant. Perhaps because everyone is looking in the wrong area explains why M.D. Anderson Cancer Center has a department of structural engineers. Why would a hospital require this? In short, because they have to build so many more spaces for additional cancer beds that it is more cost effective than using outside builders as would be expected. "Winning the war on cancer" really means pitifully, to build more beds for the increasing number of cancer victims. Where does this leave us? Where can we look for solutions? What about the popular nutritional solutions to fighting cancer?

The popular anticancer "solutions" don't work

We are all diligently following the expert's recommendations in the hopes of winning the war on cancer. Unfortunately, virtually none of what we have been told is based on science. Next is a list of supposed "solutions" along with the date of their published failures in the world's leading medical journals. Many of us never hear of the retractions and consequently keep following methods that don't protect us from contracting cancer. How many of these outdated, ineffective anticancer "solutions" are you still following?

(a) Fruits and vegetables, even the green leafy ones don't protect against contracting breast cancer (2001).[8] (b) Fiber worsens colon cancer rather than helping prevent it (2000).[9] The type of fiber found worthless to protect against colon cancer was the highly promoted *soluble* fiber. A high-fiber diet actually promotes cancer because it irritates your delicate colon. We don't have the four stomachs required, like cows do, to digest cellulose. (c) In 2001, Samuel S. Epstein, M.D. (Chairman of the Cancer Prevention Coalition), Rosalie Bertell, and Barbara Seaman published an article exposing truths about mammography that most women have never been told:[10] "Contrary to popular belief and assurances by the U.S. media … mammography is not a technique for early diagnosis. In fact, a breast cancer has usually been present for about eight (8) years before it can finally be detected.…" (d) Fish oil recommendations are worthless in preventing cancer and may be hazardous to your health. The International Society for the Study of Fatty Acids and Lipids (ISSFAL) 4th Congress, which met on June 4-9, 2000 in Tsukuba, Japan, reported the following:[11] "…[S]tudies indicate that at the levels used, fish oil [comprised of omega-3 derivatives] decrease a wide range of immune cell responses (natural killer cell, cytotoxic T lymphocyte activities, lymphocyte proliferation and production of IL-2 and IFN-y (1,2))…","…Recent studies have indicated that relatively low levels of the long chain omega-3 fatty acids (EPA or DHA)…are sufficient to bring about some of the suppressive effects …,""… This decrease (of inhibited lymphocyte proliferation and natural killer cell activity) causes increased cellular bacteria [infection] and impaired tumor cell killing." Any substance causing impaired tumor cell killing ability is cancer-causing — the opposite of what we desire. With so many of us consuming fish oil, could this be another reason that cancer contraction rates are increasing instead of decreasing? Fish oil is worthless in preventing heart disease, too, and Harvard Medical School warned us years ago, but too few Americans listened.[12] Consuming whole fish instead of fish oil failed, too.[13] That's why the Japanese have greater cancer rates and greater heart disease rates than Americans. Cancer has been Japan's #1 cause of death since 1981.[14] The popular press doesn't often disclose these startling facts. We are misled again. In 2006 the omega-3 anticancer fallacy was exposed:[15] "A large body of literature spanning numerous cohorts from many countries and with different demographic characteristics does not provide evidence to suggest a significant association between omega-3 fatty acids and lack of cancer incidence. Dietary supplementation with omega-3 fatty acids are unlikely to prevent cancer." In the most comprehensive review to date, published in *British Medical Journal*, reviewing 96 trials, including 44 trials with supplements and 5 trials consisting of mainly ALA (parent omega-3) from plants like flax with the remainder being fish oil, confirms anticancer failure:[16] "We found no evidence that omega 3 fats had an effect on the incidence of cancer and there was no inconsistency." , "This systematic review assessed the health effects of using omega 3 fats (together or separately) on total mortality, cardiovascular events, cancer, and strokes in a wide variety of participants and found no evidence of a clear benefit of omega 3 fats on health." Unfortunately, in spite of these facts, most physicians around-the-world still recommend fish oil to prevent both cancer and heart disease. (e) Soy won't protect you against contracting cancer, either. Everyday the properties of soy are touted

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8. *Journal of American Medical Association*, 285:769-776, 799-801: "Further analysis for consumption of green leafy vegetables and fruits … showed a similar *lack of association with breast cancer risk."*

9. *Lancet*, October 14, 2000; 356:1286-1287, 1300-1306 and *New England Journal of Medicine*, Jan. 21, 1999, Vol. 340, No 3.

10. *International Journal of Health Services,* Vol. 31, No. 3, 2001, pp. 605-615.

11. "Omega-3 Polyunsaturated Fatty Acids, Inflammation and Immunity," by Philip C. Calder, Institute of Human Nutrition, University of Southampton, Bassett Crescent End, Southampton, UK.

12. "Controlled Trial of Fish Oil for Regression of Human Coronary Atherosclerosis," Frank M. Sacks, et al., *Journal of the American College of Cardiology* Vol. 25, No. 7, June 1995:1492-8, "Effect of dietary supplementation with omega-3 fatty acids on progression of atherosclerosis [plaque buildup in interior of arteries] in carotid [heart to brain] arteries,"Angerer, P., et al., *Cardiovascular Research*; 54:183-190, 2002, Clemens von Schacky, et al., "The Effect of Dietary Omega-3 Fatty Acids on Coronary Atherosclerosis: A Randomized, Double-Blind, Placebo-Controlled Trial," *Annals of Internal Medicine*;130:554-562, 1999.

13. Burr et al., "Lack of benefit of dietary advice to men with angina: results of a controlled trial," *Eur J Clin Nutr* 2003, 57:193-200.

14. Cancer ranks first as Japan's leading cause of death since 1981. In 2002 cancer accounted for over 30% of the total number of deaths. Heart disease and cerebrovascular disease is next. Ref.: Vital Statistics of Japan, Statistics and Information Department, Minister's Secretariat, Minister of Health, Labour and Welfare. In 2002 Japan had 241/100,000 population cancer deaths and America had 194/100,000 population—Japan has a whopping 24%[(241-194)/194]/100,000 worse death rate due to cancer than America.

15. *The Journal of the American Medical Association*, Vol. 295, No. 4, January 25, 2006.

16. Hooper, Lee, et al., "Risks and benefits of omega 3 fats for mortality, cardiovascular disease, and cancer: systematic review." Prepublication reference: *BMJ*, doi:10.1136/bmj.38755.366331.2F (published 24 March 2006).

by nutritionists, physicians, and popular health and beauty publications. The health magazines continue to extol its virtues. None of this is based on science. There is another, hazardous side to soy, based strictly on scientific research that you need to know (warnings published 1960 onwards). For example, The *New England Journal of Medicine* article, "Soybean Goiter: Report of Three Cases,"[17] details three cases of infants developing goiter when they were consuming soybean "formula." The condition was rapidly eliminated in two of the infants when the soy "formula" was terminated. The third child was cured when iodine was added to the diet. What did soy formula have to do with thyroid (goiter) problems? Soybeans are a source of isoflavonoids, including genistein and daidzein. Contrary to popular belief and what is often reported in the media, they are both hazardous to your health. The following comes from *Biochemical Pharmacology*, Vol. 54, 1087-1096, 1997: "Soybeans contain compounds (genistein and daidzein –the 'active ingredients') that inhibit [interfere with] thyroid peroxidase (TPO) which is essential to thyroid hormone synthesis [production]." Soybeans are NOT good for the thyroid! The popular so-called phytoestrogens genistein and daidzein are actually endocrine disruptors. Women around-the-world have been misled. What does soy "formula" have to do with the iodine deficiency? Soy contains phytates which "magnetize out" essential nutrients like iodine. Today, the FDA, America's Food and Drug Administration, Department of Health and Human Services, lists over 270 records of soy in a database at "FDA PLUS Plant Database" (November 2004 Revision). Their website will shock you as you discover that soy is anything but a health food.[18] This data base contains references to the scientific literature describing studies of the *toxic properties* and effects of plants and plant parts. They clearly know the potential soy-cancer connection concerning goiter [enlargement of the thyroid] from soy by their statement: "Feeding of soybean products and development of goiter." I thank the excellent book published in 2005 titled, *The Whole Soy Story, The Dark Side of America's Favorite Health Food*, by Kaayla T. Daniel, PhD, CCN, for furnishing this website, and other exceptional harmful facts about soy.[19] You need to know that infants fed "soy formula" consistently experience thyroid problems. There is an 18% higher incidence of autoimmune thyroid disease in infants who are fed soy formula.[20] Soy harms your immune system, too. Back in 1975, the *Canadian Journal of Biochemistry* reported that soybeans actually weaken your immune system:[21] "Soybean trypsin inhibitor was found to inhibit transformation of human lymphocytes…." Here's why this happens. Trypsin is an enzyme produced by your pancreas used in digesting protein, and is critical for antibody production. An inhibitor is something that disables. Think of it like having one foot on the gas and another on the brake of your automobile at the same time. Your car's engine would blow-up. So a trypsin inhibitor will irritate your pancreas, stressing it to produce hormones when it can't, leading to decreased oxygenation from the irritation. Soy prevents the protein you eat from being fully utilized and digested. Your immune system can't get fueled with proper antibodies and lymphocytes — a double whammy. Therefore, soy is *cancer-causing* to your pancreas and cancer of the pancreas is typically a death sentence. Because of bad advice, many women, especially, have decreased the amount of cancer-fighting animal-based protein they consume in favor of soy. Resist this incorrect advice and minimize your chances of contracting both thyroid and pancreatic cancer.

Physicians are often out of date concerning the latest anticancer research

Many of my physician colleagues were shocked to discover these truths. How many of us saw these important medical journal findings reported in the popular press? Unfortunately, not enough of us. Don't despair because there is an anticancer answer; it was discovered back in 1925 by Nobel Prize-winner Otto Warburg, M.D., Ph.D.

A genius to the rescue

Otto Warburg has been referred to as the greatest biochemist of the 20th century; the sheer number and magnitude of his discoveries qualify him as the most accomplished biochemist of all time.[22] Dr. Warburg ranks with Galileo, Newton, Pauling, Feynman, and Einstein in terms of the importance of his discoveries. Dr. Warburg earned his Doctor of Chemistry at Berlin University in 1906, after initially studying under the great German chemist, Emil Fischer. Warburg then studied medicine and earned his Doctor of Medicine at Heidelberg University in 1911.[23] His father was a famous physicist and university professor, and highly influenced young Warburg's analytical ability. The famous biologist (and Nobel Prize-winner), Hans Krebs, tells us in his 1981 book,[24] that Warburg had formed his life's ambition to cure cancer (Dr. Warburg's mother died of cancer) prior to his graduation from the university, and that, "...[It] became his ambition to make a major contribution to research into cancer and especially to find a cure. Although he did not begin to work specifically on cancer until 1922, much of his earlier work appears in retrospect to have been a preparation for his fundamental attack on cancer."[25]

17. Thomas H. Shepard, et al., 262 (22), June 2, 1960, pages 1099-1103.
18. http://www.cfsan.fda.gov/~djw/pltx.cgi?QUERY=soy.
19. New Trends Publishing, Inc., Washington, DC, 2005, ISBN 0-9670897-5-1, pg. 31.
20. *J Am Coll Nutr* 1990, Apr; 9(2): 164-167.
21. *Canadian Journal of Biochemistry*, 1975 Dec;53(12):1337-41.
22. *Otto Warburg: Cell Physiologist, Biochemist, and Eccentric,* by Hans Krebs (in collaboration with Roswitha Schmid), trans. Hans Krebs and Anne Martin (New York: Clarendon Press-Oxford University Press, 1981).
23 Biography of Otto Warburg, Nobel e-Museum, "Medicine": www.nobel.se/medicine/laureates/1931/warburg-bio.html.
24. *Otto Warburg: Cell Physiologist, Biochemist, and Eccentric,* by Hans Krebs (in collaboration with Roswitha Schmid), trans. Hans Krebs and Anne Martin (New York: Clarendon Press-Oxford University Press, 1981).
25. *Otto Warburg: Cell Physiologist, Biochemist, and Eccentric,* by Hans Krebs (in collaboration with Roswitha Schmid), trans. Hans Krebs and Anne Martin (New York: Clarendon Press-Oxford University Press, 1981), page 4.

In 1918, the year World War I ended, Warburg was appointed Professor at the Kaiser Wilhelm Institute for Biology in Berlin-Dahlem.[26] In the 1920s, he carried on the research on *respiratory enzymes,* certain vitamins and minerals that the body requires for the utilization of oxygen in the cells, which eventually earned him the Nobel Prize in 1931. Today, these vitamins and minerals are termed "coenzymes." In or about 1930, a grant from the Rockefeller Foundation was used to establish the Kaiser Wilhelm Institute for Cell Physiology in Dahlem, a suburb of Berlin. Dr. Warburg was appointed its director in 1931, and he remained there for the rest of his career.

Recognition of the Promise of Warburg's Discoveries

In his 1931 presentation speech for Dr. Warburg's Nobel Prize, Professor E. Hammarsten of the Royal Caroline Institute, member of the Nobel Committee for Physiology or Medicine, made clear what he believed to be the groundbreaking nature of Dr. Warburg's anticancer discoveries: "....The medical world expects great things from your experiments on cancer and other tumors, experiments which seem already to be sufficiently far advanced to be able to furnish an explanation for at least one cause of the destructive and unlimited growth of these tumors."

The Nobel Committee clearly expected the medical world to benefit through Otto Warburg's vital discoveries about cancer. Unfortunately, politics intervened and cancer wasn't eradicated.

Dr. Warburg Fostered Other Nobel Prize Winners

It is also worth noting that three of the scientists who studied and worked under Dr. Warburg's tutelage—Otto Fritz Meyerhof, Hans Adolf Krebs and Axel Hugo Theodor Theorell—went on to win Nobel Prizes for their own discoveries—an unprecedented accomplishment.

Dr. Warburg was one of the first cancer researchers and his insights and discoveries were incredible. Despite his early successes and honors, Dr. Warburg continued to make major fundamental discoveries throughout his later years as well, capping off an amazingly fruitful 60-year career in research. In addition, Dr. Warburg often created new tools for his research. For example, he discovered how to measure the pressure of oxygen in a living cell by developing a special manometer to measure the partial pressure of oxygen (pressure attributed to oxygen only)—a very important development that led to his discovery that low oxygen concentration and pressure always presaged the development of cancer. His insight in the area of experimental biochemical technique was singular. Dr. Warburg never lectured students, never served on committees, and never performed administrative work. He preferred to be regarded as an artisan ~~a~~ highly skilled technician—and selected his staff on their technical ability only.

Dr. Warburg's training influenced by physics—not medicine

Dr. Warburg's father was a noted physicist and Warburg learned to solve medical problems in the manner of a physicist. His training and background were very different than his contemporaries or today's cancer researchers. Maybe this deficiency of training is the root cause of today's cancer researcher's failures.

Opposition to Warburg's Research and Arbitrary Rejection by the Scientific Community

One might assume that Warburg would be required study for all medical students, especially cancer physicians. But this turns out not to be true. In spite of his accomplishments, no important biochemist or scientist has met with so much controversy and resistance, nor has acceptance of his work been so long delayed. Their jealousy of him got in the way of stopping cancer cold. As any internet search will show, Otto Warburg's results in anticancer science aren't well publicized and are rarely even mentioned. Even after half a century, Dr. Warburg's discoveries haven't been utilized in any significant way by today's medical researchers. The majority of medical researchers and scientists simply haven't heard of him or of his startling experimental results. As incredible as it may sound to someone outside the scientific and medical worlds, even the American National Cancer Institute has failed to pursue Dr. Warburg's work to its practical implementation.

The importance of Dr. Warburg's achievement was that he isolated the *functional* prime cause of cancer. Rather than working on a theoretical level too far removed from the physiological realities of cancer to be able to provide practical therapies and preventive programs, he described the actual conditions in the cells that set up and cause cancer, and by doing this, made it possible for others to later develop functional, practical ways to inhibit the development of cancer. Dr. Warburg spent the last 50 years of his life placing a significant emphasis on cancer research**.** It is appalling that no significant principle out of his numerous discoveries has been utilized by the U.S. medical research community for cancer prevention, treatment and remission retention. Despite the expression of *opinions* disputing the direction and validity of Warburg's work, no scientist or researcher has ever disproved the validity, correctness or applicability of these important discoveries to the prevention and cure of cancer. Even today, medical consensus often has little to do with science. Politics has squandered the efforts of many cancer researchers. Let me reiterate:

26. Biography of Otto Warburg, Nobel e-Museum, "Medicine": www.nobel.se/medicine/laureates/1931/ warburg-bio.html.

No scientist or researcher has ever disproved the validity, correctness or applicability of Warburg's discoveries to the prevention and cure of cancer.

Dr. Warburg's Staunchest Supporter – The American National Cancer Institute

One important cancer scientist never wavered in his support for Dr. Warburg's discoveries about the prime cause of cancer. In 1937, Dean Burk became a co-founder of the National Cancer Institute (NCI) in the United States. He headed its Cytochemistry department for over three decades. From 1950 until 1969, Burk spent most of his summers in Berlin, translating Warburg's works into English. Burk himself wrote more than 250 scientific articles, and he won the American Chemical Society's Hillebrand Prize in 1953 and the Gerhard Domagk Prize in 1965 "for distinguishing the differences between a normal cell and the one damaged by cancer." Dean Burk co-authored with Hans Lineweaver the most frequently cited paper in biochemistry, "The determination of enzyme disassociation constants" (*Journal of the American Chemical Society*, 1934(9). At the National Cancer Institute since 1939, Dr. Burk retired as head of cytochemistry there in 1974. Dean Burke's work was published in the *Journal of the National Cancer Institute.*[27] While other scientists became increasingly focused on aberrant genes and viruses as the supposed source of cancer in man, Burk continued to give full credit and credibility to Dr. Warburg's discoveries about the formation of cancer cells. Burk never agreed with those who had replaced the search for truth with the more fashionable and fund-generating genetics research. Dr. Burk supported Dr. Warburg throughout his career and lifetime. Many universities, like Harvard, Oxford, and Heidelberg have awarded Dr. Warburg honorary degrees in recognition of his accomplishments. Unfortunately, a practical anticancer solution wasn't available in Warburg's time, like it is today.

The *Prime* Cause of Cancer as Discovered by Otto Warburg, M.D., Ph.D.

Brace yourself. We have become so accustomed to being told that "someday" we might discover what causes cancer, and that cancer is the major medical mystery of our modern time, that you might find it hard to believe the following. Otto Warburg discovered, and clearly stated, the prime, most basic cause of cancer:

Too Little Oxygen to the Cell

"We find by experiment about 35% inhibition of oxygen respiration already suffices to bring about such a transformation during cell growth."[28]

That's it! It sounds very simple, doesn't it? Just 1/3 less oxygen than normal and you contract cancer. Based on meticulous experiments that he and many others verified numerous times, Dr. Warburg discovered and stated that the prime, number one cause of cancer is simply too little oxygen in the cell (hypoxia). It gets worse because once a cell becomes cancerous, it can't return to normal, it must be destroyed.[29] When I first encountered this information, I didn't believe it. Even now, there is still no one who is more shocked than I am! Educated in highly complex mathematics, engineering and physics, along with probability and statistics at the Massachusetts Institute of Technology, I have also studied biochemistry and physiology. I doubted that the anticancer solution could be so simple. So I spent the next three years trying to prove it wrong. The more I researched the more solid this finding appeared to be. Instead of finding evidence to prove Dr. Warburg wrong, the opposite occurred; everything I found published at the Houston Academy of Medicine's library and even M.D. Anderson Cancer Center's Medical Library lent more support and proof that Dr. Warburg was correct. No one believes it at first glance and I don't expect you to believe it, either. That is, not until you see all the evidence. Then you will. Uniquely, Dr. Warburg's discovery gives us the most powerful anticancer answer ever.

Today's cancer researchers know this yet can't solve the problem.

To my amazement, this cancer/oxygen connection information was published numerous times in current cancer journals. For example, in 1993, it was stated that "…[T]hat tumor oxygenation as determined with this standardized procedure appears to be a new independent prognostic factor influencing survival in advanced cancer of the uterine cervix, and, "The Cox proportional hazards model revealed that the median pO2 and the clinical stage according to the FIGO are independent, highly significant predictors of survival and recurrence-free survival, and in 1999, "Tumor oxygenation affects the prognosis of head and neck cancer independently of other known prognostic variables."[30] Obviously, today's cancer researchers know lack of oxygen is related to cancer and its spread independently of any other cause, but they have no idea where to start to solve the cellular oxygenation problem. Even television producers understand the oxygen/cancer connection. The 2006 television series, "House, M.D" on Fox featured a cancerous child and specifically chose to tell

27. Volume 23, pages 1079-1088 in 1959 and Volume 38, pages 839-863 in 1967.

28. Otto Warburg, "On the Origin of Cancer Cells," *Science*, February 1956, Volume 123, Number 3191.

29. ibid.

30. *Radiotherapy and Oncology* 1993, Jan;26(1):45-50, makes Dr. Warburg's #1 fact clear. "Intratumoral pO_2 [partial pressure of oxygen] predicts survival in advanced cancer of the uterine cervix," by Knoop, Hockel, et al., *Radiotherapy and Oncology* 53 (1999) 113-117, makes Dr. Warburg's Number #1 fact clear again in the article titled, "Oxygenation of head and neck cancer: changes during radiotherapy and impact on treatment outcome," by David Brizel, et al.

of her low levels of oxygen – just 94% in the blood. Normal blood oxygen levels are 98-99% oxygen. At 94% oxygen there is much less oxygen that can be transported into the cell. Once the oxygen reaches the cell it needs to enter it and impeded tissue transfer is another potential problem, too.

Just 1/3rd less cellular oxygen = cancer

Just by decreasing a cell's oxygen content by about one-third, cancer is automatically induced. Nothing more is required for cancer to develop. Surprisingly, you won't feel anything is wrong. This is why so many people develop cancer and are shocked because aside from having low energy, they didn't feel sick. Few modern researchers have fully understood Dr. Warburg's discovery, and none of them have discovered the practical solution to solving the oxygen deficiency – probably because they don't know where to start. Ingesting hydrogen peroxide, calcium supplements, fish oil supplements, massive amounts of omega-3, ozone, or so-called "oxygenated water" won't solve the cellular oxygen deficiency. No one has been able to advance Dr. Warburg's discovery until now. This lack of understanding explains many of the misunderstood biochemical activities related to cancer that waste precious time and lead virtually nowhere. Only Dr. Warburg's anti-cancer discovery predicts so many never-before-explained *real-life* results.[31] We shall return to these discoveries later. First, let's proceed with cancer/lack of oxygen experiments. Since this cause isn't publicized outside of the medical journals, I want you to be aware of it: Dr. Warburg's discovery was verified numerous times both in turning normal cells cancerous and showing that cancer doesn't develop in highly oxygenated areas. Suprisingly, it was American physicians that conclusively proved it in 1953 and confirmed it in 1955! **They also noted, on page 535 of their publication that once damage is too great to the cell, then no amount of oxygen will return the cell's respiration back to normal—it is forever doomed to a cancerous life. This is why prevention is the ultimate solution to never contracting cancer**.[32]

**** This is Wonderful News—Finally There is Real Hope ****

In 1953 American physicians confirmed it was possible to prevent a "respiration-impacted" precancerous cell from becoming permanently cancerous tissue IF oxygen deficiency was stopped early enough.

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In 1955 American Physicians and scientists confirmed that intermittent cellular oxygen deficiency leads to cancer, utilizing a brilliant experiment with tetanus

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31. In science, any new theory must allow for more out of it than you put into it. The theory must have *predictive value*. If I input one thing, the theory must lead to the explanation of many things, and the cancer explanation based on Dr. Warburg's research uniquely meets this criteria.

32. For example, in 1947, Dr. F. Windesch of Germany demonstrated that by intermittent withholding of oxygen, normal body cells could be changed into cancer cells. Dr. H.A. Schweigart, another German, also found that cancerous tissue is always deficient in oxygen. However, the first notable long-term experimental induction of cancer by oxygen deficiency was described in 1953 by an American physician, Dr. Goldblatt (*Journal of Experimental Medicine,* Vol. 97, 1953, pages 525-552). Dr. Warburg references this important finding in his *On the Origin of Cancer Cells* publication: "…[Goldblatt, an M.D. and Cameron] exposed heart fibroblasts in tissue culture to intermittent oxygen deficiency for long periods and finally obtained transplantable cancer cells. In the control cultures that they maintained without any oxygen deficiency, no cancer cells resulted." This experiment was conducted over a 2½-year timeframe. The results were meticulously tabulated, and the conclusions rock solid. Dr. Warburg's work was extensively referenced in their paper (Warburg's findings were very well-known at that time). Goldblatt and Cameron also verified Dr. Warburg's finding (published in 1925) that a "respiration-impacted," destined-to-become cancerous cell could be STOPPED if it was oxygenated early enough. On page 527 of Goldblatt and Cameron's journal paper, they reported: "…The length and frequency of exposure of the different [normal] cultures to nitrogen [cutting off oxygen] were varied greatly at first, in order to determine the periods that would prove definitely injurious in greater or less degree, but from which most of the cultures RECOVERED readily after the return to aerobic [oxygenated] conditions were 15 minutes of nitrogen twice in 24 hours, for 3 successive days with an interval of 11 ¾ hours between successive exposures. It was found that even after exposure to nitrogen for ½ hour, 3 times in every 24 hours, for 7 consecutive days, with an interval of 7 ½ hours between successive exposures, recovery could still occur, although the injury was great; but recovery was slower and less certain after such long periods of anaerobiosis [oxygen deprivation]; and some of the cultures did NOT recover." They also noted, on page 535 of their publication that once damage is too great to the cell, then no amount of oxygen will return the cell's respiration back to normal—it is forever doomed to a cancerous life. This is why prevention is the ultimate solution to never contracting cancer.

In 1955, two American scientists and physicians, R.A. Malmgren and C.C. Flanigan, again confirmed these findings, publishing them in the medical journal, *Cancer Research*. ("Localization of the vegetative form of clostridium-tetani in mouse tumors following intravenous spore administration," Vol. 15(7), 1955, pages 473-478). An especially clever and convincing experiment added to the long list of experiments clearly demonstrating that oxygen deficiency is always present when cancer develops. These physicians referenced Dr. Warburg's work on page 478 of their publication. This is how Dr. Warburg explained their accomplishments in his 1966 *Prime Cause and Prevention of Cancer* lecture: "…However, if one injects tetanus spores into the blood of tumor-bearing mice, the mice sicken with tetanus, because the oxygen pressure in the tumors can be so low that the spores can germinate. These experiments demonstrate in a unique way the anaerobiosis [low oxygen] of cancer cells and the non-anaerobiosis [normal oxygen] of normal cells, in particular the non-anaerobiosis of growing embryos." Note: Rats and mice have much shorter lives than humans, so results, both good and bad, occur much faster, making them very useful in medical experiments.

spores.

Secondary cancer causes

Virtually every supposed cause of cancer mentioned today in the health and nutritional press is a *secondary* cause. Secondary causes include things such as environment, chemical carcinogens, environmental and medical radiation, transfats, food additives, the chemicals in cigarette smoke, viruses, and even genetic mutations. There are innumerable secondary causes of cancer, and minimizing them and their harmful effects can be helpful in preventing cancer. But endlessly pursuing new secondary causes, like smoking, *without explaining specifically what common effect they have on the cells* has never, and will never, lead researchers to a real cancer cure. Dr. Warburg cautioned us again and again about wasting precious time pursuing secondary causes. Make no mistake about this, the thing every secondary cause of cancer has in common with every other one is that it leads, directly or indirectly, to insufficient oxygen in the cells. Therefore, if we directly address the question of how to get sufficient oxygen to the cells, we will have minimized the danger from *every* type of secondary cause.

Great news! We can keep the tumor benign, not cancerous

While researching the cancer-oxygen connection, I was bothered by the fact that I could never get a clear definition from pathologists about what differentiates a cancerous tumor from a noncancerous (benign) tumor. The cells of both tumors demonstrate essentially the same "mindlessness"—lost structure. Years ago, I had hypothesized that a benign tumor stays above the critical threshold of oxygen deficiency needed to become cancerous—a relationship parallel to that of a normal cell remaining normal by staying in a highly oxygenated environment. It's all a matter of degree of respiration impairment.

I was right: Dr. Warburg had already verified and published this fact in 1925 in, *The Journal of Cancer Research*; I simply had not seen it yet. Here's the important point:[33] "[T]here has again arisen the tumor type—benign or malignant, depending upon the duration of the oxygen deficit." What an opportunity to remain cancer-free! Dr. Warburg's genius was unprecedented in making these seminal discoveries regarding the metabolism of cancer.

The differences between malignant and benign tumors are differences in degree [of compromised respiration – DURATION of lack of oxygen] rather than kind.

How do we guarantee maximum cellular oxygenation?

This is the million dollar question and today we have the answer. I know what many of you are likely thinking, "I exercise a lot; therefore, I am oxygenating my blood. I've got cancer beat!" No. All that exercise didn't stop world-champion cyclist Lance Amrstrong from contracting cancer. It is true that by exercising you are increasing oxygenation to your blood. However, by doing so you still haven't guaranteed that this oxygen will be transferred effectively to each cell in each organ in your body. Dr. Warburg made it quite clear that oxygen alone is NOT sufficient:[34] "…To be sure, cancer development takes place even in the presence of free oxygen gas in the atmosphere, but this oxygen may not penetrate in sufficient quantity into the growing body cells, or the respiratory apo-enzymes of the growing body cells may not be saturated with the active groups." There are many factors that promote the lack of cellular oxygen, including certain deficiencies we will talk about shortly. Exercise, by itself, is therefore not the solution to remaining cancer-free. This is apparent when we observe that many people who exercise regularly, including athletes, still get cancer. Furthermore, a person breathes at least 17,000 times a day (12 breaths a minute). Do you really think that you aren't breathing in enough oxygen with 17,000 breaths a day? You are. The problem lies elsewhere.

Special fats called EFAs that food processing destroys

Our bodies *require* special fats that make it possible, among other important functions, for sufficient oxygen to reach the cells. These special fats are highly oxygen-absorbing. Technically called "essential fatty acids," or "EFAs," these special fats must be supplied from outside the body every day, from foods and certain oils, because your body can't manufacture them on its own. There are 2 "parent" forms of EFAs that allow your body to make whatever it needs from them called EFA "derivatives." Parent omega-6 is termed linoleic acid (LA) and parent omega-3 (ALA) is termed alpha-linolenic acid. Next is a table of EFA-containing oils, shown with their percentages

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33. "The Metabolism of Carcinoma Cells," *The Journal of Cancer Research,* Vol. 9, 1925, pages 148-163; in particular pages 152, 154, 159, and 163. Dr. Warburg's paper makes it quite clear: "Thus the quantitative difference between malignant and benign tumors becomes a qualitative one, when we pass from benign tumors to normal growth. The respiration of normally growing tissues suffices to bring about the disappearance of the glycolysis-products, whereas in tumors the respiration is too small [low] for this. This, then, is the difference between ordered [intelligent] and disordered growth." , "…From the embryonal type of metabolism there has again arisen the tumor type benign or malignant, depending on the duration of the oxygen deficit." , "In this manner [adding higher degrees of cyanide to curtail respiration] we obtain from the embryonic type of metabolism the tumor type—the benign tumor type when the concentration of cyanide is low [less impacted respiration]; the malignant type, when it is high [highly impacted cellular respiration]…. [T]here has again arisen the tumor type—benign or malignant, depending upon the duration of the oxygen deficit."

34. Wiesenhof, August 1966 Otto Warburg, "The Prime Cause and Prevention of Cancer" (Revised Lindau Lecture).

of parent omega-6 to parent omega-3. With all the hoopla about olive oil, I want you to know that it is not listed above because olive oil is mainly omega-9, a non-essential oil that your body makes itself. "Extra virgin" olive oil is traditionally unprocessed and therefore not cancer-causing; however, it won't protect you against contracting cancer in the least. Avoid margarine. It won't go bad even when left out. This is the proof of hydrogenated oil's failure to oxygenate. If it still could oxygenate when eaten it would turn rancid when left unrefrigerated just like fish does.

	Percentage of Parent Omega-6 and Parent Omega-3:	
Oil	**Parent Omega-6 (linoleic acid)**	**Parent Omega-3 (alpha-linolenic acid)**
Sunflower oil	65%	0%
Safflower oil	75%	0%
Flaxseed oil (about 1:3 omega-6:3—a backwards ratio)	20%	55%
Sesame oil	45%	0%
Pumpkin oil (expensive)	43%	15%
Hemp oil (Cannabis)	NOT RECOMMENDED	
Evening Primrose oil	74%	0%
Borage oil	38%	0%
Corn oil (hard to find organic and unprocessed)	59%	0%
Olive oil	8%	0%
Canola oil	NOT RECOMMENDED	
Soy oil	NOT RECOMMENDED	

Canola and soy oils are NOT recommended because neither were ever meant for human consumption. They were both meant to be used as food for farm animals or for industrial applications. Many foods, especially salad dressings, now contain canola oil. You should try to avoid it.

	Percentage of Parent Omega-6 and Parent Omega-3:	
Nut Oil	**Parent Omega-6 (linoleic acid)**	**Parent Omega-3 (alpha-linolenic acid)**
Walnut oil	28%	5%
Hazelnut oil	4%	0%
Cashew oil	8%	0%
Almond oil	10%	0%
Brazil Nut oil	23%	0%
Peanut Oil (hard to find unprocessed)	29%	0%

The oils must be uncooked or at the very least only slightly heated to retain their important nutritional properties. Also bear in mind that some supplement manufacturers' labels fail to separately identify and distinguish the parent EFAs from the EFA derivatives. It may be impossible to tell whether you are getting the parent EFAs or the EFA derivatives. Make certain of what you're getting before you purchase it. Make sure the oils are raw, unprocessed, and organic, and they do not contain fish oil or any hydrogenated oils.

Common Derivatives of Parent Omega-6 (LA or linoleic acid)	**Common Derivatives of Parent Omega-3 (ALA or alpha-linolenic acid)**
GLA (Gamma-linolenic acid)	EPA (Eicosapentaenoic Acid)
CLA (Conjugated Linoleic Acid)	DHA (Docosahexaenoic Acid)

EFA Ratios in Your Body: Surprise! Parent Omega-6—Not Omega-3—is the Critical Component

We must look at the tissue content of our bodies to determine what oils contain the best anticancer EFAs. It is known from pathology studies that the brain and nervous system have a ratio of one part omega-6 to one part omega-3 (1:1). Some nutritionists suggest that this ratio is best, but they are wrong. Here's why: Most organs contain a 4:1 omega-6 to 3 ratio. However, the brain, nervous system,

and organs comprise only about 12% of body-weight. Skin is 100% parent omega-6; it contains no omega-3,[35] and comprises about 4% of bodyweight. The muscles comprise at least 50% of total bodyweight and are the prime factor to account for in determining the required parent omega-6:3 ratio. A key fact about muscle structure is that muscle contains from 5.5 to 7.5 times more omega-6 than omega-3, depending on the degree of physical condition.[36] We are warned of the "overdosing" of omega-6 in our diets and told that we must take lots of omega-3 containing oils to compensate. We are told that we are ingesting upwards of 20 times too much omega-6. This is wrong and there is much more to the analysis. Scientifically, you need an organic supplement with an omega-6/3 ratio of 1:1 to 2.5:1. With this powerfully effective ratio you only require a minimum amount of 3-4 grams on a daily basis. This ratio is significantly different than your physician, health practitioner, or popular nutritional publications will likely suggest – they simply don't know and understand the basis of it. Their wrong analysis consists of a significant number of errors and I hope that you will review *The Scientific Calculation of the Optimal Omega-6/3 Ratio* at www.BrianPeskin.com (EFA Report: The Scientific Calculation) so you will understand why so many professionals are making these errors. Today, people automatically think of fish oil (all omega-3 derivatives) or flax oil (highly unbalanced in omega-3 content) as the anticancer solution. Following these incorrect recommendations is a significant factor why America's cancer rates continue to skyrocket in spite of millions of people taking these oils. Fish oil is 100% omega derivatives and can actually be cancer-causing the opposite of what we desire. Flax oil contains far too much parent omega-3. Most parent omegas do not get converted to derivatives – they remain in the cell membrane and tissues in original parent form. Few scientists and medical texts understand this.[37] Furthermore, commercial food processing destroys a significant amount of these EFAs along with their oxygenating ability. Here's a representative listing of categories of foods containing these essential oils. It is imperative to understand that these foods MUST be grown and processed organically, with low heat, and no artificial preservatives. Otherwise, the EFAs will be ruined like the transfat/hydrogenated, cancer-causing oils you've heard about. Compare your diet and these EFA-containing foods. Are you getting enough of them?

Meats (organically raised and processed): Chicken, beef (grass-fed is best),[38] lamb, pork, etc. Animal-based protein is important also for obtaining anticancer vitamins, minerals, and strong hemoglobin (enables oxygen transportation).
Seeds: sunflower, sesame, flax, pumpkin, etc.
Seafood: shrimp, fish, lobster, crabs, clams, oysters, etc.
Fruit/vegetables: NONE. Animals with multiple stomachs can extract the EFAs out of plant-based cellulose like grass, but humans, with only one stomach, cannot. Even if we could extract the EFAs, humans could never eat the volumes required—cows eat constantly much of the day and so do billygoats.
Grains/cereal: NONE. Humans cannot extract the EFAs from them.
Dairy/eggs/cheese: "Raw milk" cheeses and organic eggs are excellent sources.
Pasteurized (heated) milk will be deficient in EFAs and is detrimental to infants.
Nuts: Organic, unprocessed, raw almonds, walnuts, peanuts, cashews, etc.

It is important to understand that consuming lots of seafood is not the anticancer answer—seafood, especially farmed fish, is overly abundant in both parent and derivative omega-3 EFAs.

Can I be a vegetarian and still obtain maximum anticancer protection?

According to Robert Rowen, M.D. the answer is yes. But this is true only if you are eating a high quality vegetarian diet. Many do not. They think simply avoiding animal products means they will be healthier. Nothing could be further from the truth. If you are a vegetarian, you'll have to be sure you are consuming a sufficient amount of high quality protein and natural fats (listed in the chart and tables above). Many vegetarians don't consume sufficient protein or natural fats, and therefore an insufficient amount of EFAs. Dr. Rowen strongly believes that eating a largely "Living Foods Diet," as he calls it, is the way to gain maximum protection. Eating uncooked foods preserves the nutrients. It also avoids damaging the EFAs—an important consideration. Robert Rowen, M.D., is editor-in-chief of *Second*

35. "Metabolism of essential fatty acids by human epidermal enzyme preparations: evidence of chain elongation," R.S. Chapkin, et. al, *Journal of Lipid Research*, Volume 27, pages 945-954, 1986.

36. Agneta Anderson, et al., "Fatty acid profile of skeletal muscle phospholipids in trained and untrained young men," *American Journal of Endocrinological Metabolism*, 279: E744-E751, 2000.

37. "Prevention of coronary heart disease: the role of essential fatty acids," *Postgrad Med J* 1980 Aug;56(658):579-84S; Bunting, S. Moncada, and J.R. Vane, "Prostacyclin—Thromboxane A2Balance: Pathophysiological and Therapeutic Implications," *British Medical Journal*, (1983) Vol. 39, No. 3, pages 271-276; *Smart Fats*, Michael A. Schmidt, Ph.D., pgs. 27-30; "Pathophysiological and Therapeutic Implications," *British Medical Journal*, (1983) Vol. 39, No. 3, pages 271-276; Crawford, M.A., "Commentary on the workshop statement. Essentiality of and recommended dietary intakes for Omega-6 and Omega-3 fatty acids," *Prostaglandins Leukot Essent Fatty Acids 2000* Sep; 63(3):131-4; Fu, Z. and Sinclair, A.J., "Increased alpha-linolenic acid intake increases tissue alpha-linolenic content…." *Lipids* 2000 Apr; 35(4):395-400; "Fatty acid Composition of Serum Lipids Predicts Myocardial Infarction [Heart Attack]," *British Medical Journal*, Oct. 9, 1982, 285:993; and from PUFA Newsletter, (www.fatsoflife.com): "Alpha-Linolenic Acid Conversion Revisited," by Norman Salem, et al., are a sample of those physicians and scientists that understand the details.

38. Grass-fed beef is best because this is the food nature intended the cattle to eat—not the grains they are forced to consume. Their EFA structure is drastically unbalanced with grain and much more balanced with grass. However, if you choose a nutritional supplement, you can counteract this effect and eat all the grain-fed beef you desire.

Opinion Newsletter. Dr. Rowen is internationally known for his work in the field of complementary/alternative/integrative medicine.[39] My recommendation for expert advice in this area is to consider his work.

The Miracle of EFA "Oxygen Magnets"

Think of these polyunsaturated EFAs as "oxygen magnets." The proof of this fact is buried in the world's leading medical textbooks and medical journals such as *Harper's Illustrated Biochemistry,* 26th edition[40] and *Human Nutrition Clinical Nutrition*,[41] July 1984. EFAs are integral to the structure and function of cellular respiration. Without high respiration efficiency, cancer is soon to follow. These EFA oxygen magnets in the cell membrane attract the oxygen that's in your bloodstream and transfer it into the cell just like little oxygen sponges. This process is supposed to be happening in *each* of your 100 trillion cells. So, no matter how much you breathe or exercise, if you don't have the proper functional EFAs at the cellular level, your cells will not absorb enough oxygen from your bloodstream and you will be that much more susceptible to cancer. Without a continuing new supply of these EFAs from food, cellular oxygen transfer is significantly reduced. Imagine what would happen if you had 100 trillion cells that were all deficient in a vital substance they required to be able to absorb oxygen.

Here's an example showing how these essential fats absorb oxygen. At the supermarket, fish goes bad in only a few days because the oil in the fish is *highly oxygen-absorbing*—it reacts rapidly with the oxygen in the air. Fish spoils rapidly because the EFA-containing oil has the capacity to absorb lots of oxygen. This chemical process is called "oxidation." This is also true with other types of essential fats. They do their job of absorbing oxygen, but because of it they have a *limited life*. They simply won't work after a short period. EFAs become "spent" (rancid). That's why they need to be replaced every day from our food—Nature designed us this way. There are many ways to add additional oxygen to the bloodstream, such as exercising, drinking "oxygenated" water, or breathing purer air. However, these partial solutions are insufficient for maximum anticancer protection. When the EFA deficiency is solved, every organ becomes its own "oxygen magnet," like Nature intended.

Breast cancer explained

Breast cancer is the #1 cancer plague to women worldwide. The growing incidence of breast cancer can, for the first time, be explained in light of Dr. Warburg's discovery about lack of oxygen to the cells. The breasts consist of an exceptionally high amount of fatty tissue. A typical cell membrane in *muscle* tissue is half fat and contains about one-third EFAs (oxygen transferors). Fatty tissue like the breast contains areas of 80-95% fat concentration. These fatty components of breast tissue require and should have high EFA concentrations, but because of modern food processing, they don't. Because important organs such as the brain, heart, lungs, and kidneys require EFAs on a priority basis, there may not be enough left over to ensure that breast tissue receives an adequate amount of EFAs. Therefore, oxygen deficiency in the breast tissue will be very significant. Given this premise, we can deduce that breast tissue should and would be the number one expected cancer site in women worldwide—and it is. This conclusion makes so much sense in explaining the massive rise in breast cancer. Harvard's Dr. Willett gives us the proof: In a large study concerning the intake of parent omega-6 by over 80,000 nurses it was shown that the group with the lowest intake of linoleic acid (parent omega-6) exhibited the highest incidence of breast cancer.[42] Did your ob-gyn tell you that you need this miraculous anticancer nutrient? I doubt it because he probably doesn't know it.

Warning: Fish oil and overdosing on omega-3 can kill you

Surprisingly, it was known back in 1979 that diet influenced EFA composition of the cell membrane and this finding was published in *Cancer Research*.[43] In 1990, a masterpiece of research conducted by William E. Lands found that the amount of critical parent omega-6

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39. Dr. Rowen is affectionately known as the "Father of Medical Freedom" for pioneering America's first statutory protection for alternative medicine. He was appointed for a term on the Alaska State Medical Board and is internationally recognized for his work in alternative and integrative medicine. He is currently editor-in-chief of Second Opinion Newsletter. It's a newsletter devoted to informing the public about innovative breakthroughs and natural means to maintain and regain health, in contrast to chemical symptom suppression often found in orthodox medicine. He is a "Living Foods" advocate and has most impressive laboratory numbers on himself that confirms his message.

40. "Essential fatty acids [EFAs] are found in the structural lipids of the cell… and are concerned with the structural integrity of the mitochondrial membrane [respiratory-based energy producing]." *Harper's Illustrated Biochemistry, 26th edition*, page 191.

41. "Linoleic acid [parent omega 6] comprises about 55 per cent [the majority] of the fatty acids in cholesterol esters of LDL and HDL, and about 20% of the free fatty acids in the phospholipids in each class..." , "…It must also be remembered that all tissues need EFA which must come from the diet and for most tissues through the plasma where they are almost entirely transported in lipoproteins, mainly in their cholesterol esters and phospholipids," "Essential Fatty Acids in Perspective," Sinclair, H.M., *Human Nutrition: Clinical Nutrition*, (1984) 38C, pages 245-260.

42. Willett, W. C. et al., "Dietary fat and the risk of breast cancer," *New England Journal of Medicine*, 1987; 316:No.1, 22-28.

43. "Effect of Modification of Plasma Membrane Fatty Acid Composition of Fluidity and Methotrexate Transport in L1210 Murine Leukemia Cells," Burns, C. Patrick, et al., *Cancer Research* 39, 1726-1732, May 1979: "The plasma membrane lipid composition in L1210 murine leukemia cells was dependent upon the type of fat [EFAs and hydrogenated/ transfats, etc.] fed to the host animal.

in the tissues was dependant on diet.[44] To gain the best in scientific research, I traveled thousands of miles in 2002 to attend the world's 1st Essential Fatty Acids and Human Nutrition & Health International Conference in Shanghai, China. There, I discovered a shocking and unexpected discovery that fish oil lowers immunity. I nearly fell out of my chair. Overdosing on fish oil supplements can significantly decrease the effectiveness of your immune system, increasing your risk of contracting cancer. The International Society for the Study of Fatty Acids and Lipids (ISSFAL) 4th Congress, which met on June 4-9, 2000 in Tsukuba, Japan, reported this startling fact.[45] Don't think fish oil prevents heart disease. It doesn't. *Cardiovascular Research* reported that both fish oil groups and the control groups showed close to equal atherosclerotic progression (getting more clogged in spite of taking fish oil supplements).[46] Nor did fish oil stop thickening of the artery. On the contrary, the artery wall got thicker (worsened) with fish oil ingestion! A mere 1.65 grams per day of fish oil supplement was taken. This is a great enough dose to cause adverse immunity as described above and cause excessive internal bleeding, too. These results were published in 2002 showing the failure of fish oil. Did this stop guessing by "experts" in the nutritional and medical fields and even our government from declaring how great fish oil supplements were? No. Harvard Medical School was involved in the next study, titled "Controlled Trial of Fish Oil for Regression of Human Coronary Atherosclerosis."[47] The daily dose was 6 grams of fish oil vs. 6 grams of olive oil in the control group. Their conclusion? "Fish oil treatment for 2 years DOES NOT promote major FAVORABLE CHANGES in the diameter of atherosclerotic coronary arteries." That means arterial clogging was not decreased with the fish oil supplement. Eat all the fish you care to, but stay away from fish oil supplements; they can only harm you.

Fish oil "drug" is harmful and their brochure states it

A drug called Omacor® consists of approximately 90% active fish oil. It is used to treat high levels of triglycerides. However, according to the manufacturer's 2005 medical brochure, it appears that the lowered immunity warning reported above from fish oil and overdosing on omega-3 was confirmed:[48] Under "Adverse Reactions," in their brochure there were double the number of people who developed infections (proving a reduced immunity) while taking the drug compared with those not taking the drug. Users suffered more flu syndrome, indicating a lowered immune system. Four (4) times more people suffered skin rash while taking the drug. Note: You should understand why the skin rash result is expected. Recall, that there is neither parent omega-3 nor omega-3 derivatives in the skin. This pharmacological overload of omega-3 derivatives proves harmful. Never forget with too much omega-3 consumption, parents or derivatives, the excess is unnaturally "forced" into the tissue membranes causing damage to your immune system and decreased oxygen transfer to the cells. You have been unknowingly placed on the path to cancer by those you trust.

The anticancer answer = the heart disease answer, too!

Dr. Warburg understood that slow blood speed allowed cancer to metastasize. Later, other researchers showed that if you can keep a localized cancer from metastasizing, your risk of dying from cancer decreases by an amazing 10-fold! Even though you may have cancer, you won't die from cancer. Blood speed and viscosity have a connection to the spread of cancer. This is a surprising, seldom-mentioned fact that was pointed out by world-renowned molecular biologist Robert Weinberg, from my alma mater, Massachusetts Institute of Technology. Professor Weinberg was a former director of the Oncology Research Laboratory at the Whitehead Institute in Cambridge, Massachusetts and stated in his book:[49] "Of those patients who succumb to cancer, fewer than 10% die from tumors that continue to grow at the same site where they originally took root. In the great majority of cases, the killers are the metastases—colonies of cancer cells that have left the site of the original, primary tumor and have settled elsewhere in the body. It is these migrants, or rather the new tumors that they seed, that usually cause death." What causes metastasis? Blood clots. This is known, too:[50] "Dr. L. Michaels of Canada reasoned that if no clots were allowed to form, then metastasis from a primary tumor could not occur, and that people with only primary cancers would in that case be in a much safer situation. This he proved to be the case. He studied the medical histories of a large number of heart and stroke patients kept on permanent anti-coagulant drug treatment [anti-clotting] to protect their blood circulation, to ascertain the incidence of cancer deaths among them, and found the incidence to be only one-eighth of the expected number. The study covered the equivalent of 1569 patient-years and there was *not a single case* of death *by cancer metastasis* in the group." What prevents blood from "sticking together" and is also Nature's natural blood-thinner that prevents blood clots? No, it's not omega-3 like you are constantly told. Parent omega-6 is much more powerful. AA (arachadonic acid) is a critical omega-6 derivative and major biochemical component which occurs in virtually every cell we have. It is the building block of the most potent anti-aggretory ("helps

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44. "Quantitative Effects of Dietary Polyunsaturated Fats [EFAs] on the Composition of Fatty Acids in Rat Tissues," Department of Biological Chemistry, University of Illinois at Chicago, published in the medical journal *Lipids,* Vol. 25, No. 9, 1990, pages, 505-516, make it very clear: "...The tissues maintained a linear relationship [proportional] between the amount of 18-carbon polyunsaturated fatty acids [EFAs] in the diet and in the tissue ...." , "....With higher amounts of 18:2n-6 [parent omega-6] in the diet, the rat tissues maintained progressively higher levels of 18:2n-6 [parent omega-6] in triglycerides. The linear trend was similar for plasma, liver, and adipose ...."

45. "…This decrease (of inhibited lymphocyte proliferation and natural killer cell activity) causes increased cellular bacteria [infection] and impaired tumor cell killing."

46. Angerer, P., et al., *Cardiovascular Research*; 54:183-190, 2002. The medical journal's quote: "In this group of selected patients with documented coronary artery disease, omega-3 PUFA [polyunsaturated fatty acids] given for 2 years did not demonstrate an effect on slowing progression of atherosclerosis in carotid arteries as measured by ultrasound."

47. Frank M. Sacks, et al., *Journal of the American College of Cardiology* Vol. 25, No. 7, June 1995: 1492-8.

48. "Introducing The Body of Evidence," Reliant Pharmaceuticals, Inc. (September 2005), page 17. © 2005

49. *One Renegade Cell: How Cancer Begins,* Robert A. Weinberg, Basic Books, New York, 1998, p. 146.

50. *Health and Survival in the 21st Century*, Ross Horn, Chapter 13, 1997, HarperCollins Publishers, Pty Ltd., Australia, page 6 of Internet edition at www.soilandhealth.org.

blood thinning") agent known, termed prostacyclin. AA also inhibits platelet adhesion making it a natural "blood thinner." AA even helps SOLVE vascular problems as a response to injury.[51] The real-life proof that omega-3 *isn't* the answer for preventing heart disease is that in spite of consuming lots of fish, the Japanese have higher heart disease and cancer contraction rates than Americans![52] We aren't told and get misled. Don't think that a daily aspirin is the answer, it isn't.[53] In 2003, Dr. Robert Bonow, head of the American Heart Association stated:[54] "Mass treatments could mean undermedicating some while exposing others to unnecessary risks of side effects." Aspirin, he noted, can cause bleeding complications, and, "**If you give aspirin to everyone, you don't save any lives at all**, the **lives you save by preventing heart attacks and strokes are offset by the lives you lose from bleeding**." Aspirin is not the answer; more unadulterated parent omega-6 is the answer and the cardiovascular medical textbooks know it.[55] Heart attack victims often have depleted EFA levels, especially the EFA derivatives AA from parent omega-6 and EPA from parent omega-3, too.[56] We need some parent omega-3 because EPA is one of its important derivatives. The problem is that fish oil supplements overdose us with far too much.

Cholesterol and cancer: The parent omega-6 connection explained:

It's not the saturated fat. It's the adulterated parent omega-6 that clogs arteries and impedes blood flow. Contrary to what we have heard for decades, it is **not** the saturated fat clogging your arteries. A groundbreaking 1994 *Lancet* article reported investigating the components of arterial plaques; they measured the individual components. In an aortic artery clog, they found that there are over ten different compounds in arterial plaque, but NO saturated fat.[57] There *was* some cholesterol in the clog. This is explained by the fact that cholesterol acts as a protective healer for arterial cuts and bruises just like a scab forms over external cuts. What is the predominant component of a clog? You probably guessed it—the *adulterated* omega-6 polyunsaturated oils—those that start out containing properly functioning EFAs but get ruined during commercial food processing. Many similar analyses showing the same result have been carried out regarding arterial clogs and published in the medical journals, but few physicians have seen them.[58] The average person has little, if any, chance of ever discovering the truth. Contrary to what we have heard for decades it is not the cholesterol itself that is clogging your arteries. But with a deficiency of EFAs, cholesterol acts as a "poison delivery system." EFAs are cholesterol's major component. A cat, a true carnivore, consumes a diet of 100% meat; consequently, cats consume lots of cholesterol, saturated fat, and "red" meat. By "popular wisdom" cats should be suffering massive heart attacks on a regular basis, but they don't. Contrary to popular belief, humans are much closer to a wolf with a 4-pint stomach that can eat once every few days than to a cow with multiple stomachs or a sheep with an 8-gallon stomach (humans have a 4-pint stomach) that has to eat constantly. As the medical textbook, *Molecular Biology of the Cell* on page 481 makes clear, cholesterol is necessary for the structural integrity of the lipid bi-layer (the structure in each of our 100 trillion cell membranes). This is precisely why in 1994 the *Journal of the American Medical Association*, No. 272, pgs 1335-1340, published an article stating that cholesterol-lowering drugs do not work significantly to prevent heart disease. The reason? They can't lower the amount of its defective parent omega-6 enough. In 1993, a report titled "Cholesterol Screening and Treatment" was released by the University of Leeds in England. Drugs for lowering high cholesterol levels were given to a study's participants. *The patients whose cholesterol was artificially lowered with drugs developed heart disease just as frequently as the drug-free cholesterol group.* As *Current Atherosclerosis Reports* stated in 2004, here is the precise reason why cholesterol drugs can't do the job:[59] "LDL contains up to 80% lipid [fats and oils], including polyunsaturated fatty acids and cholesterol, mainly esters. Linoleic acid (LA), one of the most abundant fatty acids in LDL…" With this information, we see that it is what the cholesterol is transporting, the adulterated EFAs, that is the problem. An article in *Human Nutrition: Clinical Nutrition* further verifies that it is *parent omega-6* that makes up most of the fatty acids in LDL and HDL cholesterol.[60] Don't let anyone ever tell you that natural fats are "bad." One hundred trillion cells need lots of EFA-containing natural fats; in particular, lots of parent omega-6. If just a little of this parent omega-6 is defective, reducing its ability to absorb oxygen and perform other cellular functions, it acts as a direct cause of both cancer and heart disease, too. Hence the

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51. Crawford, M.A., "Commentary on the workshop statement. Essentiality of and recommended dietary intakes for Omega-6 and Omega-3 fatty acids," *Prostaglandins Leukot Essent Fatty Acids 2000* Sep; 63(3):131-4.

52. Cancer ranks first as Japan's leading cause of death since 1981. In 2002 cancer accounted for over 30% of the total number of deaths. Heart disease and cerebrovascular disease is next. Ref.: Vital Statistics of Japan, Statistics and Information Department, Minister's Secretariat, Minister of Health, Labour and Welfare. In 2002 Japan had 241/100,000 population cancer deaths and America had 194/100,000 population. Japan has a whopping 24%/100,000 worse death rate due to cancer than America.

53. *Houston Chronicle*, Page 1, July 20, 2004, (Source: *New York Times*, by Andrew Pollack).

54. Mary Duenwald, *New York Times*, June 2003, "Daily Pill Proposed to Fight Cardiovascular Disease."

55. "Eicosanoids [made from EFAs], other fatty acid metabolites and the vascular system: Are the present antithrombotic approaches rational?," *Prostaglandins in the Cardiovascular System,* pages 273-281, 1992.

56. *British Medical Journal*, October 9, 1982, 285:993.

57. "Dietary polyunsaturated fatty acids and compositions of human aortic plaque," Felton, CV, et al., *Lancet;* 344:1195-1196, 1994.

58. Waddington, E., et al., "Identification and quantification of unique fatty acid and oxidative products in human atherosclerotic plaque using high-performance lipid chromatography," *Annals of Biochemistry;* 292:234-244, 2001; Kuhn, H., et al., "Structure elucidation of oxygenated lipids in human atherosclerotic lesions," *Eicosanoids;* 5:17-22, 1992.

59. "Postprandial Lipid Oxidation and Cardiovascular Disease Risk," Bowen, Phyllis, et al., *Current Atherosclerosis Reports;* 6:477-484, 2004.

60. "Essential Fatty Acids in Perspective," Sinclair, H.M., *Human Nutrition: Clinical Nutrition*, (1984) 38C, pages 245-260. "Linoleic acid [parent omega-6] comprises about 55 per cent [the majority] of the fatty acids in cholesterol esters of LDL and HDL, and about 20% of the free fatty acids in the phospholipids in each class [totaling 75%]…," , "…It must also be remembered that all tissues need EFAs which must come from the diet and for most tissues *through the plasma* [blood]…."

reason for the ineffectiveness of cholesterol-lowering drugs above—they simply can't eliminate enough of the defective EFAs being transported in the cholesterol. This is how the 2005 medical journal article titled "LDL Cholesterol: 'Bad' cholesterol or Bad Science," explains the defective parent omega-6.[61] The article states: "No tightly controlled clinical trial has ever conclusively demonstrated that LDL cholesterol reductions can prevent cardiovascular disease or increase longevity." You now understand why the absolute LDL number is not very important *if the diet contains sufficient unadulterated EFAs*; in particular, an abundance of parent omega-6. Interestingly, the body has no natural "cholesterol sensor" in the bloodstream—but it *would* if its levels had to be maintained within exact limits like sodium, calcium, and blood glucose levels.[62]

Danger: Don't Stop the Omegas …

LDL cholesterol transports EFAs into your cells. Any drug that artificially lowers cholesterol ALSO lowers transport of cancer-fighting EFAs and can increase your risk of contracting cancer!

Fix the problem of too many bad fats and oils—instead of blaming the messenger LDL. It has been known and published in the world's leading medical textbooks that polyunsaturated fats (EFAs) naturally support healthy cholesterol levels.[63] Has your physician told you? It has been known and published in the world's leading medical journals that polyunsaturated fats (EFAs) are more effective than a high-carbohydrate, low-fat, life-style. America's top medical journal published: "Diets high in polyunsaturated fat (EFAs) have been more effective than low-fat, high-carbohydrate diets in lowering cholesterol as well as the incidence of heart disease."[64] The title says it all. It was known in 1941[65] that EFA deficiency caused a defective cholesterol structure and in 1956[66] that carbohydrates are a culprit too but the popular press never mentions these facts: "Cholesterol is normally esterfied with unsaturated fatty acid [EFAs] and when — as in our experiments —these are extremely deficient in the body it is esterfied **with much more saturated fatty acids** synthesized in the body from carbohydrate." We now see the danger of a "high carbohydrate" diet to cancer contraction. Have you been told these startling facts by your cardiologist? Probably not.

Parent omega-6 deficiency causes decreased oxygen above the cancer-causing threshold

If there is insufficient unprocessed parent omega-6, experiment shows that the cholesterol structure will incorporate oleic acid (non-essential omega-9) instead.[67] Physical-chemical experiments show that linoleic acid (**parent omega-6**) **can bind twice as much oxygen** and disassociates at a much higher pressure, much closer to hemoglobin, **than oleic acid does**.[68] **Oxygen** disassociation curves for **oleic acid compared with linoleic acid**, omega-6, **show a 50% reduction in oxygen transfer**, given EFA deficiency.[69] With insufficient functional parent omega-6, you will easily surpass the 35% cancer-causing threshold!

Do Cholesterol-Lowering Drugs Cause Cancer?

A dire warning was published in a 1995 study by two physicians, Thomas B. Newman and Stephen B. Hulley, at the University of California in San Francisco. They said widespread cholesterol testing for people under twenty years old should be abandoned. They were concerned that popular cholesterol-lowering drugs were being prescribed far too frequently—and often unnecessarily—for people who were at little risk of developing heart-related problems because they were cancer-causing.

"Drugs to lower cholesterol may *cause* cancer ..."[70]

The early drugs known as fibrates (clofibrate, gemfibrozil) and the newer drugs known as statins (Lipitor, Pravachol, Zocor), cause

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61. *Journal of American Physicians and Surgeons*, Vol 10, No. 3, Fall 2005, by Anthony Colpo. "…However, there was *no association* between oxidized LDL concentrations and total LDL levels [in Japanese patients undergoing surgery to remove plaque]." The cholesterol "number" meant nothing – it is all about the cholesterol structure. Too much parent omega-6 gets oxidized and the simple solution is to keep adding enough unadulterated parent omega-6 daily.

62. *Life-Systems* Engineering Science terms cholesterol a *dependent* variable. Recall from high school algebra that if you have three variables in an equation, you can select or change two of them, but the third variable is entirely determined by the other two. Cholesterol acts in exactly the same fashion. Cholesterol varies so that other more important factors can be rigidly maintained.

63. *Textbook of Medical Physiology*, page 87.

64. *New England Journal of Medicine*, 337:1491-149.

65. Kelsey, F.E., Longenecker, H.E., *J. Biol. Chem.,* 1941, Vol. 139, page 727.

66. H.M. Sinclair, "Deficiency of Essential Fatty Acids and Atherosclerosis, Etcetera," *Lancet*, April 7, 1956.

67. Burns CP, Spector AA: "Effects of Lipids on Cancer Therapy, *Nutrition Reviews*," 48, No.6, 233-240, 1990 pages 381-383.

68. Campbell IM, Crozier DN, Caton RB: Abnormal fatty acid composition and impaired oxygen supply in cystic fibrosis patients. *Pediatrics* 57, 480-486, 1976.

69. *Ibid*.

70. "Drugs to Lower Cholesterol May Cause Cancer, Study Says," David Perlman, *San Francisco Chronicle*, 1995; pre-pub. Ref., *JAMA*, vol. 275, pages 55-60, 1996.

cancer in rodents at doses equivalent for mice to the doses used by man. Here's what physicians Newman and Hulley revealed: "DATA SYNTHESIS - All members of the two most popular classes of lipid-lowering drugs (the fibrates and the statins) cause cancer in rodents, in some cases at levels of animal exposure close to those prescribed in humans." Do we care about animal studies? Yes. Rodents need and metabolize EFAs in the same manner that humans do.[71] No one should require these cancer-causing, cholesterol-lowing drugs once their EFA deficiency is solved.

Defective estrogen and testosterone come from a defective cholesterol structure

Defective EFAs cause more trouble. If your cholesterol structure is incorrect because of EFA deficiency then your sexual hormones will malfunction also because the sexual hormones are made by the body from cholesterol.[72] Is a defective cholesterol structure the root cause of your PMS, lack of sexual desire, or cellulite that you can't exercise, massage, or diet away?

What other benefits from the correct parent omega-6/3 ratio can I expect?

Nature is wonderful. She requires just a few essentials for maximum health. With the EFA deficiency solved along with cancer and heart disease protection you also achieve: Significantly decreased appetite plus decreased cravings for sweets, softer, smoother skin, less cellulite, stronger finger nails, thicker, fuller hair, less dandruff, lessened neuropathy if you are diabetic, better blood sugar control, less arthritis, less joint pain, faster healing, fewer headaches, better pregnancies, less PMS, increased mental clarity, better focus, helps improve ADD and ADHD, more energy, greater intensity, faster recuperation.[73] EFAs in the ratios recommended give your body maximum anti-inflammatory protection, too. As proof, you may notice the following anti-inflammation benefits:1. Cuts and bruises heal quicker, 2. Quicker healing of all surgeries, 3. Less bleeding from dental exams/brushing, 4. Less pain of arthritis, 5. Lowering of diastolic blood pressure (the bottom number), 6. Lowering of systolic blood pressure (the top number), 7. Increased blood flow to vital organs, 8. Skin becomes smoother and more elastic, 9. Skin inflammation symptoms may decrease—rashes, skin tags, warts, etc. 10. Vision can improve regardless of age, 11. Alzheimer's symptoms can decrease, 12. Nerve function improves, including neuropathy and retinopathy, 13. Allergy symptoms may decrease, 14. Fewer headaches, including fewer migraines, and 15. Faster reaction time in athletes.

The simple, 5-step program to minimize your risk of contracting cancer

Step 1.

To maintain maximum oxygen transfer to the cell, take sufficient parent omega-6 (linoleic acid-LA) and parent omega-3 (alpha-linolenic acid-ALA) essential polyunsaturated oils (EFAs) daily. Take a daily minimum of 3 grams of a blend of parent omega-6 and 3 in the proportions given below about 1 teaspoon of blended oil each day. This translates to approximately 3/4 gram oil per every 35 pounds of bodyweight.

***Proper Proportion to Take**:* Based on my research, (Reference: *The Scientific Calculation of the Optimal Omega-6/3 Ratio* at www.BrianPeskin.com (EFA Report: The Scientific Calculation)) for very strong anticancer protection, the EFA oils should be blended in a proportion between 1:1 to 2.5:1 parent omega-6 to parent omega-3. In other words, use anywhere from one part omega-6 to one part omega-3, to two and one-half parts omega-6 to one part omega-3. (For example, don't use ten parts omega-6 to one part omega-3). The oils MUST be organic or wild-crafted, processed with little heat, and not contain fish oil. With reference to our suggested proportions of parent omega-6 to 3, note that health practitioners often suggest you use no additional parent omega-6 and that instead you use supplements *exclusively with* parent omega-3. This is *incorrect* because the omega-6 we do consume in our foods is highly processed, harmful and often loaded with cancer-causing transfats. You need the additional pure parent omega-6 to compensate for this.[74] Because the parent EFAs are so much more effective than EFA derivatives, you need a much lower total quantity than other formulations.

Step 2.

Get enough copper, iron, magnesium, manganese, selenium, and zinc, in a "truly chelated" bioavailable form. These are the minerals that Dr. Warburg would use because they influence and *maximize the respiratory (co)enzymes for maximum oxygen transfer* to occur. They help EFAs do their job. Make sure they are in bioavailable form (truly chelated meaning chemically bonded to an amino acid) or they won't be maximally effective. The essential anticancer minerals and their minimum amounts are:

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71. Lands WEM, Morris A, and Libelt B: "Quantitative effects of dietary polyunsaturated fats on the composition of fatty acids in rat tissues," *Lipids* 25, 505-516, 1990.

72. *Textbook of Medical Physiology,* page 1023.

73. Brian Scott Peskin, Amid Habib, *The Hidden Story of Cancer*, Pinnacle Press, Houston, Texas (USA), 2006.

74. "Who's Afraid of N-6 Polyunsaturated Fatty Acids?" by E.M. Berry, *Nutr Metab Cardiovasc Dis.* 3 (11 June 2001) : 181-188. This article stated, "N-6 Fatty Acids [omega-6] are essential for normal growth.... and it is therefore wrong to condemn only n-6 fatty acids in their etiology."

Minerals	Amount	Percentage of RDA*
Copper	1 mg.	50%
Iron	10 mg.	56%
Magnesium	100 mg.	25%
Manganese	5 mg.	250%
Selenium	50 mcg.	70%
Zinc	10 mg.	67%

Given the widespread nutrient deficient soil caused by over-farming the land, even eating as well as possible, it is difficult to guarantee obtaining enough of the cancer-fighting minerals without supplementation.

Step 3.

Make certain you eat sufficient animal-based protein from organic or natural, free-range sources free of antibiotics, pesticides, and hormones each day. Organic eggs and cheese (cottage cheese, sour cream, etc. included) are great sources of protein. "Raw" milk and cream are excellent sources, too. Avoid all "low-fat" varieties. Eat a minimum of 8 oz. a day for a 150 lb. person. My research with clients around the world makes clear that animal-based protein should be your number one anticancer food choice after the EFA-containing oils. Once the EFA deficiency is solved, your appetite will work correctly and will guide you as to the correct amount of protein to eat without your having to count calories or amounts. On a physiological basis you can't eat too much protein, contrary to popular belief. The majority of the protein that you eat (60-70%) is used to fuel its own digestion.[75] Only 30% or so is bio-available to your body. Anyone suggesting that a few ounces of protein per day are sufficient is incorrect, for maximum anticancer protection. Eating sufficient protein will help the hemoglobin in your blood carry enough iron, which directly leads to maximum oxygen in the blood and the ideal oxygen pressure in the tissues. Furthermore, eating protein automatically helps provide the vitamins that assist absorption of the minerals. Growing children need lots of protein along with its natural fat to fuel their high degree of biochemical reactions during growth. Let them eat as much as they desire. If you wish, you may use these general guidelines for adult *minimum* daily amounts of protein:

Weight	Minimum Amount of Protein
100-120 lbs.	6 oz.
130-140 lbs.	7 oz.
150-160 lbs.	8 oz.
170-180 lbs.	9 oz.
190-200 lbs.	10 oz.
210-220 lbs.	11 oz.
Etc.	

Note: "Red meat" is not required for maximum anticancer protection. You can be a vegetarian and still have excellent anticancer resistance with this program. For guidance in following a vegetarian diet, my recommendation for expert advice is Robert Rowen, M.D. (referenced above).

Step 4.

Make sure you minimize the number of carbohydrates you eat daily. Carbohydrates decrease blood speed and increase clotting – both cancer-causing conditions. Cut back on sugars, sweet desserts, breads, pastas, cereals, fruit juices, grains, and starchy vegetables such as potatoes, corn, and beans. An adult weighing 160 lbs. should consume at most 60 grams (A gram is a small unit of weight; 454 grams = 1 lb.) of carbohydrates per day (approximately 240 calories of carbohydrates, or 12 teaspoons of sugar or starch). Note: Every teaspoon of sugar equals approximately 20 calories of carbohydrates.

Step 5.

Make sure you take an herbal detoxifier every day to help minimize the effect of any carcinogens and harmful additives in your food. I recommend the original Canadian Ojibwa Indian formulation made popular by nurse Rene Caisse over 50 years ago, containing Sheep Sorrel, Burdock Root, Slippery Elm Bark, and Turkish Rhubarb Root. I suggest the addition of a South American herb called Cat's Claw, but no additional herbs.

Special Information for Those with Cancer and Those Who are In Remission

75. (Voet's) *Biochemistry*, page 790, in the chapter titled "Adipose Tissue": "Following the ingestion of a high protein meal, the gut and liver utilize most of the absorbed amino acids…. The liver takes up 60-70% of the amino acids in the portal vein…."

Following my 5-step Program of scientifically-based nutritional guidelines will make the cells far healthier and more resistant to cancer. But if you are already ill, a coordinated approach of the medical treatments recommended by your doctors *along with* this program will serve you best. Speed is often important in addressing cancer medically. Consult with your doctor for assistance in implementing these guidelines in conjunction with your medical treatment. If you had cancer and are in remission, all of Steps 1-5 can and should be applied in consultation with your physician or clinical nutritionist. Doing so can markedly increase your chances of preventing a recurrence. Of course, it is particularly important that you would want to both take supplements and eat protein from organic sources.

Note: It is important to understand that cancer cells use carbohydrate as their primary source of fuel.[76] " **For cancer, insulin [a response from carbohydrate consumption] is like pouring gasoline on a fire**,' says Pamela Goodwin, director of the Marvelle Koffler Breast Center at Mount Sinai Hospital in Toronto." Therefore, reducing consumption of sugar/carbohydrates significantly will deprive existing cancer cells of their "food" and help strengthen your body's immune system.

This article is based on information in the new book, *The Hidden Story of Cancer*, published by Pinnacle Press. Brian received an appointment as an Adjunct Professor at Texas Southern University in the Department of Pharmacy and Health Sciences (1998- 1999). The former president of the University said of his discoveries: "...His nutritional discoveries and practical applications through *Life-Systems* Engineering [Science] are unprecedented." Brian earned his Bachelor of Science degree in Electrical Engineering from Massachusetts Institute of Technology (MIT) in 1979. Brian founded the field of *Life-Systems* Engineering Science in 1995. To many, including physicians, Brian is the most trusted authority on health and nutrition in the world. For further information see www.BrianPeskin.com or call + 1.800.456.9941 or +1.713.979.0065 (USA).

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76 "The Insulin Connection," by Brenda Goodman in *U.S. News & World Report*, September 5, 2005, pages 60-62.