

Chapter Twenty-Three

Cancer: The Medical Cash Cow

As mentioned in Chapter Twenty-Two, this chapter is not by Dr. Lindlahr but by your editor. We felt that enough has occurred in the world of cancer since Dr. Lindlahr time to make such an update mandatory.



Few if any conditions are more feared by most individuals than the “big C”—cancer. Since cancer now afflicts between one of four to five Americans and since it commonly leads to a painful and often humiliating death, these concerns are well founded.

Over the years I have watched hundreds, if not thousands, of my patients die from cancer. Almost all of these had come to me after being told by their oncologist there was nothing that could be done to help them except to give them drugs for the pain. Most of those who came were told that due to the stage of their cancer the most we could do was to make them as comfortable as possible during their last days. At least this is the attitude I have taken with our terminal cancer patients in the last thirty years.

In my youth, however, I was much more adventurous (read foolhardy) and did try many unique treatments to cure cancer. Many of these did help to prolong the life of my patients well beyond the predicted death warrant given them by their previous physicians. I gave up this practice because of the attitude of the family following the death of their loved one.

To the average person, death of someone very close is one of the most difficult challenges to meet. There are usually regrets and

recriminations among some of the survivors on any of a number of levels. Frequently, a scapegoat is sought to ameliorate these feelings and the one closest at hand is the patient's physician—particularly if that physician happens to be of one of the alternative schools. While members the immediate family may understand that I did all possible to help their loved one, some distant relative may have an old axe to grind and attempt to make trouble for both the doctor and the family. Toward the end of my active cancer career, the aftermath of treating these patients became so distasteful that I decided against such an adversarial practice. For the last thirty years that I have not been a player in the cancer game, I have been an active and avid observer and in this chapter I will discuss some of my findings and conclusions of the last forty years.

The Economics of Cancer

Cancer is the cash cow of orthodox medicine, particularly for the surgeon. It has been estimated that if a cure for cancer was discovered tomorrow, half of the surgeons in the country would be out of work in a month. Therefore, on this basis of interest alone, the medical profession has little reason to search for, find or promote a cure for cancer. In fact, except for the patients, there are very few who really want to find a cure or even to reduce the cancer rate in our nation.

Certainly the politicians do not want to do so since they receive large contributions from those organizations who want to continue to sell products that have been proven time and again to be cancer-causing. Tobacco is the best known of these but it is only the tip of the iceberg. However, it remains the poster child of this political hypocrisy. Until we see our local and national politicians take a more positive stand in favor of the health of the American people, we have to assume that the majority of them are on the side of pain and death in their efforts to maim and destroy our citizens. We realize that questions of freedom and free will are involved in these matters, and if this is the philosophy of a politician I can understand his view. But if this is so I certainly would not expect him to accept funds from any of the producers of these cancer-forming products. But even here we can state unequivocally that these individuals are not interested in preventing cancer; that is the point of our discussion. If you are one of the four Americans who develops cancer, I

wonder just how much solace you are going to get from the fact that your legislator, who had the power to prevent the product that gave you your cancer from being marketed, did so out of a desire to uphold your American rights.

Do the drug companies want a cure for cancer? Not necessarily. What they do want are expensive patented drugs that can be used for amelioration of pain and for prolongation of life so that they can continue to reap profits as long as possible, but they have little desire to create a real cure. With a true cure all profit stops for them. They are not going to make their stockholders happy that way.

The interests of the Food and Drug Administration (FDA) are basically those of the large drug companies. This symbiosis was clarified not too long ago when the head of this bureau made a statement to the effect that the FDA needed to inhibit any efforts to create a situation that could create a “disincentive” for the large drug companies to create their expensive patented drug products. At the time he was talking about nutritional supplements and herbals. He wanted to be certain that the American public did not find a way to help or cure themselves without having to pay the toll the large drug companies demand.

“Surely,” you ask, “are there not researchers who are attempting to find a true cure for cancer?” There may be, but, remember, the vast majority of research in this country is funded by those groups mentioned above. Even that which is carried out by independent researchers is usually partially or wholly funded by these groups, and the old saw, “He who pays the piper calls the tune,” is as true today as when it was first penned.

But what about the insurance companies? They pay out billions for cancer treatment, surely they are working for a cure. At first blush one may think that the insurance companies would be the ones to push a cure for cancer. Yet if we examine the way they work we can see that this is not necessarily the case. Insurance works on an actuarial format. That is, the companies first calculate all the possible costs and obligations in a particular situation and adjust their premiums to match these costs after adding a healthy profit for themselves. Therefore, the health risks really don’t matter to them since these risks are calculated into their business protocol. In this way they function similarly to a Las Vegas casino in that no matter what the action is they can count on their percentage.

As you see, there are few people in our nation who really want cancer to be prevented or cured. Admittedly, this even includes a good portion of those most likely at risk. By this time we all know the cancer dangers of cigarette smoking and yet the sales of the tobacco companies are still high. In other words, even those at high risk are often willing to roll the dice and hope that they will not be the one out of four that develops cancer. And so the game of cancer roulette goes on. The doctors, the politicians, the drug companies, the researchers and the insurance companies get rich and the American public pays the bill, both in money and in pain and suffering. This is cancer as we know it. Perhaps some day the leaders in our country will discover integrity and compassion and this scenario will change but we see little sign of this in the near future.

Therefore, it is up to the patient to take control of his or her own cancer decisions if he or she is to receive the best care available. This was brought home to me just recently as I listened to a video recording of woman testifying before a Congressional committee on health care. She painfully told the story of how she had attempted to follow the rules for breast examination by having yearly mammograms. In 1987 she was told her mammogram was normal even though she could feel a lump. Her doctor told her not worry. By 1988 her lump was larger and she thought she could detect some dimpling around the nipple. However, her 1988 yearly mammogram came back "no malignancy." She complained to her doctor that she could feel the lump steadily growing and the nipple dimpling increasing. He checked the mammogram reports (not the x-rays) and again told her not to worry. As 1989 advanced she became more and more concerned and attempted to obtain the past mammograms so she could take them to a different authority. The x-ray lab told her they had lost the films. Since by this time it was only three months until her 1989 mammogram was scheduled she decided to wait and not make further fuss even though the lump and dimpling continued to increase. When she finally received the results of her 1989 films, as she feared, they showed a rather far advanced malignancy in her breast. Her doctor operated immediately but it was too late. The tumor by now had metastasized throughout her body. Later she was able to get a hold of the "lost" films of 1987 and 1988. When these previous films were checked by competent authorities they all found cancer in them. A cancer that

might have been removed and a cure achieved.

When this woman was testifying she knew that she was terminal and that the system had failed her. Before she died of cancer, this woman did all she could to change the system but, for the reasons mentioned above, she had little chance of doing this as long as it is to the advantage of the system to continue as before. As Ben Franklin said, “If you would persuade, speak not of reason but of interest.”

As this woman discovered, and as more and more patients are discovering, the system is not to be trusted. The patient has to take his health and life into his own hands at every juncture. Professionals with experience can tell you what they know, but it is better left to the patient to make the final decision.

What I Have Discovered about Cancer Statistics

Nor are most of the freely published statistics about cancer to be trusted. They are frequently interpreted in such a manner as to imply that real progress is being made in the fight against cancer when this is simply not true. Most of these statistics include cancers that are of a very low malignancy, which in most cases would never cause morbidity or mortality even if no treatment was given. These include most of the skin cancers¹ with the exception of the highly malignant melanoma.² Since these malignancies are very common

¹ Most skin cancers, with the exception of melanoma, are usually of a low malignancy and, in general, are removed for cosmetic reasons rather than for fear of metastasis. Usually their removal is too expensive and is covered by most insurance and so we have little argument with this route.

² Melanomas are a different ball of wax from all the other skin cancers. They are one of the most malignant of all tumors and need to be removed as soon as they are discovered. They can be distinguished from other skin lesions by their deep black color. They often look as if black india ink has been injected under the skin. If you see this sign, get to your doctor as fast as your legs will carry you. If he has not the time to see you right away, find one who will. Here, immediate removal is the way to go unless the tumor has obviously metastasized. If it has then you might consider alternative therapies from the beginning. The rationale here is that, in my experience, removal of a metastasized cancer frequently makes the whole process worse. That is, if the doctor is pretty certain that a tumor has metastasized, it might be less traumatic for the patient to treat that tumor by nontoxic alternative methods than to go for traditional destructive procedures.

and almost one-hundred percent cured by simple removal, if they are included in cancer statistics the cure rate percentage goes up dramatically. When you hear about cure rates of eighty-five to ninety per cent you can be certain that the majority of those cancers were the more or less innocuous skin lesions and such things as low malignancy colon polyps.

The rates of recovery for the common internal organ cancers is something entirely different. The cure rate here is usually under five per cent and has not changed for decades. Interestingly, this cure rate is not that much different than the rate of spontaneous remission. That is, malignancies that just go away without treatment or with treatment by nontraditional methods.

Breast Cancer

Perhaps no other cancer concerns women more than breast cancer. Over the years I have watched various changes in therapy and technique with very little change in the final results. Some women are able to survive surgery and live long lives and some do not. For some time I have attempted to discover what the differences were between these women. A break in this effort came a few years ago when a research team made the statement that they had discovered *that breast cancer was always a systemic disease*. This discovery made news for a short time but then it was heard of no more. I could not help but wonder if the powers that be in the medical world got to these men and did what ever was necessary to still their voice. Why would the medical establishment desire to bury this research? For the simple reason that if breast cancer were truly always a systemic disease then breast removal would have no value and be only a deforming barbaric attempt to make money on a woman's fears.

On the other side of the coin, however, I know of many women who have had successful breast removal and even success with the less-deforming lumpectomy. If breast cancer were always a systemic disease, how are these success stories explained? While I have not had the advantage of a large research facility at my disposal, I do have some opinions about this matter that may be of help to those with an interest in this subject.

Breast cancer may be divided into two major groups, the systemic and the nonsystemic. If a patient has the systemic type,

surgery of any kind is probably contraindicated since experience shows that it only spreads the cancer more rapidly to sites that might not have been involved had no surgical intervention been attempted. On the other hand, the nonsystemic form of breast cancer is rather innocuous compared with the systemic type and surgery is universally successful whether a lumpectomy is used or more radical deforming practices are employed.

As a naturopathic physician I have had an opportunity to follow cases of both systemic and nonsystemic breast cancer patients who have *not* had the usual surgical procedures as well as those who have had these procedures. The results of this comparison are most interesting. We have found that it seems to matter little what treatment is given for those women who have nonsystemic breast cancer. In most cases the body seems to be able to contain the tumor but for the peace of mind of the woman we usually recommended the lesion be removed by the least-deforming method possible. This has been almost universally successful and, to us, is the reason that the statistics for successful breast cancer surgery have been so high. I am not certain that it matters when, or even if, some of these lesions are removed since the malignancy is so low. But, for the sake of the woman's emotional well-being they probably should be removed.

The situation regarding systemic breast cancers is a different matter altogether. Since the condition is systemic to begin with surgery can have little effect except to spread the malignancy faster and to many more areas than might have happened otherwise. This has been proven time and again in my own practice. It is rare to find a systemic breast cancer patient who lives more than two years following surgery. Not only is their time short but it usually is miserable as multiple metastases occur in various organs of the body encouraging the treating physicians to recommend more useless debilitating surgery, destructive radiation or toxic chemotherapy. It has been my experience that these therapies only add insult to injury and the patient is all too relieved when the final curtain is drawn.

Not too surprisingly, those patients with systemic breast cancer who do not have surgery, radiation or conventional chemotherapy seem to have a much longer survival rate (from eight to twelve years after the discovery of the cancer) and also far fewer metastases and pain. What seems to happen is that the tumor is localized in the breast and the spread is controlled by the lymph nodes. In time, the

tumor will break through the surface of the breast skin and not look very nice but the patient continues to live and function. The breast needs to be dressed each day and the smell is not all that delightful but the patient is able to work and take care of her family.

Do I recommend that women with systemic breast cancer not have it treated by orthodox means? No! But I do think that they should know the facts and make up their minds for themselves. In the case of the woman mentioned before who had a misdiagnosed mammogram, there is little doubt in my mind that the physicians who did the surgery knew exactly what the final result would be. Should she not have had an opportunity to decide if she wanted to live with her tumor or not? I think so. I think all systemic breast cancer patients should be told these facts and given a choice. After all, isn't that what America is all about?³

Conclusion: What to Do

There is nothing nice about any cancer. It is a real meany. But there are things you can do to lessen its sting.

Most of the present treatment of cancer is what I would call destructive. The emphasis is on destroying the cancer cell by removal, death by radiation or by the poison of chemotherapy. There are those of us who believe that the future will look upon this approach as barbaric. The cancer cell is a rebel cell. Rebels of all kinds can be killed, irradiated and poisoned to remove them from society, but unless the causes of the rebellion are sought and corrected, it will continue. This is the state of cancer in the world today. It is time to seek the causes (the real causes not just the precipitating effects) of cancer and then take measures to correct them. There are nations that have very little cancer. The money that is now going for bigger weapons to kill cancer cells (as well as normal body cells) could well be better spent studying just why this is so and then let peoples everywhere in on the secret so they can decide if they

³ Regarding breast cancer, I cannot think of any other cancer that is so commercialized. Not only do the doctors get paid to remove the breast but they also get paid for doing reconstruction. One can but wonder how much of this is really necessary. I would think the temptation to see need for breast removal nearly everywhere could be very great for these surgeons. After all, the cost of owning a top-of-the-line Mercedes or a BMW seems to go up each year.

want to follow such a lifestyle. Is this too much to ask? But, as mentioned before, where would be the profit in that? Since the bottom line of cancer research and treatment is always money there is very little chance of this until those with the interests of humanity in their hearts come to power. At this time, in the last analysis, every patient must learn to think for himself or herself. The doctors are not necessarily on his or her side. We should always be wary of the advice of those who stand to profit from that advice. I realize that this is a sad commentary on life today but a true one in most instances. Remember Ben Franklin's insistence of interest over reason.

What is a cancer patient to do? Whom can they trust? First, always seek a second or third opinion from a knowledgeable person who has nothing to gain from the advice. Many patients are finding the World Wide Web of the Internet to be a very useful source for this information. Frequently, you can contact patients who have, or have had, your type of cancer and you can discover from them the validity of the advice your regular doctors are giving you. If your doctor knows ahead of time that you will doing this he may well be a little more open and honest in his appraisal of your condition.



