An Integrative and Naturopathic Approach to Breast Cancer

By Prof. Serge Jurasunas, N.D., M.D. (Hom.)

Editor’s note: For more than three decades, Serge Jurasunas ND has pioneered naturopathic and integrative treatments of cancer in Portugal. His patients are among Europe’s lengthiest survivors. As iridologist, Prof. Jurasunas also helped to introduce high-resolution optical microscopy into Portugal and has correlated findings in blood tests carried out with such systems with iridology to come up with diagnostics of cancer often in advance of clinical symptoms. In the ensuing article he discusses various approaches he has used in breast cancer.

He may be reached through:

Holiterapias
Rua da Misericórdia, 137 – 1º, 1200 Lisbon, Portugal
Tel: + 351 21 347 11 17, Fax: 351 21 347 11 19
Email: natiris@mail.telepac.pt

Published by:
Natipress - Publicações e Comunicações, Lda.
Centro Empresarial Sintra - Estoril VIII, Fracções A e B
Estrada de Albarraque - Linhó
2710-297 SINTRA
Phone: 351 21 9108490
Fax: 351 21 9108499

All reprinting, reproduction, duplication and distribution of this work, including parts of illustrations, or use in lectures, are not allowed without the express permission of the author.
I am not specifically a research scientist, even though I have done many studies in various avenues of cancer research. I have been involved in the art and science of healing for 35 years as a naturopathic practitioner during which time I have treated many cancer patients with a wide range of “alternative” methods, including those I have developed.

I thus have reflected deeply on how cancer comes about and specifically, how breast cancer should be individually treated.

As the New Millennium began it was obvious that the usual approaches to breast cancer were mostly failing most of the time and that mammary malignancy is still the number-one killer of women. Hence, we are far from the optimism generated by institutionalised cancer research more than two decades ago when there were predictions that by the year 2000 cancer would finally be conquered.

More than any other expression of malignancy, breast cancer is an emotional disease, which for women is a terribly depressive condition, often demands mutilation, then aggressive treatment, a lengthy period of painful illness, a time of hope, then recurrence and, ultimately, death.

Faced with the breast cancer disaster, I believe there is a greater need than ever to link up different medical points of view and diverse treatment strategies. At the very least, it is obvious that breast cancer requires an alternative approach to the historical treatment options of surgery, chemotherapy and radiation.
**Local disease**

A surgeon can, with relative care, remove a primary tumor or perform a mastectomy (whole breast removal and that of nearby lymph nodes), but once breast cancer has begun to metastasise it appears in so many places that cure by surgery is impossible.

The bad news is that 100 percent of the tumor can never be excised and that some 0.1 percent of tumor tissue remains following surgery (10^6 cells). Following surgery with silicone breast implants is hardly the right way to go, either: such structures cause functional immune impairment, serious infection and localised new tumor growths. (1)

![Diagram](0,1\% \text{ after surgery})

There is abundant evidence that conventional treatment by chemotherapy and radiation may seriously damage healthy tissues, including the bone marrow, and increase oxidative stress leading to immune deficiency, the induction of secondary tumors and acceleration of the metastatic process. Some “fast-turnover” tumors may even grow under chemotherapy.

Chemotherapy reacts with cellular genetic material (DNA) by producing cross-linkage of bases in DNA strands, an activity which blocks the replication of nuclear DNA during mitosis (cell division).

Chemotherapy also is highly toxic since it is non-selective and damages healthy cells in the same way it is supposed to kill tumor cells. It also suppresses and damages the immune system to the degree that some patients, hobbled by a devastated immune system, may die not from cancer but from infections.

These treatments often provide only temporary improvement. Many patients are not aware that the disease it puts into remission only to reappear in the future. However, conventional treatment with chemotherapy and radiation are frequently effective in helping breast cancer patients to survive for the first years following surgery.
Local disease/conventional therapy

At the first diagnosis about a third of breast cancer patients already have metastases to lymph nodes which will further colonize in the lungs, bones, liver and brain.

The spread of metastases is usually determined by the location and size of the tumor and the number of lymph nodes that have been invaded.

Surgery is 70 percent responsible for the risk of metastasis.

Forty to 60 percent of patients develop metastases during breast cancer treatment, in 80 percent of cases response to chemotherapy is only partial, biopsies alone, may cause metastases, and development of secondary tumors is 25 times the expected rate when radiation and chemotherapy are used jointly. (3) (4) (5) (6) (7) (8)

National Institutes of Health (NIH/USA) researcher Candance Pert PhD and researcher Jean Achterberg PhD have probed the links between attitudes and brain components in relationship to cancer.

The former investigated links between catecholamines, endorphins and other brain chemicals. The latter demonstrated a clear link between cancer patients’ attitudes and their quality of life. (9)

My own experience is that radiation and chemotherapy are of limited value. They may reduce a tumor over a limited period of time, but not only will the tumor start growing again but also the spread of metastases and appearance of secondary tumors at distant sites are stimulated.

Prof. Manfred Van Ardenne has explained that chemotherapy damages host defence mechanisms and encourages both metastasis and tumor growth. (10)

Most of my cases involve women who had relapses and secondary tumors or metastases to the lungs, bones, liver and brain. The time to reactivation of the dormant cancer has varied from one year to 10 or more.

The level of the defence system, stress status, dietary habits, immune deficiency and the condition of the entire body all exert decisive influence on the manifestations of recurrence and metastasis. Prevention is necessary not only to avoid cancer but also to prevent its recurrence. New rounds of chemotherapy may be fatal since in a recurrence in a body already wrecked with cancer and/or its aggressive treatment response to further toxic therapy will be poor at best.

In dealing with cancer, we must understand that it is a total-body problem and that it needs a total-body response.

As an example, breast cancer appears to be a hormonal disease, since breasts are glands regulated by sex hormones. Physicians routinely administer antiestrogens to women with breast cancer – but hormone therapy frequently turns out to be ineffective because the body is not considered as a whole, liver function may be ignored, and there often is no recognition that good nutrition comes first.

For the last hundred years science has spent a considerable amount of time studying cell physiology and disease mechanisms while forgetting about or ignoring the body itself and certain important organs within the body in terms of how they relate to overall health.

As a striking example, the bowel may play a role in the development of various diseases. From the standpoint of iridology, one of my specialities, it has always been obvious that intestinal dysfunction is related to virtually all organic/chronic and degenerative conditions.

There is a relationship between the bowel and most organs: embryology leaves no doubt about that. There are connections between the intestine, nervous system and the brain. Bowel imbalances lead to autointoxication, which disturbs the nervous system and energy, transfer to every organ of the body. Electromagnetic impulses are transferred from intestinal neurons to the brain through the nervous system.

Up to now, the intestine has been a neglected organ, but recently Michael Gershon, a physician and professor at the Department of Anatomy and Cellular Biology, Columbia University, discovered that the intestine is connected to the brain and contains about 100 millions neurons as well as 70 to 80 percent of the body’s immune cells.

Our medical group always has found that breast cancer patients have a very low energy level, as confirmed by the Vega DHM724 test. This modern apparatus evaluates the energy levels of the brain and large and small intestines. Since low energy levels are demonstrated in both areas it is obvious that such patients have underactive and toxic bowels.
Female of 40 years old, with breast carcinoma, undergone with four chemotherapy sessions before surgery, following by radiation. The Vega DFM 722 shows very low brain energy profile in shunts 1-2-3 while too high in shunts 4-5-6-7 and unstable.
Based on these observations I developed a "chart of toxins and energy transfer in breast cancer" which, among other things, correlates with Chinese medicine when it asserts that breast cancer is more of an emotional disease than any other expression of cancer.
Tumor recurrence is thus accompanied by a dramatic loss of energy throughout the body with
decreases detectable in the body as well as the brain. This leads to depression and anxiety, which
depress organic function, particularly in the liver and immune system.

In Chinese medicine, worry and depression lead to splenic injury and weakness, and depression
affects the liver. (11)

All of this confirms the ancient observation by Plato that “we cannot attempt to cure one part
of the body without treating the others. We cannot attempt to cure the body if we forget the soul.”

Ayurvedic and Chinese medicine consider both the patient and the disease as a whole and
utilize integrative approaches similar to our own naturopathic system.

Early in my practice, I discovered that cancer involves multifactorial causes and that a tumor
is essentially not a local disease. I of course am not the only one to espouse this idea. My late mentor,
Dr. Bernard Jensen, pointed out that logically a tumor is part of the entire body and thus has developed,
reacted and grow according to some abnormal dysfunction.

The lesson for aggressive therapy is clear here: we cannot expect to reserve a tumor if we
damage the entire body.

Controversial new techniques developed in the USA and South Africa utilize a combination of
high-dose chemotherapy and bone marrow transplants in women with metastatic breast cancer.
Unfortunately, this approach kills more patients than tumors.

Apparently, Dr. Wener Bezwoda of the University of Witwatersand, South Africa, falsified
data in 1995 concerning this dangerous new approach. It was an example of following the wrong
path: finding a magic bullet to kill a tumor.

Rather than using destructive treatments, we should be helping the body regenerate and
participate by itself in the destruction and/or reversal of tumor cells.

The new world of genetics is far from being able to explain why and how a tumor begins and
grows. Some doctors believe that a tumor is not the disease but the symptom of a whole-body
disease under degenerative conditions.

We have reason to believe that the brain itself may have something to do with the origin of a
tumor since it is now proven that stress and anxiety depress immune response. We will discover that
poor electrical impulses may disturb cell membranes and cellular communication and thereby favor
abnormal processes, cellular dysfunction and poor resistance to a virus, for example, which may
damage DNA genetic information and stimulate a malignancy.
Cancer and chronic/degenerative disorders

In virtually every cancer case, there is damage to the intestine, liver, thyroid, nerve and bowel function. Based on a survey I did on ever one thousand cases, it was clear that a cancer patient is basically not a healthy patient to begin with. We may assume that between 50 and 75 percent of their health status has already been compromised and that as many as 50 percent of their total body cells are not functioning properly.

Embryological standpoint of the relationship between the bowel, nervous system, lymphatic circulation and breast
According to the late Dr. Catherine Kousmine, a Russian doctor whom I know personally and who had authored best-selling books based on his work with cancer over a half century, of 216 cases she treated in 1987 only six appeared to have no organic disorders.

Dr. Jean Claude Salomon, a French oncologist at the National Centers for Scientific Research, stated that “the notion that cancer is a localized disease which tends to spread and become general may be countered by the idea that cancer is a general disease which determines a local tumor”. (12)

This opinion from a cancer specialist came in time to correlate with similar, earlier theories along the same lines.

**Breast cancer and chronic constipation**

My own long-time observations have made it clear to me that there is a definitive correlation between breast cancer and chronic constipation.
We hardly ever encounter a case of breast cancer in which the patient had good bowel function, which is naturally true for colon cancer as well.

In terms of breast cancer, the link may be not only the accumulation of toxins but also carcinogens produced by bacteria and other chemical substances and abnormal, non-digested molecules, which leech into the circulatory system through, damaged mucous membranes. A bowel transit time greater than 48 hours allows such substances to produce carcinogens and invade the body.

The past 60 years have turned away from the evidence and the convictions of respected physicians of an earlier time, namely that food habits and intestinal stasis are fundamental considerations in understanding cancer.

I myself have spent nearly thirty years studying and observing the correlations between food habits, constipation and breast cancer and am aware that such strong links exist.

In fact, studies at the University of California – San Francisco School of Medicine implied the possibility that bowel dysfunction is a cause of cancer, a finding which pointed to the links between a high-fat, low-fiber diet and an increased risk of breast cancer. A high-fat diet also means fewer portions of fruits and vegetables.

The study of 1,481 non-nursing women revealed that chronic constipation is linked to abnormal cells found in breast fluids. (13)

My modest research contribution includes the observation of peripheral blood through smears from breast cancer patients observed through high-resolution microscopy. Careful observations made at different time intervals – such as 20, 30, 40 and 60 minutes, even 24 hours – revealed numerous pathogenic microorganisms, which grew and invaded the blood smear.

An illustrative example: a 54-year-old woman whom I had seen years earlier for other problems finally came to me for a consultation on breast cancer.

When I first saw her, she was not complaining specifically about bowel problems even through she was having bowel movements only once every three days.

Upon examining her iris, I found a characteristic high-risk pattern or profile of breast cancer, I warned her about this, but it was four years before the tumor developed.

There are two lessons here: first, we must revisit the theory of links between bowel condition and breast cancer, and second, certain examination techniques, as advanced microscopy and iridology, my detect the malignant process long before clinical symptoms appear.

**Iridology**

Iridology, while frequently damned by the Western medical orthodoxy, is of extreme utility to the practitioner since it allows the visualization of the condition of the whole body and, in terms of breast cancer, provides vital profiling information.
The iris of the eye is an external mirror, which reflects both normal and abnormal conditions, and hereditary/genetic weakness, which may develop over the years into some type of illness.

Iridology indicates how each organ connects with another and how one can affect another through a reflex action involving the autonomic nervous system. Through iridology we realize that the body is not divided up into parts and that no organ is separate from the rest of the body. In an important aspect, iridology locally observes the large and small bowel areas where inherent weaknesses can be detected and where toxins are most likely to accumulate.

Undigested industrial foods linger longer in the digestive tract, producing free radicals and toxins. The liver, our major defence against the same, detoxifies excess toxins entering the blood circulation. Iridological examination may reveal a sluggish liver overloaded with toxins originating in a toxic intestine.

Such bowel segments always appear darker in the iris, with tiny radiating lines joining the bowel to a specific organ. In an iris chart, between 3 and 3:30 o’clock on the left side, the mammary area is directly opposite the descending colon (8:30 to 9 o’clock on the right side) where most toxins and carcinogens usually accumulate.

We may also see specific signs radiating from the descending colon and penetrating the mammary zone; this portion of the descending colon appears darker than other parts of the bowel.
In many cases, such as those with brown-colored irises, the entire intestine appears very dark with radiation lines indicating serious toxaemia.

In a blue-colored iris, fiber appears more pronounced near the mammary area with white puffy cloud-like structure around the periphery, which corresponds to lymphatic congestion and high acidity.

Another specific tumor sign is a defect visible as white in the form of a transversal sign between 3 and 3:30 o’clock in the left iris and 8:30 to 9 o’clock in the right iris, usually indicative of a hereditary malignant tendency in the family. Its exact location depends on the tumor’s position. As iris fibers appear narrowed near the transverse colon it is probably associated with high oxidation and free radical activity.
The brain area visible in the left iris between 11 and 10 o’clock may demonstrate numerous very white, dense fibers, indicating nerve dysfunction, anxiety and depression. Autonomic nerve distribution around the transverse colon is sometimes yellow or orange in color and this may be due to drug administration.

F. 28 years old  
Left iris – blue iris  
Carcinoma of the left breast.

We can observe in this particular left iris a dysfunction of the descending colon specially from 2:30 to 4:00 o’clock. There is direct connection between the colon and the breast area about 3:30 involving some unusual chemical deposit in the colon which literally spread to the breast area. Again we have a blue iris, reflecting a very acidic and high oxidation process. In such cases I use the oxidative urine test to check the level of free radicals activity.
Further observations may find a cluster of chemical substances in the bowel area around the autonomic nerves, especially those opposite the mammary area. But this cluster usually red or yellow may also appear above the transverse colon covering the anatomic nerve wreath and indicates brain dysfunction.

A deep brown color in the intestine may correspond to high lipid levels.

Lipid strand observed in a case of breast cancer. Most breast cancer cases show up in the peripheral blood smear lipid strand.

In 1973, researchers reported a significant correlation between breast and colon cancer and total fat and animal protein. This was intriguing since in the iris breast and colon cancer share similarities. Curious about this finding, I began to do some blood studies, which, to my surprise, showed there is a high level of lipids in both “forms” of cancer.
Other conditions detectable through iris observation include:

- Thyroid dysfunction
- Lymphatic congestion
- Nervous tension and oxidative stress (the “nerve ring”)
- Nervous system dysfunction
- Toxic drug accumulation
- High acidity

The nerve ring usually reveals a middle to high stress condition depending on the quantity visible in the iris.

I conducted research to evaluate the correlation between the nerve ring, free radical activity and low antioxidant status in breast cancer patients. One of the tests used was a urine test to profile the level of oxidation. It showed that many nerve rings correlate with increased free radical activity.

Theoretical views on breast cancer

A. Breast cancer is more frequent on the left than the right side, and in the upper quadrant.

B. A determining factor may be the degeneration of surrounding mammary tissue.

C. The accumulation of food macromolecules in the extracellular environment or the cell membrane may damage cellular function and interfere with cellular communication.

D. Bacterial invasion may affect nearby solid tissue and promote malignancy or be indirectly responsible for tumor initiation.

E. Progression of a growing tumor and its sequelae depend on the interactions of malignant cells, macrophages, T-cells, mastocytes and adjacent tissue (stroma).

F. Anxiety, depressive conditions, nervous tension and social stress may be among factors associated with tumor growth.

G. Poor nutritional status, oxidative stress and inadequate antioxidants are among recognized causes of breast cancer.

H. Tobacco smoking, increased oxidative stress, lower O₂ status, may induce breaks in DNA strands and initiate the tumor process.
**Biological regeneration and detoxification**

As we have seen, breast cancer is a reflection of chronic degenerative dysfunction, nerve dysfunction, oxidative stress, toxemia, low energy and poor nutritional status. So even at first glance, breast cancer must be treated as a whole-body disease and the multiple causes must be attacked at their origins.

**Cancer basic approaches 2**

**Multi-step-therapy**

<table>
<thead>
<tr>
<th>Specific Therapies</th>
<th>Energy level</th>
<th>Intestine Colon Digestion</th>
<th>Liver</th>
<th>Kidney</th>
<th>Lung</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoga exercises</td>
<td></td>
<td>Detoxification blood and lymphatic system</td>
<td></td>
<td>Clean water</td>
<td>Fresh air</td>
</tr>
<tr>
<td>Rest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td></td>
<td>Biological Regeneration</td>
<td></td>
<td>Nutrition Diet Organic Food</td>
<td></td>
</tr>
<tr>
<td>Musictherapy</td>
<td></td>
<td>Increasing cellular respiration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot baths</td>
<td></td>
<td>Immune stimulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treating cancer as a whole disease demands therapeutic order, and I came to the conclusion that therapeutic order creates a stepwise guide for the doctor to follow. Biological regeneration and detoxification are first on the list.
Detoxification

Elimination is a biological necessity and the balance between ingested and expelled toxins dominates the process.

For the past 30 years I have included a detoxification program in my cancer protocols since toxins can produce severe cellular dysfunction, disrupt hormone function, damage phase II liver mitochondria, affect the nervous system and decrease energy levels throughout the body.

The method

- 3 days eating only fruit
- 2 days taking only fresh vegetable juice.
- Enzyme yeast cells
- Apple juice concentrate
- Liquid chlorophyll
- Digestive enzymes
- Fresh bamboo extract – (an SOD analogue, this extract enhances the redox system)
- Clean water or best “energy water” purified with the SGES filter (super grow energy stone).
- Hot baths such as SGES (see below) are highly detoxifying and increase energy.
- The SGES (super grow energy stone) a stone discovered in the mountain of Kyushu Island in Japan which increase the energy of cells, act as antioxidant with SOD molecule property and inhibit tumor cells. (14)
- Whole organic and functional foods.
- Herbal or coffee enemas.
- Exercises, rest, fresh air.

Observations: Coffee enemas are known to increase glutathione – S – transferase in the small bowel and 600 percent in the liver, thus stimulating detoxification. (15)

Functional foods such as Brussels sprouts, broccoli and sprouting seeds enhance detoxification. (16) (17)

Increasing energy levels in patients

One of the first steps in our breast cancer protocol is increasing the total energy level. Such patients usually have a poor QI score (18) since the abdomen (intestine/bladder/liver/pancreas) is at the care of energy production.

- Relaxation, acupuncture, Yoga and other Oriental techniques are helpful.

In my practice I use the following supplements as energy booster:

- Glutathione
- NADH (the reduced form of nicotinamide adenine dinucleotid)
- SOD (Superoxide dismutate)
- Coenzyme Q10
- Nucleic acid
- SGES in oral form and baths
- Taurine

Observations:

Glutathione and taurine may be used as intramuscular injections for better results. (mixed 2cc Glutathione with 1cc Taurine)

The SGES bath increases energy as detoxification correlates with nerve regulation. SGES drinking water increases the total energy level.
Treatment before surgery (one month)

Patient recommendations: Be positive, reduce anxiety, read books, drink large quantities of fresh vegetable juice and chlorophyll to increase the redox and oxygen supply to protect against infection. Green vegetables are rich in Vitamin C, which is needed to combat infection and strengthen collagen.

A bath with SGES powder or ceramic stones helps detoxify and energize.

Supplementation

To strengthen connective tissue and collagen, therapy reduce the risk of metastasis: enzyme yeast cells, vitamin C and E, proteaglycans, vitamin B complex, Green grass, sun-chlorella, green tea, liquid shark cartilage (help interfere with tumor angiogenesis) snake venom.

Regular adjuvant breast cancer protocol

Patient recommendations: Be positive, reduce stress load, read spiritual books, do psychotherapy exercises, music therapy, physical exercise, follow a diet rich in antioxidants.

- Protect healthy cells such as those in the gut, bone marrow and liver from chemotherapy and radiation.

- Detoxify the system after each chemotherapy treatment.

- Increase immune defence.

Observations:

Patients with solid malignancies and large tumor burdens have decreased NK (natural killer) cell activity in the circulatory system. Low NK cell activity may be significantly associated with the development of distant metastases, as detailed in studies of patients treated for metastases. (Whiteside and Heberman 1990)

Levels of antioxidants should be increased since chemotherapy decreases them as large tumor burdens increase oxidative stress. It has been proven that antioxidants can modify NK cell activity. (19) Antioxidant supplementation hence not only helps inactivate free radicals but also increases NK cell activity.

In my practice I use low-molecular-weight antioxidants to protect tissues and cellular DNA from radiation and chemotherapy damage. These antioxidants – with SOD in first place – may possibly reverse malignancy. SOD induces cell differentiation, division and apoptosis and also protects gene p53 – thought to play a decisive role in the malignant transformation of a cell – against free radicals. It has also been demonstrated that my preparation Anoxe (see below) helps increase NK cell activity in breast cancer patients.
Enzyme yeast cells (“Zell-oxygen”)

This proprietary biological preparation, made from active enzyme yeast cells, comes first in the order of therapy since it promotes biological regeneration and detoxification.

Several lines of research strongly suggest that the cause of cancer is the body’s inability to deal with multiple insults from toxins. (20)


Through various mechanisms toxins interfere with cellular DNA repair potential causing the cell to become defective and undergo mutation.

Toxic metals such as mercury and chemicals used as pesticides and herbicides are correlated with cancer.

The message is that patients should detoxify their cells and tissues by stimulating detoxifications mechanisms in the body thus reducing the build-up of toxins so the body can begin to repair itself.

Actions of enzyme yeast cells

They:
- detoxify, regenerate and stimulate the small and large intestines.
- stimulate the liver detoxification process.
- reactivate various biological and chemical processes.

This special preparation induces significant detoxification, eliminates toxic substances, stimulates the respiratory chain, and increases immune function. It also reduces blood clot formation and platelets and thereby decreases inflammation while favoring microcirculation and oxygen supply to tissues.

The preparation also acts as a strong antioxidant barrier against free radicals while rejuvenating the whole body. (21)

ADMINISTRATION: 20 ml x 3 times daily, mixed with fresh vegetable juice and liquid chlorophyll.

SGES therapy

“Super growth energy stone” is defined as a “new” stone capable of emitting far-infrared radiation of 4-14 microns wavelength to remove toxic metals from the body, inactive tumor cells while activating healthy cells.

SGES has a notable capacity in the inhibition of lipid peroxides, thus influencing antioxidant functions similar to the way SOD does. SGES is used in special water filters to remove all toxic metals, modify the molecular structure of water for improved cellular absorption and increase its antioxidant properties.

Research in Japan by Dr. T. Hotta, Hotta Hospital Kyoto, shows how such water increases immune resistance and activates the kidneys and metabolic functions. Dr. Hotta is one of the Japan’s most famous physicians specialising in cancer treatment. He treats thousands of patients each year at this hospital. Dr. Hotta has been using SGES water as a cancer treatment.

Having used this “new stone” over the past height years I have found it particularly effective in breast and lung cancer.

Its multiple benefits of inactivation of tumor cells, increasing energy, anti-inflammatory effects, inactivation of oxidized lipids and elimination of toxic metals make it a major weapon in the cancer war.

ADMINISTRATION: Orally, baths (with ceramic sand), and topical application to reduce palpable tumors and eliminate pain.

It can now be said that SGES is one of the most important substances in the treatment of lung and breast cancer.

SGES, CBA, ESB

From our experience, we know that SGES in oral tablet form together with ceramic ball application (CBA) therapy reduces the size of solid tumors and that SGES oral tablets given with the “energy sand bath” (ESB) four times per week inhibits metastases.

CBA decreases or totally eliminates local pain and the need for morphine. ESB detoxifies and increases patient energy.
Anoxe (low molecular weight antioxidants)

Anoxe is a relatively new compound containing a wide range of antioxidants and various food factors and has numerous uses in cancer. (22)

Made from modified Japanese vegetables, soy, wheat germ, green tea and seeds, it contains vitamins A, C, E, beta-carotene, polyphenols, flavonoids, tanin, riboflavin, glutathione, SOD and catalase and exhibits strong SOD-like activity.

Unlike oral SOD, which is poorly absorbed and not too effective, the low-molecular–weight Anoxe is quickly absorbed and carried to target cells.

Together with other investigators I have found that Anoxe:
- is highly effective in reducing the side effects of radiation and chemotherapy;
- has a stronger lipid peroxidation inhibition capacity than many other antioxidants;
- protects against genotoxic free radicals, which inhibit the p53 suppressor gene.
- induces cell differentiation and division; (23)
- stimulates NK (natural killer) cells in the immune system;
- induces apoptosis pathways.

It has been found that the oral administration of SOD and catalase is not effective because the enzymes are poorly absorbed and rapidly degraded in the gastrointestinal tract. (24)

SOD and catalase have very short life spans in the bloodstream, with a half-life of 10 minutes. Renal excretion is the major elimination pathway. (25) (26)

However, I have found that potential effects are considerably increased when both Anoxe and the SGES stones are used together, since the latter have strong SOD like activity.

ADMINISTRATION: 18g to 27g per day according to stage of the disease.

Other elements in breast cancer protocols

FRESH BAMBOO EXTRACT, containing polysaccharides, minerals and enzymes, increase immune function and detoxifies the body and increases liver function and energy.
ADMINISTRATION: 15 ml x 3 times per day.

NUCLEIC ACID (exogenous nucleotides): Several researchers have shown that exogenous nucleotides, from nucleic acids, help repair the damage done to normal cells by anti-cancer drugs without promoting the proliferation of cancer cells. It is also clear that exogenous nucleotides play a pivotal role in nutrition and in protecting the small intestine’s epithelium from chemotherapy damage.

Some reports have shown that the activity of the anti-cancer drug 5-FU (5-fluorouracil) was enhanced, the function of bone marrow recovered and leukocyte and thrombocyte levels hardly reduced when 3g/day of DNA extracted from albino salmon (including four nucleotides in the same volume) were given to patients who had received 300 mg of 5-FU daily.

Nucleotides also have an inhibitory effect on the proliferation of cancer cells through the p53 pathway. (27)

The body cannot synthesize nucleotides de novo, hence the need for exogenous sources.

The Nucleosan formula (from albino salmon) inhibits cancer cells and provides nutritional support while reducing drug side effects.
ADMINISTRATION: Nucleosan 3g per day.

MELATONIN: Administration of this hormonal substance reduces anxiety, aids in better sleep and helps regulate endocrine balance. Since it performs actions similar to the drug Tamoxifen, primarily blocking estrogen from stimulating the growth of breast cancer cells, it is not surprising that is one study breast cancer cells, it is not surprising that in one study Tamoxifen together with 20 mg of melatonin turned in impressive results in cases of advanced cancer in which Tamoxifen alone was of no benefit (British journal of cancer citation).

ADMINISTRATION: 10 to 20 mg at bedtime.

DANDELION ROOTS: Used to stimulate the liver, dandelion root also helps detoxify the lymph system of the breast and nearby tissues. In vitro research has shown that dandelion has an anti-tumor effect.(Yakugaku Zasshi 1981)

ADMINISTRATION: 1 tablet of 1000 mg 3 x daily.
SQUALENE (SHARK LIVER OIL): Squalene is known to help protect against radiation therapy, induces genetic repair and increases the level of DHEA hormone. DHEA levels are low in breast cancer and decrease even more during stressful conditions before surgery and during chemotherapy. Lowered DHEA leads to depression and feelings of hopelessness.

**ADMINISTRATION:** 3 capsules x daily.

**Additional therapies in advanced cases**

CAR-T-CELLS – The liquid or frozen forms of shark cartilage have the ability to interfere with tumor angiogenesis.

**ADMINISTRATION:** One ampoule on the tongue before breakfast to be swallowed over five minutes. (The freeze-dried form is also effective in enema retention at 30 to 40 g per enema).

HORVI 33-300 – This snake venom product contains the protein contartrostine which inhibits tissue adhesion and invasion by tumor cells as well as angiogenesis. It has been shown to reduce 90 percent of lung metastases in breast cancer cases.

Horvi 33-300 is also an excellent painkiller and a substitute for morphine. In several advanced cases, using Horvi together with ceramic ball application (CBA) and Anoxe we have been able to eliminate the use of morphine completely.

**ADMINISTRATION:** 3 or 4 times per week, 2 ampoules i.m.

MICROBIAL THERAPY (mucosal immune system). Various products and techniques are used to stimulate the immune system by activating macrophages, B – and T-lymphocytes and regulating immune deficiencies while supporting and stabilising microflora.

One technique: Pro-symbioflor is given 2 x 5 drops per day increased to 2 x 10 drops per day for the first month, followed by Symbioflor for the second month, same dosage.

This approach not only increases immune resistance against infection and bacterial invasion of the bloodstream but also stimulates bowel function and thus aids in detoxification.

It is important to take microbial therapy before during chemotherapy in order to stabilize microflora and avoids antibiotic-treated infections. For about 16 years I have used microbial therapy in most chronic degenerative diseases including cancer.

**Dietary support**

For more than thirty years I have used special foods and a fresh vegetable juice diet as anticancer agents as well as for support for conventional treatments.

Today, medicine is beginning to get the picture and is paying more attention to “functional foods” or even “chemotherapy foods”, an acknowledgement that proper diet is a part of sound treatment and, among many things, minimizes the damage caused by chemotherapy while helping the body’s own anti-tumor mechanisms.

**Tips for the breast cancer patient**

1. Change your lifestyle and eating habits;
2. Seek the assistance of a certified naturopath or medical doctor with knowledge and experience in treating cancer;
3. Do not buy foods – especially fruits and vegetables – in large supermarkets. They are often of little nutritional value and may contain insecticides/pesticides.
4. Visit a health food store and discover the organic foods you can include in your diet. Look for cookbooks emphasizing natural eating programs.
5. Drink at least a litre of fresh vegetable juice daily.
6. Detoxify your body and have one coffee enema per day, at least during the first month of treatment.
8. Learn how to react to chemotherapy, how to listen to your body.
9. Be patient – since it takes about two years before the disease can be reversed.
References:


2- “Surgery might actually lead to the spread of cancer and increased death from breast cancer in younger women” – The Lancet 357.1048.2001


4- Goldstein L.J. “Tumor is resistant to radiotherapy” – Current Problems in Cancer” – 1663.23.1995


