

DEATH BY DOCTORING

Orthodox anticancer therapies have harmful if not fatal side effects, but medical professionals continue to inflict them on their patients as a matter of course.

Part 1 of 2

by Steven Ransom © 2002

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Extracted from his book
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In summoning even the wisest of physicians to our aid, it is probable that he is relying upon a scientific 'truth', the error of which will become obvious in just a few years' time.

— Marcel Proust

CANCER: THE GOOD, THE BAD AND THE UGLY

Twenty-first century medicine boasts a number of treatments that are actually very dangerous to human health, none more so than for cancer. May this short report reach the many thousands of people currently undergoing conventional cancer treatment. May it also reach the many thousands of doctors, physicians, nurses and carers who every day are innocently inflicting serious harm in the name of conventional cancer care. Let the countdown begin. Let there soon be an end to...Death by Doctoring.

Every year in the United Kingdom, 200,000 people are diagnosed with cancer and 152,500 people die.¹ In the United States, the annual death rate for this disease is approximately 547,000.² These deaths are recorded as cancer deaths, but how many of these deaths are really attributable to the disease itself? How many deaths should in fact be recorded as "death by doctoring"? When we consider that conventional treatment consists almost entirely of radiation, chemotherapy and the long-term application of toxic pharmaceuticals—treatments which are all well known for their life-threatening side-effects—then the question becomes all the more legitimate. On chemotherapy, for instance, note the following:

"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors." (Allen Levin, MD, UCSF, *The Healing of Cancer*, Marcus Books, 1990)

We examine the much-publicised story of the UK media personality, the late John Diamond, who opted for conventional treatment. What does his story tell us? John was known for his critical attitude towards many of the more popular alternative therapies. We look at some aspects of the alternative approach and ask if his criticisms were entirely undeserved. We hear from those within the cancer establishment itself who cite the conventional cut, burn and dissolve techniques as ugly and inhumane, and from those who seriously question the amounts of money being invested in conventional cancer today, given the pitifully low recovery rate. In the UK alone, £2.8 billion a year is spent in the conventional cancer emporium. That's roughly £6,800,000 a day. US spending on cancer is 10 times higher.

We also hear from those who defied conventional wisdom and opted for non-toxic, non-conventional cancer treatments, with remarkable results. And no, we are not talking dolphin or pyramid therapy. From the known range of anticancer treatments available, this story focuses on the naturally occurring vitamin B17, vitamin C and the supporting role of nutrition. Vitamin B17 in particular has been attracting a great deal of attention recently, despite the concerted efforts of the worldwide cancer establishment to suppress or distort all the positive reporting on this vitamin.

But should we find this so surprising? After all, it's no secret that with global spending on conventional cancer running into the hundreds of billions of pounds and dollars annually, any news of a successful anticancer treatment extracted from the simple apricot kernel could do some serious damage to the wealth of the mighty Cancer, Inc.

Passing of King Charles II, 1685

But first, by way of introduction to the subject of "death by doctoring", we travel back a few hundred years to the bedside of King Charles II, where 14 of the highest-qualified physicians in the land are earnestly "reviving" the king from a stroke.

"The king was bled to the extent of a pint from a vein in his right arm. Next, his shoulder was cut into and the incised area was sucked of an additional 8 oz of blood. An emetic and a purgative were administered, followed by a second purgative, followed by an enema containing antimone, sacred bitters, rock salt, mallow leaves, violets, beetroot, camomile flowers, fennel seeds, linseed, cinnamon, cardamom seed, saffron, cochineal and aloes. The king's scalp was shaved and a blister raised. A sneezing powder of hellebore was administered. A plaster of burgundy pitch and pigeon dung was applied to the feet. Medicaments included melon seeds, manna, slippery elm, black cherry water, lime flowers, lily of the valley, peony, lavender and dissolved pearls. As he grew worse, forty drops of extract of human skull were administered, followed by a rallying dose of Raleigh's antidote. Finally, bezoar stone was given.

"Curiously, his Majesty's strength seemed to wane after all these interventions and, as the end of his life seemed imminent, his doctors tried a last-ditch attempt by forcing more Raleigh's mixture, pearl julep and ammonia down the dying king's throat. Further treatment was rendered more difficult by the king's death."³

We can be sure that the physicians gathered around the king's bed were all leaders in their particular field—royalty and presidents do not settle for anything less. But, as Proust observed, with hindsight we can now see the hideous error of their therapeutics. Today, the skull drops, the ammonia and the pigeon dung have long gone, but what will we say in a few years' time when we look back on the "highly respected" cancer therapeutics of 2002? Will we dare to venture that there is nothing new under the Sun? Have we really progressed much further?

Death of John Diamond, 2001

"He's been poisoned, blasted, had bits lopped off him, been in remission, felt lumps grow again, been given shreds of hope, had hope removed." (Nicci Gerrard, *Sunday Observer*, May 14, 2001)

Many thousands of people were touched by John Diamond's regular column in the London *Times* newspaper, giving stark and brutal insight into living with throat cancer. In a witty and very down-to-earth manner, John explored numerous life-with-cancer issues, including the ups and considerably more downs in body and mind during radiation treatment, the effects of his illness upon the wider family and the rediscovery of everyday wonders previously taken for granted. He showed his distaste for numerous cancer clichés such as "brave John" and "staying positive", replying: "I am not brave. I did not choose cancer. I am just me, dealing with it" and "Whenever somebody told me how good a positive attitude would be for me, what they really meant was how much easier a positive attitude would make it for them."

He was also well known for his castigation of almost all non-orthodox treatments, and for his willingness to submit to all that the medical orthodoxy had to offer—a service that even he, a conventional advocate, had variously described as "pay-as-you-bleed" and "surgical muggings".

For me, the most memorable images of John were captured in the BBC's *Inside Story*—a television programme that followed John during a year of treatment, showing him clearly suffering. An operation on John's throat caused him to lose his voice, which as a popular broadcaster was a serious blow. Later, through surgery and radiation treatment, he would lose most of his tongue and, with it, all sense of taste and the ability to eat properly—a double whammy, given that he was married to TV supercook Nigella Lawson.

In his extraordinary book, *'C': Because Cowards Get Cancer Too* (which I could not put down), he wrote:

"He who didn't realise what a boon an unimpaired voice was, who ate his food without stopping to think about its remarkable flavour, who was criminally profligate with words, who took his wife and children and friends for granted—in short, he who didn't know he was living..."⁴

John died in March 2001, aged 47, after having suffered dreadfully for four years. In his death, he joined sports presenter Helen Rollason, Bill "Compo" Owen, Ian Dury, Roy Castle, Cardinal Basil Hume, Linda McCartney and, most recently, ex-Beatle George Harrison, plus 152,500 others in the UK who succumb annually to the cancer ordeal.

Kate Law of the Cancer Research Campaign said that John's story helped to bring cancer out of the closet in Britain.

John's writings certainly brought home the ugliness of conventional treatment.

But the more informed in the cancer debate who have read John's columns and book will have recognised that John's writings, brilliant though they were, did not bring out the full story of cancer at all.

Side Effects of Chemotherapy

Consider the following statement

from cancer specialist Professor Charles Mathe, who declared:

"If I contracted cancer, I would never go to a standard cancer treatment centre. Cancer victims who live far from such centres have a chance."⁵

Walter Last, writing in *The Ecologist*, reported recently:

"After analysing cancer survival statistics for several decades, Dr Hardin Jones, a professor at the University of California, concluded: '...patients are as well, or better off, untreated. Jones's disturbing assessment has never been refuted.'"⁶

Or what about this?

"Many medical oncologists recommend chemotherapy for virtually any tumour, with a hopefulness undiscouraged by almost invariable failure." (Albert Braverman, MD, "Medical Oncology in the 90s", *Lancet* 1991, vol. 337, p. 901)

Or this?

"Most cancer patients in this country die of chemotherapy.

"After analysing cancer survival statistics for several decades, Dr Hardin Jones, a professor at the University of California, concluded: '...patients are as well, or better off, untreated.'"

Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors." (Allen Levin, MD, UCSF, *The Healing of Cancer*)

Or even this?

"Despite widespread use of chemotherapies, breast cancer mortality has not changed in the last 70 years." (Thomas Dao, MD, *New England Journal of Medicine*, March 1975, vol. 292, p. 707)

Chemotherapy is an invasive and toxic treatment able supposedly to eliminate cancer cells.

Unfortunately, though, its ferocious chemistry is not able to differentiate between the cancerous cell or the healthy cell and surrounding healthy tissue.

Put simply, chemotherapy is an intravenously administered poison that kills all living matter. Repeated chemotherapy and repeated radiation treatments kill the whole body by degrees. The immune system is hit particularly hard by chemotherapy and often does not recuperate enough to protect adequately against common illnesses, which can then lead to death.

Some 67 per cent of people who die during cancer treatment do so through opportunistic infections arising as a direct result of the immune system failing because of the aggressive and toxic nature of the drugs.⁷ What is this, if not death by doctoring?

And the side effects from both chemotherapy and radiation itself are extensive. They can include dizziness, skin discolouration, sensory loss, audio/visual impairment, nausea, diarrhoea, loss of hair, loss of appetite leading to malnutrition, loss of sex drive, loss of white blood cells, permanent organ damage, organ failure, internal bleeding, tissue loss and cardiovascular leakage (artery deterioration), to name but a few.

Two years ago, Hazel was diagnosed with breast cancer. She described her chemotherapy as the worst experience of her life:

"This highly toxic fluid was being injected into my veins. The nurse administering it was wearing protective gloves because it would burn her skin if just a tiny drip came into contact with it. I couldn't help asking myself, 'If such precautions were needed to be taken on the outside, what is it doing to me on the inside?' From 7 pm that evening, I vomited solidly for two and a half days. During my treatment, I lost my hair by the handful, I lost my appetite, my skin colour, my zest for life. I was death on legs."

We shall be hearing more from Hazel later, although under very different circumstances.

It seems, though, that with chemotherapy we are once again looking at the acceptable face of King Charles's ammonia treatment and, once again, being administered by the highest physicians in the land. Similarly, on the toxicity of radiation "therapy", John Diamond noted that it was only when he began his treatment that he began to feel really ill.

Senior cancer physician Dr Charles Moertal, of the Mayo Clinic in the USA, stated:

"Our most effective regimens are fraught with risks and side-effects and practical problems; and after this price is paid by all the patients we have treated, only a small fraction are rewarded with a transient period of usually incomplete tumor regressions..."⁸

Dr Ralph Moss is the author of *The Cancer Industry*, a

shocking exposé of the world of conventional cancer politics and practice. Interviewed on the Laura Lee radio show in 1994, Moss stated:

"In the end, there is no proof that chemotherapy actually extends life in the vast majority of cases, and this is the great lie about chemotherapy: that somehow there is a correlation between shrinking a tumour and extending the life of a patient."⁹

Scientists based at McGill Cancer Center sent a questionnaire to 118 lung cancer doctors to determine what degree of faith these practising cancer physicians placed in the therapies they administered. They were asked to imagine that they had cancer, and were asked which of six current trials they would choose. Seventy-nine doctors responded, of which 64 would not consent to be in any trial containing Cisplatin—one of the common chemotherapy drugs they were trialling (currently achieving worldwide sales of about US\$110,000,000 a year)—and 58 of the 79 found that all the trials in question were unacceptable due to the ineffectiveness of chemotherapy and its unacceptably high degree of toxicity.¹⁰

The following extract is taken from Tim O'Shea at The Doctor Within:

"A German epidemiologist from the Heidelberg/Mannheim Tumor Clinic, Dr Ulrich Abel, has done a comprehensive review

and analysis of every major study and clinical trial of chemotherapy ever done. His conclusions should be read by anyone who is about to embark on the Chemo Express. To make sure he had reviewed everything ever published on chemotherapy, Abel sent letters to over 350 medical centers around the world, asking them to send him anything they had published on the subject. Abel researched thousands of articles: it is unlikely that anyone in the world knows more about chemotherapy than he.

"The analysis took him several years, but the results are astounding:

Abel found that the overall worldwide success rate of chemotherapy was 'appalling' because there was simply no scientific evidence available anywhere that chemotherapy can 'extend in any appreciable way the lives of patients suffering from the most common organic cancers'. Abel emphasizes that chemotherapy rarely can improve the quality of life. He describes chemotherapy as 'a scientific wasteland' and states that at least 80 per cent of chemotherapy administered throughout the world is worthless and is akin to the 'emperor's new clothes'—neither doctor nor patient is willing to give up on chemotherapy, even though there is no scientific evidence that it works! (*Lancet*, 10 August 1991) No mainstream media even mentioned this comprehensive study: it was totally buried."^{10a}

The Doctor-Patient Power Imbalance

Whilst in the main dismissing the "alternativist" treatments, as he called them, and writing in a generally confident manner about his trust in the conventional medical paradigm, John Diamond would sometimes waver:

"What if those denying alternativists were right? What if the truth was that no life had ever been saved by radiotherapy and that there was every chance that my cancer would be made worse by it being irradiated? What if the truth as pronounced by a couple of books was that the main effect of cancer surgery was to release stray cancer cells into the body, allowing them to set up home

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elsewhere?... I turned to the medical books for solace and got none."¹¹

Talk with cancer patients and one soon discovers that many of them report that, although they have an uncomfortable gut feeling that there must somehow be a better way forward, they still find themselves returning to their oncologist for more of the same uncomfortable treatment. Why is this, when there are proven, non-conventional and non-harmful treatments readily available?

Surely, one significant factor is our hereditary submissive attitude to the medical orthodoxy and its archetypal symbolism: the white coat, the stethoscope, the years of knowledge represented in those framed degrees. Every artefact speaks of our being in the hands of experts. And then there is the added pressure that can be exerted upon the patient at the point of diagnosis by the cancer physician.

In his essay entitled "The \$200 Billion Scam", Jeff Kamen reports on how a cancer diagnosis was delivered to Kathy Keeton, the late wife of *Penthouse* magazine magnate Bob Guccione:

"I'm sorry," she remembers her doctor saying. "It's a very rare form of the disease. It's the nature of this kind of cancer that it takes off at a gallop and metastasizes quickly, so we need to act quickly and get you started on chemotherapy at once. We have some of the best people in the world in this field. I urge you to let me get you into their expert care. There is no time to waste. This form of cancer is often fatal, and quickly so. Untreated, you have six weeks to live. We really must move aggressively with the chemo."^{11a}

Hazel recalls a similar experience: "Basically, I was in shock from the diagnosis. I was sitting there, with the doctor saying that this treatment was the best available and that it was actually a matter of life or death that I received it. My husband was sitting next to me, telling me that I needed to go along with it. I kind of went into a trance and, although something didn't feel quite right, I found myself nodding to chemotherapy."

Most definitely, the power imbalance that exists in all doctor-patient relationships (whence comes the term "shrink" in psychiatry) is a key agent in determining the direction of treatment.

Confusing and Conflicting Information

Aside from this very powerful influence, a mass exodus away from conventional cancer treatment towards proven, non-conventional treatments has also been severely hampered by the negative effects of the vast sea of confusing, conflicting and often bizarre information out there, posing as "helpful" alternative cancer advice. A first-timer seeking alternative advice on the Internet, for instance, can soon become thoroughly disheartened. Some 4,000 links come up under "alternative cancer treatment" alone!

An anxious patient, with no time to separate the wheat from the chaff, is then faced with having to make a series of calculations, based solely on his negative experiences on the Internet and a sort of blind, desperate faith that, somehow, the well-qualified oncologist has got to be right.

"And didn't he warn us that there were a lot of Internet kooks out there?" The patient is then right back to square one and, by default, the chemotherapy suggested earlier seems overall to be the "safest" bet.

In the view of health reporter Phillip Day, author of *Cancer: Why We're Still Dying to Know The Truth*:

"Many people just gulp, enter the cancer tunnel and hope they come out the other end."

But despite the fact that an Internet search can very easily generate confusion, there is actually a wealth of expertly documented, credible information available on natural and genuinely efficacious treatments for a variety of serious illnesses, including cancer—information that, in some instances, has been in existence for many years.

But information on such treatments is not widely available in the public domain—perhaps because genuine medicine has had to fight tremendously hard to be heard clearly. And there are particular reasons why this has been so. Often, it is not so much *where* to look for genuine natural treatment and medical advice as *how* to look for it.

Before discussing specific cancer treatments in more depth, it is important that we briefly examine the reasons for the current levels of confusion surrounding genuine natural medicine as a whole: wilful distortion, unwitting stupidity, you name it. Conventional and alternative, it's taking place on both sides of the fence. We must learn to read between the lines.

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Forked Tongues, Fraud & Failure

Proponents of genuine natural treatments for serious illnesses have always had to fight on several fronts in their long, hard battle for proper recognition of these treatments. They have had to do battle with those calculating opportunists—the forked-tongued drug merchants—who use every trick in the book to undermine any genuine treatments not under their own jurisdiction and employ all means possible to disseminate their damaging disinformation as far and wide as possible in order to protect their own

lucrative markets. No department, private or public, is beyond the reach of the drug merchants' all-consuming influence.

Thriller writer John Le Carré spent many years working in the British Foreign Office and knows the politics of big business very well. His most recent book, *The Constant Gardener*, focuses on the corrupt nature of the pharmaceutical industry. In an interview on the subject, Le Carré stated recently:

"Big Pharma is engaged in the deliberate seduction of the medical profession, country by country, worldwide. It is spending a fortune on influencing, hiring and purchasing academic judgement to a point where, in a few years' time, if Big Pharma continues unchecked on its present happy path, unbought medical opinion will be hard to find."¹²

In opposition to the incessant drive by Big Business to dominate our health choices, Dr Matthias Rath provides a concise summary of the primary ethics of the merchant's house:

"Throughout the 20th century, the pharmaceutical industry has been constructed by investors, the goal being to replace effective but non-patentable natural remedies with mostly ineffective but patentable and highly profitable pharmaceutical drugs. The very nature of the pharmaceutical industry is to make money from ongoing diseases. Like other industries, the pharmaceutical industry tries to expand their market—that is, to maintain ongoing diseases and to find new diseases for their drugs. Prevention and cure of diseases damages the pharmaceutical business and the

eradication of common diseases threatens its very existence.

"Therefore, the pharmaceutical industry fights the eradication of any disease at all costs. The pharmaceutical industry itself is the main obstacle, why today's most widespread diseases are further expanding, including heart attacks, strokes, cancer, high blood pressure, diabetes, osteoporosis and many others. Pharmaceutical drugs are not intended to cure diseases. According to health insurers, over 24,000 pharmaceutical drugs are currently marketed and prescribed without any proven therapeutic value. (AOK Magazine, 4/98)

"According to medical doctors' associations, the known dangerous side-effects of pharmaceutical drugs have become the fourth leading cause of death after heart attacks, cancer and strokes. (Journal of the American Medical Association, April 15, 1998)

"Millions of people and patients around the world are defrauded twice. A major portion of their income is used up to finance the exploding profits of the pharmaceutical industry. In return, they are offered a medicine that does not even cure."

Dr Rath is currently spearheading the fight against the pharmaceutical industries as they seek to legislate against our free use of vitamins and minerals. If this legislation is passed, it will directly affect *you* in many ways. Please visit website <http://www.vitamins-for-all.org> right now and sign the petition. It will only take 30 seconds and is so important. And such is the nature of the information still to come on this site, I have every confidence that you will be right back!

Writing in the UK *Guardian* on February 7, 2002, senior health editor Sarah Bosely reported:

"Scientists are accepting large sums of money from drug companies to put their names to articles, endorsing new medicines, that they have not written—a growing practice that some fear is putting scientific integrity in jeopardy."^{12a}

These supposed guardians of our health are being paid what to say. Said one physician in the article:

"What day is it today? I'm just working out what drug I'm supporting today."

From top to bottom, 21st century medicine is being bought and taught to think of all medical treatment in terms of pharmaceutical intervention only.

While the politicking and big business string-pulling is taking place behind the scenes, our minds are being washed with the constant froth of emotive, unfounded, pro-establishment, populist headlines such as: "Another breakthrough at UCLA!..." (Yes, but with mice!) "It's in the genes!" (Another £5 million *now* will help us to isolate the gene in 2010...perhaps.) "Excitement at latest oncology findings!" (Buoyant opening paragraph, descending into the usual mixture of hope extinguished by caution and the obligatory appeal to the pocket.) "Cancer vaccine close!" (Yes, and close since 1975, actually. But please, continue to give generously, because next time it could be you!)

And so it goes on. And all the while, the mortality statistics worsen. Yet still, the money—our money—just keeps on rolling in. On that note, the Campaign Against Fraudulent Medical

Research has warned:

"The next time you are asked to donate to a cancer organisation, bear in mind that your money will be used to sustain an industry which has been deemed by many eminent scientists as a qualified failure and by others as a complete fraud."¹³

Mammography and the Spread of Breast Cancer

Thanks go to Dr Tim O'Shea for the following very important information on the practice of mammography:

"This is one topic where the line between advertising and scientific proof has become very blurred. As far back as 1976, the American Cancer Society itself and its government colleague, the National Cancer Institute, terminated the routine use of mammography for women under the age of 50 because of its 'detrimental' (carcinogenic) effects. More recently, a large study done in Canada found that women who had routine mammograms before

the age of 50 also had *increased* death rates from breast cancer by 36%. (Miller)

"Lorraine Day notes the same findings in her video presentation, *Cancer Doesn't Scare Me Any More*. The reader is directed to these sources and should perhaps consider the opinion of other sources than those selling the procedure, before making a decision.

"John McDougall, MD, has made a thorough review of pertinent literature on mammograms. He points out that the US\$5–13 billion per year generated by mammograms controls the information that women get. Fear and incomplete data are the tools commonly used to persuade women to get routine mammograms.

What is clear is that mammography cannot prevent breast cancer or even the spread of breast cancer. By the time a tumour is large enough to be detected by mammography, it has been there as long as 12 years! It is therefore ridiculous to advertise mammography as 'early detection'. (McDougall, p. 114)

"The other unsupportable illusion is that mammograms prevent breast cancer, which they don't. On the contrary, the painful compression of breast tissue

during the procedure itself can increase the possibility of metastasis by as much as 80%! Dr McDougall notes that between 10% and 17% of the time, breast cancer is a self-limiting, non-life-threatening type called 'ductal carcinoma *in situ*'. This harmless cancer can be made active by the compressive force of routine mammography. (McDougall, p. 105)

"Most extensive studies show no increased survival rate from routine screening mammograms. After reviewing all available literature in the world on the subject, noted researchers Drs Wright and Mueller of the University of British Columbia recommended the withdrawal of public funding for mammography screening because the 'benefit achieved is marginal, and the harm caused is substantial'. (*Lancet*, July 1, 1995)

"The harm they're referring to includes the constant worrying and emotional distress, as well as the tendency for unnecessary procedures and testing to be done, based on results which have a false positive rate as high as 50%." (*New York Times*, December 14, 1997)^{13a}

The next time you are asked to donate to a cancer organisation, bear in mind that your money will be used to sustain an industry which has been deemed by many eminent scientists as a qualified failure and by others as a complete fraud.

The Non-Conventional Medical Marketplace

Whilst the remit of this article does not extend to a full exploration of the influence that money has had over the corruption of true medicine and medical practice, let the reader be assured that conventional medicine has more than its fair share of attendant commercial pressures, and especially so in the world of cancer, as we shall soon discover.

Aside from the wiles of the merchant, genuine medicine also has always had to do battle with the well-intentioned parahealer,¹⁴ who unwittingly has the capacity to prove equally as threatening to the cause, but for very different reasons.

The non-conventional medical marketplace seems to be dominated by those who are able to deliver an admirably coherent deconstruction of the conventional paradigm, but who choose not to apply the same level of intelligent critique to their own, often wacky, nostrums.

As such, we are subjected to an equally misguided barrage of pronouncements, for example: "Submit not to the ravages of chemo—let White Eagle purge you of those negative energies"; "Visit a pyramid, a shaman (My sickness is a shamanic gift and calling^{14a}), a cancer 'guide' (Okay, group. Eyes closed. Your cancer is receding. The lump is disintegrating. Envisage the all-consuming fire!)" A coat of mud, of seaweed or both, some psycho-surgery, some radionics, this therapy, that therapy and, of course, a thousand-and-one folk remedies: grandma's trusted "brain tumour elixir" perhaps, a walnut kernel perfectly preserved in rainwater (seven drops, three times a day)...

Celebrities with the more serious illnesses receive these well-intentioned "tips and tricks" by the sackload. John Diamond was no exception:

"I've had anecdotal evidence from those who believe in voodoo, the power of the fairy people—yes, really—drinking my own p**s and any number of other remedies... I should put my faith in the Bessarabian radish, the desiccated root of which has been used for centuries by Tartar nomads to cure athlete's foot, tennis elbow and cancer, as detailed in their book, *Why Your Doctor Hates You And Wants You To Die*, review copy enclosed..."¹⁵

Notwithstanding the genuine treatments available in the natural cabinet (we shall discuss this in part two), a huge number of remedies being sold as "medicine" today contain no sensible methodology—yet, amazingly, they are selling very well. No

better is this phenomenon illustrated than in the lucrative minor ailments market, where, on a daily basis across the world, untold millions are being spent on pharmacologically inert mixtures and "essences", producing truly marvellous results with illnesses from which we were going to get better anyway.¹⁶

The Dangers of Uncritical Thinking

In truth, were the general public to be given clear information on the nature of self-limiting illness and on the wondrous ability of a properly nourished immune system to overcome almost all ills unaided, the bottom would fall out of the minor ailments market tomorrow, both conventional and alternative.

Unfortunately, though, any of the more awkward questions arising from this discussion, such as "How can you continue to sell these ointments as 'medicines' in the light of this knowledge?", are usually defended not by answering the actual question itself, but by the therapist appealing to the worthiness of his wider philanthropic goals and to "the much greater threat to the global populace" posed by the merchant's house with all its toxic wares, etcetera, etcetera.

Donald Gould, author of *The Black and White Medicine Show*, has warned of the dangers we invite by adopting such *laissez-faire* reasoning:

"Why not make the most of what the non-conformists have to offer and to hell with uncharitable logic? There is, I suggest, a powerful reason for rejecting this superficially attractive option. Truth is a fundamental value. If we accept uncritical thinking in one area of our lives for the sake of convenience or because of the popular appeal of a seductive myth and the short-term comfort to be gained by believing in the unbelievable, or because the false answer lets us pretend we are competently coping with a painful problem we haven't truly tackled, then we are all the more likely to adopt the same strategy in other situations, from dealing with the family to managing the national economy, and from chairing the parish council to handling arsenals of nuclear weapons.

The result is likely to be unhappy and stands a decent chance of proving a disaster. Irrational beliefs are always dangerously corrupting, even when they only relate to the cause and cure of piles."¹⁷

Continued next issue...

Author's Note:

Please feel free to comment on this report using the email address steve1@onetel.net.uk. The views of those readers with medical qualifications are especially welcome. Thank you for reading. For re-publication details or further information, telephone on +44 (0)1825 765588 or 07947 496488 (mobile).

Endnotes

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15. Diamond, John, "Quacks on the Rack", *Observer*, December 3, 2000, and 'C': *Because Cowards Get Cancer Too*, Vermilion Press, 1999.

16. £95,000,000 is spent on cough mixtures alone in the UK. The *BMJ*, however, has reported a recent

trial involving 2,000 participants which found that in most cases the mixtures were no more effective than a placebo. More details at http://news.bbc.co.uk/1/english/health/newsid_1807000/1807252.stm.

17. Gould, Donald, *The Black and White Medicine Show*, Hamilton, 1985.

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