

# Cancer - it's not what we're told

by DAWN LESTER & DAVID PARKER

Part 1

**CANCER** is probably the most feared 'disease' - it is commonly referred to as one of the greatest killers, as indicated by the WHO fact sheet entitled **Cancer that states:**

*"Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020, or nearly one in six deaths."*

Although often thought of as being one disease, cancer is a label for a large range of conditions. According to the Harvard Medical School, cancer is:

*"...a group of diseases characterised by their ability to cause cells to change abnormally and grow out of control."*

Furthermore, despite being generally regarded as a problem of developed countries, certain types of cancer are claimed to occur in developing countries. But this claim is highly problematic, as can be seen by this statement in the fact sheet:

*"Cancer-causing infections, such as human papillomavirus (HPV) and hepatitis, are responsible for approximately 30% of cancer cases in low- and lower-middle-income countries."*

As we have shown in many previous articles, there is no evidence that any so-called 'virus' causes any disease, and this includes cancer.

More importantly, the particles referred to as 'viruses' cannot possibly cause cancer, because so-called 'infections' are said to involve the death of cells, whereas cancer is said to involve the proliferation of cells, as the Harvard Medical School definition shows. These processes are the complete opposite of each other. This means there is no such thing as a 'cancer-causing infection'. It is claimed that cancer is a disease of ageing and the incidence is only rising because people are healthier and therefore living longer as the result of the improved healthcare provided by modern medicine.

It would be generous to call this claim misleading; but a more accurate description would be that it is simply untrue - and provably so.

For example, an article published in the October 2022 edition of the journal *Nature Reviews: Clinical Oncology* is entitled 'Is early-onset cancer an emerging global epidemic? Current evidence and future implications'. It claims that:

*"The incidence of cancers of various organs diagnosed in adults  $\leq 50$  years of age has been rising in many parts of the world since the 1990s."*

It is commonly claimed that genes are implicated in some way in the development of cancer, as indicated by the WHO fact sheet:

*"Cancer arises from the transformation of normal cells into tumour cells in a multi-stage process that generally progresses from a pre-cancerous lesion to a malignant tumour. These changes are the result of the interaction between a person's genetic factors and three categories of external agents..."*

This view is also promoted by the National Cancer Institute web page



Photo: National Cancer Institute

entitled 'The Genetics of Cancer' that states, under the heading 'Is cancer a genetic disease?':

*"Yes, cancer is a genetic disease. It is caused by changes in genes that control the way cells grow and multiply."*

This does not seem to represent the consensus view, however, because, according to Cancer Research UK,

*"Most cancers are not linked to inherited faulty genes. Only around 5 in every 100 cancers (around 5%) diagnosed are linked to an inherited faulty gene."*

If the health institutions can't agree then it is no wonder that the general public is confused.

With respect to the role of genes, the work of Bruce Lipton and others shows that genes do not control biology and that gene expression is affected by the environment.

The 'three categories of external factors' referred to by the WHO are: physical carcinogens; chemical carcinogens; and biological carcinogens. As explained above, the third category is redundant.

Although recognising chemicals as a category of carcinogens, the WHO focuses only on other factors as being contributory to 'cancer':

*"Around one-third of deaths from cancer are due to tobacco use, high body mass index, alcohol consumption, low fruit and vegetable intake, and lack of physical activity."*

*early. There are two components of early detection: early diagnosis and screening."*

The idea that early detection reduces mortality encourages the increased roll-out of screening programmes, including in developing countries, as can be seen from an article entitled 'Cancer Control in Low- and Middle-Income Countries: Is It Time to Consider Screening?':

*"The enormous economic impact of premature mortality and lost productive life years highlights the critical importance of galvanising cancer prevention and management to achieve sustainable development."*

The agenda of 'sustainable development' is not about caring for people. It is clear that people are merely regarded as 'productive units'.

The fact that infections are regarded as being significant contributory factors for cancers in developing countries - and developed countries as well for that matter - leads to the idea that prevention can include vaccination, as the fact sheet indicates:

*"...getting vaccinated against HPV and hepatitis B if you belong to a group for which vaccination is recommended."*

Obviously a vast increase in screening, testing, vaccinations and treatments will be of huge benefit to Big Pharma. But it will not benefit the people who are subjected to them, because the medical establishment does not understand what cancer actually is and how the body actually works.

As with all problems, the only solution to cancer is to address the root cause(s); this is not achieved by any treatment that aims to fight the cancer or kill cancer cells.

Cancer is not something that attacks the body. It is a condition that develops within the body as a response to various factors. It represents the body's innate wisdom and ability to look after itself.

Instead of something that needs to be 'fought', cancer is the process by which the body is attempting to self-regulate in order to self-heal and restore homeostasis.

**To be continued....**

● <https://whatreallymakesyouill.com>



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Part 2

## Part Two of an analysis of the Big C and its many causes

**MODERN medicine is widely acclaimed as being the best and most advanced scientific form of healthcare.**

Yet it has failed to reduce the incidence of some of the most deadly diseases that ravage the human race. As shown in Part One in last month's Light paper, the incidence of cancer is continuing to increase.

And it remains one of the leading causes of death worldwide.

Cancer increasingly affects young people, a fact that poses a serious and fundamental challenge to the notion that it is a disease of ageing.

An October 2022 article in the journal *Nature* entitled *Is early-onset cancer an emerging global epidemic? Current evidence and future implications* says current evidence and future implications attempt to explain possible reasons for the increase in early-onset cancers.

It reads: "Trends have emerged towards increasing height, overweight and obesity, type 2 diabetes, physical inactivity, western-style diet (defined as a diet high in saturated fats, red meat, processed meat, sugar and ultra-processed foods, but low in fruits, vegetables, whole grains and fibre) and sugar-sweetened beverage intake in children, adolescents and adults worldwide."

Whilst some, but not all, of these factors may contribute to poor health, they are not the only ones that need to be considered with respect to the onset of cancer. Interestingly, although possibly unsurprisingly, a search within this 18-page journal article did not produce a single result for the word 'chemical' nor for the word 'toxin'.

Chapter 6 of our book, *What Really Makes You Ill*, details many of the toxic chemicals to which we may be exposed throughout our lives. It is not our intention to scare but to inform people to enable them to make informed decisions.

On the list of known and probable carcinogens on the American Cancer Society website are the following: arsenic, benzene, cadmium, formaldehyde and trichloroethylene.

The main point to emphasise is that neither the World Health Organisation fact sheet on cancer nor the *Nature* article refers to the long list of known chemical carcinogens that can be found on the ACS website.

It is obvious that the chemical industry has a vested interest in keeping the public ill-informed about some of the very real causal factors of their health problems.

The inclusion of formaldehyde alone on the list of known carcinogens is noteworthy in the context of the increased incidence of cancers in young people. Although correlation is not proof of

may not appear as cancers until many decades later and recognises that certain 'medicines' are associated with cancer, saying: "Antibiotic use, which has been associated with certain cancer types, has increased in both adults and children in many countries over the past half century."

Furthermore, a 2008 news article published in the *Lancet* entitled, *A Review of Human Carcinogens - Part A: Pharmaceuticals* refers to a meeting at the IARC (International Agency for Research on Cancer) in which 21 scientists reaffirmed the

*population exposure to carcinogens from chemotherapy*. The article states: "Over 20 cancer chemotherapy drugs, including widely used drugs such as cyclophosphamide, doxorubicin, 5-FU and etoposide, cause patients receiving them to excrete known human carcinogens in vomit, sweat, urine or faeces."

Yet the WHO fact sheet claims that "cancer mortality is reduced when cases are detected and treated early."

The evidence that many of the drugs that are widely used as chemotherapy treatment are known to be carcinogenic would suggest otherwise.

It is also important to emphasise that some methods used to test for the presence of cancer are also known to be carcinogenic - X-rays, for example.

What is particularly noteworthy, yet rarely discussed, is the actual procedure used for determining if a biopsy sample is 'cancerous' or not.

A video entitled *From biopsy to diagnosis*, uploaded in January 2020 to the Michigan Medicine YouTube channel, describes the process as follows: "This behind-the-scenes look into the University of Michigan Department of Pathology shows how tissue is prepared to be viewed under a microscope and what pathologists are looking for in order to determine a diagnosis."

The process for assessing the biopsy material is rather technical and involves the use of a variety of chemicals and procedures. One chemical is formalin, which is used in the first step of the procedure known as fixation, that is claimed to ensure preservation of the tissue.

It should be noted that formalin is a solution of formaldehyde; a recognised Group 1 carcinogen. This step is followed by other procedures that include dyeing, and dehydration with alcohol. The alcohol is then removed by a chemical known as xylene, which is recognised as being toxic.

It is assumed, however, that none of these chemicals and procedures has an effect on the sample being tested. But this is a mistaken assumption, as has been demonstrated by the work of Dr Harold Hillman PhD, a cell biologist, who states in his 2013 paper *A Serious Indictment of Modern Cell Biology and Neurobiology* that: "Biologists have shown little interest in the effects that the procedures they use have on the structure and chemistry of the tissues they are studying."

**To be continued...**



Doctor taking a bone-marrow biopsy

causation, it cannot be denied that childhood vaccines have increased in number in the past 50 years and many of them contain formaldehyde.

It is claimed that the amount of formaldehyde used is 'very small', but babies are also 'very small'. Furthermore, vaccines are injected intramuscularly, so formaldehyde, and any other toxins they contain, can easily end up in a baby's bloodstream.

The *Nature* article acknowledges that some relevant exposures in early life

status of 20 pharmaceutical agents as Group 1 carcinogens. This group of pharmaceuticals includes Tamoxifen, a 'medicine' that is given to women with cancer, yet it is a recognised carcinogen.

Tamoxifen is not the only carcinogenic 'treatment' used for patients with cancer, it is widely recognised that most chemotherapy drugs are harmful. Although not all of them are proven carcinogens, many are, as indicated by a 2015 article in the *Journal of Clinical Oncology* entitled *Avoiding*



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Part 3

## Treatments cause spread of disease

### Chemo toxins responsible for secondary cancers

**IN parts one and two, we showed that the medical establishment does not provide the public with correct information about most of the aspects of the condition that is given the label 'cancer'.**

Another erroneous idea is that cancer spreads to other parts of the body in a process called 'metastasis', also called a secondary cancer, because it almost invariably occurs in a different organ from that of the primary cancer.

There are a number of reasons that so-called metastasis is claimed to occur. One of them is because the primary cancer was not completely eradicated by the treatment, and cancer cells are claimed to have migrated to a new location in the body.

The National Cancer Institute (NCI) web page about metastasis states: "In metastasis, cancer cells break away from the original (primary) tumour, travel through the blood or lymph system, and form a new tumour in other organs or tissues of the body."

The page also claims: "The new, metastatic tumour is the same type of cancer as the primary tumour. For example, if breast cancer spreads to the lung, the cancer cells in the lung are breast cancer cells, not lung cancer cells."

The Oxford Concise Medical Dictionary, however, defines a cell as follows: "Complex organisms are built up of millions of cells that are specially adapted to carry out particular functions. The process of cell differentiation begins early on in the development of the embryo and cells of a particular type (e.g. blood cells, liver cells) always give rise to cells of the same type."

This raises a fundamental question: If cells are specialised, how can cells of one organ spread to another organ?

Despite its claims, the medical establishment does not understand all of the processes involved, as indicated by a January 2017 article entitled, *Gene discovery could shed light on how cancer cells spread*, which says: "The underlying mechanisms that control how cancer cells

spread aren't well understood."

It is claimed to be unethical to experiment on humans, which is the reason that animals are used for cancer research experiments, as indicated by a 2021 article, *Application of Animal Models in Cancer Research: Recent Progress and Future Prospects*, which states: "There are many animal types and construction methods used to construct cancer animal models, and the progress of each animal

researchers cannot be studying the same disease that they believe occurs in humans.

It is therefore not possible to draw meaningful conclusions for human health from the results of animal experimentation when it involves the creation of artificial disease. This is one of the most potent arguments against the use of animals for research studies, but that is a topic for another article.



Image: Toxicology Library

model in tumour research has its own characteristics."

One of the favourite animals used by medical researchers is the mouse, for reasons explained in the article: "The mouse genome is highly homologous to the human genome, which can simulate a series of biological characteristics such as the occurrence, development and metastasis of human cancer cells in vivo, and has the advantages of convenient feeding, low price and easy gene modification."

What is particularly problematic is that metastasis is not a natural occurrence in animals even when experimented upon, as Dr Tony Page explains in *Vivisection Unveiled*: "... artificially carcinogen-challenged laboratory animals do not normally develop metastases at all."

This is an extremely significant point, because it highlights a major problem with the use of animals in such experiments, which is that the disease under investigation is often induced by artificial methods. This means that

One of the main sites of secondary cancer is the liver, which is the body's major detoxification organ. Liver cancer can therefore be understood as the result of a high body burden of toxins that the body is losing its ability to process and eliminate.

These toxins will include the chemicals used as chemotherapy. This means that the original treatment for the primary cancer is a contributory factor to metastasis, a fact that is admitted in a 2015 article, entitled *Reasons for Cancer Metastasis*, which states that "the majority of the presently available treatments for cancer also bear the potential to induce metastasis."

There is ample evidence to show that there is more than just the potential to induce metastasis.

One of the major concerns about metastasis is that it is associated with an increased risk of death, although the treatments used are never considered to be contributory. For example, a 2021 article, *Targeting metastatic cancer* states

that primary tumours "can often be cured using local surgery or radiation".

However, the article adds: "Systemic approaches, including screening, chemotherapy, targeted therapy and immunotherapy, are therefore the mainstay of metastasis prevention and treatment."

Sadly, this additional toxic onslaught far too frequently results in the death of the patient, who is then reported as having 'lost their battle with cancer'. In reality, the patient has lost their battle against the accumulated toxins, which include whatever factors were involved in causing the primary cancer.

One rather bizarre direction that cancer research is taking involves the idea that 'germs' can be used as potential treatments, despite the claim that 'infections' are cited as causal factors.

For example, an October 2015 article entitled *Cancer-fighting viruses win approval*, published on the website of the journal *Nature*, states: "On 27 October, the Food and Drug Administration (FDA) approved a genetically-engineered virus called talimogene laherparepvec (T-Vec) to treat advanced melanoma."

There are many problems with this approach, not least of which is that it involves genetic engineering, a technology that has been shown to be an uncertain, unpredictable and imprecise process that has the potential to be extremely dangerous.

Investigations are also being conducted to determine if bacteria have the potential for use as cancer treatments, for example a 2019 article is entitled *Therapeutic bacteria to combat cancer; current advances, challenges, and opportunities*.

The basis for this new line of research seems to have arisen from observations that tumours may regress when patients experience symptoms of an 'infection', especially a fever.

This misinterpretation of the observation has occurred because the medical establishment does not understand the true nature of the symptoms attributed to a so-called infection.

The fact that the medical establishment does not understand cancer does not mean that no-one understands it, as will be discussed in the next and final part of this series.

**To be continued...**



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Part 4

## Good psychological health can fight off the big C

**IN the three previous parts of this series, we have discussed and exposed many of the problems with the claims made by the medical establishment with respect to the condition referred to as cancer.**

As stated in part one, cancer is not something that attacks the body. Instead, the processes that are claimed to indicate the presence of cancer are the body's responses to various harmful factors to which it has been exposed. These processes and the symptoms that accompany them usually represent the body's efforts to self-heal because the body continually seeks to restore and maintain the state of homeostasis.

In part two, we referred to the role of toxins, including those used as treatments for cancer, as contributory factors.

There is however, another contributory factor that requires discussion because it plays a significant role in our health, or lack thereof, and receives far less attention than it deserves. This factor is the mind, which exerts its influence through our thoughts, beliefs, fears, and emotions etc. There is an increasing awareness of the psychological aspect of health problems, especially with the growing interest in German New Medicine, although this article is not about GNM per se.

The power of the mind is demonstrated by the placebo effect, which is a well-known phenomenon. Its opposite, the nocebo effect, is less well-known but equally powerful. The nocebo effect can be demonstrated by examples that show a person's belief in the prognosis received from their doctor was the determining factor in the outcome of their illness. This is discussed by Dr Lissa Rankin MD in her article, *The Nocebo Effect: How Negative Thoughts Can Harm Your Health*, in which she states,

*"The literature shows that patients believed to be terminal who are mistakenly informed that they have only a few months to live have died within their given time frame, even when autopsy findings reveal no physiological explanation for the early death."*

The phenomenal power of belief is demonstrated by the fact that these patients died according to information they believed was true, despite the lack of sufficient pathology to justify their death. In his book, *The Myth of Normal*, Dr Gabor



Photo: Chris

Maté MD states that,

*"Body and mind, while not identical, cannot be understood separately from each other."*

In his further discussion of this topic he refers to a 1982 German study that,

*"...found personality traits to have a strong association with breast cancer."*

To be more specific, these traits include the 'extreme suppression of anger and other feelings'.

In addition, Dr Maté refers to a 1962 paper by David Smithers who,

*"...explored cancer as a manifestation of an imbalanced environment..."*

This imbalanced environment can be the result of emotional/psychological factors as well as physical factors, such as exposures to toxins.

Dr Maté is not alone in these findings. There are many doctors, scientists and researchers who have become aware of the close association between certain traits and various health problems. This may encourage people to claim that 'correlation does not equal causation', which is true. However, there is a plethora of evidence that, for a very significant proportion of people, the resolution of their emotional problems resulted in the resolution of their physical health problems and this includes chronic conditions that the medical establishment had deemed 'incurable'. Unfortunately, the ability of the mind to resolve emotional/psychological issues

that leads to the subsequent resolution of physical health problems is poorly recognised by the medical establishment. The reason for this is pretty obvious; the recognition of the mind's ability to beneficially affect our health would seriously damage the prevailing model that ensures patients remain perpetual customers for the products of the pharmaceutical industry and the money powers that seek to retain power and control over us.

The famed 'war on cancer' that was launched by Richard Nixon in 1971 has not been won.

It was of course inevitable that this war would be lost, because the approach employed by the medical establishment is based on flawed theories. Problems cannot be solved if the proposed solutions are based on an incorrect understanding of the nature of the problem. And the solutions utilised in this war have only succeeded in exacerbating the problem, as can be seen by the consistently rising morbidity and mortality statistics relating to cancer.

Despite the efforts to downplay the role of the mind, it is nevertheless possible to find mainstream study papers about cases in which people experience remission from cancer without the appropriate treatment. For example, a 2021 study paper entitled *Spontaneous regression of breast cancer with immune response: a case report*, states that,

*"Spontaneous regression (SR) of cancer is a rare but well-documented biological phenomenon. SR is defined as "the*

*partial or complete disappearance of a tumor in the absence of any treatment capable of regression"*

The paper claims that the 'possible mechanisms underlying spontaneous cancer regression' include psychological factors, amongst others.

There is further evidence that our whole outlook on life plays a significant role in our health from the work of IONS (Institute of Noetic Sciences) published in 1993 under the title *Spontaneous Remission*. This work can be found on the website [noetic.org](http://noetic.org)

On the IONS web page entitled *Spontaneous Remission Bibliography Resources*, is a list of FAQs, one of which is: *What are some of the characteristics associated with remission and survival that cancer survivors are reporting?*

The answer comprises a list of 8 sets of characteristics, however there are 2 of particular note, which are:

- A change from dependency to autonomy combined with activities, attitudes, and behaviours that promote increased autonomy, awareness of themselves, others, and their environment, love, joy, playfulness, satisfaction, laughter, and humour.
- Taking control of their lives, (personal, professional, emotional, spiritual, and medical) and living each day fully combined with a willingness to evaluate their beliefs and attitudes and change old beliefs and attitudes that are no longer appropriate or adequate.

It is abundantly clear that taking responsibility for and control over all aspects of our lives has a hugely beneficial effect on our health.

The main message from this series of articles about cancer is that it is not a disease that attacks us for no apparent reason nor is it something that we need to fear.

Instead, we need to develop a better understanding of how the body actually functions; how closely connected our health is to our thoughts, beliefs, fears, and emotions; and how old beliefs can be changed to ones that are more beneficial, not only to our health, but to all aspects of our lives.

● <https://whatreallymakesyouill.com>