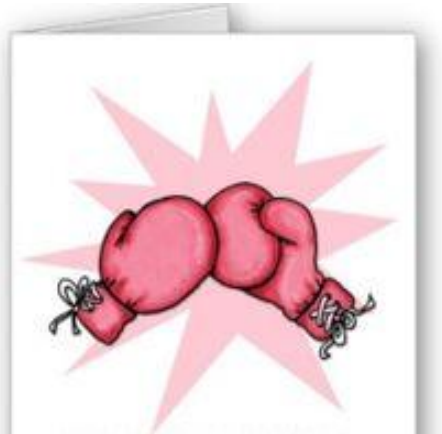


**The** **CANCER**

**And**

**I**



**Round One**

March - June 2014

**BY**

**Yehia ELMahgary, Dr. Tech.**

## Forewords

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

كُلُّ نَفْسٍ ذَائِقَةُ الْمَوْتِ ثُمَّ إِلَيْنَا تُرْجَعُونَ ﴿٥٧﴾

العنكبوت Alankabout (the Spider)

**57. Everyone shall taste death. Then unto Us you shall be returned.**

I started with this Qura'anic verse, because it states a fact of life that we try intentionally or unintentionally to forget. It is apparently difficult to perceive that death is like being born and living. We see everything in this world following the time axis - starting with the creation of the Universe, its galaxies, stars including our sun, planets including our earth, plantations, animals and ending by buildings – meaning that there is nothing eternal and everything has an end. They are being born or established, they live their lives and then they pass away. Still it is easy to forget that the day will come when we leave this world, often suddenly as we came into it suddenly. Add to that the fact that we all like to enjoy the pleasures of this life, which the Creator has provided for us, and what we have managed ourselves, with His help, to obtain and collect.

When we see or know that a relative or a friend has passed away, the thought that we shall die one day crosses our minds for a while and sometimes stays in our thoughts for few days or longer, but the hassle of life sooner or later distracts us and makes us forget about death. Somehow the word “death” and anything related to it have become a taboo. Since Cancer is known to be one of the deadliest diseases, a halo of fear or almost horror is triggered by that word to the patient as well as to his relatives, and sometimes to the doctors. We know now that several methods are available for the treatments of Cancer, and the major challenge to the treating doctor(s) and to the patient as well, is to select the right one. By the right I mean the most effective treatment and at the same time the one with minimum side effects. Unfortunately, most doctors and many patients as well, put a lot of weight on the first (the right treatment) and less weight on the second (the side effects). As has recently been shown by Finnish doctors (Etela-Savon Sanomat 2015), over treatment of some cancer diseases and cases is rather common in most of the countries, including Finland, meaning that hundreds are being treated in vain from Cancer (particularly prostate cancer) in Finland. This would cause unnecessary suffering and decrease of the quality of life to the patient and sometimes to his spouse and family.

Thank God and thanks to the extensive and meticulous researches being undertaken, medical treatment of Cancer has made enormous progress in the last decade. Still what has been ignored and still being ignored by medical doctors is Alternative Cancer Treatment (ACT), even though these methods were established and recommended by leading medical doctors in the field and are being applied in well known international clinics.

Unfortunately again, medical doctors and a few researchers, backed by wealthy authoritative medicine producing companies, try to lessen the value of ACT, through doubts on the results obtained or by just saying there aren't enough research materials to make a sound conclusion.

My main goal in this report is to make my personal experience with Cancer available to the reader as most of the material published on this topic was written by medical doctors and very little, if any, by patients themselves. I am myself an

engineer by background and Professor of Energy and Environment and not a medical doctor, but I have read extensively about the topic. In addition, two of my eldest brothers were medical doctors, who nurtured me with a lot of medical information.

I have pictured my encounter with Cancer in the form of rounds. This is Round One. I don't know yet how many rounds it will take, but I hope and pray that the last round will be mine, although I know very well that if I don't die by Cancer, I'll die by something else, in the very day and place which our Creator has pre-chosen. Fortunately, I don't know anything about them, but as we all do, I hope and pray that it will be a good end.

## Historical Background

When my grandfather from my mother side passed away, I was about six years old. I knew later from my mother that he had severe pains in urinating. There is no way now to know whether he had prostate cancer or prostate infection (prostatitis) that caused urination difficulties. In the forties of the twentieth century, i.e., the pre antibiotic era, there wasn't effective treatment for prostate infection. However, I assumed that he died of prostate cancer.

My brother, who was a medical doctor, diagnosed our father in time with what he claimed to be prostate cancer and operated him immediately. I have no information whether a pathologic test was made on the prostate before or after it was removed or not. Our father lived after that about twenty years, but he lost control on urination. This used to be a common side effect of prostate operation, until the introduction of the Robot, who is doing now this operation with much higher degree of precision.

Taking into account from one side the genetic background of triggering prostate cancer, and from the other side the history of prostate cancer from my father and mother's father, I was fully aware that I am more than vulnerable to prostate cancer. Consequently, I started to follow my PSA<sup>1)</sup> regularly when I turned fifty. I became even more alerted when my three older brothers had prostate cancer and the fourth died of liver cancer. When my oldest brother was suspected to have prostate cancer, I started to read a special issue of Scientific American journal published at that time on Cancer. This was my first scientific acquaintance with the disease.

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1) Prostate-specific antigen (PSA) is a protein produced exclusively by prostate cells. There is a simple blood test to measure the PSA level and this may help to detect early prostate cancer. The higher a man's PSA level, the more likely it is that he has prostate cancer. However, there are other reasons for having an elevated PSA level, and some men who have prostate cancer do not have elevated PSA.(NCI 2014)

I should say that that issue of Scientific American journal was so good that it put me on the right track. Few medical doctors borrowed it from me later and copied it. The big question of course was what could one do more than being alerted? Should I just wait until the PSA jumps sky high to start taking actions? Actually, I did two things: I let my doctor worry about the PSA, and I myself started to read more about prostate cancer.

When I was about 59, the PSA went up to 15 – 16ng/ml, and my doctor sent me urgently to take biopsy. Three specimens were taken (in Finland), the result was negative and all the family was relieved. Six years later, the PSA went up to 23ng/ml. Again, we hurried to take biopsy in the same place in Finland (this time 12 specimens), and the result was again negative. I was diagnosed with benign prostatic hyperplasia (BPH) or enlargement of the prostate. The doctor advised me to take Avodart<sup>2)</sup> (Dutasteride) throughout my life, in spite of its known side effects (Annex 1). I took it for one year and stopped it when I knew that Dutasteride is not approved for prevention of prostate cancer, and it may slightly increase the risk of developing a very serious form of prostate cancer.

Ten years later I got my first infection of the prostate (prostatitis) in Egypt. I suffered for the first time the unbearable pains of passing urination. I rushed to an urologist who gave me strong antibiotic medicine and Sutrim (Sulphonamides), and I went through all kind of tests including ultrasound, MRI, etc. The infection disappeared and the PSA went down, but my doctor asked me to continue taking Sutrim as preventive measure. I took it for six months, but stopped it when a Finnish doctor told me that medicines lose their effect when taken for such long time.

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2) This medication is used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia-BPH). It works by reducing the size of the enlarged prostate. This helps to relieve symptoms of BPH such as difficulty in beginning the flow of urine, weak stream, and the need to urinate frequently

or urgently (including during the middle of the night). It may also reduce the need for surgery to treat BPH (Web MD 2014)

## The Real Thing

Ten years after that I had the second infection of the prostate (prostatitis), and the PSA shoot high to 45ng/ml. The doctor prescribed to me a strong course on anti-biotic plus antiseptic. I also had prostate ultrasound and Magnetic Resonance Imaging (MRI)<sup>3)</sup>



**Magnetic resonance imaging (MRI)**

The infection disappeared in a couple of weeks and the PSA fell down to 34ng/ml. However, the treating physician asked me to take biopsy, and sixteen specimens were taken.

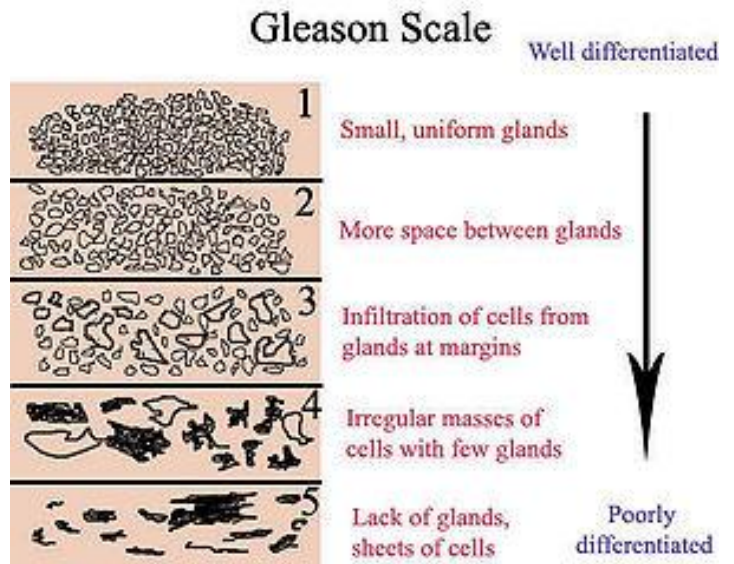
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<sup>3)</sup> Magnetic resonance imaging (MRI) is a test that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body. In many cases MRI gives different information about structures in the body than can be seen with an X-ray, ultrasound, or computed

tomography (CT) scan. MRI also may show problems that cannot be seen with other imaging methods. Please see the picture above.

Since this is the most important test for prostate cancer, I have to give some description of the test and the interpretation of its results using the **Gleason Grading system**. Most often, an urologist or radiologist will remove a cylindrical sample (biopsy) of prostate tissue through the rectum, using hollow needles. A biomedical scientist in a Histology laboratory prepares microscope slides for diagnosis by a pathologist, who examines microscopically the biopsy specimen for certain "Gleason" patterns. These Gleason patterns are associated with the following features (Wikipedia 2014):

- Pattern 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed. This corresponds to a well differentiated carcinoma<sup>5)</sup>.
- Pattern 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them, implying that the stroma has increased. This also corresponds to a moderately differentiated carcinoma.
- Pattern 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue or having an infiltrative pattern. This corresponds to a moderately differentiated carcinoma.
- Pattern 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue in neoplastic clumps. This corresponds to a poorly differentiated carcinoma.
- Pattern 5 - The tissue does not have any or only a few recognizable glands. There are often just sheets of cells throughout the surrounding tissue. This corresponds to an anaplastic carcinoma<sup>4)</sup>.



Having explained that, we can now come back to the pathologist report, which was written by a professor in Alexandria University.

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<sup>4)</sup> The term carcinoma has come to encompass malignant tumors composed of transformed cells whose origin or developmental lineage is unknown. When altered or damaged DNA occurs to such an extent that the cells become transformed, and begin to exhibit abnormal malignant properties



Out of three prostatic cores in the *Right Upper Zone*, one was infiltrated by tumor tissue formed of small ragged irregularly separated glands with poorly defined edges lined with a single layer of cells having large dark nuclei.

The pathologist ranked this as **Gleason pattern 3 representing 50% of the examined core**. Further, out of two prostatic cores in the *Right Mid Zone*, one infiltrated by small ragged irregularly separated glands with poorly defined edges lined with a single layer of cells having large dark nuclei. This was also ranked as **Gleason pattern 3 representing 10% of the examined core**. In addition, out of three prostatic cores in the *Left Mid Zone* one was infiltrated by tumor tissue formed of small ragged irregularly separated glands with poorly defined edges lined with a single layer of cells having large dark nuclei. This was also ranked as **Gleason pattern 3 representing 30% of the examined core**.

The final diagnosis was **Gleason pattern 3 + 3, score 6**. When the treating doctor saw this report and with PSA value of 34ng/ml, he ordered bone scan and blood analysis, to know whether any metastasis (spread of cancer from one organ to another) has taken place. Fortunately, both tests gave negative results. Following a short discussion with me explaining that the tumor was still in the "*Pussycat stage*", he suggested hormone treatment and selected a medication called Casodex (bicalutamide) 50mg.

Before buying the medication, I went to the internet to know its side effects, and I was really horrified (Annex 2). The list of side effects included: flushing and sweating (hot flashes), body aches and pains, breast swelling/tenderness/pain, headache, dizziness, drowsiness, trouble sleeping, weakness, hair loss, weight changes, constipation, diarrhea, stomach upset, gas, nausea, vomiting, and loss of appetite may occur. In addition to these normal side effects other side effects could take place as: decreased sexual ability/desire, vision changes, numbness/tingling of the hands or feet, swelling of the arms/legs, unusual or easy bleeding/bruising, change in the amount of urine, painful urination, signs of infection (e.g., fever, chills, persistent sore throat), trouble breathing, persistent cough, mental/mood changes (e.g., anxiety, depression).

I just gave up the idea of using this drug. I couldn't stand the idea of fixing one organ and possibly destroying others. Besides, my wife has just been going through the menopause with all its effects flushing, sweating, etc., and I am not ready to go through the same, which men don't usually go through. But what is

the solution? Are there any alternatives? What if the “pussycat” turns suddenly into a “tiger”? Many questions were going into one’s mind with of course some anxiety, and there is no wonder.

## **Alternative Approaches?**

A couple of years before this episode took place, I got by accident an essay entitled “Let Cancer Starve”. This was published in Johns Hopkins Cancer Updates (Johns Hopkins 2012), who spent more than thirty years of his life treating cancer patients with classic methods; operation, chemotherapy and radiotherapy. The summary of that essay is given in the following points:

1. Every person has cancer cells in the body. These cancer cells do not show up in the standard tests until they have multiplied to a few billion. When doctors tell cancer patients that there are no more cancer cells in their bodies after treatment, it just means the tests are unable to detect the cancer cells because they have not reached the detectable size.
2. Cancer cells occur between 6 to more than 10 times in a person's lifetime.
3. When the person's immune system is strong the cancer cells will be destroyed and prevented from multiplying and forming tumors.
4. When a person has cancer it indicates the person has multiple nutritional deficiencies. These could be due to genetic, environmental, food and lifestyle factors.
5. To overcome the multiple nutritional deficiencies, changing diet and including supplements will strengthen the immune system.
6. Chemotherapy involves poisoning the rapidly growing cancer cells and also destroys rapidly-growing healthy cells in the bone marrow, gastro-intestinal tract etc, and can cause organ damage, like liver, kidneys, heart, lungs etc.
7. Radiation while destroying cancer cells also burns, scars and damages healthy cells, tissues and organs.
8. Initial treatment with chemotherapy and radiation will often reduce tumor size. However, prolonged use of chemotherapy and radiation do not result in more tumor destruction.
9. When the body has too much toxic burden from chemotherapy and radiation the immune system is either compromised or destroyed, hence the person can succumb to various kinds of infections and complications.

10. Chemotherapy and radiation can cause cancer cells to mutate and become resistant and difficult to destroy. Surgery can also cause cancer cells to spread to other sites.

11. An effective way to battle cancer is to starve the cancer cells by not feeding it with the foods it needs to multiply

I don't know why I found these words very much convincing. May be because I didn't go through the one sided mentality (sorry physicians I have lot of appreciation to what you are doing) of the medical school. I continued reading the essay and I came to the point where it was mentioned that cancer cells feed on:

a. **Sugar, is a cancer-feeder.** By cutting off sugar it cuts off one important food supply to the cancer cells. Sugar substitutes like Nutrasweet, Equal, Spoonful, etc are made with Aspartame and it is harmful. A better natural substitute would be Manuka honey or molasses but only in very small amounts. Table salt has a chemical added to make it white in color. Better alternative is Bragg's aminos or sea salt.

b. **Milk causes the body to produce mucus,** especially in the gastro- intestinal tract. Cancer feeds on mucus. By cutting off milk and substituting with unsweetened soya milk cancer cells are being starved.

c. **Cancer cells thrive in an acid environment.** A meat-based diet is acidic and it is best to eat fish, and a little chicken rather than beef or pork. Meat also contains livestock antibiotics, growth hormones and parasites, which are all harmful, especially to people with cancer.

d. **A diet made of 80% fresh vegetables and juice, whole grains, seeds, nuts and a little fruits help put the body into an alkaline environment.** About 20% can be from cooked food including beans. Fresh vegetable juices provide live enzymes that are easily absorbed and reach down to cellular levels within 15 minutes to nourish and enhance growth of healthy cells. To obtain live enzymes for building healthy cells try and drink fresh vegetable juice (most vegetables including bean sprouts) and eat some raw vegetables 2 or 3 times a day. Enzymes are destroyed at temperatures of 40°C).

e. **Avoid coffee, tea, and chocolate,** which have high caffeine. Green tea is a better alternative and has cancer-fighting properties. Water- best to drink purified water, or filtered, to avoid known toxins and heavy metals in tap water. Distilled water is acidic, avoid it.

This was followed by few recommendations

1. Meat protein is difficult to digest and requires a lot of digestive enzymes. Undigested meat remaining in the intestines becomes putrefied and leads to more toxic buildup.
2. Cancer cell walls have a tough protein covering. By refraining from or eating less meat it frees more enzymes to attack the protein walls of cancer cells and allows the body's killer cells to destroy the cancer cells.
3. Some supplements build up the immune system (IP6, Florescence, Essiac, anti-oxidants, vitamins, minerals, EFAs etc.) to enable the body's own killer cells to destroy cancer cells. Other supplements like vitamin E are known to cause apoptosis, or programmed cell death, the body's normal method of disposing of damaged, unwanted, or unneeded cells.
4. Cancer is a disease of the mind, body and spirit. A proactive and positive spirit will help the cancer warrior be a survivor. Anger, unforgiveness and bitterness put the body into a stressful and acidic environment. Learn to have a loving and forgiving spirit. Learn to relax and enjoy life.
5. Cancer cells cannot thrive in an oxygenated environment. Exercising daily and deep breathing help to get more oxygen down to the cellular level. Oxygen therapy is another means employed to destroy cancer cells.

## **The Six-Pronged Approach**

I read more and more similar articles on how to strive cancer, and there were a lot of them. I became more than convinced. I set for myself a six pronged approach to fight cancer. This is basically the program:

1. Food diet what to eat and what not to eat
2. Antioxidants and Dietary Supplement to be used
3. Physical Training Program
4. Homeopathy
5. Oxygen Therapy
6. Using Mistletoe (a herb found in Europe known to have poisoning effect on cancer cells).

## 1. Food Diet: what not to eat and what to eat

From these seven approaches, the food diet seems to be the most important one

What not to eat:

- a) The main staff that was avoided was sugar and any sweets or any compounds that contain sugar, like Sauces, Ketchup, ready juices, etc. Remember **Sugar, is a cancer-feeder. By cutting off sugar it cuts off one important food supply to the cancer cells** (John Hopkins).
- b) Milk and milk products were completely avoided. **Cancer feeds on mucus produced by milk products.**
- c) Beef and mouton were completely avoided as they both acidic based diet.
- d) Carbohydrates (bread, rice, etc.) were completely avoided because they turn in the body into sugar.

What to eat:

- a) Fresh vegetables and juices, particularly: **broccoli** as it is rich in **sulforaphane**, an antioxidant that helps the liver break down and destroy cancer-causing toxins (Mark Stengler). **Tomatoes.** This fruit is rich in **lycopene**, the antioxidant that gives tomatoes their red color. Studies have found that tomatoes reduce the risk for prostate cancer (Mark Stengler). **Garlic.** Slice or dice a garlic clove, and a relatively inert compound called allicin undergoes an amazing cascade of chemical changes. **Nearly all allicin-generated compounds function as antioxidants that prevent the types of cell mutations that give rise to cancer.** **Spinach.** Spinach, Egyptian Spinach (Molokheya) and other “greens,” such as chard and collard greens, **are rich in antioxidants that protect cells from the type of damage that can create cancerous mutations.** One study published in Journal of Agricultural and Food Chemistry gave spinach the top “bioactivity index” ranking of vegetables for its ability to protect against cancer.
- b) Nuts and Dried fruits: **Almond, Walnut, Cashew and Raisins, Apricot**
- c) **Cold-water fish.** Salmon, sardines and trout **are rich in healthy omega-3 fats. Eaten once a week**
- d) **Lentils (brown and yellow), brown beans (foul), Tofu (particularly recommended for Prostate Cancer) and unsweetened Soya milk.** They are the source plant proteins.

## **2. Antioxidants & Dietary Supplement**

Antioxidants are man-made or natural substances that may prevent or delay some types of cell damage. Antioxidants are found in many foods, including fruits and vegetables. They are also available as dietary supplements. The antioxidants which I found relevant to my case were:

- a) Male Multiple by Solgar. This is an advanced multiple vitamin and mineral formula for men. It contains over 20 vitamins and minerals.
- b) Bio-Qinon Q10, 100mg by Pharma Nord.
- c) Vitamin E 400 Units
- d) Omega 3
- e) Vitamin C
- f) Selenium

In addition, I took some natural products for prostate like:

- g) Prostaforce by A.Vogel
- h) Prostasin by Valioravinto
- i) Prostavit by KP2000
- j) Peppon plus

## **3. Physical Exercise.**

- a. Going three times/week to the Gym for about 90 minutes. This included 15 exercises for all the body muscles.
- b. Walking about 2km three times/week, either in the forest or on the treadmill

These physical exercises alone made me feel so good, which positively affected the mood and helped me to achieve what John Hopkins called a proactive and positive spirit that will help the cancer warrior be a survivor.

## **4. Homeopathy**

Homeopathy has been practiced for over two centuries. Its therapeutic principles are very different from those of conventional medicine, as is its concept of ill health and its patient approach. The homeopathic premise is that disease is not a set of symptoms but an underlying disturbance of a person's "vital force". As Beth MacEoin, author of Practical Homeopathy puts it:

“Conventional medicine takes a broadly mechanistic view of disease, regarding the human body as a highly sophisticated and specialized machine which can succumb to injury, infection or degenerative processes.” It uses orthodox drugs to oppose symptoms and could be seen as taking a "waging war on illness" stance. Homeopathy, however, seeks to stimulate the body's own capacity for self-healing and renewal. In terms of treatment, homeopathy works on the "hair of the dog" principle that "like treats like" and prescribes the very medicine that could produce similar symptoms in a healthy person. A homeopathic consultation (often longer and more detailed than a conventional appointment) will focus not only on the physical changes you may experience, but your psychological and emotional state of mind. The remedy you are prescribed will not necessarily be the same as for someone else with your condition, but is specific to your personality, constitution and lifestyle.

Homeopathy talks about "the magic of the minimum dose" by recommending the smallest possible dose to avoid toxicity and treat gently. Remedies are prepared by dilution and "succussion" (repeated agitation of the solution on a hard surface) to reduce the risk of harm. Paradoxically, the more stages of dilution and succussion a remedy receives, the greater its potency. Some may be plant derived, some mineral. None are manufactured.

Having known this information, and thinking that I wouldn't lose anything if I tried it but may gain something, I visited a homeopathy expert, based on my niece recommendation, who got pharmaceutical education in Germany and specialized after that in homeopathy. He gave me all kind of small balls and effective way to stimulate liver's functions. I followed the treatment for a couple of months.

## **5. Oxygen Therapy**

It is amazing that Oxygen therapy for Cancer has become a rather controversial issue. The notion that oxygen might selectively destroy cancer cells goes back to the 1930s, when Nobel prize winner Otto Warburg, M.D., discovered that, compared to normal cells, cancer cells have a low respiration rate. He proposed that if cancer cells are adapted to survive and grow in low-oxygen environments, they would die off if exposed to higher levels of that element. Dr. Andrew Weil (2004) claimed that Dr. Warburg was wrong. In his opinion,

Oxygen doesn't slow cancer growth - in fact, tumors often grow rapidly in tissues well supplied with oxygenated blood. Nor does depriving tumors of oxygen stimulate their growth.

Finally came the breakthrough, when Northeastern University immunologists found that a new therapy that floods tumors with supplemental oxygenation can shrink them and dramatically improve the effectiveness of cancer immunotherapy. The findings — published in the journal *Science Translational Medicine* — are being hailed as potential “breakthrough” that could dramatically increase the survival rate of patients with cancer, which kills some 8 million people each year (Newsmax 2015).

"This discovery shifts the paradigm of decades-long drug development, a process with a low success rate," said lead researcher Michail Sitkovsky, an immunophysiology expert at Northeastern. "Indeed, it is promising that our method could be implemented relatively quickly by testing in clinical trials the effects of oxygenation in combination with different types of already existing immunotherapies of cancer."

Sitkovsky and his colleagues found shows that inhaling air that is 40-60 percent oxygen — two to three times the concentration in the air we breathe — helps arm and “awaken T cells” in the body’s immune systems, making them more effective in destroying tumor cells. Oxygenation also weakens tumor cells’ ability to outwit the body’s natural defenses.

This was enough good news for me to go ahead with Oxygen therapy. I bought Oxygen cylinder and start breathing from it 15 minutes daily. When I went to Finland in summer, a walk in the Finnish forests during the 20 hours long sun shining day for about 30 minutes, did in my opinion the same trick.

## **6. Using Mistletoe**

When one thinks of mistletoe, he probably pictures holiday season smooching. But the red-berried plant we’re so familiar with has a cousin that can do more than encourage a kiss. European white berry mistletoe has the potential to work toward a different kind of good: improving the quality of life for cancer patients. European mistletoe is semi-parasitic and grows in Great Britain, continental Europe, and Western Asia. In the past, its twigs and leaves were



used as herbal remedies, and the Celts of 200,000 years ago considered it an “all healer” of many illnesses.

Rudolf Steiner, a practitioner of alternative medicine, introduced the plant to early 20<sup>th</sup> century Europe. Steiner and his followers were the first to use mistletoe’s sap and extract for cancer treatment. The types of cancers treated vary, and include cancer of the ovaries, breast, stomach, colon, lung, and leukemia and lymphoma.



Mistletoe is used as a complementary cancer treatment particularly in Germany. Extracts, such as Iscador, Isorel and Plenisol are sold under brand names and there is research that suggests increased cancer survival times with their use particularly as an adjunct to orthodox treatments. In 2011 research in Cancer Watch suggested that mistletoe can also help protect the liver and help clear toxins from the body in chemotherapy and radiotherapy.

The researchers concluded that it improved the success of chemotherapy, and also helped clear away the toxic debris (how quaint!) caused by the chemotherapy. The scientists showed that bowel cancer patients having the mistletoe injections, had fewer side effects from both chemotherapy and radiotherapy (falling from 48 per cent to 19 per cent) and survived longer - being a third more likely to survive 5 years!

Iscador is given as subcutaneous injection 2-3 times per week. Side effect are relatively mild and include a slight irritation or reddening around the injection site. There may be a rise in patient temperature.

The use of Iscador with a variety of cancers has been studied; from breast to brain tumors; from pancreatic to bladder cancer, and we recommend interested parties to review the extensive research on mistletoe. The level of research and conclusions would surprise most UK oncologists.

Today, if you go to any German cancer clinic, chances are nearly 100% that you'll be treated with mistletoe extract. Mistletoe is to the German doctors what laetrile is to alternative cancer doctors in Mexico.

While in Egypt, I got to know that Iscador was used in one hospital. I contacted the treating doctor, but he didn't encourage me to take it. When I arrived to Finland, I looked for it. To my surprise Mistletoe wasn't available in Finland. I had to order it from Germany in three forms, capsules, drops and herbs which could be used like tea.

Few days before I left Egypt to Finland, a friend took me to a known oncologist in Alexandria, who worked earlier as a Director of a Cancer Clinic in UK. He was also of the opinion that I had to take hormone medication. He thought that **Casodex** might not be enough, but I may have to take a stronger medication called **Zoladex**, which has more severe side effects (Annex 3). When he knew that I was going to Finland, he said they will suggest to you Radiotherapy. He was right in that.

The First Round ended when I left Egypt to Finland in June 2014. Summing up the general conditions were as follows:

- ✓ I have been going on the diet for about two months,
- ✓ I have been using the Antioxidants described above,
- ✓ I have been making sport six days a week, either going to the gym or walking on the treadmill,
- ✓ I used Oxygen therapy at home daily for about 15 minutes,
- ✓ I used Homeopathy as described by the treating doctor.

Accordingly, my PSA went down to 24. I also made contact with two Cancer Clinics in Finland and one in Germany. Psychologically, I was relieved as I did in

my opinion all what I could. Hence, I have to leave it after that to the Creator. The question now is, who was the winner of Round One, The Cancer or I? May be he won by points as he managed to have his damped cells in the prostate!

## **End of Round One**

This will be followed by Round Two, which starts by my arrival to Finland and ended when I went back to Egypt. It took place from June 2014 to August 2014. It will include the opinion of the Finnish Oncologist and Urologist whom I visited, and more important the outcomes of the six pronged approach I have followed, and whether I decided to take hormone medication/undertake radiotherapy or not.

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# Annex 1

## Avodart (Dutasteride) Side Effects

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## Dutasteride Side Effects

Dutasteride side effects are usually mild and transient. Drug related adverse effects of dutasteride certainly appear to be less than those associated with finasteride. The most common side effects of dutasteride are sexual effects including:

- impotence
- decreased libido
- ejaculation disorders
- gynecomastia (breast tenderness)

Dutasteride side effects discovered in a clinical study are summarized in the table below. Approximately 6% of each group (dutasteride and placebo) withdrew from the study due to adverse events, with the investigator attributing less than half of these withdrawals to drug related adverse effects.

## Summary of Dutasteride Side Effects

Side Effect	Dutasteride (n=2158)	Placebo (n=2166)
Impotence	117(5%)	59 (3%)
Decreased Libido	74 (3%)	40 (2%)
Gynecomastia	29(1%)	10 (<1%)
Ejaculation Disorder	40 (2%)	14 (<1%)

## Side Effects of Long-Term Treatment with Dutasteride

The incidence of sexual adverse events considered to be drug-related decreased with duration of treatment. After the 6 months of treatment impotence, decreased libido, ejaculation disorders and gynecomastia were all <1% for both the dutasteride and placebo groups.

The incidence of drug-related events was lower during the second year of treatment compared with the first year of treatment. The only exception was gynecomastia which increased from 1% in the first year to 2% in the second year.

The table below shows the results of a study performed by Roehrborn et al (Efficacy and Safety of a Dual Inhibitor of 5-Alpha-Reductase Types 1 and 2 (Dutasteride) In Men With Benign Prostatic Hyperplasia", Roehrborn et al, Urology 60:434-441, 2002). The results show a significant decrease in side effect profiles as the treatment duration increases.

## Summary of Long-Term Dutasteride Side Effects

Side Effect	First Year		Second Year		Total Study	
	Dutasteride	Placebo	Dutasteride	Placebo	Dutasteride	Placebo
Impotence	130 (6.0%)	65 (3.0%)	29 (1.7%)	21 (1.2%)	158 (7.3%)	86 (4.0%)
Decreased Libido	80 (3.7%)	41 (1.9%)	11 (0.6%)	6 (0.3%)	91 (4.2%)	46 (2.1%)
Gynecomastia	28 (1.3%)	11 (0.5%)	23 (1.3%)	5 (0.3%)	50 (2.3%)	16 (0.7%)
Ejaculation Disorder	40 (1.8%)	15 (0.7%)	9 (0.5%)	2 (0.1%)	48 (2.2%)	17 (0.8%)

## Dutasteride & Shedding

Dutasteride may cause an initial period of shedding approximately six to eight weeks into treatment. This is a normal response to treatment with dutasteride. For more information, see our page about [dutasteride shedding](#).

## Related Dutasteride Information

- [Dutasteride Shedding](#)
- [Dutasteride Chemistry](#)
- [Dutasteride Dosage & Indications](#)
- [Dutasteride Pharmacology](#)

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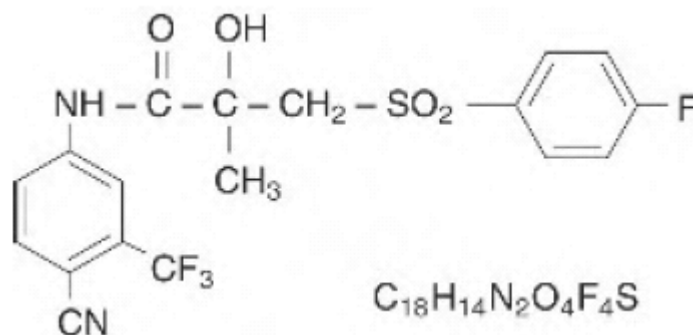
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Dutasteride Side Effects

## Annex 2

### Casodex Side Effects

CASODEX® (bicalutamide) Tablets contain 50 mg of bicalutamide, a non-steroidal [androgen receptor](#) inhibitor with no other known [endocrine](#) activity. The chemical name is propanamide, N [4 cyano-3-(trifluoromethyl)phenyl]-3-[(4-fluorophenyl)sulfonyl]-2-hydroxy-2-methyl-,(+). The structural and [empirical](#) formulas are:



Bicalutamide has a molecular weight of 430.37. The pKa' is approximately 12. Bicalutamide is a fine white to off white powder which is practically insoluble in water at 37°C (5 mg per 1000 mL), slightly soluble in [chloroform](#) and absolute ethanol, sparingly soluble in methanol, and soluble in [acetone](#) and tetrahydrofuran.

CASODEX (bicalutamide) is a racemate with its antiandrogenic activity being almost exclusively exhibited by the R-enantiomer of bicalutamide; the S-enantiomer is essentially inactive.

The inactive ingredients of CASODEX (bicalutamide) Tablets are [lactose](#), [magnesium](#) stearate, hypromellose, polyethylene glycol, polyvidone, [sodium](#) starch glycollate, and titanium dioxide.

#### What are the possible side effects of bicalutamide (Casodex)?

Get emergency medical help if you have any of these **signs of an allergic reaction**: hives; difficult breathing; swelling of your face, lips, tongue, or throat.

Call your doctor at once if you have a serious side effect such as:

- chest pain, cough or trouble breathing;
- feeling short of breath, even with mild exertion;
- swelling in your hands or feet;
- fever, chills, body aches, flu symptoms;
- pale skin, easy bruising or bleeding;

- blood in your urine; or
- nausea, pain in your upper stomach, itching, dark urine, clay-colored...

[Read All Potential Side Effects and See Pictures of Casodex »](#)

## What are the precautions when taking bicalutamide (Casodex)?

Before taking bicalutamide, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details.

Before using this medication, tell your doctor or pharmacist your medical history, especially of: liver disease, diabetes, lung/breathing problems.

When higher doses (150 milligrams per day) of this medication are used in patients with early-stage localized prostate cancer, more deaths have occurred than in patients whose doctors decided to monitor them closely before treating with this medication. Ask your doctor for more details and discuss the risks and benefits of your treatment.

This drug may make you...

[Read All Potential Precautions of Casodex »](#)

## Casodex



1. [Prostate Cancer Slideshow Pictures](#)
2. [Medical Illustrations of the Prostate Image Collection](#)
3. [Screening Tests Every Man Needs Slideshow Pictures](#)

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## Casodex

- Patient Information:  
[Details with Side Effects](#)
- Clinician Information:  
[Prescribing Information](#)



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## **Casodex Consumer (continued)**

**SIDE EFFECTS:** Flushing and sweating (hot flashes), body aches and pains, breast swelling/tenderness/pain, headache, dizziness, drowsiness, trouble sleeping, weakness, hair loss, weight changes, constipation, diarrhea, stomach upset, gas, nausea, vomiting, and loss of appetite may occur.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

Tell your doctor immediately if any of these unlikely but serious side effects occur: decreased sexual ability/desire, vision changes, numbness/tingling of the hands or feet, swelling of the arms/legs, unusual or easy bleeding/bruising, change in the amount of urine, painful urination, signs of infection (e.g., fever, chills, persistent sore throat), trouble breathing, persistent cough, mental/mood changes (e.g., anxiety, depression).

Seek immediate medical attention if any of these very serious side effects occur: chest pain, jaw/left arm pain.

Rarely, bicalutamide may cause growth of other types of tumors. Consult your doctor immediately if new lumps or growths occur.

This medication may rarely cause serious (possibly fatal) liver disease. Seek immediate medical attention if any of these side effects occur: dark urine, yellowing of the eyes/skin, unusual tiredness, severe stomach/abdominal pain, persistent nausea/vomiting.

A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist.

In the US -

Call your doctor for medical advice about side effects. You may report side effects to FDA at

1-800-FDA-1088.

In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

Read the [Casodex \(bicalutamide\) Side Effects Center](#) for a complete guide to possible side effects

[Learn More »](#)

**PRECAUTIONS:** Before taking bicalutamide, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details.

Before using this medication, tell your doctor or pharmacist your medical history, especially of: liver disease, diabetes, lung/breathing problems.

When higher doses (150 milligrams per day) of this medication are used in patients with early-stage localized prostate cancer, more deaths have occurred than in patients whose doctors decided to monitor them closely before treating with this medication. Ask your doctor for more details and discuss the risks and benefits of your treatment.

This drug may make you dizzy or drowsy. Do not drive, use machinery, or do any activity that requires alertness until you are sure you can perform such activities safely. To minimize these effects and flushing of the face, limit alcoholic beverages.

Bicalutamide should not be used in women or children. It must not be used in a woman who may be pregnant or breast-feeding. This medication may cause harm to an unborn or breast-feeding baby.

### **What is the most important information I should know about bicalutamide (Casodex)?**

Before taking this medication, tell your doctor if you have liver disease, diabetes, or any other serious illness.

Bicalutamide is given as part of a combination prostate cancer treatment with another medication that prevents the testicles from producing testosterone.

Your doctor may occasionally change your dose to make sure you get the best results. Do not stop taking bicalutamide without your doctor's advice. If you stop your treatment suddenly, your condition may become worse.

To be sure this medication is helping your condition and is not causing harmful effects, your prostate and liver function will need to be checked with frequent blood tests. Visit your doctor regularly.

Call your doctor at once if you have a serious side effect such as chest pain, shortness of breath, swelling, blood in your urine, or stomach pain with loss of appetite, dark urine, and yellowing of your skin or eyes.

Bicalutamide should **never** be taken by a woman or a child.

Although bicalutamide is not for use by women, this medication can cause birth defects if a woman is exposed to it during pregnancy.

# Annex 3

## Zoladex Side Effects

### Zoladex (Zoladex 3.6mg implant SafeSystem pre-filled syringes)

#### Side effects

**Information specific to: Zoladex 3.6mg implant SafeSystem pre-filled syringes when used in Endometriosis.**

#### Side-effects

A medicine is only made available to the public if the clinical trials have shown that the benefits of taking the medicine outweigh the risks.

Once a medicine has been licensed, information on the medicine's effects, both intended and unintended, is continuously recorded and updated.

Some side-effects may be serious while others may only be a mild inconvenience.

Everyone's reaction to a medicine is different. It is difficult to predict which side-effects you will have from taking a particular medicine, or whether you will have any side-effects at all. The important thing is to tell your prescriber or pharmacist if you are having problems with your medicine.

Very common: More than 1 in 10 people who have Zoladex

- acne
- breast enlargement
- decreased libido
- hot flushes
- increased sweating
- injection site problems
- vaginal dryness

Common: More than 1 in 100 people who have Zoladex

- blood pressure changes
- depression
- hair loss
- headaches

- jointpain
- lowering of bone mineral density
- mood changes
- paraesthesiae
- skin rash or rashes
- tumour flare
- tumourpain - at the start of treatment
- weight gain

Uncommon: More than 1 in 1000 people who have Zoladex

- hypersensitivity reactions
- metabolic problems

Rare: More than 1 in 10,000 people who have Zoladex

- anaphylactic reactions
- ovarian cyst

Very rare: Fewer than 1 in 10,000 people who have Zoladex

- pituitary gland problems
- psychosis or psychotic-like behaviour

The frequency of these side-effects is unknown

- abnormal laboratory test results
- cervical problems
- change of body hairs
- constipation
- diarrhoea
- dry skin
- feeling nervous
- high levels of cholesterol in the blood
- leg cramps
- liver problems
- may affect the results for certain tests
- menopause
- musclepain or tenderness
- nausea
- oedema of the extremities
- pneumonia
- pulmonary embolism
- sleeping problems
- stomach problems
- tiredness

- vaginal bleeding - this may happen within the first few months of starting treatment with Zoladex. If this continues to happen once Zoladex has been taken for some time you must seek medical advice
- vaginal discharge
- vaginal infection or inflammation
- voice changes
- vomiting
- worsening of fibroids

The following side effects have been reported in people who have Zoladex in combination with gonadotrophin. The reported frequency of these side-effects is rare.

- ovarian hyperstimulation syndrome

If you feel unwell or if you have concerns about a side-effect, you will need to seek advice. If you feel very ill, get medical help straight away. Contact your prescriber, pharmacist, nurse or

call NHS Direct on 0845 46 47.

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