

CANCER

CURED

FREE CHAPTER PREVIEW

From reknowned health researcher Mark Sloan.

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SURGERY

A SURGEON'S FIRST instinct when he sees a patient with a tumor is to reach for his scalpel and carve it out of them. This makes it easy to assume patients are benefitting from the treatment, but removal of a tumor isn't simply a local phenomenon with no other biological consequences.

Although surgical removal of a tumor is widely accepted today as beneficial and necessary, it was not long ago that the prevailing public attitude towards tumor resection (and other cancer treatments used today) was so disapproving and hostile that it can be difficult for people to imagine. "It should be forbidden and severely punished to remove cancer by cutting, burning, cautery and other fiendish tortures," wrote 15th century renaissance physician Paracelsus.

Whether you've been cut by a criminal in the street because you refused to give him your wallet, or by a surgeon on an operating table because you gave him your wallet, the act of cutting into the body is traumatic and inflicts damage.

In this chapter we will investigate the impact of surgery on health and determine if tumor removal is beneficial for a person with cancer.

MILLIONS OF POINTLESS OPERATIONS EVERY YEAR

Common sense tells us that if a surgical procedure isn't needed then it shouldn't be performed. Nevertheless, some studies estimate that as many as 30% of certain surgeries are performed unnecessarily,¹ and some claim the numbers are actually much, much higher.

A 1995 report by Milliman & Robertson, Inc. concluded that nearly 60 percent of all surgeries performed are medically unnecessary,² but even that number is considered low by the late American pediatrician Dr. Robert Mendelsohn who wrote, "My feeling is that somewhere around ninety percent of surgery is a waste of time, energy, money, and life."³

Research on unnecessary surgery began in 1974, after a US congressional report estimated that 2.4 million unnecessary surgeries were performed every year, killing nearly 12,000 patients.⁴ This report caught the eye of Harvard professor and former surgeon Lucian Leape, who has been following this line of research ever since.

Leape's take today? "Things haven't changed very much."⁵

A 2016 review of the latest research on unnecessary surgery states, "Worldwide every year millions of patients go under knife, but many of them are enduring great pain and shelling out thousands and dollars for surgeries they don't really need."⁶

Not only are many people put 'under the knife' needlessly, but Australia's top surgeon Dr. Ian Harris says that many commonly-performed operations of today "are no better than placebo."⁷ In his new book *Surgery, The Ultimate Placebo*, Dr. Harris lists a number of "placebo surgeries," including spinal fusion for back pain, knee arthroscopy, - coronary stenting, some shoulder surgery and appendix removal, laparoscopy for bowel adhesions and repairs of ruptured tendons and some fractures.

CORONARY ARTERY BYPASS SURGERY

One of the most common and expensive surgeries performed in America today is the coronary artery bypass - a procedure that grafts a new vein in

place of a damaged one supplying the heart. According to Dr. Mark Hyman and Dr. Mark Liponis in their book *Ultraprevention*, “Bypasses are the single most commonly performed unnecessary surgery in the country.” I reviewed the scientific literature to find out if there was any support for this claim, and the evidence seems to agree.⁸⁻¹⁰

A CLOSER LOOK...

- The first ever clinical trial on coronary artery bypass surgery was published in *The Lancet* in 1977 and compared heart disease patients who underwent bypass surgery with ones who received drug treatment only. Results showed that survival at four years was 3% lower in those who underwent surgery.⁸
- In the Coronary Artery Bypass Study of 1984, 780 heart disease patients were randomly assigned either surgical or drug treatments and evaluated 5-years later. “The five-year probability of remaining alive and free of infarction [heart attack] was 82 per cent in the patients assigned to medical therapy and 83 per cent in the patients assigned to surgery (not significant).”⁹
- A 1999 study from the journal *Circulation* compared the effectiveness of coronary angioplasty, coronary artery bypass surgery and drug treatment on heart disease patients. After a 5-year follow-up, researchers found that all three treatments “yielded a similar incidence of acute myocardial infarction and death.”¹⁰

Despite clear evidence showing that cardiac bypass surgery provides no benefit to patients, more than 200,000 procedures are performed every year in the United States.¹¹ A 2016 study published in *The American Journal of Cardiology* asked 101 US hospitals what they charge for coronary artery bypass surgery, and of the 53 hospitals that responded, the average cost for the procedure was \$151,271, ranging from \$44,824 to \$448,038. Buyer beware: the study found “no evidence to suggest that hospitals that charge higher prices provide better quality of care.”¹²

As it turns out, cracking open people's chests and dicing up their arteries remains a treasured source of income for surgeons, while patients end up broke and no healthier than they were before the procedure. And considering coronary artery bypass surgery comes with serious potential complications like impotence,¹³ brain damage, organ dysfunction,¹⁴ or even death, the evidence suggests far more harm is being done than good.

Now, how about cancer surgery?

SURGERY VS. CANCER

The most comprehensive study ever undertaken on the efficacy of cancer surgery, to date, was conducted in 1844 by Dr. Leroy d'Etoilles of Paris, France and published in *The French Academy of Science*. After studying 2,781 cancer patients over a 30-year period who had undergone either surgery, caustics (application of a chemical that destroys tissue) or no treatment at all, Dr. d'Etoilles found that the average survival of patients following surgery was one year and five months. Remarkably, two years after cancer diagnosis, those who refused both surgery and caustics had a 50% higher rate of survival.¹⁵

Recent research has validated Dr. d'Etoilles pioneering work, showing that cutting out a tumor either provides no benefit to patients,^{16,18} or increases mortality.^{17,143,144} The more the body is cut, the worse the outcome appears to be.

CANCER SURGERY PROMOTES METASTASIS

Cancer metastasis is the primary cause of most cancer deaths,²⁰⁻²² and yet the public remains almost completely unaware that surgical removal of a tumor has been known to cause cancer metastasis for over 100 years.

In 1910, researchers implanted tumors into mice and found when they left the tumors alone, cancer metastasis almost never occurred. But when they incompletely cut out the tumors, metastasis frequently occurred.²³ A few years later a similar experiment was conducted using highly metastasizing tumors, and the results were the same - tumor resection

increased cancer metastasis compared to control mice whose tumors were left untouched.²⁴

This same phenomenon was demonstrated in humans by Dr. Warren Cole of the University of Illinois in 1974. In a series of experiments published in the *Annals of the New York Academy of Sciences*, Dr. Cole wrote, “Ten of our patients underwent an unsuccessful attempt by a surgeon to remove the tumor. All surgeons know that this procedure is usually followed by an increased growth of the tumor...metastasis develops so commonly after excision of the primary.”²⁵

German professor of Radiology Dr. Ernst H. Krokowski provided further evidence that surgery, and even tumor palpation and biopsy promote the spread of cancer. In a 1979 study, Dr. Krokowski wrote, “... manipulation of the tumor, such as severe palpation, biopsy or surgery, results in a sudden increase of the number of tumor cells released into the blood circulation.” Dr. Krokowski also stated that about 90% of patients die from metastasis or secondary tumors and “Therefore it should be of great concern to therapists as well as patients that already more than 30 years ago it was conclusively shown that cancer surgery is the main cause of metastasis. However, this research was completely ignored by the profession, it was just too awful to contemplate, and patients never got to know about it.”²⁶

Since 1996, Dr. Michael Retsky of Harvard University and his international team of colleagues have been investigating the physiological mechanisms behind surgically-induced cancer metastasis. In a 2010 review of their work, they stated that tumors aren’t in continuous growth as it was once thought. Instead, they undergo periods of dormancy, where they are sitting harmlessly and “surgery to remove the primary tumor often terminates dormancy resulting in accelerated relapses.”²⁷

Studies worldwide have demonstrated consistently and repeatedly that surgical removal of a tumor often terminates dormancy and leads to cancer metastasis.²⁸⁻³⁴ Furthermore, surgical removal of lymph nodes (lymphadenectomy), which is standard practice following tumor removal for breast and skin cancer, was found in 2015 to increase “the growth of the primary tumor and associated blood vessels as well as promoted cancer cell survival and dissemination.”¹⁹

Even the former director of the National Cancer Institute Vincent J. Davita Jr. wrote about surgically-induced cancer metastasis in the world's definitive, standard-setting oncology textbook *Cancer: Principles and Practise of Oncology* in 1982. "There seems to be little doubt that cancer can be spread from the primary site to distant tissues. There are numerous ways that surgical manipulation could be responsible for this."

THE STRESS OF SURGERY

Few people but surgeons are aware that the stress induced by surgery can result in serious, potentially fatal complications. Like all forms of stress, surgery activates the sympathetic 'flight or fight' nervous system,³⁵ which elevates stress hormones to liberate glucose from the liver and breakdown fat and muscle as additional energy sources to meet the demands of the upcoming fight.³⁶

Even when a surgeon performs an operation successfully with no errors, the stress caused by being cut in one area of the body can lead to damage in another. Complications of surgical stress include, but are not limited to:

Blood Health:

- Surgical stress causes a loss of blood albumin³⁷

Bone Health:

- Surgical stress causes bone loss (osteoporosis)^{38,39}

Brain Health:

- Surgical stress causes delirium⁴⁰
- Surgical stress causes cognitive dysfunction⁴¹
- Surgical stress causes memory impairment^{42,78}
- Surgical stress causes nerve damage⁴⁴
- Surgical stress causes stroke⁴⁵
- Surgical stress causes seizures⁴⁶
- Surgical stress causes paralysis⁴⁷

Dental Health:

- Surgical stress causes dental caries (cavities)⁴⁸

Depression:

- Surgical stress causes anxiety and depression^{43,49}

Diabetes:

- Surgical stress causes insulin-resistance⁵⁰

Digestive Health:

- Surgical stress increases intestinal permeability⁵¹
- Surgical stress reduces blood supply (ischemia) to the colon⁴⁷
- Surgical stress causes gastric ulcers⁵²
- Surgical stress causes gastric bleeding⁵³

Exercise:

- Surgical stress causes loss of muscle mass and strength⁵⁴

Eye Health:

- Surgical stress causes vision loss⁵⁵

Hair Health:

- Surgical stress causes hair loss (alopecia)⁵⁶

Healing:

- Surgical stress impairs wound healing⁵⁷

Hearing:

- Surgical stress causes hearing loss⁵⁸

Heart Health:

- Surgical stress causes heart attack^{59,60}
- Surgical stress causes heart failure^{61,62}

Immune System:

- Surgical stress impairs the immune system⁶³
- Surgical stress suppresses anti-tumor immunity⁶⁴
- Surgical stress increases risk of infection⁶⁵

Kidney Health:

- Surgical stress causes kidney dysfunction⁴⁷

Liver Health:

- Surgical stress causes liver dysfunction⁶⁶
- Surgical stress causes multiple organ failure⁵³

Lung Health:

- Surgical stress causes collapsed lung (atelectasis)⁶⁷

Sexual Health:

- Surgical stress causes erectile dysfunction⁶⁸
- Surgical stress significantly decreases blood testosterone levels⁶⁹

Sleep:

- Surgical stress reduces sleep quality⁷⁰

Thyroid Health:

- Surgical stress lowers thyroid function⁷¹

Tumor Microenvironment:

The area surrounding a tumor, commonly referred to as the tumor microenvironment, is one of the most important areas of cancer research. Its significance stems from the fact that substances present within it are in constant interaction with cancer cells and can determine the fate of a tumor.

Listed below are many of the changes that occur within the tumor microenvironment as a result of surgery.

- Surgical stress increases free radicals⁸⁹
- Surgical stress increases high mobility group box 1 protein⁷³
- Surgical stress increases tumor necrosis factor-alpha⁷⁵
- Surgical stress increases interleukin-1beta⁷⁷
- Surgical stress increases interleukin-4⁷⁴
- Surgical stress increases interleukin-6^{75,76}
- Surgical stress increases interleukin-8⁷⁵

- Surgical stress increases nuclear factor-kappa b⁷²
- Surgical stress increases cortisol⁷⁸
- Surgical stress increases adrenaline¹²²
- Surgical stress increases prolactin³⁵
- Surgical stress increases vascular endothelial growth factor⁷⁹
- Surgical stress increases epidermal growth factor⁸⁰
- Surgical stress increases nitric oxide⁸²
- Surgical stress increases lactic acid¹⁰⁰
- Surgical stress increases estrogen¹⁰¹
- Surgical stress increases prostaglandins¹⁰²
- Surgical stress increases serotonin¹⁰³
- Surgical stress increases histamine¹⁰³

16 WAYS SURGERY CAUSES CANCER

By investigating each individual factor found within the tumor microenvironment, we can pinpoint many of the ways cancer surgery promotes the growth and spread of cancer.

1. Nitric Oxide - Anytime a tissue has been injured, nitric oxide and other growth factors are released to signal cells to grow and divide to replace lost cells.⁸³ In a person with cancer, tumor cells caught in the crossfire of nitric oxide signaling will also be signaled to grow, which is why nitric oxide is a well-known promoter of angiogenesis and tumor progression.⁸⁴⁻⁸⁷

2. Nitric Oxide - Nitric oxide has also been demonstrated to trigger the adhesion of circulating tumor cells (like the ones released during cancer surgery) onto body tissues, which is the first step in new tumor formation.⁸⁸

3. Vascular Endothelial Growth Factor – Similar to nitric oxide, VEGF is a protein that signals growth to help repair injured tissues.¹²⁴ Elevated blood levels of VEGF have been associated with the growth and progression of cancer.¹²⁵

4. Epidermal Growth Factor – EGF, like nitric oxide and VEGF, enhances the growth, invasion and metastasis of tumors.¹²⁶ High levels of EGF are associated with poor prognosis in cancer patients.¹²⁷

5. Free Radicals – Free radicals are highly-reactive molecules that are balanced by the body's antioxidant system. In excess, the oxidative damage caused by free radicals results in aging, cardiovascular disease, cancer and other chronic diseases.¹⁴⁸

6. Adrenaline – The stress hormone adrenaline is one of the primary triggers of the breakdown of fat for energy (lipolysis).¹²³ Anytime unsaturated fatty acids enter the bloodstream, prostaglandins are formed,⁹⁰ which are carcinogenic.⁹¹

7. Cortisol - People with cancer have higher cortisol levels than people without cancer,⁹² and a number of studies have shown that cancer patients with the highest levels of cortisol have the greatest risk of dying from the disease.^{93,94}

8. Estrogen - The presence of cortisol in the bloodstream leads to increased production of the hormone estrogen.⁹⁵⁻⁹⁷ The famous 1990's Women's Health Initiative study tested the effects of supplemental estrogen on women, but was forced to stop early after participants began developing cardiovascular disease, stroke, dementia and cancer.⁹⁸

9. Serotonin - Since cortisol's basic action is to catabolize muscle tissue and muscle meat contains high levels of the amino acid tryptophan (a precursor for serotonin), stress increases serotonin production.¹⁰⁴ While most people think of serotonin as a 'happy hormone,' this cultural belief appears misguided, since serotonin is not a hormone and lowering it can alleviate depression.¹²⁰ Serotonin is part of the body's stress response and has been shown in numerous studies to promote tumor growth.¹⁰⁴⁻¹⁰⁸

10. Histamine - Histamine is an inflammatory mediator commonly known for its role in allergic reactions.^{109,110} Substances that inhibit histamine prevent cancer growth and progression.¹¹¹⁻¹¹³

11. Lactic Acid - Lactic acid is produced by cells that aren't getting what they need to produce energy efficiently. Lactic acid suppresses the immune system,¹¹⁴ promotes cancer growth and metastasis¹¹⁵ and also triggers the release of cortisol,¹¹⁶ perpetuating the cycle of stress.

12. Prolactin - Elevated blood concentrations of the hormone prolactin trigger inflammation by amplifying the production of inflammatory cytokines,¹¹⁷ and promote the formation and progression of numerous types of cancer.^{118,119,121}

13. Tumor Necrosis Factor alpha – TNFalpha is an inflammatory cytokine released by macrophages in response to toxins or other stressors.¹²⁹ Due to its extreme toxicity, TNFalpha has been shown to kill cancer cells,¹³⁰ but the rest of the body is severely damaged in the process.¹³¹⁻¹³³ TNFalpha promotes inflammation, is involved in cancer growth and metastasis, and its presence in the body increases with age,¹³⁴ like cancer's.¹³⁵

14. Nuclear Factor Kappa b – TNFalpha triggers the production of NFkB,¹³⁶ which is a protein that signals inflammation¹³⁷ and plays a key role in tumor formation, growth and spread.^{138,139} Many ancient natural medicines found to be effective against cancer inhibit NFkB.¹⁴⁰

15. Interleukin 6 – IL-6 is a highly-toxic pro-inflammatory cytokine^{141,142} that plays a key role in the formation of numerous types of cancer, including colorectal,¹²⁸ pancreatic,¹⁴⁶ liver¹⁴⁷ and prostate.⁸¹

16. High-Mobility Group Box 1 Protein – HMGB1 is a pro-inflammatory protein that signals immune system activation in response to injury.¹⁴⁹ Overexpression of HMGB1 promotes inflammation, carcinogenesis, angiogenesis and metastasis. “Our studies and those of our colleagues suggest that HMGB1 is central to cancer.”¹⁴⁵

In conclusion, surgical removal of a tumor triggers the release of an assortment of substances that each play important roles in cancer growth, progression and metastasis; and therefore, not only does cancer surgery promote the growth and spread of cancer, but *all forms of surgery* promote the growth and spread of cancer - even in people who don't have cancer.⁹⁹

TIMELESS QUOTES

“Modern cancer surgery someday will be regarded with the same kind of horror that we now regard the use of leeches in George Washington's time.”

- Dr. Robert Mendelsohn

“The disease always returns after removal, and operation only accelerates its growth and fatal termination.”

- Alfred-Armand-Louis-Marie Velpeau, Surgeon (1795-1867)

"I do not despair of carcinoma being cured somewhere in the future, but this blessed achievement will, I believe, never be wrought by the knife of the surgeon."

- Dr. Hayes Agnew (1818-1892)

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