Cancer Myths

BM Hegde*

“Choose being kind over being right, and you’ll be right every time.”

– Richard Carlson.

The word cancer brings on goose pimples in many of us. We are being bombarded with so many myths in this area; most of them make the gullible public believe in them and get scared. It is not for nothing that this is done. Cancer management in modern medicine is one of the multibillion dollar business opportunities both for the medical establishment and the pharmaceutical companies. Open a newspaper or look at the TV, chances are that one gets to hear a celebrity – a film star, an athlete, or even a VIP goading you to get yourself screened for one or the other cancer. I have been consistently warning the powers that be and our own medical profession that our linear thinking about cancer and its treatment are at best out of tune with reality and at worst are downright dangerous. Who cares? Instead they have been consistently condemning me for writing such warnings.

I was so gladdened yesterday, the 12th of May, 2010, when the very prestigious American “President’s Cancer Panel” (PCP), mandated way back in 1971 to oversee cancer research and management, surprisingly came down heavily on the cancer industry (medical, pharmaceutical, and chemical industries). This panel has spent millions of dollars over these years, but the present panel’s report for 2009 published last week is anything but a clear indication that the vested interests are blocking any progress in this area as the status quo earns the above-mentioned partners in the cancer industry billions of dollars profit day after day.

Alison Rose Levy, a friend of mine and a great American health science journalist, advocate, and a best-selling writer wrote a comment on the PCP report 2009 which adds spice to the report and can never be bettered. I have drawn very heavily from her article in the Huntington Post for this article of mine, which, in short, sums up all my articles about cancer in the last four decades!

The major points made out in the report (Professors Lifall Jr of Harvard and Kripke of Texas University are the Chair of this group) are the following:

1. Billions of dollars have been poured into cancer research in vested institutes featuring intense and costly treatments but they failed to increase survival if one factors-in reduced cancer deaths due to smoking reductions.

2. The American Cancer Society runs massive PR campaigns to sell their ideas to the gullible public – spending on an average $17 million per year. The American Cancer Society and the pharmaceutical lobby were very critical of the recent PCP report, understandably. They are surprised that the government sponsored panel could criticise their business. Incidentally, why would the American Cancer Society need advertisement in the first place?

3. The ACS overlooked numerous studies that showed a wide range of cancer causative factors, including pesticides, toxins, metals, pollutants, food additives, industrial chemicals, endocrine disruptors and other carcinogens – 80,000 of them being in wide use today.

4. “Agriculture, manufacturing, transportation, the medical industry, the military, gas and oil companies, and food producers are given carte blanche to pour billions of tons of chemicals and pollutants into everyone’s food, personal care, home, baby bottles – whatever – not to mention the public common of air, water and earth” (PCP).

5. The next point is the one that I had been trying to make for years without success, and the PCP has been

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able to drive that point home in its report very effectively. We use “one size fits all” policy in treatment – be it drugs, surgery, or even chemotherapy. And we use multiple drugs in one single patient (polypharmacy) for which there is absolutely no scientific basis! The drug interactions killed lots of people. This is not confined to cancer therapy alone. It runs across the whole gamut of drug therapy.

6. “People who receive multiple scans or other tests that require radiation may accumulate doses equal to or exceeding that of Hiroshima atomic bomb survivors.” (PCP).

The PCP report apart, there are so many areas of cancer management where we take the gullible public for a ride. One glaring area is that of cancer screening. People keep swearing by it telling the public that cancer screening will save millions of lives. This is far from the truth. I better quote the American Cancer Society that had been spearheading the cancer ghost all these years. They have now realised that there is an elephant in their room. They would want to downplay their folly, though. “So the American Cancer Society has finally opened its eyes, and the New York Times reports that they are crafting a new policy which indirectly admits that they were wrong all along!”

“We don’t want people to panic,” Dr. Otis Brawley, the organisation’s chief medical officer, told the New York Times. “But I’m admitting that American medicine has overpromised when it comes to screening. The advantages to screening have been exaggerated.” Dr. Brawley is a few years too late, though. “Cancer turned into panic when everyone started getting screened and found out that, in many cases, they had cancer. Too often, those were cancers that people have always had, but didn’t know about. These cancers grow so slowly or have such a slow risk of spreading that they rarely put anyone at risk.” Millions of people had to live with the trauma and side-effects of cancer diagnosis which was not needed in the first place. Diagnosis has become the biggest disease in the area of cancer. It is a shame on the medical profession.

Suzanne Somers is an American activist and a cancer survivor who has written a beautiful book KNOCKOUT: Interviews with Doctors Who are Curing Cancer – and How to Prevent Getting It in the First Place. I am not authenticating the book but shall present some of the salient features of the book here. Current treatment of cancer is full of collateral damage to the human system. I also think it is true. It reminds me of what Charles De Gaulle said about life in the company of experts. He thought that they confused you so much that life becomes hell on earth! David Weatherall, a former Regius Professor of Medicine at Oxford, a cancer specialist himself, had this to say about our present cancer management. He said that it reminded him of the way our ancestors in medicine branded every single patient with a red hot iron. He also felt that our future generation will never forgive us for this sin!

Other points that Suzanne makes in her book are the following: Surgical removal of the primary helps metastases to grow easily. Chemotherapy is a big racket except in some testicular tumours, some lymphomas, and childhood leukaemias. Cancer death rate has not changed in the last half century. Unnecessary surgeries for breast and prostate cancer make life miserable. Suzanne brings out evidence to show that if one treats cancer as a chronic disease like diabetes, one could live a happy life. Much of life with a cancer depends on our mind. Fear kills.

If we have the method to detect a cancer on the first day of its birth, each human being on this planet will have a cancer and all of them would need treatment. Cancer begins as a rogue cell that outlives its normal lifespan and escapes natural cell death, i.e., apoptosis. But the vast majority of these cells do not reach the clinical cancer stage. So the very idea of cancer screening is unscientific, to say the least. In addition, time evolution in a dynamic system like the human body is non-linear, and future predictions using a few parameters of the initial state of the organism can NEVER come true. In this context mammograms become one of the greatest myths of our time. We, doctors, have been predicting the unpredictable future of mankind. Just like astrologers, we are also responsible for much human misery.

An astrologer or a weather man can make mistakes and still survive. We doctors predict the wrong future for man and get him scared to death which, in fact, could kill him in the long run. This is a shame indeed. Now that the
American President’s own Panel on Cancer has found large holes in their cancer management strategy, lesser mortals in India, parading themselves as cancerologists, would take note and tone down their rhetoric for cancer screening and managing the so-called cancers in the most destructive way. Cancer deaths have not come down proportionate to our claims of success, but cancer phobia has certainly gone up, thanks to our efforts at disease mongering. Let us hope that sanity will prevail, now that the holy water has come from the horse’s mouth!

“A lie gets halfway around the world before the truth has a chance to get its pants on.”

– Sir Winston Churchill.

ANNOUNCEMENT

22nd October 2010: Pre-conference Update and Workshops
23rd & 24th October 2010: Conference
Theme: Clinics Revisited

All IACM members and PG students are warmly invited to attend

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For registration, contact: iacmcon2010@yahoo.in, dipanjanbandyo@gmail.com
For short papers and PG quiz, contact: madhuchandakar@yahoo.com, sanjaypgcal@yahoo.co.in

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MYTH: If I don’t have a family history of breast cancer, I won’t get it. FACT: Most people diagnosed with breast cancer have no known family history. Many people think of breast cancer as an inherited disease. Source: 10 Persistent Cancer Myths Debunked, Cancer Research UK.

3. MYTH: Cell phones, computers and microwave ovens cause cancer through radiation. FACT: It’s easy to see where this myth came from. All our cells consume glucose for energy, regardless of whether they are cancerous. Cancer cells tend to consume more energy as they grow much faster compared to normal cells, hence the higher sugar consumption. Myths about breast cancer risk are quite easy to come by. You might hear them in a casual conversation or read about them on social media. The disease affects many, which means many take interest in it. This myth, like the myth about deodorant, is based on the idea that a substance near or on the breast could cause breast cancer. However, breast cancer is far more complex than that and is related to cellular changes, genetic mutations, and/or hormones.