

**Chapter 1 : 10 Symptoms of Esophageal Cancer - Continued Heartburn**

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

Share View photos Catherine Guthrie writes in her new memoir about reclaiming her body after breast cancer. Courtesy of Skyhorse Publishing More In honor of Breast Cancer Awareness Month , in October, Yahoo Lifestyle will be publishing first-person accounts of those who have been affected by the disease, which will be responsible for the deaths of an estimated 40, women and nearly men this year. All women have about a 1 in 8 lifetime risk of developing some form of the breast cancer. Awareness, screenings, and early detection can save lives. The following is excerpted from FLAT: The exam room was small, windowless, and relentlessly beige. Sitting on the table, I shivered under the paper gown, thankful for the warmth of my jeans, wool socks, and winter boots. She wiped her glasses clean and pulled her notebook and a thin black Sharpie out of her worn backpack. She ran her fingers through her bangs, brushing them away from her eyes. Her chestnut-brown hair was overgrown, almost long enough to tuck behind her ears. She glanced up at me and feigned a smile. He introduced himself with a bone-crushing grip and a blazing smile. He asked me to open my gown. I untied the string and faced him bare breasted. Mary always teased me about my blushing. In the past two weeks, my body had been examined by many doctors, but Dr. He was looking at the size and shape of my breasts, a sculptor sizing up the quantity and quality of the raw materials. More Flames licked at my hairline. But his eyes stayed on my breasts. Would he notice the left was a smidgen bigger than the right? The day before, Mary had joked that a lumpectomy might even me out. The size of peaches, they were unobtrusive enough for me to go bra-less under winter sweaters. After what felt like forever, Dr. V drew the gown closed across my chest, a curtain falling on a stage. Courtesy of Skyhorse Publishing More Three surgeons—two breast surgeons and a general surgeon—had assured me a lumpectomy would take care of it. But the plastic surgeon, the person responsible for the end result, had the final say. Decimate sounded both vague and specific. Hurricanes decimated coastal communities. There was no room in my neat-and-clean, worm-and-apple breast cancer metaphor for the word decimate. A hollow space opened up behind my ribs, as if all the soft parts of my body had deflated like spent balloons. My breathing was shallow, my armpits slicked with sweat. And just like that the most sensible and least-invasive treatment option was off the table. He said a single mastectomy with reconstruction would be best. The reconstructive surgery best suited to my body was a latissimus flap, named for the back muscle latissimus dorsi that he would sever and use to fashion a new breast. He explained how he would carve apart the largest muscle in my back, and, with one end of the muscle connected to its blood supply, tunnel the loose end the flap through my body and under my arm until it reached the empty socket on my chest where my breast had been. Then he would pull the flap of muscle up and over a silicone implant. I pictured a steak laid over a tennis ball. The real fear of falling. The irrational fear of snapping the metal rod that fused my lumbar spine. How hugging my upper back muscles into my vertical axis and balancing my weight on my hands made me feel strong and powerful in a world filled with messages telling me I was weak and in need of protection. My hands spread against the exam table, my shoulders lined up over my wrists, the wrapping of my outer shoulder muscles in and around my upper ribs. I knew without asking that headstands and handstands would be difficult, if not impossible, without my latissimus dorsi. V explained how the skin of my chest could be stretched to make room for a breast implant. As it expanded, it would tug, stretch, and coerce my chest muscle up and away from its moorings. Once the process was complete, he would operate to swap the tissue expander for an implant. Goosebumps prickled up the backs of my arms. What would it feel like to have my pectoral muscle slowly ripped from its foundation? The sound of its connective tissue tearing. You know, for symmetry. Insurance companies will usually cover surgery on the healthy breast, especially in women your age. In less than an hour, my anticipated lumpectomy had escalated into two breast implants, a tissue expander, a harvested muscle from my back, and at least two surgeries, maybe more. Acid from my stomach sloshed at the base of my throat. Plus, there was another consideration.

My scoliosis still caused my spine to curve, which meant my back was in a chronic state of torque and imbalance. Could it handle the loss of a key support beam? Was he even going to ask about pre-existing conditions? A flood of panic rose in my lungs. The string of my hospital gown was wound around the tip of my index finger, and the skin had turned white. He sighed, ran his hands through his hair, took a wider stance. The soles of his shoes squeaked on the linoleum. Fat and muscle harvested from the belly, buttocks, or thighs, molded into a breastlike shape and grafted onto the chest. The downsides were significant. The surgery was much longer six to seven hours and the recovery much more painful, requiring several days in the intensive care unit and at least a week in the hospital. V was telling me I was too thin for new breasts. My shoulders drew back. View photos The author in a recent handstand. Courtesy Catherine Guthrie More.

**Chapter 2 : 5 Rarely Discussed Early Warning Breast Cancer Signs**

*Sensible Talk About Cancer: A Physician's Program for Prevention [Siegfried Heyden, Elen Pittillo] on theinnatdunvilla.com \*FREE\* shipping on qualifying offers. Book by Heyden, Siegfried, Pittillo, Elen.*

Some people disappear when someone they know gets cancer. Cancer can be lonely and isolating as it is. Think before you speak. Your words and actions can be powerful. Try to imagine if you were in their shoes. What you would want someone to say to you? Let the person with cancer set the tone about what they want to talk about. Chances are they want to feel as normal as possible. Tell them about something funny that happened. When they want to talk about cancer, let them. And save the pity eyes and voice. Keep it about them, not you. Avoid talking about your headache, backache, etc. And as bad as you feel, they feel worse. Only ask questions if you truly want to hear the response. Sometimes just being there to listen—really listen—is the best thing you can do. Let the person with cancer talk without interrupting them. They may not want to talk at all, and would rather sit quietly. Leave the door to communication open so they can talk about their fears and concerns. If they want to talk about their blood results, they will. Give them the freedom to offer this information or not. Instead of saying "I know how you feel," try saying "I care about you and want to help. Refrain from physical assessments. If you say anything at all, tell them they look stronger or more beautiful, but mean what you say. Everyone does cancer their own way. Avoid talking about the odds or making assumptions about their prognosis. Just allow them to be themselves. Show them you care. Give them a hug. Surprise them with a smoothie, books, magazines, or music. Offer to help, such as cooking, laundry, babysitting or running errands. Offer encouragement through success stories of long-term cancer survivors. And never ever tell stories with unhappy endings. If you know someone with the same type of cancer, offer to connect them. This information is not intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician or other qualified health provider prior to making decisions about your treatment.

**Chapter 3 : Breast cancer, my mastectomy, and choosing to 'go flat'**

*Finding out that someone you know has cancer can be difficult. You may have many questions about cancer itself and about how you should talk to and act around this person. If you're very close to the person with cancer, this can be a frightening and stressful time for you, too. If the person with.*

When exposed to HPV, the immune system response in most women keeps the virus under wraps. In a small group of women, however, the virus survives for years, then eventually converts some cells on the surface of the cervix into cancer cells. Thanks largely to PAP test screening, the death rate from this cancer has diminished significantly over the last 40 years. But it still claims far too many victims, underscoring the need for women to get their PAP test done. It is still our best means of early detection so that we can lick this thing when we find any hint of cancer. Early cervical cancer generally produces no signs or symptoms. As the cancer progresses, some signals may appear: Here are some factors which increase your risk of cervical cancer. Having your first sexual encounter before age 18 increases your risk for getting HPV. Girls, listen to your parents! Immature cells seem to be more susceptible to the pre-cancerous changes that HPV can cause. A weakened immune system. Most women with HPV never develop cervical cancer. However, if there is a co-existing condition that weakens the immune system, cervical cancer is more likely to develop. The doctor, or nurse uses a brush or Q-tip-like swab to remove cells from the cervix, smears them onto a glass slide and sends the slide to the lab where a cytotechnologist, then a pathologist, examines it. The latter then reports the findings. A newer approach to the PAP screening uses a liquid to transfer the sample of cells to the laboratory. The cells are collected the same way, but the brush is rinsed in a special liquid, which preserves the cells for examination later. A PAP test allows for the detection of abnormal cells. This is the precancerous stage, when the abnormal cells are only in the outer layer of the cervix and have not invaded deeper tissues. Cancer or precancerous conditions that are caught at the pre-invasive stage are rarely life-threatening and usually can be treated on an out-patient basis. It also involves collecting cells from the cervix to test at the lab. Most HPV infections in women of this age group clear up on their own and are not associated with cervical cancer. A scalpel is used to remove a cone-shaped piece of abnormal cervical tissue. Cancerous and precancerous cells are frozen and killed. This removes cancerous and precancerous areas, the cervix and the uterus. All women with pre-invasive cervical cancer can be cured with appropriate treatment. Surgery is usually recommended for younger women because one of both ovaries can be preserved for estrogen production to maintain bone strength and avoid osteoporosis. Women with early-stage cervical cancer may preserve their fertility with this surgical procedure. In this, the cervix and lower part of the uterus are removed. Enough of the latter is left so that a pregnancy can be carried. Pelvic lymph nodes are also removed to determine whether cancer has spread. High-energy rays shrink tumors by killing cancer cells. Cancer cells are rendered unable to reproduce. Premenopausal women will become menopausal because the radiation destroys their ovarian function. Drugs enhance the effects of radiation in treating cancer. Some women with early-stage cancer are treated with simple hysterectomy or radical trachelectomy alone. Women with more advanced cancer and those with high risk of recurrence are given radical hysterectomy, combined radiation and chemotherapy, or a combination of these modalities. HPV transmission is not prevented by condom use because the virus can be transmitted by skin-to-skin contact with any infected part of the body. The best ways to prevent cancer of the cervix are to:

*With the Komen Race set for Saturday, last Saturday was a day to pick up your race packet at The Gardens Mall. The mall hosted a number of events related to health and cancer in support of the.*

You were supposed to pick something up for your spouse on the way home from work, but you completely forgot, and so when you arrive home empty-handed, you are greeted with considerable frustration and disappointment. Is this normal, or are you having an early encounter with that perennial bogeyman of old age â€” dementia? The numbers are staggering, the personal implications are frightening. For the rest of us, the health and resilience of our brain depends on our lifestyle, and that is well within our control. In her new book, *Brain Food: The Surprising Science of Eating for Cognitive Power*, Mosconi provides a very helpful list of the most important diet and lifestyle changes we can make to ensure our brain stays as young and healthy as possible. First and foremost, drink water, plenty of water! Aloe water is better than plain water because it also contains over active compounds that increase hydration. Any kind of fish. However, fish are also a good source of choline, which is required in the manufacture of important neurotransmitters. As soon as you eat polyunsaturated fats, such as fish, nuts, or seeds, they are sent directly to your brain to ensure it gets its share. Your body gets the leftovers. Berries are packed with anti-oxidants, anti-inflammatory components, and other nutrients that help to keep your brain sharp as you age. Importantly, they are also an excellent source of fibre-rich glucose. Your brain specifically wants glucose, and the processed sugar in these kinds of pastries requires conversion to glucose within your own body, which causes it a lot of stress. Most of these sugars will just end up packed in your abdomen as fat. The best sources of natural, brain-ready glucose are beetroot, kiwi fruit, whole grains, sweet potatoes, onions and spring onions, and, of course, berries. Studies have shown that when you exercise, nutrients and oxygen can get into your brain better, providing it with the nutrients it needs to function optimally. Exercise also stimulates the release of chemicals that are mentally and emotionally beneficial, and help to keep you free from depression. The most beneficial emotion for your brain is love, so try to surround yourself with people who make you feel loved and appreciated. Just like the rest of your body, your brain gets rid of waste while you sleep. When you regularly have poor sleep, toxins can accumulate in your brain and creating neuron-damaging inflammation. This inflammation can also accumulate from a Western diet high in processed foods, fried foods, and fast foods, so these should be avoided too. As much as possible, try to eat fresh, minimally processed foods. So, please try to avoid relying on pills or powders to get the nutrients you need. Additionally, we keep them for life. Unlike cells in the rest of our body which are continually replaced, brain cells are built to last our entire lifespan. This means that our brain needs extra care and nourishment to protect it from the onslaught of living. Luckily, scientists like Lisa Mosconi are here to help. Through their continued research, they have provided us with the tools we need to keep our brains functioning as optimally as possible. Now, we just have to follow it.

**Chapter 5 : In memoriam. Calling for a compassionate but sensible approach to cancer.**

*Talking about cancer can be hard. Here you'll find tips to help make it easier to talk with others about cancer, including your health care team and your family, friends, and co-workers. Knowing how to communicate well with your doctor is important. So is knowing how to talk about cancer with your.*

Over time, the person may discover some changes that are good: A greater sense of resilience or strength Peace, or a feeling of being at ease A clearer idea of their priorities in life More appreciation for their quality of life and the people they care about Cancer can be very unpredictable. Someone with cancer can feel good one day and terrible the next. Expect that they will have good days and bad days. Learning to live with uncertainty is part of learning to live with cancer, both for the patient and for the people around them. There may be times when the uncertainty and fear cause the person with cancer to seem angry, depressed, or withdrawn. This is normal and is a part of the process of grieving what was lost to the cancer things like health, energy, time. Over time, most people are able to adjust to the new reality in their lives and go forward. Some may need extra help from a support group or a mental health professional to learn to deal with the changes cancer has brought into their lives. For more on this, please see Anxiety, Fear, and Depression. How does someone cope with cancer? People develop all kinds of coping styles during their lives. Some people are quite private, while others are more open and talk about their feelings. These coping styles help people manage difficult personal situations, although some styles work better than others. Some people use humor and find it to be a relief from the serious nature of the illness. But some may become withdrawn and isolated from family and friends. A cancer diagnosis creates a lot of change. People often try to maintain as much control as they can in order to feel more secure. Some people become very angry or sad. They might be grieving the loss of their own healthy self-image, or the loss of control over their own lives. Some people find it helps to simply be hopeful and do what they can to maintain that hope. Hope means different things to different people. And people can hope for many things while facing cancer. You might assume that someone who is positive and optimistic must be denying the fact that they have cancer. Making the most of every day may simply be their way of coping. How important is working to a person with cancer? Work can be a safe haven away from the medical world and can help a person balance the feeling of being out of control. Work is also a source of stability because it has a routine and is familiar. And work provides contact with other people. Cancer can be isolating, and being around people can be a great comfort. It may be very important for your co-worker to be at work as much as possible and be as productive as possible. Financial and insurance issues may also affect the decision to work during treatment. Cancer can cause money problems. The person may lose pay by being absent from work during and just after treatment. Employees may also need to pay more of their insurance premium if they work fewer hours or take time off for treatment. In some cases, health coverage may be stopped or decreased if they go to a part-time schedule. A lot depends on your workplace policies. Co-pays can reach burdensome amounts. There are also parking fees, gasoline, and the costs of other services and equipment not covered by insurance. The costs add up very quickly. You might not know the person very well, or you may have a close relationship. It can be harder in the workplace because relationships with co-workers are so varied. You might not know the person very well, or you may have worked together for many years and be close friends. The most important thing you can do is mention the situation in some way that feels comfortable for you. Sometimes the simplest expressions of concern are the most meaningful. And sometimes just listening is the most helpful thing you can do. Respond from your heart! Here are some ideas: Doing these things might seem to discount their very real fears, concerns, or sad feelings. But while you may know this is a trying time, no one can know exactly how any person with cancer feels. Using humor can be an important way of coping. It can also be another approach to support and encouragement. This can be a great way to relieve stress and take a break from the more serious nature of the situation. But you never want to joke unless you know the person with cancer can handle it and appreciate the humor. If they look good, let them know! Everyone is different, and these stories may not be helpful. Then they can pick up the conversation from there. Respecting the privacy of someone who has cancer If someone tells you that they

have cancer, you should never tell anyone else unless they have given you permission. Let them be the one to tell others. No matter how close you are, it may take time for the person to adjust to the diagnosis and be ready to tell others. Focus on how you can support that person now that you know. For more about this, please see *After Diagnosis: A Guide for Patients and Families*. How do I get over feeling uncomfortable around someone who has cancer? Feeling sorry for them, or feeling guilty for being healthy yourself, are normal responses. But by turning those feelings into offerings of support you make the feelings useful. Asking how you can help can take away some of the awkwardness. Cancer is a scary disease. Be honest with the person about how you feel. You might find that talking about it is easier than you think. Cancer often reminds us of our own mortality. If you are close in age to the person with cancer or if you are very fond of them, you may find that this experience creates anxiety for you. You might notice feelings somewhat like those of the person who has cancer: If this is the case, you may want to get support for yourself from a mental health professional or a local support group. You can also use other sources of counseling, such as your health insurance or religious support services. Take your cues from the person with cancer. Some people are very private while others will openly talk about their illness. Let them know you care. Respect their decisions about how their cancer will be treated, even if you disagree. Include the person in usual work projects, plans, and social events. Let them be the one to tell you if the commitment is too much to manage. Check before doing something for your co-worker with cancer, no matter how helpful you think you are being. Listen without always feeling that you have to respond. Sometimes a caring listener is what the person needs the most. Expect the person with cancer to have good days and bad days, emotionally and physically. Keep your relationship as normal and balanced as possible. While greater patience and compassion are called for during times like these, your friend should continue to respect your feelings, as you respect their feelings. Offer to help in concrete, specific ways. Feel you must put up with serious displays of temper or mood swings. Assume your co-worker no longer can do the job. They need to feel like a valuable contributing member of the company or department. Take things too personally. Be afraid to talk about the illness. Always feel you have to talk about cancer. Be afraid to hug or touch your friend if that was a part of your friendship before the illness. Go around someone with cancer if you are sick, or have a fever or any other signs of infection. Cancer can force us to look at our own fears about illness, weakness, or death. This may make us reluctant to interact with someone facing cancer. But isolation can be a problem for people with cancer. Make an extra effort to reach out.

Chapter 6 : Talk about cancer | Cancer Chat

*Talk about this article with other patients, caregivers, and advocates in the Skin Cancer CURE discussion group.*

Calling for a compassionate but sensible approach to cancer. While I miss the me who was illiterate in cancer language, now that I speak it proficiently I want to remember my mother by sharing insights that I came to obtain. For there is no denying that humanity urgently needs a way of coping with cancer. According to Cancer Research UK, 1 in 2 of us will have cancer in our lives. The common approach is to discuss cancer as though it were an evil spirit, something that we can battle, provoke and cleanse off. The spells with which we imagine we will scare the evil demon include such things as pink ribbons and no make-up selfies. These types of discourses are superstitious and dangerous. Firstly, they ignore the fact that there is not only one type of cancer. Pancreatic- and prostate cancer, to give two examples, are entirely different diseases. Even pancreatic cancer consists of four different diseases. Secondly, these attitudes imply that we can control our fates. Let me be clear, I am not suggesting that we should not live healthily. Heavy drinking, smoking, eating a lot of red meat and processed foods weaken and damage the body. There are clear benefits to eating healthy and exercising. Enjoying life, in return, is probably a good way to beat illness. These are well-intentioned acts that rightly express our frustration with the incredible amount of lives lost to cancer and which raise funds for important research. Most of the efforts aim toward finding a cure for advanced cancer. Cancer could be drastically reduced if the collective consciousness shifted from superstition and fear-mongering to routine tests and early symptoms checking. Also please, please, please remember that no matter what stage of cancer a person may have, people are not prognoses. What I am advocating is simply for a compassionate but sensible approach to cancer, one in which we are well informed but still hopeful. Lastly, I would like to share some useful links. Key signs and symptoms of cancer – A fantastic but simple resource. Plus we know from the beginning that she survives. Microculus is a functional device which promises to easily and affordably check for multiple diseases, including cancer, with just 1 ml of blood.

**Chapter 7 : Talking About Cancer | American Cancer Society**

*Cancer Research UK is a registered charity in England and Wales ([\(\)](#)), Scotland (SC) and the Isle of Man ([\(\)](#)). A company limited by guarantee. Registered company in England and Wales ([\(\)](#)) and the Isle of Man (F).*

Build your own Personal Prescription Learn all you need to know to build your own Personal Prescription to help you fight cancer. No information contained on this web site should be interpreted as advice or recommendation on the treatment of or cure for cancer The Latest Cancer Newsletter!!! If you want the very latest cancer news for free? Add yourself to our free newsletter. Changing your diet to beat cancer Share this article: Fact Can you eat to beat cancer with the best cancer diet and cancer nutrition? Or is it the fruit and vegetables that top American cancer centres believe in? How can there be so many divergent views? No wonder people with cancer are confused! We decided to write the definitive article on the diet to beat cancer - so start here, now. Change your diet to beat cancer: The Three things you need to know about a good cancer diet 1. A good diet can increase your survival and even prevent a cancer returning. So says the American Cancer Society in their extensive report on complementary cancer therapy research since A good diet is very important in the fight against cancer. The Best Diet is the one where you eat plenty of colourful vegetables and fruits, with their bioactive natural compounds. We researched all the research on all the diets. The South East Asian Diet so little research ; the vegetarian diet fine for prevention, but no research says it helps if you already have cancer and so on. We are very, very clear that the best diet for a person hoping to beat cancer is the Rainbow Diet. If you want to prevent cancer, or if you have it and want to give yourself the best possible chance of beating it, low carbs, low sugar, high good fats and lots and lots of colourful vegetables and fruits is the diet for you. We even have a best selling book "The Rainbow Diet and how it can help you beat Cancer". See the bottom of the page for reviews and how to buy.. Indeed, she went on to say in the research report that you could obtain these beneficial bioactive compounds from quality supplements. Women with low vitamin D levels have a six times greater risk of breast cancer and research is clear that if you have cancer and low vitamin D levels, your chances of survival are less. Vitamin D; are you getting enough? Some women with breast cancer are deficient in Iodine, some men with prostate cancer are deficient in selenium, and generally people with cancer are deficient in magnesium. There are a number of quality research studies on each of these. Leeds University Medical School showed that people at risk of colorectal cancer, or people who had had it and did not want a recurrence could take a concentrated fish oil to improve their personal chances of survival, by reducing inflammatory polyps. The Science of Epigenetics Since the mids the Science of Epigenetics has emerged and exploded since What happens is that the surrounds of the gene structure alter because of 4 factors - poor diet, environmental toxins, stress and hormones like oestrogen. Chemical bonds are formed and this creates blockages. If you have blockages then genes cannot be expressed - messages are lost. And while scientists look for drugs to change the DNA environment, the truth is that there are scores of bioactive natural compounds with Epigenetic benefits proven already! That lycopene helps reduce prostate cancer symptoms by up to 40 per cent Harvard 2. That Indole 3 Carbinol and DIM could act against hormonally directed cancers through one pathway and all cancers through another. That Ellagic Acid eating raspberries! That women with the highest blood plasma levels of carotenoids kept their breast cancer from returning. Surely these are important elements in a cancer diet? Here is a list of those articles: It is important to understand that glucose and high fructose corn syrup are the prime fuel of a cancer cell and you should avoid feeding your cancer! These might be used as alternative therapies, but are more commonly used as complementary therapies. There is a very interesting article on the crucial importance of the microbiome the bacteria that inhabit a healthy gut to your recovery [Click Here](#). Or you could just go to Cancer Watch and look at what the very latest research tells us about foods and natural compounds fighting cancer! One of the most interesting pieces is on polyphenols [Click Here](#) You might like to just look at our whole section on Natural compounds, vitamins and minerals that might make a difference - from curcumin to resveratrol and fish oils to vitamin D [Click Here](#). You might like to read about the interesting work on Salvestrols [Click Here](#). Finally, you might like to read our book - The Rainbow Diet. The World Health Organisation believes at least 35 per

cent of cancers have poor diet as their root cause. Other reports say this figure could be as high as 70 per cent. We find this rather misleading. Cancer development is a complex issue and involves a multi-step process. Many factors may combine and in a way that is as individual as you are. Everyday each of us makes cancer and pre-cancer rogue cells as by-products of our metabolism. These are normally killed off by a healthy immune system. We believe it is easier to understand that, whilst a few factors like radiation may cause direct damage to your DNA, many factors like poor diet, toxins, infection may weaken your immune system and be an indirect cause of cancer. If the immune system cannot cope with rogue DNA messages, cancer cells are freer to start their colonisation of your body. Even then they must multiply, taken on blood supplies, fire off around the body, etc. So you can see that diet may play a part, but rarely is it the only contributing factor to the development of a cancer. It is not a cockroach to be trodden on. There is no such thing as a single cancer cure - not a drug or a vitamin. Instead there are foods and natural compounds that can affect each of the 20 steps of the process. Curcumin, ginger, and omega-3 can stop inflammation, garlic can reduce the formation of blood vessels to a tumour, indole3carbinol can convert aggressive oestrogen to a weaker form, and vitamin D and anthocyanins can even kill a cancer cell. I could go on, but it is all in detail complete with the research evidence, in my book *The Rainbow Diet* and how it can help you beat cancer. [Click here for more details.](#) First things first I want to make one crucial point very clearly right up front. You can eat all the best, most nourishing foods in the world but you will derive little or no benefit from them if you do not have the right balance of beneficial bacteria in your gut. Beneficial bacteria have been found in more than research studies over the last 6 years to: Such esters stop inflammation, and bad cholesterol, and sodium butyrate actually kills cancer cells. Most significantly, your gut bacteria seem to get ill first - they lose their overall numbers and diversity. And you cannot get well until they get well. Illness finds its roots in your gut. Or preventing cancer recurrence? In other words, preventing recurrence. Of course, he was absolutely right to do so as that is where the majority of the Breast Cancer budget is successfully directed. But why should the same logic not apply here? For most cancer patients this is exactly the issue: Im going to do everything in my power to prevent it. Poor Diet as a contributor to cancer The stark fact is that nothing beats a good, nutritious diet, involving whole grains, fruits and vegetables and fresh fish. But how does an individual know if they are getting a good diet? There is so much conflicting advice. In France this is ten and, in America since , it is Then we have had healthy eating pyramids and all too numerous food fads. The current Food Standards Authority recommendation is equally unhelpful in that it suggests you should eat a little of everything. One self-evident problem is rising levels of obesity. US research shows that people more than 7 kgs overweight are statistically more at risk of cancer than if they smoke. Part of this is a link to our rising insulin levels, manifested in rising late-onset diabetes, and increasingly thought to be a driving force in cancer. Indeed insulin control and cancer is a new hot-topic in the USA. Here is the first clue that the research Waxman quotes may be poor. In this particular 9-year study the overweight women had an increased risk of death of 48 per cent overall, which increased the more they were overweight. Diet Deficiencies and cancer risk It is becoming increasingly clear that deficiencies in certain vitamins, minerals and even hormones are linked to increased cancer risk. You must know about this to plan your cancer diet properly. Professor Hollick has stated that there would be 25 per cent less fatalities from Breast Cancer if women took adequate daily levels of vitamin D. The Americans conducted the China study using various antioxidants and a total sample of over , people over five years to and showed figures of per cent less cancers with groups taking three antioxidants; beta-carotene, vitamin E and selenium. The French conducted the seven-year Su. Max study and concluded that the group taking a five-ingredient antioxidant supplement beta-carotene, vitamin E, vitamin C, zinc and selenium had 31 per cent fewer cancers during the period. I could give more vitamin examples, but instead let us turn to minerals. Deficiencies in potassium and magnesium, heightened by excesses of sodium, help to poison our cells, increasing their acidity and decreasing their oxygen levels. This, in turn, weakens the energy production system and weakens the p53 gene, which defends the cells from becoming cancer cells. US research in showed that 40 per cent of US citizens were magnesium deficient; you can bet that's the case in the UK too. Magnesium and potassium are plentiful in nuts, whole grains, greens, apricots, carrots, apples and all the foods young people do not eat any more.

**Chapter 8 : A personal account of life with terminal cancer**

*A personal account of life with terminal cancer November 29, pm EST. Geoffrey That down-to-earth sensible talk helped me to shift gear into acceptance of the inevitable. I was also.*

Transcript By the turn of the 20th century, the vitamin D deficiency disease, rickets, was rampant, thanks to city life, with the shade of buildings, and coal soot in the air. The dairy industry jumped at the opportunity to fortify milk with vitamin D, and so did the beer industry. So, to get those kinds of doses, it really comes down to sun, or supplements. The threat of skin cancer is real. But for the sake of argument, what if there were no supplements available? What if you were just trying to balance the positive and negative effects of sun exposure? On one side, you have entities like the American Academy of Dermatology, that recommends that no one should be exposed to direct sunlight without sun protection. A Swedish study found that those diagnosed with skin cancer tended to live longer and have less heart attacks and hip fractures. Artificial UV exposure, like tanning beds, was associated with increased mortality. Well, then, this probably has nothing to do with vitamin D, then. Why would those that run around outside enough to get skin cancer live longer? More exercise may explain why they live longer. And here in the U. There are modeling studies that suggest that at least 50, American cancer deaths may be attributable to low vitamin D levels that could be avoidable with more sunlight exposure that would only kill, at most, 12, Americans from skin cancer. So, on balance, the benefits would outweigh the risks. But again, why accept any risk at all when you can get all the vitamin D you need from supplements? In fact, where did they get those estimates about vitamin D preventing internal cancers? From intervention studies involving giving people vitamin D supplementsâ€”not exposing people to UV rays. The issue is framed as needing to choose between the lesser of two evils: And if you just want to look more attractive, how about eating more fruits and vegetables? When high kale models were pitted against high UV models, the golden glow from carotenoid phytonutrients won out, and the same has been found in Asian and African-American faces. So, may I suggest the produce aisle to get a good healthy tanâ€”gerine. To see any graphs, charts, graphics, images, and quotes to which Dr. Greger may be referring, watch the above video. Please consider volunteering to help out on the site.

**Chapter 9 : CT Thorax scans | Cancer Chat**

*Let the person with cancer set the tone about what they want to talk about. It doesn't always have to be about cancer. Chances are they want to feel as normal as possible.*

How could that be? My diet was always well balanced. There has been no history of cancer in the family. Bleeding led to a CT scan, and, after that, there was no doubt about it. I was told by the surgeon that bowel surgery was very successful and so about eight years ago, I had the first operation. But this turned into eight, each worse than the previous one. A couple of personal details will set the scene. I am now Why so many surgeries you ask? Every six months after the first operation, the cancer kept on reappearing at the point where the bowel was joined. After the fourth one, a spot appeared on my liver. I had surgery for that. After being discharged from the hospital I recovered quite quickly but one day I found myself in a panic attack about dying. But who to talk to? I was so panicked that I did just that. The secretary, Rowena White answered the phone and I poured out my woes and debilitating fear to her. She listened with astonishing care. And she sympathised in clear terms with astonishing understanding. To my surprise he did, twice. I was not a member of the organisation, just one more person in despair. He said that preparation was the key. Prepare to be able to make a choice when the going gets tough. That down-to-earth sensible talk helped me to shift gear into acceptance of the inevitable. I was also having a couple of heart issues so I asked my heart specialist whether any of the heart pills I am taking would enable me to end my life. Unwilling as he was to say so, he nevertheless told me that one of the pills I was taking would indeed end my life. I would go to sleep and then my heart would stop. For that bit of information I am eternally grateful. My abject fear of death ended at that point. The pills gave me choice. I was in control of my life and that would save me from palliative care and people who could keep me alive but in a terrible state. But I also came to understand that it was an offense for anyone to be near me or assist me in any way to depart this world because of debilitating painful illness. How silly is that? Politicians, praise be not all, but unhappily most by far, are unwilling to develop policy for physician-assisted death in the face of terminal illness, which is causing great suffering. And most of the physicians I have dealt with are unwilling to talk about it. This is also true of my oncologist. My loving little dog died in my arms a few years back. Yes, I wept, but he was saved from suffering. It turned out that I started bleeding from the bowel six months after the liver surgery so the cancer was back in the bowel and I changed hospitals and surgeons. The cancer was back on the join yet again. So there was nothing for it but to have more surgery. This time they found that there were two spots on my liver but nothing else. The first surgeon had got it very wrong! I had both bowel surgery and liver surgery at the same time. But pathological examination of the removed bowel showed there was a large cancer which no one knew anything about. It was very flat, very thin, and was not detected by the CT scans. That explained why the cancer kept appearing on the join. It was upstream of the join. Fortunately that ended the bowel cancer. I then had chemotherapy and painful as it was and still is, that seemed to end my problems. But cancer is a sneaky beast. I had a follow up CT scan after the chemotherapy and there were two spots on my liver. So in March this year I had yet another resection. It was a difficult operation because of the placement of the spots. Within three weeks of the operation I contracted septicaemia and had invasive thoracic surgery for that. But in June this year I had a follow up CT scan. There were spots on my liver, lungs, and most probably stomach. I was told that there was no more surgery to be had. But I am at peace. My wife and family are fully informed about this. I have told all my friends. Some are shocked, but by far most say I am courageous. I have led a most fortunate life. I am surrounded by family and friends. Sometimes we cry together for what is ending. After these experiences, I have three pieces of advice. First, get a second opinion. For all my university degrees, I simply believed the first surgeon. I never asked for a second opinion. The other is for politicians. Take a stand against suffering and most particularly those illnesses which are awful and go on and on. Terminal is just that. So let people end their suffering. And finally, I have advice for the readers of this article, join the cause and support change. Join an organisation such as Dying With Dignity as soon as possible. This is the eighth and final part of Talking about death and dying. To read the other instalments, click on the links below: