Proof that Cancer Surgery Increases Mortality

Research suggests that surgery and other medical interventions stimulate the growth and spread of tumours, while holistic anticancer therapies have an inhibitory effect.

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It is generally accepted in cancer research that the vast majority of patients, or about 90 per cent, die from metastases or secondary tumours and only a small minority from a primary tumour. Therefore it should be of great concern to therapists as well as patients that more than 30 years ago it was conclusively shown that cancer surgery is a main cause of metastasis (Krokowski; see below).[1] However, this research was completely ignored by the profession and patients never got to know about it.

Since then, more and more disturbing data have come to light, and now an international team of leading cancer researchers has published a comprehensive review with the conclusion obvious from the title: "Surgery Triggers Outgrowth of Latent Distant Disease in Breast Cancer: An Inconvenient Truth?" (*Cancers* 2010; 2:305-337; http://www.mdpi.com/2072-6694/2/2/305/pdf).[2] Because of the undisputed status of the members of this team, their conclusions can no longer be ignored by the medical profession, even though they are causing much consternation. I expect that efforts are now being focused on preventing this information from becoming widespread public knowledge.

The review has shown that future organ metastasis is independent of the size of the primary tumour and its apparent malignancy or the involvement of any lymph glands. Metastasis seems to depend mainly on the degree of stress for the tumour and the patient, on growth stimulation due to the wound-healing mechanism initiated by surgery, and on the health of the immune system.

Furthermore, as the following examples show, surgery is not the only medical procedure that increases metastasis. In recent years, there has been a steady stream of research showing that basically all medical interventions can trigger metastasis.

Recent Research Findings

While most cancer research is funded by drug companies with the aim of increasing their profits, there is now a growing number of independent studies that show the negative side of conventional cancer therapy. Here is a small selection of interesting research findings.

• ***Conflicts of interest in cancer research.*** This analysis shows why it is so difficult to get to the truth in medical research. Conflicts of interest exist in a considerable number of cancer research articles published in medical journals, and there is a high degree of financial connections between researchers and pharmaceutical companies. These conflicts produce biased results with more favourable outcomes for investigated drugs and technologies.[3]

• ***Experts want to stop screening.*** Screening for breast and prostate cancer has not brought a decline in deaths from these diseases. Instead, screening programs lead to tumour overdetection and overtreatment.[4]

• ***Morphine stimulates cancer and shortens life.*** Morphine has been used in cancer treatment for two centuries. Now, research is showing that it stimulates

the growth and spread of cancer cells and shortens the survival time of patients.[5]

• ***Diagnostic X-rays cause cancer.*** It has been estimated that diagnostic X-rays over a lifetime cause up to 3.2 per cent additional cancers in a population. Japan, at 3.2 per cent, and Germany rank among the countries with the highest X-ray cancer rates, as does Australia with 1.3 per cent, while the UK and Poland have the lowest lifetime risk with 0.6 per cent.[6]

• ***Radiation therapy damages bones.*** The scientific world has been shaken by a report that a single therapeutic dose of radiation can cause appreciable bone loss. Several years later, osteoporosis, bone necrosis or bone cancer may develop.[7]

• ***Radiation initiates cancer.*** Exposure to ionising radiation is known to result in genetic damage that can make cells cancerous. A new study has revealed that radiation can alter the environment surrounding cells, so that future cells are more likely to become cancerous.[8]

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• ***Chemotherapy promotes metastasis.*** The chemotherapy drug Taxol® causes cancer cell microtentacles to grow longer and tumour cells to re-attach faster. If treated with Taxol before surgery to shrink the primary tumour, levels of circulating tumour cells go up 1,000- to 10,000-fold, potentially increasing metastasis.[9]

• ***Tamoxifen increases risk of aggressive tumours.*** Tamoxifen use for breast cancer patients decreases their risk of developing a more common and less dangerous type of second breast cancer but has a more than four-fold increased risk of causing a more aggressive and deadly tumour.[10]

• ***Biopsies cause metastases.*** Biopsies may actively encourage the spread of metastases. Needle biopsies caused a 50 per cent increase of metastatic spread to nearby lymph glands of breast tumours as compared to lumpectomies.[11]

• ***Stress promotes cancer.*** Stress hormones protect cancer cells from self-destruction and promote the spread and growth of tumours directly as well as indirectly by weakening the immune system and encouraging new blood vessel growth in a tumour. Patient stress was associated with faster disease progression.[12]

• ***Stress kills.*** Stress hormones are released in high amounts with fear and during surgery. They greatly impair the immune system and promote the spread of metastases. Blocking stress hormones has been shown to increase long-term postoperative cancer survival rates in animal models by 200 to 300 per cent.[13]

• ***Hormone replacement therapy increases risk of breast cancer metastasis.*** Previously it was shown that hormone replacement therapy increases the risk of breast cancer. Now a new study has found that it also increases the chance of the cancer metastasising, or spreading, to the lymph nodes.[14]

• ***Sharp drop in breast cancer rates.*** In recent years, breast cancer rates have dropped sharply due to a corresponding sharp drop in the use of hormone replacement therapy.[15]

Dr Ernst Krokowski's Cancer Surgery Findings

Ernst H. Krokowski, MD, PhD (1926–1985), was a Professor of Radiology in Germany. His research provided the first convincing proof that cancer surgery triggers metastasis. While many of his articles on different subjects are still on public record, his research on the relationship between surgery and metastases is difficult to find, even in German. His only paper on this subject in English is not listed in PubMed, and the journal in which it was published no longer exists.[16] Because of the obvious importance of this research, I have now made this article available on my website at http://www.health-science-spirit.com/Krokowski.pdf. Also, a related lecture in German can be downloaded.[17] The Summary of Dr Krokowski's 1979 paper reads:

"It can no longer be doubted that under certain conditions diagnostic or surgical procedures can result in metastases. Analysis of metastatic growth rates has shown that from 30 per cent (in hypernephroma) to 90 per cent (in sarcoma and seminoma) of the diagnosed metastases were provoked by such procedures. This has been established by numerous animal experiments and clinical observations, and necessitates a change in the currently held concept of cancer therapy. The previously applied and proven treatments by surgery and radiation must be preceded by a metastasis prophylaxis. Three different ways to achieve such a prophylaxis are proposed."

With radiological imaging, Dr Krokowski measured the growth rates of 2,893 metastatic tumours in 568 patients with different cancers. From these, he derived the following conclusions:

1. Metastases arise only from primary tumours or from their local recurrences; they disseminate at once or in just a few shoves.

2. Lymph node metastases behave biologically differently from organ metastases (lymph node metastases are relatively harmless; organ metastases are very dangerous).

3. The more than 3,000 growth curves (including experimental data from animals) can be described by a growth formula. The growth curves of a very large number

of metastases, from 30 to 90 per cent depending on the type of tumour, can be traced back to the time of the first treatment.

Here are some key observations from his article:

• Inflated success rates (of cancer surgery) are the result of either selective composition of the groups of patients studied or of correspondingly adapted, i.e., corrected, statistics.

• Cures related to the same stage and tumour size have not improved in the last 20 to 25 years (i.e., since the 1950s).

• Untreated postmenopausal women with breast cancer live longer than medically treated patients.

• Metastases occur sooner in fast-growing tumours than in slow-growing tumours. This suggests that these metastases begin their development at the same time as the surgery.

• Present cancer surgery may be regarded as a second Semmelweis phenomenon! (Dr Ignaz Semmelweis campaigned to stop surgeons from killing women during delivery by washing and disinfecting their hands.)

• Manipulation of a tumour, such as with severe palpation and pressure (as with a mammography procedure), biopsy or surgery, results in a sudden increase of tumour cells released into the blood with a higher probability of metastasis.

• The connection between surgery and formation of metastases was particularly impressive in single observed cases: in a patient with a sarcoma, formation of metastases occurred after surgery of the primary tumour and each time after four further surgeries of locally recurrent tumours.

• It has long been taught in medicine that a melanoma should not be injured, since lesions would cause an almost explosion-like growth of metastases.

• Not only disturbance of a tumour but also unrelated surgery at a different location can trigger metastasis.

• The larger a tumour becomes, the slower its growth, and some observations suggest that it eventually stops growing.

• Radiation and chemotherapy of the tumour before and after surgery are both unsuccessful.

• The chance to improve the cure quota decisively occurs only once during the course of cancer: namely, at the time of the first treatment.

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An Inconvenient Truth?

As the following review demonstrates, a steady stream of studies shows that it is better for patients to leave tumours alone. But that is not in the interests of the cancer industry, for which invasive treatment is the financial life-blood. There have always been new drugs and new ways to combine chemotherapy and radiotherapy with surgery—accompanied by claims that now a way to prolong the lives of patients has been found. By developing methods of early detection and classifying small, precancerous, non-invasive and dormant tumours as cancer—tumours that would not have become malignant if left alone—some statistics could indeed point to improved cure rates. This has now changed with a comprehensive review by a team of leading cancer researchers. Here is the Abstract of the paper, "Surgery Triggers Outgrowth of Latent Distant Disease in Breast Cancer: An Inconvenient Truth?":[2]

"We review our work over the past 14 years that began when we were first confronted with bimodal relapse patterns in two breast cancer databases from different countries. These data were unexplainable with the accepted continuous tumor growth paradigm. To explain these data, we proposed that metastatic breast cancer growth commonly includes periods of temporary dormancy at both the single cell phase and the avascular micrometastasis phase. We also suggested that surgery to remove the primary tumor often terminates dormancy resulting in accelerated relapses. These iatrogenic events are apparently very common in that over half of all metastatic relapses progress in that manner. Assuming this is true, there should be ample and clear evidence in clinical data. We review here the breast cancer paradigm from a variety of historical, clinical, and scientific perspectives and consider how dormancy and surgery-driven escape from dormancy would be observed and what this would mean. Dormancy can be identified in these diverse data but most conspicuous is the sudden synchronized escape from dormancy following primary surgery. On the basis of our findings, we suggest a new paradigm for early stage breast cancer. We also suggest a new treatment that is meant to stabilize and preserve dormancy rather than attempt to kill all cancer cells as is the present strategy."

The bimodal relapse patterns referred to in this abstract means that there are two time peaks when metastases appear after surgery for the primary tumour. The first peak is after 18 months; then follows a dip at 50 months and a broad peak at 60 months, with a long tail extending for 15 to 20 years. About 50 to 80 per cent of all relapses are in the first peak.

Large tumour relapses are mainly in the first peak, while smaller tumour relapses are equal in both peaks.

There is also a structure in the first peak. Relapses in the first 10 months are due to micrometastases that pre-exist with the primary tumour and are stimulated to grow. This mode is most common for premenopausal patients with positive lymph nodes, over 20 per cent of whom relapse. The rest of the first peak is due to single cells that are initially dormant but are induced to divide as a result of surgery. The second peak is then due to single cancer cells that have been seeded during surgery and are subsequently gradually developing into metastases.

This dynamic also accounts for the excess mortality of premenopausal women in the third year of mammography screening trials: metastases appeared 10 months after screening, and with the time between relapse and death in breast cancer being approximately two years, it meant that death resulted about three years after screening. I remember a young and apparently healthy patient who had just had her breast removed after a mammogram showed a tiny tumour. She was confident that she had been saved because it had been caught so early, but three years later she was dead.

Other interesting evidence in this review is from a Danish report. Forensic autopsies showed that 39 per cent of women aged 40 to 49 had hidden and dormant breast cancers, while the lifetime risk of clinical breast cancer in Denmark was only eight per cent. This means that only about 20 per cent of positive mammograms were for real; the rest were either completely harmless and boosted the medical cure rate, or in other cases subsequent surgery triggered metastases and these women eventually died due to their treatment.

Here are some more (paraphrased) highlights from this review:

• Some organisations aim to get women screened with mammography, so they withhold this information about possible harm because its release would be contrary to achieving their goal.

• During most of the 20th century, radical mastectomy was the accepted therapy for breast cancer. Unfortunately, only 23 per cent of patients survived 10 years. The natural response to this failure was for surgeons to undertake even more radical surgery.

• Medical oncologists' next step was similar to that of surgeons: if a little doesn't work, then try a lot! High-dose chemotherapy with bone marrow rescue was shown to be a failure—and the least said about this sorry episode in the history of breast cancer treatment, the better.

• Analysis of pathology and autopsy studies suggests that most of the occult tumours in breast (and prostate) cancers may never reach clinical significance.

• Cancer cells and micrometastases remain in a state of dormancy until some signal, perhaps the act of surgery or other adverse life event (emotional shock, according to Dr Hamer), stimulates them into fast growth. The act of wounding the patient creates a favourable environment for the sudden transfer of a micrometastasis from a latent to an active phase.

• A large primary tumour inhibits the development and growth of any distant metastases! Removal of the primary tumour results in the establishment and rapid growth of large numbers of latent metastases, the majority of which would have remained dormant or would have disappeared if the primary had not been removed. The postoperative growth-stimulating effects on pre-existing latent metastases are due to removal of the primary tumour.

• Other cancers also need to be carefully examined. There are data showing indications of similar activity especially in melanoma and ostoeosarcoma.

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Inhibiting Metastasis

The authors of this review suggest that angiogenesis inhibitors given at the time of first surgery could be an answer to preventing metastasis. These drugs inhibit the development of blood vessels—including inside tumours, so that they cannot grow. But now it has been found that these drugs shrink tumours only initially. The tumours then have a growth surge, forming local and distant metastases. One of the researchers commented: "A well vascularized tumor is well fed and happy. It has no driving force to become more invasive. We hypothesize...that if you cut off the tumor's blood supply this drives the cancer to become more invasive—more metastatic—as it seeks more oxygen and nutrients."[18]

Still, there is a way out. An increasing number of natural methods are turning up that inhibit metastasis and keep tumours happy. Here are a few examples of research that confirms holistic principles about the cause and cure of cancer:

• ***Vitamin D improves surgery outcomes.*** Patients with the highest vitamin D intake who had surgery in the summer have a three-fold better disease-free survival rate

and a four-fold better overall survival rate than patients with the lowest vitamin D intake who had surgery during the winter.[19]

• ***Antioxidants inhibit metastasis.*** Reactive oxygen species, such as superoxide and hydrogen peroxide, which are produced by the body, play a key role in forming cellular protrusions implicated in cancer cell migration and tumour metastasis. Antioxidants inhibit such invasive behaviour of cancer cells.[20]

• ***Bicarbonate inhibits metastasis.*** Oral sodium bicarbonate inhibits the growth of tumours and the formation of spontaneous metastases in mouse models of metastatic breast cancer. It also reduces the rate of lymph node involvement and hepatic metastases.[21]

• ***Bicarbonate makes the lymph fluid more alkaline, which then inhibits inflammation.*** For a tumour to spread, it needs to dissolve the surrounding connective tissue; but that happens only if this tissue is sufficiently acidic to activate the protoeolytic enzymes of the tumour.

• ***Papaya fights tumours.*** Papaya used as a tea from dried leaves has a dramatic effect against a broad range of lab-grown tumours, including cancers of the cervix, breast, liver, lung and pancreas. The anticancer effect is stronger with larger doses of the tea.[22]

> ...in autoimmune diseases, the immune system does not attack healthy cells but, rather, attacks the microbes hiding in these cells.

• ***Ginkgo biloba acts against stress.*** Ginkgo biloba extract slows the growth of aggressive breast cancer cells significantly and inhibits the growth of implanted tumours by more than 80 per cent. Ginkgo biloba also reduces the stress hormones released by fear due to a cancer diagnosis, so that a tumour may not become invasive.[23]

• ***Meditation reduces stress.*** Women with breast cancer can reduce stress and improve their mental health and emotional well-being through meditation, e.g., Transcendental Meditation.[24]

• ***Environmental carcinogens cause cancer.*** The President's Cancer Panel in the USA reported that "the true burden of environmentally induced cancers has been grossly underestimated" and strongly urged action to reduce people's widespread exposure to carcinogens. Such exposure promotes not only the formation of primary tumours but also the probability of metastasis.[25]

• ***Cancer risk is inherited.*** Daughters of pregnant rats fed an unhealthy diet are more likely to develop breast cancer. But even if these daughters then eat healthily, their offspring are still at greater risk of this disease.[26]

• ***Periodic dieting is best in cancer prevention.*** Periodic dieting is much more effective than permanent calorie restriction, while unlimited food intake is the worst option for preventing breast cancer, according to experimental studies with mice. In this dieting experiment, calories were reduced by 25 per cent compared to control mice. Mammary tumour incidence was 71 per cent in the control mice that ate all the food they wanted, 35 per cent among those that were chronically restricted, and only nine per cent in those that had intermittently restricted calories.[27]

• ***Poor intestinal sanitation causes cancer.*** Recent research suggests that intestinal dysbiosis or unhealthy microbes in the gastrointestinal tract can cause cancer.[28]

• ***"Autoantibodies" may be created in response to hidden bacteria.*** It has now been shown that in autoimmune diseases, the immune system does not attack healthy cells but, rather, attacks the microbes hiding in these cells.[29] These are also a main cause of cancer, and earlier researchers have called them "cancer microbes".

• ***Cancer is caused by protein waste inside cells.*** Cells need to remove damaged proteins, or the accumulating waste may cause them to develop into a cancer tumour. Failure to dispose of this waste can result in toxicity, genome damage and inflammation, which in turn can promote tumour progression and other degenerative diseases.[30]

• ***Fasting helps in treating cancer.*** Fasting reduces tumour growth, sensitises cancer cells to chemotherapy and protects normal cells from the toxic effects of chemotherapy. Fasting for 48 hours was found to be sufficient to suppress tumour progression markedly in mice models of breast cancer. In one mouse model, fasting alone (without chemotherapy) caused more than a 50 per cent decrease in tumour growth. When fasting was combined with chemotherapy, it reduced tumour growth up to 90 per cent compared with untreated controls. I*n vitro* studies using breast cancer cells found similar results. Comparable results were found with glioma, neuroblastoma and melanoma; also, survival time increased and metastasis decreased. Now researchers want to find and use a drug to mimic the positive effects of fasting.[31]

The Natural Solution

These recent research findings about the value of natural nutrients and methods in preventing metastasis and improving cancer treatment are in full agreement with the methods used in holistic cancer programs.

One of the mainstays of holistic cancer therapy is intestinal sanitation in addition to systemic antimicrobial therapy. These new findings not only confirm the value of intestinal sanitation but also the need for antimicrobial therapy. The latter is directed against a pleomorphic microbe that can cause autoimmune diseases as well as cancer. The evidence for these microbes had not been accepted by mainstream medicine, which maintained that in these cases the immune system is just wrongly

programmed and attacks its own healthy cells. The leader of the team which made the aforementioned "autoantibodies" finding stated: "What we thought were autoantibodies generated against the body itself can now be understood as antibodies directed against the hidden bacteria. In autoimmune disease, the immune system is not attacking itself. It is protecting the body from pathogens."[29]

Another fundamental aspect of holistic cancer therapy is the use of dieting or fasting to remove the protein sludge and oxidised fat stored in cells which give rise to pleomorphic microbes and blockage of the oxidative energy metabolism, as seen in cancer cells and autoimmune diseases. Both of these principles have now been confirmed by conventional research.

In addition, we now see mainstream evidence of the benefit of reducing emotional stress by using meditation and replacing fear with positive emotions.

All of this gives mainstream research support for an important principle in holistic cancer therapy. Rather than stressing a tumour by trying to destroy it, keep it happy by fulfilling its needs so that it can rejoin the community of healthy cells.

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For a better understanding, consider this allegory. There is a mythical country with many dissatisfied inhabitants. One city has declared its independence and walled itself for protection. The ruler now has the option of destroying the city or pacifying it so that it rejoins the rest of the country in peaceful co-operation. If the city is being destroyed, the fleeing rebels will try to initiate uprisings in other parts of the country. The ruler does not know how much support the rebels would find elsewhere. If they do not get much support, then it does not matter whether the rebellious city is being destroyed; it is harmless either way. But if there is sufficient support, the ruler will probably be deposed. Which one is the wiser option: destroying the city or pacifying its inhabitants?

The same choice exists in cancer therapy. Conventional treatment opts for all-out destruction no matter the consequences, while holistic therapy tries the pacifying approach. Most tumours probably start out with low malignancy which can be easily reversed, but excessive or persistent stress will push a tumour towards increasing malignancy and generate support in other parts of the body. This stress may be from fear, bitterness, emotional shock, poor nutrition, radiation or chemical assault. The opposite approach will decrease malignancy and can involve normalising the metabolism of cancer cells, strengthening the immune system and reducing stress with meditation and emotional therapies.[32]

Recently, even a chemotherapy protocol has been proposed that comes to a truce with the tumour. This is based on the idea of not destroying the tumour but just giving enough chemotherapy to keep it from growing any further. The researcher stated: "With a mouse ovarian cancer model, if you treat it with a very high dose, the tumor goes away. It looks like you've cured it. But a couple [of] weeks later it comes back and starts killing animals. This is a standard outcome. What we did is use smaller doses of drugs and applied them when necessary. We were able to keep tumors stable and mice alive indefinitely."[33]

Instead of using chemotherapy, alkalising is the method of choice in holistic therapy to stabilise a tumour and keep it from growing any further. Then you may increasingly make your tumour happy by fulfilling its other needs: normalise its metabolism by restarting the oxidative energy production, remove the toxic sludge that started all these problems, keep the pleomorphic microbes at bay, and also reduce stress hormones with meditation and emotional therapies.

Now the previously malignant cells either will resume normal functions or if they are too damaged they will voluntarily die (a process called *apoptosis*). With this, the tumour gradually dissolves during repeated periods of raw food cleansing. But as long as the tumour remains present, especially as a stress-free primary, it will be your friend by suppressing the development of dangerous metastases. Even after removal of the primary tumour due to ignorance, this co-operative approach is the only viable option. Details are on my website and in my book *Overcoming Cancer*.[34]

From the available data, I conclude that most of the suffering and mortality related to cancer are due to medical treatment rather than to the disease itself. With so much effort presently devoted to putting medicine on an evidence-based footing, I am confident that it will not take another 100 years for the present ineffective and harmful mainstream cancer treatments to be replaced with co-operative and effective natural therapies. ∞

About the Author:

Walter Last is a retired biochemist, research chemist, nutritionist and natural therapist who has worked in Germany, the USA, New Zealand and Australia, where he is now based. He has written numerous health-related journal articles and several books. For presently available books, including the new *Heal Yourself the Natural Way*, see www.the-heal-yourself-series.com. Walter Last has contributed several articles to NEXUS. For the endnotes accompanying this article as well as for information on health questions, go to the website http://www.health-science-spirit.com.