



Excerpts from:

THE CANCER PACK **- taking the fear out of cancer -**

by Medical Scientist, Sandy Weeks AIMS, MISPO, MNYASC Copyright © 2003

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CONTENTS

What increases cancer risk?

- Alcohol, 14
- Contaminants, 15
- Dietary causes, 12
- Dietary fat, 12
- Environmental factors, 17
- Hereditary factors, 18
- Hormones, 16, 37
- Obesity, 16
- Plastics in our food chain, 16, 38
- Smoked, cured and pickled foods, 13
- The cancer cell, 8
- The normal cell, 6

Cancer detection and treatment

- Bone marrow transplantation, 33
- Cancer protectors, 19
- Chemotherapy, 32
- Complementary aspects, 60
- Dealing with cancer, 35
- Hormone therapy, 34

- Immune system in brief, 9
- Immunotherapy, 35
- Radiotherapy, 32

Dietary factors reducing cancer risk

- Chromium, 31
- Fibre, 31
- Selenium, 31
- Vitamin A, 27
- Vitamin C, 27
- Vitamin E, 30

Stress

- Causes, 25
- Effects, 21
- Laughter, 24
- Stress response, 22
- What is it?, 20

References, 62

Testimonials, 66

Catalogue, 67

Movie



MYTHS DISPELLED IN THE QB CHRONICLES INCLUDED IN THIS PACK:

- MYTH:** We cannot prevent breast cancer because we don't know what causes it, 37
- MYTH:** It is safe to store and prepare foods in plastic containers, 38
- MYTH:** Today's pesticides are safe to use because they don't harm humans, 39
- MYTH:** Anti-perspirant use is a primary cause of breast cancer, 40
- MYTH:** Products made from soybeans increase our risk of breast cancer, 42
- MYTH:** We should avoid eating fats and oils because they cause bowel cancer, 44
- MYTH:** The skin of poultry should be removed before eating, 46
- MYTH:** If we wish to lower a high blood cholesterol reading, then we must cut eggs out of our diet, or only eat them on rare occasions, 47
- MYTH:** Alcohol poses a greater breast cancer risk than HRT, 49
- MYTH:** Fermented beverages have no place in our daily diet, 50
- MYTH:** Prostate problems are inevitable and most likely become cancerous, 53
- MYTH:** The electromagnetic radiation from mobile phones does not pose a danger to our health, 54
- MYTH:** There is no association between radiation and cancer formation, 56
- MYTH:** Microwave cooking is more harmful to food than conventional cooking, 58



What protects us from cancer?

One of the secrets to cancer prevention is not to give it the opportunity to grasp a foothold in the first place. Cancer cells are forming in our body all of the time. It is a perfectly natural process that happens to each and every one of us, every day. It is our immune system that recognises the different characteristics borne on the surface of the cancer cells, and it destroys them before they can grow into a tumour. If our immune system is not functioning as efficiently as it should, the chance of a cancer cell escaping detection and ultimate destruction is higher.

Vitamin C: Although vitamin C is the most abundant and one of the most important vitamins in our food chain, particularly fresh fruits and veggies, it is the one in which our society is most deficient. This is one of the few vitamins that is incredibly easy to destroy - either by cooking or storage (it won't last really more than a couple of days after fruit and vegetables are harvested), and it is not stored by our body. What our body doesn't use within 4 hours of ingestion will be excreted in our urine. As vitamin C behaves like a Trojan once inside our body, conversely, it behaves like a wimp outside of it! Although a little excess can help protect our urinary bladder and kidneys from exposure to any toxic wastes that may be present in our urine, as with many food additives, once they're broken down to their chemical constituents they are excreted in our urine.

Why is vitamin C so important? What does it do? Perhaps most importantly, the proper functioning of our immune system relies heavily on vitamin C to help prevent disease.

Other Trojan benefits include:



- 1 decreasing blood cholesterol levels;
- 2 facilitating the absorption of dietary iron;
- 3 the integrity of our blood capillaries and cell membranes;
- 4 preventing the hazardous oxidation of chemicals in our body, particularly those ingested in processed or refined foods;
- 5 participating in the metabolism of steroid hormones;

Your levels of vitamin C may be depleted if you:

- 1 are a smoker, regardless of what or how infrequently you smoke;
- 2 suffer from frequent nose bleeds or bruise easily;
- 3 fall easy victim to minor ailments, coughs, colds and the like;
- 4 are taking medications, particularly aspirin.

If you are a smoker (of anything), the carbon monoxide formed as a by-product will destroy circulating levels of vitamin C in your body. It has also been found that certain drugs will do the same thing, especially in folk who may be taking reasonably large doses of aspirin to control arthritic inflammation.

A supplemental dose of vitamin C is beneficial for us all, particularly if you are a smoker or taking oral medications. An adequate dose is 1/4 - 1/2 teaspoon of calcium ascorbate powder in a little juice or water, ideally every 4-6 hours, otherwise, at least aim for a dose in the morning, and again before retiring at night.

It is well-documented that the need for vitamin C increases in times of stress for mammals, in some the increase may be as high as several hundred percent. For some reason this is not appreciated in clinical medicine, even though it has been published for many years. Since vitamin C is protective, it makes sense to



increase it in times of stress. It's also worth mentioning that vitamin C does not enter the cell membrane very well in the presence of high levels of glucose (sugar).

When given orally, vitamin C is absorbed well at lower doses, but absorption decreases as the dose increases. Doses over 1 gram result in less than 50% absorption, the majority of which, is excreted in the urine. When vitamin C is administered intravenously, the limiting absorptive mechanism is bypassed and very high plasma levels are attained.

The difference between oral and intravenous administration of high doses was not adequately appreciated in studies of the treatment of cancer with vitamin C. In vitro (ie. in the test tube), vitamin C is cytotoxic to many malignant cell lines at concentrations that can be achieved in plasma by intravenous, but not oral, administration.

The Scottish research team, Cameron and Campbell, later joined by Linus Pauling, used high-dose intravenous vitamin C to treat terminal cancer. They reported clinical benefits and improved survival. Because these studies were not randomised or placebo controlled (can you deny a terminal cancer patient the possible benefits?), randomised placebo-controlled clinical trials were conducted at the Mayo Clinic to check these findings, and using high-dose **ORAL** vitamin C they found no benefit. Given the recent appreciation of the differing plasma levels resulting from oral versus intravenous administration, it is difficult to compare the studies carried out by the Mayo team with those of Pauling's team.

The cause of cancer patients will be better served if advocates and sceptics concerning the efficacy of vitamin C re-examine these issues with both open minds and scientific rigour.

SANDY WEEKS - BIOGRAPHICAL PROFILE

Sandy Weeks AIMS, MISPO, MNYAsc, is a graduate in medical science, with a research history spanning over 30 years, primarily in the cancer arena. Her encounters with cancer survivors, both professionally and personally, have been extensive, and have led her to keep abreast of developments in the anti-cancer arena, and address support groups at their request. Sandy believes that maintaining health without waiting for a patient to develop a disease state, is well within everyone's grasp.

Following the release of her first book, *The Anti-Cancer Cookbook*, public support and interest initiated a string of public speaking engagements, and further health-related publications directed toward the layperson. Sandy was successfully converting complicated medical terminology and its mysteries into a language that everyone could understand, and to which they could relate. She was increasing the desire of patients to play an active part in their own health and well-being, or how to manage an existing illness - supporting the role of responsibility of their own health care, rather than leaning entirely on their practitioner, and our struggling healthcare system.

Author of several medical books directed towards the layperson, and a number of scientific papers published in international medical journals, Sandy Weeks has also been an invited keynote speaker at international medical conferences, including the first World Conference on Breast Cancer held in Canada, 1997. In its stead, she was invited to become a member of the International Review Committee for the Global Action Plan on Breast Cancer submitted to the World Health Organisation, and the United Nations. She was a board member of the International Advisory Committee for the 3rd World Conference on Breast Cancer, scheduled for 2002 in Canada, and at which she also presented as a keynote speaker on 'The Challenge of Cancer in the Next Decade'. Sandy is an associate of the Institute of Medical Scientists; a member of the International Society of Preventive Oncology; a member of the New York Academy of Sciences; and is a biographee in the widely acclaimed Marquis Who's Who publications: *The World; Medicine and Healthcare*; and *Science and Engineering*. Sandy also addresses a wide variety of associations and public groups on disease prevention; has made guest appearances on the major television networks, and has written and presented multi-part series' of health-related broadcasts for both commercial, talk-back and community radio, and is a regular guest on ABC local and national radio, winning the year 2000 South Australian Annual Community Radio Broadcasting Awards - for her objective interview on genetically modified foods.

We have become barraged with so much medical misinformation of late, that Sandy has taken the challenge to dispel medical myths with scientific facts, along with valuable tips that should help us to reach the 120 year life span for which we are designed - in style, good health and enjoyment.

Dieting fallacies about cholesterol, margarine and eggs, are just a few examples of the many myths that continue to abound in our society. Sandy's approach through logic and humour, throws new light on old and not so old trends, that actually contribute towards the disease process, rather than preventing it, as is often assumed. Her insights into nutrition and diet, food additives, and our environment explore a picture emerging that suggests why our most common, yet most preventable, disease processes continue to spiral in the Western world. Other issues concern genetically engineered food, hormone replacement therapy, and the extensive use of chemicals and plastics in our food chain. What does it all mean to our health?

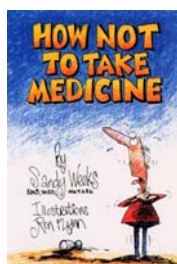
As cancer has now surpassed heart disease as our nation's biggest killer, one of Sandy's most recent works include: *The Cancer Pack - taking the fear out of cancer* - a compilation including excerpts from her best-selling book *How Not To Take Medicine*, and from 3 volumes of the Quackbusters Chronicles, dealing with prevention and cancer management, and a movie that introduces the viewer to our immune system and its role in disease prevention, especially cancer. In this pack, Sandy explains the cancer

process, what it is, how it happens, and the factors that fight and prevent it. She puts into clear, everyday and accessible language medical and scientific concepts which are often difficult for a lay audience to understand. In other words, promoting better health through better understanding. Understanding the key factors that fight cancer and the options available to do this, not only helps us to win the war against cancer, but take the fear out of cancer once and for all.

Research projects in which Sandy has been involved have embraced a variety of areas, the majority particularly concentrating on the mode of action of our immune system in the presence of malignant cells. As technology has improved over the years, greater insights into study design have become possible, and techniques employing very specific identification systems and precise computer measurement at the microscopic level have resulted in a greater understanding of the pathways our body utilises to either succumb to a disease process, or stay healthy. Sandy's increasing interest in the triggers that can initiate disease processes were matched by the triggers that oppose it. She began to look at other influences, especially lifestyle and nutritive factors. At about the same time that the virtues of vitamin C were attracting much controversy in the cancer arena, Sandy inadvertently stumbled upon some of vitamin C's virtues at the laboratory level, on some of the cells of our immune system. That was her first brush with internal politics. Keen to pursue this avenue, she was told not to persist with investigations into vitamin C and its effects on the immune system. But as a possessing interest in parallel to the research laboratory, outside of it, Sandy began to explore areas of nutrition and how our attitudes toward it have changed over the past few decades, corresponding with an increasing incidence of our most common diseases, especially heart disease and cancer. Other research workers were beginning to investigate these fields and publish their findings, as it appeared that the most common Western diseases could possibly be the most preventable. She found these views were met with more empathy at European international conferences, than in Australia. Using colon cancer as an experimental model, and in the early days of monoclonal immunohistochemistry in the research laboratory, as a medical science student, Sandy found evidence of a significant degree of immune interference associated with the presence of these cancer cells, which she published in her thesis, and was awarded top distinction of the final year of her degree. Internal politics intervened again, and further investigations were halted at this stage, but eventually she was able to collaborate with another team researching similar avenues using a breast cancer model, and attaining similar results to earlier projects. The work was eventually published - just before politics stepped in yet again to terminate further progress. It wasn't until several years later that corresponding findings were published using updated techniques at the bio-molecular level, that demonstrated immune suppression and increased cancer incidence, as well as other related disease processes. The role of chronic stress was a major influential factor. It seemed that the real cure lay in prevention, and if people were going to beat their biggest health enemy, they were going to have to understand some of their body's processes and the things they could employ to stay cancer-free and healthy.

Sandy's most recent research has been in selective tumour activation markers and the combining role of interleukin-2 at the molecular level in breast tumours, and more currently, the understated role that stress plays in these events, and what we can do about it.

It has continued to disturb Sandy that the politics of health care and research remain firmly embedded in patriarchal convention and orthodox practice, by treating developed disease conditions often by pharmaceutical and invasive therapies in the first instance, rather than adopting a preventive approach that recognises dysfunction in its early stages. This approach has the potential of reducing our spiralling annual health bill by billions of dollars, reflecting not only a healthier budget, but more importantly, a healthier nation. She believes that the cause of preventive medicine will be better served if advocates and sceptics concerning the efficacy of prevention versus cure, re-examine these issues with both open minds and scientific rigour.



- HOW NOT TO TAKE MEDICINE -

At last, medical science in lay terms! An invaluable, easy-to-read reference book that explains how the most common diseases can be prevented, and how we can manage existing ailments without resorting to pills and potions. Includes common reactions to food additives, listing their numbers and the foods where they are generally found. Cartoons by Ron Flynn.

- HOT TO TROT -

Based on the popular ABC broadcasts, Hot to Trot reveals the benefits of vitamins, fats and oils, and dispels medical myths about cholesterol, reducing diets, allergies, genetically engineered food, household chemicals, antibiotics and much more.

Cartoons by Ron Flynn



- ANTI - CANCER COOKBOOK -

Over 100 original and tasty recipes with special food combinations to capture the most nutrients, essential for protecting ourselves from disease - especially cancer. The first section tells in simple terms how our body works, what cancer is, and the role that food can play to help prevent it.

- PROSTATE PUZZLES - MORE THAN A MIND TEASER! -

Explains what can be done to avoid and manage prostate problems that affect 95% of Western males, revealing essential information that is not widely known. Includes cartoons and crossword puzzles. This handbook also serves as a companion to *Hormone Replacement Therapy - Friend or Foe?*



- HORMONE REPLACEMENT THERAPY - FRIEND OR FOE? -

An easy-to-understand handbook revealing invaluable information, clarifying links of hormone replacement therapy to breast cancer. It offers protective measures and natural alternatives, answering the most frequently asked questions about HRT. This handbook also serves as a companion to *Prostate Puzzles - More than a mind teaser!*

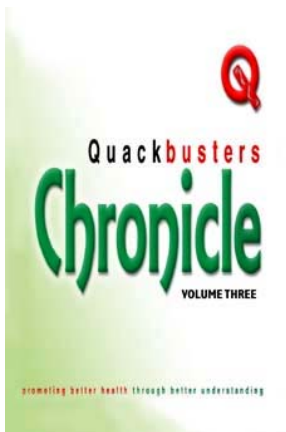


latest release! THE CANCER PACK

- TAKING THE FEAR OUT OF CANCER -

A compilation on how to prevent and fight cancer, including a short movie on the important role of our immune system. **Mini Pack:** eBook (CD) or hardcopy plus video. **Full Pack** includes eBook plus 3 books: *Prostate Puzzles*, *HRT - Friend or Foe?* and *How Not To Take Medicine*, on how to protect ourselves from disease, especially cancer and the various treatment options available.





THE QUACKBUSTERS CHRONICLES (3 volume set)

Available on CD (eBooks) or hardcopy

Each volume dispels medical myths with scientific facts. Some samples:

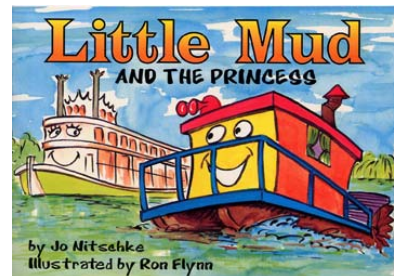
- (1) antibiotics, mobile phones, food additives, weight loss, stroke
butter vs margarine, eggs, poultry skin, stress, vitamins
- (2) allergies, electromagnetic radiation, microwave ovens, plastics
osteoporosis, cystitis, supplements, heartburn, cramp, snoring
- (3) arthritis, acne, breast cancer, HRT, fasting, thrush, herbal
weight loss, aloe vera, tinea, movie on immune system

Other titles available

LITTLE MUD AND THE PRINCESS -

Jo Nitschke

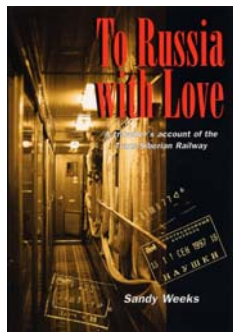
Beautifully illustrated in full colour by Ron Flynn, this enchanting children's story is based on actual boats and wildlife along Australia's Murray River - the world's fifth largest river. Each sale will help Save the Murray River.



GREETING CARDS & POSTCARDS also available!

TO RUSSIA WITH LOVE

Sandy Weeks



An extraordinary tale unfolds as two Australians journey unescorted on the Trans-Siberian Railway across Central Asia - over 10,000km through Russia, Mongolia and China. Many have said this has been the most entertaining travel book they've ever read - not to be missed! (includes colour plates)

COMPANION VIDEO 60 min PAL VHS

All aboard the Trans-Siberian Railway for an adventure of a lifetime! Includes Moscow's 850th birthday, rare footage of wild yaks and the amazing bogie change at the Chinese border.

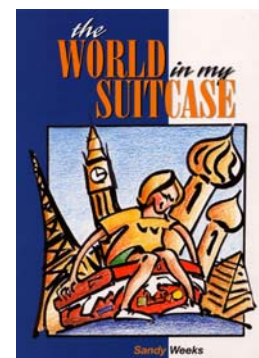
THE WORLD IN MY SUITCASE

Sandy Weeks

A series of entertaining and at times, shocking, tales as Sandy travels alone through Arabia, Europe and India. Three unforgettable journeys now published in one volume (includes colour plates)

COMPANION VIDEO 60 min PAL VHS

Discover the mysteries of Egypt; the romance of India; the magic of Venice; enjoy a breath taking cable ride in the Swiss Alps and much more. Save a bundle on travel expenses, stress-free, and see some of the best that the world has to offer!



Radio interviews with Medical Scientist, Sandy Weeks, average 10 minutes

- Acne (A191)
- Antibiotics after the course (A53)
- Antioxidants (A132)
- Are we getting soft? (A23)
- Artificial sweeteners (A98)
- Bacteria vs viruses (A179)
- Bones & arthritis (A7)
- Breast cancer (A189)
- Calcium (A65)
- Cellulite (A183)
- Cholesterol (A1)
- Chronic Fatigue Syndrome (A190)
- Cooking with oils (A163)
- Dieting fallacies (A2)
- Ear wax & infections (A100)
- Electric blankets (A134)
- Fermented beverages (A182)
- Flatulence (A138)
- Food additives:2 (A158)
- Free radicals (A45)
- Genetically modified food (A174)
- Hair dyes (A160)
- Healing/killing fats (A80)
- Heart & Hypertension (A3)
- Herbs versus drugs (A145)
- Household chemicals (A39)
- HRT & Menopause (A28)
- Hurry-sickness (A116)
- Immune system (A21)
- Kidneys (A4)
- Lilly's medicinal compound! (A34)
- Liver Cleansing Diet (A168)
- Meat - red & white (A92)
- Medicinal drugs (A124)
- Metabolism (A50)
- Mobile phones (A188)
- Muscle meltdown (A52)
- Natural medicine cabinet (A149)
- Oil-based diets (A142)
- Pain killers (A164)
- Peanuts at the pub (A42)
- Prostate & vitamin E (A58)
- Quackbusters' website (A173)
- Sinus (A46)
- Smoking & pregnancy (A119)
- Stomach ulcers (A180)
- Sugar busters (A87)
- Superstitions: 2 (A91)
- Tampon hazards (A175)
- Urine (A31)
- Vitamin A (A35)
- Vitamin C (deficiency) (A37)
- Vitamin E (A29)
- Water (A25)
- Alcoholic foods (A131)
- Antibiotics use & abuse (A20)
- Antiperspirants (A156)
- Are we too clean? (A79)
- Back care (A10)
- Beauty (A74)
- Bowel cancer (A165)
- Burns & blisters (A62)
- Carbonated drinks (A194)
- Chocolate (A60)
- Choking (A166)
- Colds and `flu (A70)
- Diabetics & honey (A155)
- Diets post-Christmas (A48)
- Eggs (A184)
- Eye floaters (A71)
- Fats & Oils (A33)
- Fluid retention (A152)
- Food hygiene (A150)
- Fresh food (A12)
- Gut & Fibre (A32)
- Hangovers: 1 (A8)
- Health shops (A157)
- Heartburn (A135)
- Hiccups (A103)
- Hot to Trot the book (A69)
- HRT & breast cancer (A40)
- If you don't use it... (A64)
- Insomnia (A83)
- Laxatives (A101)
- Liver overview (A5)
- Margarine (A129)
- Meat & its benefits (A143)
- Medicinal foods (A125)
- Migraine headaches (A177)
- Motion sickness (A96)
- Muscles & bones (A82)
- Nasal decongestants (A122)
- Old medicines (A49)
- PAP smears (A59)
- Plastics in the home (A51)
- Prostate Puzzles (A117)
- Relaxation (A57)
- Skin care (A147)
- Snoring (A77)
- Stress (A18)
- Sun screens (A94)
- Supplements (A68)
- Taste & smell (A73)
- Varicose veins (A84)
- Vitamin B (A36)
- Vitamin C - facts (A186)
- Vitamin O? (A139)
- Wine & its benefits (A90)
- Allergies (A22)
- Anorexia (A89)
- Appendix (A63)
- Asthma (A187)
- Bad breath (A154)
- Blood (A15)
- Breakfast (A130)
- Caffeine (A148)
- Cellulite (A88)
- Christmas stress (A47)
- Co-enzyme Q10 (A159)
- Cosmetics (A66)
- Cystitis (A162)
- Drug interactions (A185)
- Eye care (A141)
- Fat absorbers (A176)
- Fingernails (A126)
- Food additives:1 (A67)
- Food poisoning (A115)
- Gall bladder (A128)
- Haemorrhoids (A104)
- Hangovers: 2 (A153)
- Heart disease (A85)
- Heat & body fat (A75)
- Holiday hazards (A97)
- Honey (A112)
- HRT& progesterone (A56)
- Icecream (A93)
- Intestine (A6)
- Light therapy (A14)
- Liver /cholesterol (A144)
- Marijuana (A140)
- Meat - too much (A146)
- Memory loss (A24)
- Minerals (A30)
- Muscle cramps (A81)
- Natural medicines (A136)
- Obesity drugs (A11)
- Onions & garlic (A55)
- Parasites (A167)
- Potatoes (A61)
- Protocell (A169)
- Salt deficiency (A13)
- Skin on foods (A161)
- Soy (A181)
- Stroke (A192)
- Superstitions: 1 (A27)
- Talcum powder (A72)
- Travel bugs (A54)
- Viagra (A78)
- Vitamin C (excess) (A19)
- Vitamin D (A38)
- Vitamins - harmful? (A9)
- Zinc deficiencies (A118)

HOW NOT TO TAKE MEDICINE

sample page

REVIEW

Now in its 3rd edition, the book, ***How Not To Take Medicine*** informs us how we can naturally fight disease without resorting to pills and potions, along with valuable tips that should help us to reach the 120 year life span for which we are designed - in style, good health and enjoyment.

Dieting fallacies about cholesterol, margarine and eggs, are a few of the many medical myths dispelled by Medical Research Scientist, Sandy Weeks AIMS, MISPO, MNYASc. Easy to understand, using logic and humour, ***How Not To Take Medicine*** throws new light on old and recent trends, that actually contribute towards the disease process, rather than preventing it, as is often assumed. Insights into nutrition and diet, food additives, and our environment explore a picture emerging that suggests why our most common, yet most preventable, disease processes continue to spiral in the Western world. As cancer has now surpassed heart disease as our nation's biggest killer, a chapter in this book is entirely devoted to cancer prevention, and its management for those who have already brushed shoulders with it. It explains the cancer process, what it is, how it happens, and the factors that fight and prevent it.

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HOW NOT TO TAKE MEDICINE

sample page

- CONTENTS -

| | |
|----|---|
| 1 | Introduction |
| 2 | The disease barrier |
| 3 | A cold is 'flu? |
| 4 | Tailored to suit |
| 5 | The power of water |
| 6 | Beauty's fading image |
| 7 | The heart and hypertension |
| 8 | Varicose veins |
| 9 | A handy pair of strainers |
| 10 | The prostate enigma |
| 11 | The liver |
| 12 | A couple of windbags |
| 13 | A bundle of nerves |
| 14 | The insufferable headache |
| 15 | Oh, mah achin' bones! |
| 16 | Osteoporosis |
| 17 | Arthritis |
| 18 | The pancreas |
| 19 | The role of our gut - and its temperament |
| 20 | The advantages of food - and where it's found |
| 21 | Cholesterol's contentions |
| 22 | The battle of the bulge |
| 23 | Cellulite |
| 24 | Food additives |
| 25 | Food irradiation - is it a good thing? |
| 26 | Preventing cancer |
| 27 | Microwave ovens |
| 28 | The alternative approach |
| 29 | A disturbing snippet of history |
| 30 | Controlling our stock |
| 31 | Father Time |
| 32 | References |
| | Appendices I, II, Index |

HOW NOT TO TAKE MEDICINE

sample page

Excerpts from the book:

HOW NOT TO TAKE MEDICINE

by Sandy Weeks AIMS, MISPO, MNYASC Copyright © 1995 -2003

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One of the first duties of a physician is to educate the masses not to take medicine.

- WILLIAM OSLER

- 1 -

INTRODUCTION

The chemical constituents of the human body used to rate a monetary value of five Australian pounds. Obviously, that was quite a while ago, at least before 1966 anyway, but all this time later and taking those dreadful inflationary years into account, its chemical worth is still reputed to be in the vicinity of only ten dollars. Does that mean in real terms, we've lost value? Pounds might have turned into dollars, in fact twice as many if I remember the conversion to metric from imperial, so my current line of reasoning follows much along the same lines. My pounds have also doubled in those years, so it's logical to presume that my chemical dollar has too, regardless of what the chemical gurus may claim.

After all, what really is the human body anyway? An assorted collection of pipes, tubes and some very twee electrical wiring. Just add water and fuel, and there you have it. A little oversimplified perhaps, but let's not split hairs. We can do that anytime.

HOW NOT TO TAKE MEDICINE

sample page

But as soon as all of the plumbing is in place and the final nut tightened, begins our downfall into abuse and over-indulgence. Eventually we even get uptight about what our neighbours think of us and hide our pizza boxes and wine cartons in the bottom of the garbage can so that no one knows that we do what they do. Anyway, what do they have that we don't? Probably more problems, but they're not going to let us in on that one, unless of course, they want to borrow our money. Instead, we take inverted compliments to heart, stuff ourselves full of doubtful substances, and worry ourselves silly because we look nothing like the glossy fashion magazines say we should. None of our friends do either, but there are days when we have trouble seeing beyond our own reflection.

- 21 -

CHOLESTEROL'S CONTENTIONS

Cholesterol in the blood is merely going to, or coming from someplace, just as oxygen or glucose might be. It is equally important too for our health and well-being as cholesterol is used:

- to make bile acids which solubilise dietary fat so that our body can absorb and transport lipids and the fat soluble vitamins A, D, E and K;
- as a major component in cell membranes;
- in the synthesis of steroid (reproductive) hormones.

Cholesterol is a lipoprotein, meaning that its molecular structure consists of a protein attached to a lipid. The lower the density of the

HOW NOT TO TAKE MEDICINE

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cholesterol lipoprotein, the more actual cholesterol it contains. In humans, low density lipoproteins (LDLs), form the most abundant class of cholesterol and are particularly high in actual cholesterol content. This is the cholesterol that is particularly nasty and messy. It behaves like a cheap punk who gets his kicks bludging from others and expecting them to pick up after him. It's the LDLs that cling to the artery walls, obstruct the traffic and in general, make a bloody nuisance of themselves.

At the other end of the spectrum are the high density lipoproteins (HDLs), which have more protein in their structure than cholesterol so act as a scavenger, mopping up free cholesterol that LDLs casually drop all over the place. They return to the liver, ditch their load and take off once more in their search for more. The majority of cholesterol taken to the liver by the HDLs is excreted by conversion to bile acids.

Our liver and intestinal cells make most of our body's cholesterol and contrary to popular belief, our diet contributes very little. If our liver is making much too much, it will deposit in our arteries, just the same way as road excavations partially block a road. If the blood pressure is high, and some fool simply can't wait his turn and attempts to squeeze through before enough room can be made to accommodate him, a complete block will result, so like traffic, the blood cells will have to divert to another route to carry oxygen and nutrients to the tissues. If this scenario occurs in a major artery, the surrounding tissue may suffer mild to severe damage, as in a heart attack or stroke, and the bad name of cholesterol lives on to see another day.

HOW NOT TO TAKE MEDICINE

sample page

But if it's our liver that is making too much cholesterol, then why has so much blame been placed on what we shove into our mouths? Why do people listen more attentively to gossip than facts and figures? High cholesterol is really a product of metabolism. If we score a high cholesterol reading, it is because our liver is making too much. If we cut it out of our diet, then our liver will make more - and if it can't maintain the supply, the cells in our small intestine will begin to churn it out as well, and our reading remains high. Consequently, why starve yourself of life's little pleasures if your body is going to make more cholesterol anyway? Where's the sense in that? So how do we lower our LDLs, because if they are too high, they indeed must come down.

There are plenty of ways to lower our blood cholesterol without fiddling with our diet and excluding some of the more nutritious foods simply because they contain cholesterol. Eggs are a perfect example of this. As a complete organism, they provide a complete and nutritionally balanced meal, with the exception of fibre. If you don't mind eating egg shells, you can have that too. "What about the cholesterol in the yoke?" I hear you all say. Eggs, as with many foods containing natural levels of cholesterol, also contain lecithin, which could be described as cholesterol's antagonist.

Lecithin, as with cholesterol, is primarily manufactured by our body, and like cholesterol, it too is a lipid, but this one also acts on fat metabolism by hastening the removal of, or decreasing the deposit of fat in our body, primarily the liver. Lecithin is capable of dissolving cholesterol, allowing the water-soluble bile salts to act as detergents to break up the lecithin-cholesterol liquid crystals into small aggregates

HOW NOT TO TAKE MEDICINE

sample page

known as mixed micelles that solubilise more cholesterol which, you guessed it, is taken to the liver for processing. Lecithin is found in all unrefined foods containing oil (soybeans, liver, nuts, grains, eggs). Processing destroys it.

So, lecithin-containing foods can head our list of tricks by which we can lower abnormally high levels of cholesterol. The list goes on:

- 24 -

FOOD ADDITIVES

Be kind to yourself.

- MARGARET WEBSTER HYPATIA

Food additives can cause the most hideous effect on innocent consumers, from alarming attacks of asthma in some, to a relentless itch or skin rash in others. Not many of us are affected quite this badly, but to those who are, the problem can assume quite monumental proportions. Lesser effects of intolerance include fever, headaches, heart palpitations, nausea, blurred vision and respiratory disturbances.

Consumption of chemicals, or additives in our diet, results in extra metabolic work for our body to detoxify and remove them. To those with normal metabolism, these additives will have no obvious physical effect, although they put our body under extra stress to cope with them. Adverse reactions to food additives can be blamed on metabolic disorders which certain substances will trigger. The most

HOW NOT TO TAKE MEDICINE

sample page

sensitive are asthmatics, in whom additives can trigger asthma attacks; those sensitive to aspirin, in whom rashes, or respiratory symptoms can develop; and hyperactive children who can become uncontrollably excited.

But if we look further behind the scenes, beyond the picture of clinically evident symptoms, we may be surprised to see internal activity of which we are unaware. Preservatives, colours, bleaches, flavours, emulsifiers and what have you, are not conducive to happy environs within our body. Our police force simply throws them out before any damage can result. In fact, it tosses out about 5 kilograms of them every year. Perhaps those intolerant of such additives have a distinct advantage, as active avoidance in their daily diet unwittingly keeps their streets clean.

If we stop to question the basic reason for those additives to be put into our food in the first place, we would figure that it is to keep food lasting longer and to make it taste, look and smell like something that it is not. It also enables food to sit on a supermarket shelf, or in our cupboards for several months without going bad - and then we eat it.

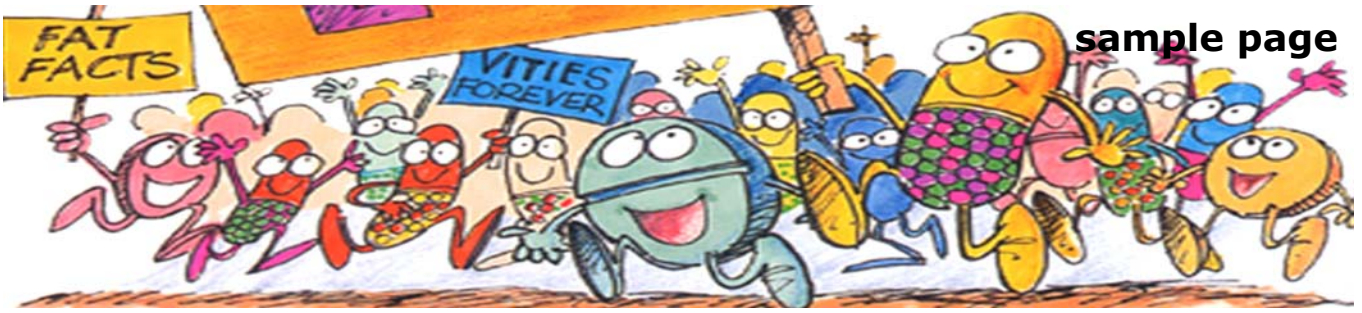
This is what refined food is all about. A certain contradiction in terms perhaps, as it has traded nourishment for chemicals. When we eat it, our body is placed under abnormally high levels of stress to remove them and it does so at the expense of its nutrient reserves, or stores. So not only is it being deprived of proper nourishment by which it can replace these reserves, it is also being deprived of proper

HOW NOT TO TAKE MEDICINE

sample page

nourishment by which it can maintain our normal energy requirements.

So additives in food suggests a little more than fancy coloured victuals sporting a matching carton. If we consider the dramatic rise in episodes of childhood asthma, hypersensitivity, hyperactivity, attention deficit disorder and skin problems over the last couple of decades or so, it may be of considerable interest to cast more than a glancing eye at the following table that lists common additives and the adverse affects they can trigger in sensitive people. Furthermore, a circuit around the supermarket shelves will reveal an alarming frequency of these numbers on the labels of many processed foods of which our kids today, eat rather large quantities.



Excerpts from the book:

HOT TO TROT

by Sandy Weeks AIMS, MISPO, MNYASC Copyright © 1995- 2003

ISBN 1 86510 002 1

CONTENTS

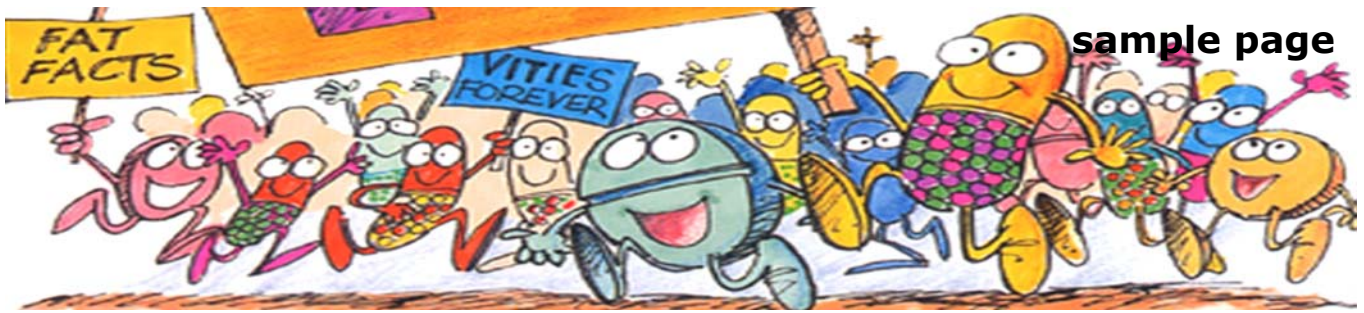
Dedication

Acknowledgments

Foreword

and chapters on:

| | |
|-----------------|-----------------------------------|
| Lilly the Pink | Reducing Diets |
| Vitamin A | Allergies |
| Vitamin B | Heart |
| Vitamin C | Hormone Replacement Therapy |
| Vitamin D | Free Radicals (and anti oxidants) |
| Vitamin E | Antibiotics |
| Cholesterol | Household Chemicals |
| Minerals | Genetic Engineering |
| Fats and Oils | References |
| Water and Urine | Index |



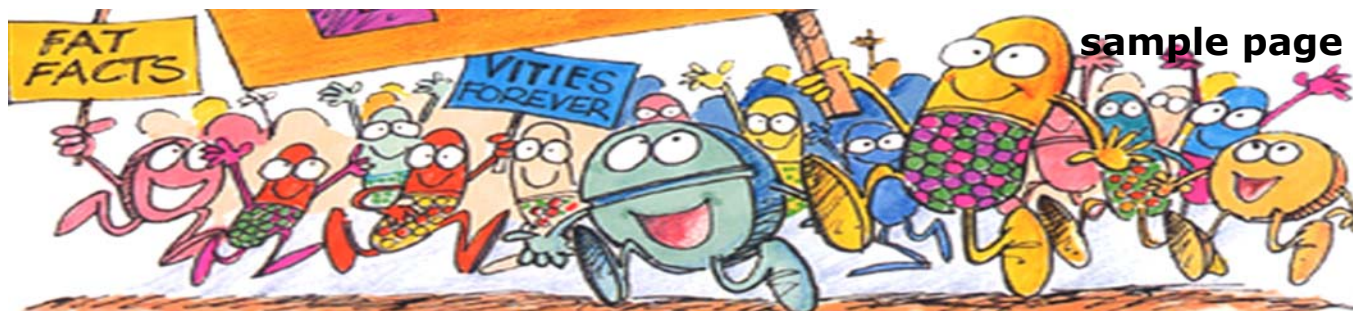
FOREWORD

Whether she is speaking, writing or broadcasting, Sandy Weeks is one of those rare (oh how rare, trust me!) human beings who can take a highly specialised and complex scientific topic and synthesise it into easy-to-understand useable (and as a bonus, entertaining) information for the rest of us.

Hot to Trot is a marvellous place to find the "missing pieces" in the jigsaw of life - the answers to those questions we all have about our bodies, our health and well-being, such as: "Do I need to take vitamin supplements?"; "Will too much cholesterol kill me?"; "What are free radicals?"; "Am I taking too many antibiotics?"; "What is genetically engineered food?"

You will find *Hot to Trot* a source of comfort. It will lay to rest some myths, equip you to face life and make choices armed with soundly-based knowledge. You will feel less in awe of scientific and medical jargon and you will be vastly entertained by the richness and humour of Sandy's style... As she often says - enjoy!!

Carole Whitelock



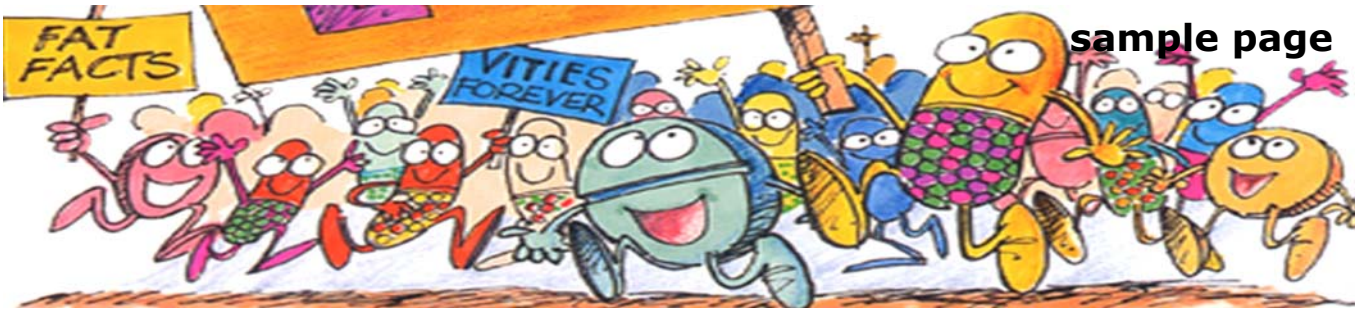
CAN A COMPOUND BE MEDICINAL?

Lilly the Pink

We'll drink, a drink, a drink,
To Lilly the Pink, the Pink, the Pink,
Saviour of the human race,
She invented Medicinal Compound,
Most efficacious in every case...

In 1873, the small town of Lynn, in Massachusetts, found fifty four year old Lydia Estes Pinkham formulating a 'Vegetable Compound' that would cure all female weaknesses. Mrs Pinkham's magic brew was soon proclaimed as 'the greatest remedy in the world', and would make her millions as a panacea for virtually any complaint. The Pinkham family were grossing thirty thousand dollars per month from the sale of the Compound by 1881.

Mrs Pinkham was the image of everyone's old mother, and her sympathetic face appeared on every bottle and in virtually every newspaper in the United States. She encouraged the women of the nation to write to her with their troubles, and write to her they did, in droves, and all received letters from her in return - even after she died in 1883!

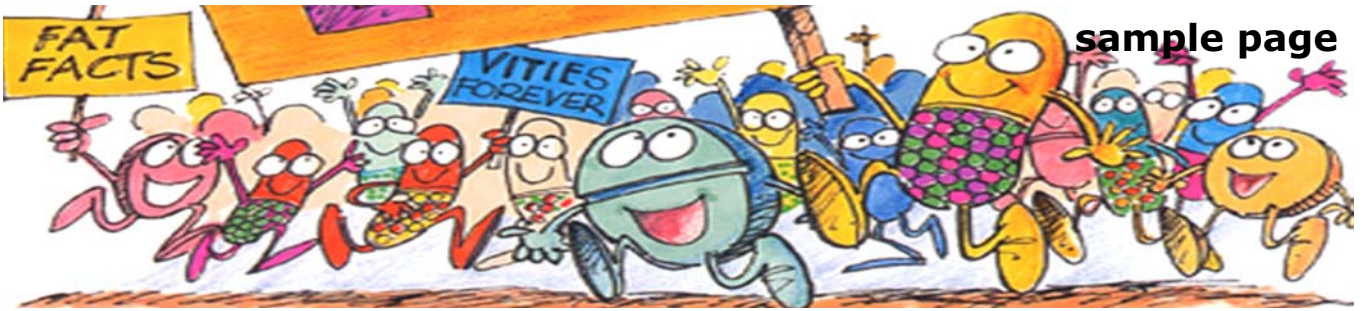


There was no doubt that her Compound was popular, but it probably had more to do with the fact that two bottles of the mixture were the equivalent of one bottle of whisky... so was born, Lilly the Pink.

VITAMIN A (Retinol)

Does butter really make it better?

Some centuries ago, when the people of Denmark finally turned their attentions from raping and pillaging to the more gentle act of churning butter, an escalating demand from neighbouring countries forced butter prices to soar beyond all reason. Germany in particular, always eager to snatch the best, was willing to pay prices no other could afford, bolstering the export of Danish butter to a point where even the Danes were unable to purchase their own product. It didn't take too long before Denmark could no longer turn a blind eye, in fact, its people were turning both of them to night blindness. It marked the onset of an eye affliction called xerophthalmia - and this one was emerging to sweep the country by storm. It was also an affliction that was unheard of in Germany, the country that loved its butter and would outbid its neighbours to get it. This was the only link the struggling medical fraternity could conclude in their desperation to solve the puzzle, and managed to persuade the Danish government to regulate butter prices so it was once again, affordable to the Danish people. Within twelve months the number of cases of xerophthalmia became negligible. The medical fraternity had saved its precious face. Vitamin A had been discovered.



What else does it do?

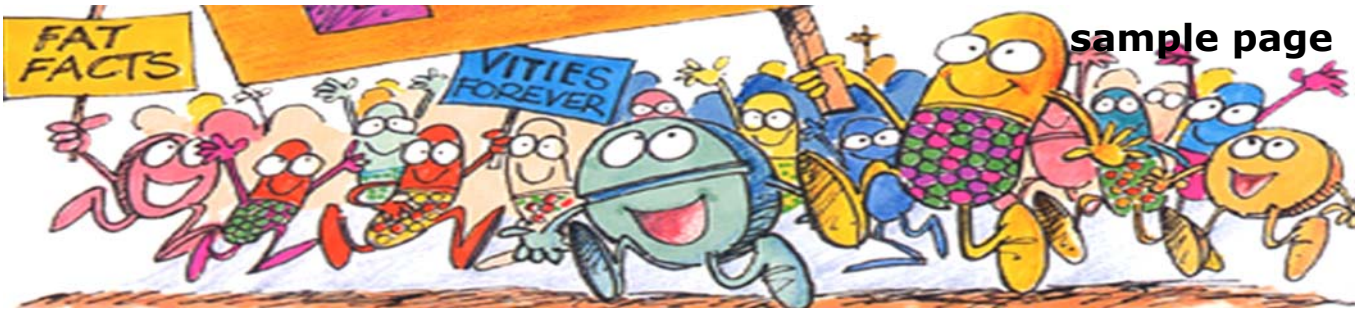
Chemically speaking, vitamin A is an antioxidant as it prevents the oxidation or formation of harmful compounds produced when our body digests food. In other words, it stops things from 'going off'. It plays an important role maintaining healthy, unblemished skin, contributes to normal reproduction and of course, as the Danes discovered, is essential for night vision. There is now strong evidence supporting this vitamin not only in an anti-cancer role, but as a treatment for asthma, especially when it hobnobs with its chums, vitamins C and E, also powerful antioxidants. These vitamins, when they do get together, really lead the procession that protects us against the little nasties waiting to jump on board when our defences are down. Think of them as outstanding fighter pilots signifying ACE.

B-GROUP VITAMINS

Of all the things I've lost, I miss my mind the most

Mention ageing to those beyond their first flush of youth and you'll usually conjure images of devastating decline. The question materialising in their mind is quite clear. Is severe deterioration of my brain inevitable? The answer is quite definitely: No.

Although our nerve cells are designed to make old bones, to coin a phrase, some won't quite make the grade, depending very much of course, on how we've treated them. Alcohol may be good for us in moderate amounts, but too much for

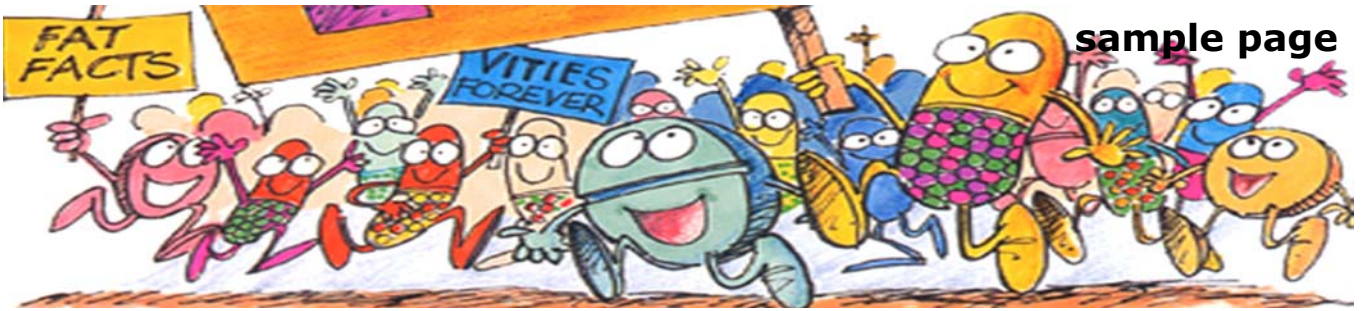


too long will begin to take particular toll on the number of nerve cells we have. They don't mind partying a little bit, but they do lose their tolerance when the party souse insistently gate-crashes the show.

Memory: Anaesthetically speaking...

Those who have undergone a general anaesthetic will probably be frustrated at their sudden memory loss when they return to the real world. It's okay. It really will come back. Anaesthetics act by chemically blocking the flow of impulses that nerve cells use to talk to each other. When one returns to a waking state, the smooth flow of these impulses will take a while to re-establish themselves. They don't like being switched off and will take a while for their little filaments to return to their full capacity, like those long-life light globes that take several minutes to reach full intensity. Where some cells will bounce back, albeit it groggily, others will take considerably longer to get their act together, so while all of this is happening, we experience memory blocks and vagueness, simply because not all of those impulses are flowing smoothly. When they finally do re-establish themselves, which given time they will, so does our memory because that's how it all works. Think of it as getting air blocks out of a fuel line in a motor car. Although there is absolutely nothing wrong with the engine, it won't run smoothly until fuel is running through the line once again without hiccupping every time it hits a pocket of air.

Nerve cells only keep in peak condition when they are used. The phrase, 'If you don't use it, you lose it', is true. If we don't use nerve pathways, they switch off their impulses, similar to the effects of that anaesthetic. They can be switched



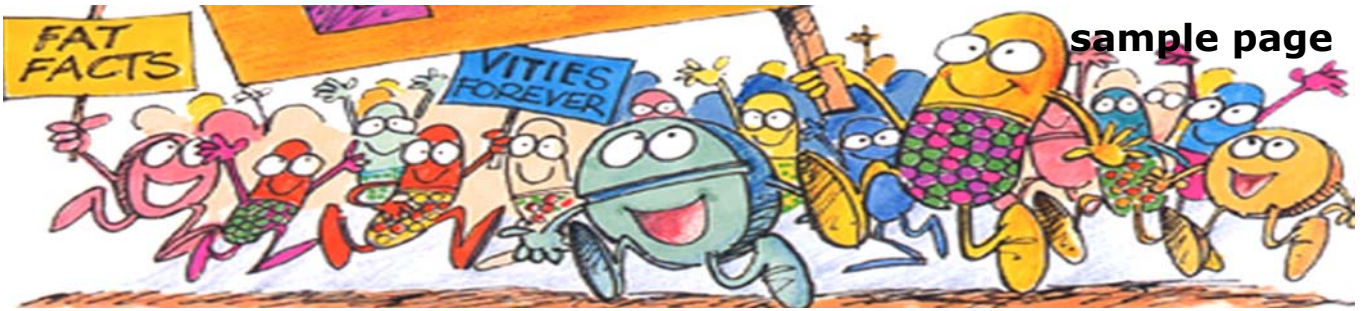
on again if we decide we do want to use them, but like the aftermath of the anaesthetic, it will take awhile to clear the air pockets and get the engine running smoothly again.

Depression

Depression can be a legacy of poor nutrition and may respond to a more sensible diet that cuts out junk food and sugar. Eating such food, particularly sugar, depletes the B-group from our body rather smartly. In the medical world we really have tended to treat psychological conditions a little too harshly in the first instance by popping tranquilisers and the like. Experiencing a touch of the blues is common and usually fleeting; by the next day, we generally feel more chirpy and life goes on. However, returning to our world of observation, if we look at more chronic 'blues' that border on depression, take a peek at what you're eating. Possibly too many fast foods and not enough dietary vitamin B. The husk of unrefined grains and cereals are particularly rich in the B-complex of vitamins.

The B-group as a general complex, actually stabilises the cell membranes in all of the cells of our body, allowing a free flow of glucose in and out of the cell as it is used. Our brain uses great quantities of glucose as its direct energy source. It will convert any other blood sugar in our body to glucose before it gobbles it up as fuel.

Nerve cells simply adore the B-group vitamins as they stabilise the membranes and ensure that the electrical impulses leaving our brain to all other parts of our body are free flowing without inhibition. They respond favourably to supplements in circumstances where there may be a dietary deficiency. The amino acid tryptophan, present in soybeans, nuts, seafood (particularly tuna), also works

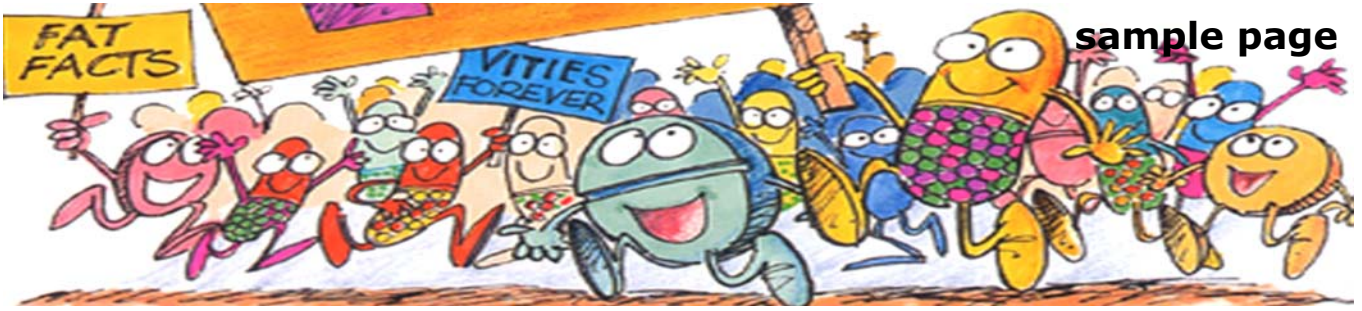


in close conjunction with the B-group. It has been found that tryptophan may be lacking in some people who tend to slump into depressive states. When we do have a touch of the blues, it is a psychological thing - we just feel dull and gloopy. We may not consciously know why, but it is a nerve-related issue. Mind you, certain triggers can remind us of a nasty time when we tend to dwell on negative thoughts perhaps and the blues become blacker.

On the other hand, thinking about happy things will often snap us out of it as pleasant memories come to the fore. Just how many people have turned the blues into bliss with a B-group supplement and tryptophan rich foods is really most assuring. We don't need a supplement of tryptophan, just a food source - combine that with the B-group, and chances are that it will help those who suffer from mood swings. That little snippet is not widely known or generally used as a course of treatment by practitioners.

St John's Wort (hypericum) is another natural herb that is making headway for those who really have trouble breaking through those depressive moments. Clinical trials have reported it to effectively relieve nervous tension, stress and anxiety, and with fewer side effects than prescription drugs. That's good news.

Where one becomes accustomed to a new way of life and new feelings, it is easy to slip quietly back into old life patterns and old dietary habits. Very gradually we can return to the gloopy state that started all of this, not realising that the contributory factors may have been a deficiency in B-group vitamins or lack of foods rich in tryptophan in the first place. Keep an eye on it.



What about stress?

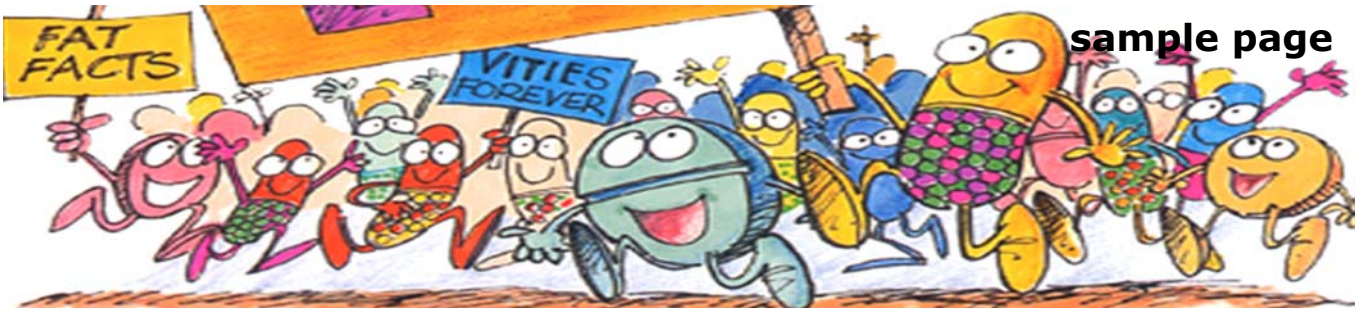
If we are chronically stressed for any reason, the B-group vitamins will be readily depleted from our body. If that is the case, we simply must put them back. There are many vitamins comprising this group and as they all work in conjunction with each other, they should be taken as a complex, not separately. They are present in just about all foods, some particular ones will be more abundant in some foods than others. This reaffirms why it is so important to eat a varied diet. Lots of different things will provide us with all the nutrients our body needs.

VITAMIN D

Dietary essentials: fat

Vitamin D is a fat soluble vitamin that occurs primarily in animal fats and dairy products. In the days before the Japanese came systematically into contact with the West, butter was practically unknown to them. Those who did meet Europeans were appalled by their stench - people who seldom touch animal products are extremely sensitive to the body odour exuded by those who eat animal fat. In fact, the Japanese thought the Europeans so particularly rank, they called them BATU-KUSAI, meaning butter-stinker.

Dairy products contain the highest levels of vitamin D. Low fat varieties will be deficient in all of the fat soluble vitamins. Yes, we're back to that again. Dietary vitamin D is only absorbed from our intestine in the presence of bile, so if our diet is deficient in fat, we may also be deficient in vitamin D.



VITAMIN E

With any vitamin, if we are going to take a supplement acquaint yourself with the reasons you may wish to take it, as well as the effects if you are taking too much. People tend to pop vitamins just because they must be good for them but that's not necessarily so. Some vitamins certainly aren't good for us in excess, but other vitamins are okay. Vitamin E is stored in our body to a certain extent and some of it is excreted by our bowel, which is a good thing as it is an antioxidant and protects the bowel walls while it's exposed to the toxic wastes of digestion. It has lots of protective functions. There would certainly be no harm at all in a supplement that was about 250 - 500 IU capsule per day. That will never harm but help, however under normal circumstances and with a good diet, there is no reason to take any more than that. And let's not forget the balanced diet - eating a bit of everything - that will always beat supplements every time, notwithstanding the situations that do indicate a bit extra as in the diabetic, the Raynauds or angina patient.

Vitamin E is a wonderful vitamin with a lovely history, linked to fertility in times gone by. Even today it is still taken wearing the same hat. It *is* essential for normal reproduction but that's about as far as it goes in that arena - sadly perhaps for some, it has no fertility rite attached to it. It will help our heart; our blood circulation; lower high blood cholesterol levels; is anti-inflammatory; implicated in anti-cancer activity; and could help to save a diabetic limb or two; but it won't turn a pup into a stud.



**PROSTATE
PUZZLES**

sample page

Excerpts from the book:

PROSTATE PUZZLES - MORE THAN A MIND TEASER!

by Sandy Weeks AIMS, MISPO, MNYASC © 1999 - 2003

ISBN 1 86510 015 3

CONTENTS

INTRODUCTION

WHAT IS THE PROSTATE?

PROSTATE CANCER

TREATMENT OPTIONS

PROSTATE PROTECTION

NATURAL CANCER FIGHTERS

FACTORS THAT SUPPRESS IMMUNE ACTIVITY

FACTORS THAT ENHANCE IMMUNE ACTIVITY

NATURAL HEART PROTECTION

NATURAL PROTECTION AGAINST OSTEOPOROSIS

ENTERTAINING PUZZLES

REFERENCES



sample page

PROSTATE PUZZLES

INTRODUCTION

As time advances toward the days when a man's attention turns to his teeth rather than his testes, it is quite likely that he will launch into an uncomfortable acquaintance with his prostate gland. In fact, in the Western world, 95% of males in their latter years will experience a degree of prostatic enlargement that may require medical intervention. On top of that, of all cancers that affect the Western male population, those that hit the prostate, head the list. Second to heart disease, prostate cancer is the biggest killer of males in Western countries, and it does not kill gently. In their final months, the majority of men who succumb to it endure excruciating pain that is difficult to control. At the moment, a patient who finds himself diagnosed with prostate cancer is quite likely to discover that leading experts may disagree on the best course of action in his particular case. This controversy has arisen in part because no one can yet conclusively distinguish among microscopic cancers that will remain inactive and those that will become sufficiently aggressive to be life-threatening. Even the best educated guess cannot determine with certainty which early tumours need treatment and which do not, aside from the choice of treatments. With those sobering thoughts lingering, we ask the obvious question - can we do anything about it? There are many answers to the prostate puzzle and why it has become so troublesome in our society - because it never used to be...



PROSTATE PUZZLES

sample page

What is ageing?

Something that is inevitable and eventually happens to all of us - that is, if something else doesn't get us first. Ageing covers a multitude of sins. Some are avoidable (usually the fun ones), and some are not. Nutritive and lifestyle factors play a huge role, and if we further consider that they account for approximately 90% of prostate cancers, it would stand to reason that an awful lot can be done to prevent it.

Ageing is inevitable, but associated health problems are not. The majority of diseases that we associate with advancing years are preventable, and we do not need to add hormones into the equation to achieve that. But before we look at our options, let's understand a little more about prostate cancer and what we can do to avoid it.

PROSTATE CANCER

There are no definite carcinogens (cancer-causing factors) known to be responsible for prostatic cancer, although there is strong evidence that alterations in the estrogen-androgen hormone balance plays a significant role. Sexual activity is apparently not a factor, as prostatic cancer has been observed in both celibate groups and men with histories of extensive sexual activity.

Prostatic enlargement (hyperplasia) is primarily caused by the testosterone-derived hormone, DHT (di-hydro-testosterone) that we mentioned earlier. It occurs anywhere from about the mid-forties onward and is usually indicated by urinary disturbances as the initial symptoms. Although this is most commonly a benign condition (not cancerous), the possibility of cancer always needs to be ruled out.



PROSTATE PUZZLES

sample page

Cancers don't just 'pop out' of nowhere overnight. They take time to form and are preceded by cellular activity that is unusually or abnormally brisk.

Consequently, if prostatic enlargement is evident, it is an indication of increased cellular activity which should be monitored to ensure that benign activity hasn't launched into malignant (cancerous) activity.

Although testosterone production decreases with age, DHT does not, thought to be due to an increase in the production of another hormone, prolactin. Associated with a decrease in the breakdown of DHT, it's easy to see how these levels can remain relatively high as it accumulates, hence the link of prostatic cancer to increasing age. The signs of an enlarged prostate are:

- ∞ a reduced urine flow;
- ∞ frequency in urination, particularly at night;
- ∞ an increased urgency to urinate;
- ∞ incomplete emptying of bladder;
- ∞ delay in onset of urination.

But not all urinary disturbances are a reflection on the condition of our poor old prostate.

PROSTATE PROTECTION

It's about time we came to the nice bits of this puzzle, for there are indeed plenty. What can we do to both prevent prostate cancer - and that includes the 10% linked to genetic factors; and how do we manage it, if we have already brushed shoulders with it?



PROSTATE PUZZLES

sample page

All cancers, regardless of their type or locality, share one common denominator. They have escaped the detection by, and ultimate destruction from, our immune system.

Laughter is the best medicine

Of course, prostatic cancer is no laughing matter but oddly enough, those who can stumble through life in relatively good humour with a ready laugh, particularly at themselves, will find themselves at a much greater advantage than those who can't. Laughter produces endorphins, a natural opiate, in our brain. It's sort of like a cheap kick, but the effects are much the same as the expensive ones - it relaxes our tension and stress, the most destructive enemies of our immune system. Yep, we're back to that. Full circle. Simple it may sound, but simple it is. As stress is our worst enemy, laughter is our best friend...



sample page

**Essential information for every woman on any hormone medications,
including the contraceptive pill, steroids and cholesterol-lowering drugs**

Excerpts from the handbook

HORMONE REPLACEMENT THERAPY - FRIEND OR FOE?

by Sandy Weeks AIMS, MISPO, MNYASC Copyright © 1998 - 2003

ISBN 1 86510 011 0

CONTENTS

What are hormones?

What actually *is* HRT?

Progesterone deficiency

Estrogen dominance

Pesticides

Risk factors

What if I had my reproductive organs and / or breasts removed?

Are there any natural alternatives?

Osteoporosis

Heart disease

Is there anything else I should know?



The majority of breast cancers are hormone-related, or in other words, occur because our estrogen levels are much too high for too long. Since the principle component of hormone replacement therapy (HRT) is estrogen, it's not surprising that it is linked so closely to an increased risk of breast cancer - consequently, it *is* very surprising that it is swamped in so much controversy. That statistic for breast cancer is dangerously high and certainly one that we can't afford to treat lightly.

We hear about the benefits of HRT and we find it prescribed for the most remarkable conditions, even those which have nothing to do with hormones at all. Well over 80% of Australian women have taken HRT at some stage in their lives and over 50% of them are still continuing to do so, simply because an alarming number of doctors remain uninformed of the gravity of disclosures revealed by medical science. The risks are real. Do the benefits really outweigh the risks? Are there alternative ways to deal with symptoms claimed to be relieved with HRT? Hormone Replacement Therapy - friend or foe, therapy or trend? Well, let's find out.

Estrogen dominance

There are many environmental influences that contribute to hormone imbalance, particularly reducing our body's production of progesterone thereby resulting in an estrogen 'dominance' in our body. These include pollution, stress, pesticides, birth control pills, poor nutrition and synthetic hormone treatments such as HRT. When this happens estrogen can dominate a woman's whole physiology, contributing to mood swings, fluctuating blood sugar levels, fluid retention, excessive menstrual bleeding, thyroid dysfunction and most importantly,



stimulating cellular activity that may contribute to an increased risk of cancer in the breasts and uterus.

Pesticides

Pesticides are widely used in our society. They are basically petrochemicals and are fat-soluble, so will readily be absorbed by our body. They are called another name too: xenobiotic, which means chemicals that are foreign to our biological system. Among other things, pesticides damage the follicles of our ovaries, hence reduce ovulation. If we don't ovulate, then no progesterone will be secreted by the ovary, thus estrogen activity remains abnormally high.

In the 10 years since Israel banned the use of organopesticides, their rate of breast cancer has fallen more than 50%.

What are the risks involved with HRT?

As mentioned earlier, hormone replacement therapy has also been linked to an increased risk of breast cancer. Is this true or false? How do we know what to believe? If we paint a picture that shows us what is happening to the cells in our breasts when HRT is administered, the reasons become very clear indeed.

Remember that as we reach menopause our reproductive hormonal cycles begin to slow down, eventually switching off entirely. The key issue here, and the one that has stimulated so much controversy around the HRT link with breast cancer, lies with estrogen. Remember also, we just said that estrogen stimulates and promotes cellular activity in our breasts, ovaries and uterus. If a growth



stimulator is removed, and here we are using estrogen as our example, the active cells should become inactive once more. They switch off. That is supposed to happen. However, if the active cells remain active, even *after* that growth stimulator is removed, that is not good at all. That is not supposed to happen and can lead to the formation of cancers.

We do know that the majority of female cancers, particularly breast cancers, are hormone-related. Too much estrogen for too long. Not in all cases of course, but it can and certainly does happen. Do we really want to 'replace' the estrogen that our body is naturally switching off with estrogen that will now artificially stimulate this cellular activity? Also, we need to be aware that the fat stored in our body also produces estrogen, as will our diet if we make a habit of eating too much fat. So regardless of what our ovaries are doing, there will always be some estrogen naturally produced by our fat cells; if we are plentifully padded do we want to add even more estrogen through an HRT program?

Are there any natural alternatives?

Indeed there are. When we consider osteoporosis, heart disease and the like, there are other ways we can deal with this without having to go down the HRT pathway at all.