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chapter one

What I Have Learned

In March of 1995 I was stunned to learn that I had cancer. The diagnosis was renal cell carcinoma (kidney cancer) that had metastasized (spread through the body) to my left shoulder blade.

The discovery was a shock to me, but it was a shock that started me on a journey I had never planned. And over the past several years I've learned many things that I trust will be helpful to others. That's the purpose of this book, but remember that it is just a guide—not a bible.

It's Your Body

In the final analysis, no medical doctor is really responsible for your health; *you* are responsible for your health. Doctors may help guide, give alternatives, advise,

and administer whatever therapy you choose, but it's *your* body, and you must make the final decisions. If you forget that you're the one responsible for your own health, you can be overrun by the medical system very quickly.

The health care field has many good doctors, but you need to be aware that everyone who graduates from medical school gets an M.D. degree—those who were *first* in their class and also those who were *last* in their class. There are doctors who help and care about their patients, but there also are doctors whose patients represent little more than a day's work. I know, because I've met both kinds.

I personally flee from doctors who don't exhibit empathy for their patients. You must understand that doctors today are involved in one of the biggest and most lucrative businesses in the world. To make a profit, they are required to run their practices as businesses. To do that, doctors have to process a certain number of patients through their offices every day.

You may wait in the doctor's office for two hours or longer, but you are fortunate if you can get 15 minutes of face-to-face communication with your doctor. He or she can't get a lot of information from you in 15 minutes, so your diagnosis and treatment are based on the norms. If you fit within the norms, you're in good shape. If not, you'll need to look elsewhere—quickly.

When you are initially diagnosed with a disease, such as cancer, you probably will be in contact with some high-caliber diagnosticians. These are the specialists other doctors call in when they want to know if you fit the norms.

Because of the use of machines—such as CT scans, MRIs, PET scans, and many other high-tech diagnostic tools—patients tend to think that once that high-caliber diagnosis has been made they'll get the same caliber of help for their cancer at the next level down. That isn't necessarily true.

After you have been given an *accurate* diagnosis, you need to learn as much as you can about your disease as quickly as you can. My diagnosis was metastatic renal cell carcinoma, which is medical jargon for kidney cancer that has spread from one place to another.

I went to the Internet and found that the survival rate for my kind of cancer was very, very low when treated with traditional therapy, because there was no effective treatment for it at that time.

First Discovery

As I said, I learned that the best option for me was probably surgery. Two areas were affected, one in my kidney and one in my scapula (shoulder blade), so the next step was to find the very best surgeons available.

I was helped through a doctor friend at Emory University Hospital in Atlanta, Georgia, where my diagnosis had been made. The really competent doctors usually know all the other competent doctors, so I called and asked, “If you had to have your kidney removed, who would you want to do it?” He gave me the name of the best urological oncologist he knew.

From experience, I’ve discovered that if you are going to learn anything helpful you must be aggressive in your search. If you’re passive, you’ll be given directions, not information. In my case, if I’d been passive I might have been shuffled off to the first available surgeon who would have scheduled me to have my kidney removed. Of course, he might have been the best person to do the surgery, but then he might not have been. And I wouldn’t have known if I hadn’t been searching for the best.

I’ve found that with cancer, as with most other things, it doesn’t take a lot of information to look knowledgeable. I’ve been researching cancer for less than a decade and only as an interested layperson. Nevertheless, I get calls from people all over the country because they consider me an “expert.” That’s pretty scary, because I am *not* an expert.

Learn the Language

The next thing anyone who has cancer needs to learn is “doctor language.” If you know the language of your disease, a doctor will talk to you. If you don’t know the language, he or she will usually talk around you or over you. So learn the language.

Remember the *Honeymooners*, the old Jackie Gleason television show with Art Carney? In one episode Carney’s character, Ed Norton, goes to his doctor with a heart problem. The doctor says to him, “I hate to have to tell you this, Ed, but you’ve had a myocardial infarction.”

Obviously relieved, Norton says, “Oh man, that’s good, Doc! I thought I’d had a heart attack!” Knowing the language will be in your favor.

I know that there are exceptions to this, but many practicing physicians have limited knowledge about new cancer therapies. They know what they’ve studied, but if your family doctor graduated 25 years ago or more he or she may have inadequate information about your disease. If your doctor is a competent practitioner, you’ll be referred to someone who does know a lot more about your disease than he or she does. If not, your doctor may try to deal with it alone and perhaps limit your chances of survival.

If the cancer is common enough—like ovarian,

prostate, colon, or lung—there's a real risk that your local physician may think he or she is able to handle your problem. Your family physician may be the best doctor to deal with non-life-threatening diseases but probably is not the best to treat cancer. So, if you can afford it, you need to at least consult with a specialist.

Only a small percentage of doctors will think they can handle everything. If your primary physician indicates an unwillingness to get you to the right doctors, you definitely have the wrong doctor.

One Size Doesn't Fit All

Not all cancer treatments will work for everyone. Just because a doctor has successfully used a particular treatment (surgery, radiology, or chemotherapy) on other patients with your disease and some of those patients got well, that doesn't mean if it's used on you that you'll get well. In fact, you may get worse as a result, because every person is different and every treatment is different. So, you need to check out all the treatments that are available (within reason).

Early on, in my case, I had a couple of doctor friends I knew well who weren't at all familiar with my disease, but they did know where to find the information I needed: the Internet. Over the years I've gotten more medical information from the Internet than from anyplace else.

Once I located the best specialist for my disease, I was determined to see him and I contacted his office. I described my problem to his assistant and offered to purchase one hour of the doctor's time. I explained, "I don't expect him to treat me; I just want to find out what I need to know."

The doctor was intrigued by my offer, and I ended up paying him \$1,000 to give me one hour of his time. That's a lot of money, but it was the best money I've ever spent. He pointed me in the right direction and saved me hundreds of hours of research.

Because this doctor was a researcher and had looked into virtually everything available, I was able to learn exactly what my disease was, what it was prone to do, and what treatments were available—both traditional and non-traditional.

The first question I asked him was, "If your son had the cancer I have, what would you suggest for him?" He outlined what he thought I should do.

The specialist I sought was in New York City, but the right doctor for you could be anywhere. Over the last several years I've talked to doctors in Helsinki, Amsterdam, Paris, Jackson, and Atlanta. You must be aggressive about your own research in order to learn what you need to know.

Treatments Can Be Dangerous

Another thing I've learned is that some traditional cancer treatments are, in fact, very dangerous.

For example, most chemotherapies are systemic poisons. A percentage of people being treated for cancer die from the chemotherapy, rather than from the cancer itself. Although advances are being made with products known as "targeted chemotherapy" for some forms of cancer, most chemicals do not distinguish between diseased and healthy tissues. I'm not suggesting that chemotherapy is not the right treatment for your disease, but you need to educate yourself and weigh the choices very carefully. Remember that *you* are responsible for your own health.

I've taken a lot of alternative treatments. When doctors ask if I have clinical data on the results of the alternative treatments, I tell them that U.S. quality studies are not available.

Usually, traditional therapy doctors will then ask how I know an alternative treatment works and what percentage of the people who use it get well. That's a fair question, and often there is only anecdotal data available. The bottom line is that you must trust the doctors involved.

I've found that the data on many traditional treatments is pretty abysmal. With some cancers, a 10 to 15 percent

survival rate after chemotherapy is considered acceptable. I don't consider that a one-out-of-ten chance of surviving after treatment is very good. If that's the best available, fine, but I'll look for better odds if possible.

Radiation therapy for cancer is steadily improving, but there are more options than a typical radiologist at a small hospital knows about. There are therapies like the three-dimensional or stereodactic radiation, ultra high-speed radiation, proton beam radiation, and so on. The technology improves almost daily, and there is a large variety of new tools that allow the patients to receive minimal unnecessary exposure to radiation.

Your doctor may or may not know about these diagnostic tools. All physicians have to attend regular refresher courses, but you have no way of knowing if your doctor is a slow learner, a sleeper, very attentive, or out to lunch at those seminars. So it's important to research whether there are other options available.

Some Alternatives Do Work

Not every alternative therapy is a sham. The tendency in traditional medicine is to think that if it's not FDA-approved, it's worthless. That simply is not true.

The medical standards we have set in this country are costly in both time and money. Typically, it can cost tens

of millions to hundreds of millions of dollars to get a new therapy or drug through our FDA approval process.

In addition, the process often takes several years and all too often involves double-blind studies: to obtain comparison data, a ratio of patients are given placebos. Many physicians and patients (myself included) find this unconscionable. Only companies with access to huge amounts of capital can pay the price of FDA clinical studies.

Many companies in other countries either cannot or will not pay that price, including most Asian and European countries. That does not necessarily mean that the medicine they practice is second rate, and it doesn't mean that the therapies they're using are worthless. Generally, we would call most of their methods and therapies *alternatives*.

I investigate alternative therapies all the time. When I discover a therapy that I think may be beneficial to me, I set criteria before I consider using it. I will discuss those more fully in Chapter 5.

There are new therapies—vaccines, stem cell transplants, and so forth—that may be better than traditional therapies, such as chemotherapy. You owe it to yourself and your family to investigate.

The cancer death rate in our country is going down, but it is not because we have better cancer therapies; it's be-

cause we have better diagnostic tools that detect cancer at earlier stages, when it is easier to cure.

New therapies like vaccines and genetic modifications are under study, but they're not available to the vast majority of patients. Some of these new tools are in clinical studies that may take years or decades to complete. In the meantime, critically ill cancer patients who might benefit from some of these therapies will die. To me, this makes no sense.

Make It Legal

You can change the “system.” It’s a sad commentary on our society that in most states a 13-year-old girl can walk into an abortion clinic and get an abortion without her parent’s permission, and yet a 65-year-old man cannot get a cancer treatment because it hasn’t been FDA approved. Without this approval, most doctors cannot (or will not) recommend the treatment.

The state of Georgia and seven other states have changed the law. Now patients have access to alternative therapies, as long as a licensed physician administers them. For further information about this law, see “Other” in the Appendix.

As I said, it has been my observation that virtually everyone knows someone with cancer, and almost everyone

knows someone with a cancer that has been determined untreatable by traditional methods. These patients are considered terminal by medical standards.

That's why we helped to get the law changed in our state. At least there's hope where there was none before. Cancer isn't Democratic or Republican; it's a bipartisan issue. Don't ever presume that you can't change the *status quo*. Passion is the key to getting things done.

The Treatment Must Fit the Patient

I've discovered that, just as not all alternative therapies are worthless, neither are all alternative therapies worthwhile. I meet people all the time who think that alternative treatments are the only way to go and that doctors have some kind of conspiracy with the FDA and pharmaceutical companies to prohibit new cancer cures from being developed. That is nonsense! It is rare to find a doctor who doesn't want to help his or her patients. Most of them may not know as much as they could, but with rare exceptions they do want to help.

It's important for the treatment to blend with your personality. I met an excellent doctor from Helsinki, Finland who said he had developed a very effective treatment for the cancer I have. He sent me his therapy in two large boxes—enough to treat me for three months. After evaluating it, I

decided that it was much too complicated for my lifestyle. If I had dedicated myself to this doctor's therapy, I could not have continued to do what God called me to do, and that was unacceptable to me.

Even though he had clinical studies showing that in five years he had never lost a patient with my type of cancer, I passed it up. Why? It required a total life commitment that I was not willing to make.

The same thing can be said of some cancer diets. I have no doubt that many diets help those with cancer. But, to stay on most of these diets, you'd have to travel with a juicing machine; pounds of raw, organic vegetables; and a colonic machine. I decided, *If that's what it takes I can't do it.*

So I search for treatments that blend with my personality and lifestyle. I take good nutritional supplements, avoid most hormone-treated meats, drink ozonated water, and do an IV immune therapy twice a year.

Whatever therapy you decide on must fit *your* personality and *your* lifestyle, and everybody is different. My plan works well for me, but I'm not suggesting that you should follow my plan. I have found it beneficial, but it may not fit you.

If you have to dedicate your whole life to a therapy just to stay alive, you must decide if it's worth it. A 32-year-old mother with three children might be willing to do whatever

it takes. But for me—a 64-year-old guy doing radio broadcasts, teaching seminars, writing books, and traveling a lot—it's not worth it.

As I said, I watch my diet, take supplements, and use an IV therapy to try to keep my immune system strong. I can pack everything I need in a small bag that allows me to travel. Consequently, this matches my lifestyle and temperament.

It's Your Life

Remember, it's your life that's on the line. Your family doctor can treat you for colds and the flu, but when it comes to diagnosing and treating cancer you want the best specialist you can find. That's a must!

One of the other things I have found is that cancer tumors are relatively easy to kill. They are tenacious if not treated, especially if they begin to spread, but they can be killed easily if detected early enough.

One invasive radiologist I met has been treating cancer tumors with alcohol for years: he injects the tumors with an alcohol solution that destroys most of them.

Another physician I now have great respect for, Dr. Patrick Sewell at the University of Mississippi Medical College, does the same thing with cryogenics (freezing) or radio-frequency ablation (heat). I will discuss this therapy a little later in the book.

Control Is As Good As a Cure

One thing is for sure: If you live long enough, you're going to die from something. The object isn't necessarily to cure cancer but to control it so it won't kill you. Ignorance, indifference, and passivity will kill you if you ignore the symptoms of cancer.

People rarely have obvious cancer symptoms until very late in the progression of the disease—for example, when it attacks a vital organ. The key is to get regular check-ups and not ignore subtle persistent symptoms.

The Importance of Attitude

Charles Swindoll has said, “I am convinced that life is 10 percent what happens to me and 90 percent how I react to it. And so it is with you.”

Your *attitude* is very important. Since no one is going to live forever, what you strive to do is live as long as you can in reasonably good health—without fear. The more you worry, the greater the probability that you will not live as long as you could. Worry affects your spiritual well-being, as well as your immune system and your entire body.

Among my reasons for writing this book was not only to help you in your battle with cancer but to be sure

that you understand how I've been able to live without ongoing fear and anxiety.

“[Anxiety] is an emotion that a person experiences in the face of a perceived threat or a danger. . . . [W]hether the danger is real or imagined, the anxiety and all of its symptoms are absolutely real. . . . These feelings can burden the body until insomnia, lack of concentration, pain, and other problems result.”¹

In the New Testament, many encouraging Scriptures explain why we should not worry or be fearful. Unfortunately, even Christians ignore what may be the most well-known cure for anxiety, given by Jesus Christ in Matthew's gospel.

“For this reason I say to you, do not be worried about your life, as to what you will eat or what you will drink; nor for your body, as to what you will put on. Is not life more than food, and the body more than clothing?”

“Look at the birds of the air, that they do not sow, nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not worth much more than they? And who of you by being worried can add a single hour to his life?”

“And why are you worried about clothing? Observe how the lilies of the field grow; they do not toil nor do they spin, yet I say to you that not even Solomon in all his glory clothed himself like one of these. But if God so clothes the grass of the field, which is alive

today and tomorrow is thrown into the furnace, will He not much more clothe you? You of little faith!

“Do not worry then, saying, ‘What will we eat?’ or ‘What will we drink?’ or ‘What will we wear for clothing?’ For the Gentiles eagerly seek all these things; for your heavenly Father knows that you need all these things.

“But seek first His kingdom and His righteousness, and all these things will be added to you. So do not worry about tomorrow; for tomorrow will care for itself. Each day has enough trouble of its own” (Matthew 6:25–34).

If you are a Christian, there is nothing that should prevent you from accepting Jesus’ words as the absolute truth for keeping you free of anxiety and fear.

However, if you have never accepted Jesus Christ as Savior and Lord of your life, I want you to understand that there is no other way to God and eternal peace and joy except through Jesus.

So, whether you are reading this book because you are a cancer patient or because you simply want to know how you can help someone with cancer, I want you to know that the only way to achieve genuine relief from fear and anxiety is through God’s only begotten Son.

If you wonder how I came to that conclusion, it was through the Word of God. *“Jesus said to him, ‘I am the way, and*

the truth, and the life; no one comes to the Father but through Me” (John 14:6).

Right now might be the very best time for you to consider your eternal destiny. It could change more than your attitude.

God does not give us everything we want, but He does fulfill all His promises . . . leading us along the best and straightest paths to Himself.²

NOTES

1. *Worry Free Living*, Minirth/Meier.
2. Dietrich Bonhoeffer, German theologian (1906-1945).