

Some extracts of the book

**„Impulses for a New School of Thought in
Cancer Philosophy and Cancer Therapy“**

in English



**Anregungen zum
neuen Denken
in der Krebsphilosophie
und Krebstherapie**

Impulses for a New School of Thought in Cancer Philosophy and Cancer Therapy

Accompanying the book of the same title by Prof. em. Prof. Dr. med. habil. Karl Hecht,

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Enclosed: The table of contents of this book.

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Prologue

On December 23, 1971, a speech by then-President of the United States, Richard Nixon, marked the beginning of a world-wide campaign themed by his "declaration of war on cancer." **In science**, without particular scientific research to back this up, genetic research was proclaimed to be the focus of this "war on cancer." In the **therapeutic realm**, the development of new drugs that kill (destroy) cancer cells was, clearly favoring chemotherapy, put at center of the future "war on cancer."

In preparation of this action it was discussed "behind the scenes" how to control practitioners of alternative medicine [Yoda 2007] who obviously could have become a disruptive element in this fight against cancer. Those "declaring war on cancer" back then assumed that these practitioners were predominantly individualist, incapable of teamwork. Thus, it was to be avoided that these outsiders join forces [Yoda 2007].

Thirty-six years later, in 2007, the US National Institutes of Health published a report which showed that in the past 40 years no significant progress had been made regarding the most common cancers (those of the breast, lungs, prostate, and colon). Even earlier, in 1986, the US physicians Bailer and Smith wrote that "we are on the verge of losing the fight against cancer" after they had analyzed the development of tumor diseases in the US between 1950 and 1982.

According to G. Edward Griffin ("A World without Cancer") every third person today is to die of cancer, while physicians working with natural remedies are slandered. In Germany, the costs for treating cancer patients supposedly were 13 billion euros in 2004 and 14 billion euros in 2006 [Ehlers 2009].

Facts support the statement that the "war on cancer has not been successful yet." Wolsky [1978] spoke of a "Vietnamization" of the fight against cancer. (An allusion to the war the United States lost in Vietnam and that had swallowed incredible sums of dollars.) Over the course of these 40 years, physicians and therapists thinking and acting in alternative ways have been slandered and threatened with court action [Josef Issels 1982]. Berlin Nobel prize laureate Otto Warburg's hypothesis, that cancer is a metabolic disorder caused by weakened cell respiration, was concealed. Cancer screening is treated like a myth, but its benefit is critically discussed [Weymayr und Koch 2003].

I did not fully understand this obscure situation in the area of cancer research, cancer treatment, and cancer philosophy until I witnessed first hand, as an inpatient, how my roommates suffered from chemotherapy. Exactly 20 years ago, I was a urology inpatient at the Berlin Charité. During my stay, seven patients, one after the other, with testicular or bladder cancer who were given intravenous chemotherapy were placed, in the other bed in my room. Not long after the infusion had been started, these patients would groan, whimper, in some cases they also would yell and even begin lashing out. I tried calming these patients down. As I recall, it was worst during the nights. Even just holding their hands, as I did, would calm these patients down. As soon as I had returned to my bed, the groaning and whimpering would start anew.

As a physician, one needs to have experienced something like this, seven times, each time for twenty-four uninterrupted hours, in order to get an idea of such a

tortuous treatment. Is that, truly, human(e) medicine? As a physician, I am familiar with the tenet "primum non nocere" ("First, do no harm," directed at physicians). A physician is obliged to prevent injury. That is, what the Hippocratic Oath demands: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone."

In addition to the unbearable discomforts of the chemotherapy, these patients were affected by the torture of not being able to sleep, as well as their tormenting fear of cancer, associated with the fear of death. However, no physician and no nurse cared about that while the cytotoxine flowed into the patients' bodies with the infusion.

The fear of cancer today runs rampant among people like the fear of the Plague did in the Middle Ages. Is it not terrible that a young woman, for fear of cancer, has both her healthy breasts amputated, because a genetic test predicted breast cancer for her? [Evelyn Heag, Tino Heag: Oben ohne (Topless)“ 2009]. What kind of physician dares to do something like that? Which doctor is to guarantee that she will not develop some other type of cancer? Today, there is already a lot of critical writings about cancer therapy. But not everything is **dark**.

There also still are positive, optimistic aspects, namely the healing of cancer patients, the so called "spontaneous remissions" or "spontaneous healings." The most spectacular case is that of bicyclist Lance Armstrong: Having fallen ill with testicular cancer, metastasized into the lungs and brain, in 1996, he became healthy thanks to medical care, his strong will, and mental guidance. As early as three years after his cancer diagnosis, in 1999, he won the world's hardest stage race, the Tour de France, after 3,000 kilometers of bike riding. He went on to win this race seven times in a row (1999-2005).

Thus, it is possible to heal cancer patients. How? That is what I would like to show in the following.

For over 30 years now the Australian veterinarian Jan Gawler [2001/1985] has lived a healthy life. Thirty years ago, he fell ill with bone cancer, with significant outgrowths all over his body. The physicians predicted that he would have only a few months to live. As he knew how to meditate he decided to spend the rest of his life by meditating several hours a day, so he would experience inner calm and be at peace with himself. Within one year he became fully healthy again. The bony outgrowths disappeared completely.

Eleven-year old Garret Porter fell ill with a brain tumor. Physicians deemed him incurable. Psychologist Dr. Patricia Norris cared for this boy and practiced visualization (mental imagery) with him. One year later, the brain tumor was no longer detectable by computed tomography. Garret Port continues to live his life as a fully healthy human being [Norris und Porter 1989: „I Chose Life“].

The US American physician-psychologist couple Carl and Stephanie Simonton has had amazing results with visualization (mental imagery) in cancer patients that had been given up by conventional medicine as "incurable" [Simonton 1994 „Getting Well Again “]. And there are other gentle, successful cancer therapies as well.

I have numerous results from studies available to me stating that the application of natural siliceous clinoptilolite-zeolite may completely eliminate tumors in cancer patients. This natural mineral which I have been taking daily for as much as ten

years has anti-oxidative, anti-inflammatory, antibacterial and antiviral effects as well as a detoxifying function based on ion exchange and adsorption. After the reactor catastrophe at Chernobyl this has proven successful in the elimination of radioactive nuclides, saving the lives of many people and protecting them from tumors.

Published reports of spontaneous remissions (spontaneous healing) in cancer patients are rather numerous. Why, then, does cancer research not care about this issue? Is it that spontaneous remissions (self-healing) officially are not allowed to exist? The use of this term in the context of a synergy therapy for cancer patients [Rost 2008] had to be battled over in court. Where is the freedom in practicing medicine, if the judiciary determines what doctors are allowed to do? It is important to know that the term self-healing has been used even by Hippocrates and, e. g. Nobel prize winners Albert Schweitzer and Ivan Pavlov.

There is one thing that medicine really needs to understand today in order to actually win the fight against cancer: Human beings are, first of all, more than the sums of their parts, and secondly, they are special beings with specifically human characteristics, such as a spirit and emotions (feelings), a will and convictions, faith, beliefs and hope, creativity, intuition etc. In pathogenesis, diagnostics, and therapy it ought to be impossible to simply ignore these and other, similar, characteristics that represent what is truly human in humans. However, this ignorance is the basic principle of today's conventional medicine, which goes back to René Descartes (1596-1650) who hypothesized that humans comprise a mechanical-material body (which is the object of the sciences) and of a bodiless soul that eludes scientific study.

If one finds that a modern safety lock cannot be opened with an ancient key fitting a castle gate, it is only logical to use the key made for the modern safety lock in order to open it. Yet, medicine does not take this logical step and instead keeps trying to treat humans with Descartes' hypothesis of 350 years ago, and to repair defects, i. e., symptoms.

In the interest of the patients we are responsible for, we need to break with the old paradigm (the castle gate key) and introduce a new one (the modern safety lock key). There already are some initial approaches to a new paradigm. One ought to try and learn about it, and to use it. In this book I will show in a scientifically sound way how important it is to treat any patient, but in particular cancer patients, as holistic, human beings who are able to think, feel, believe, and hope.

Humans are able to consciously control their bodily processes by means of thoughts, emotions, and willpower. Everybody knows that situation when you feel a strong urge to urinate or empty your bowels, but there nearest bathroom is half an hour away. Using concentrated willpower it is possible to reach that goal with dry pants. In the same way humans are able to use positive emotions, strong willpower or meditative breathing in order to activate natural killer cells so they will destroy the cancer cells. However, if humans are in a state of fear, these natural killer cells are disabled by stress hormones (cortisol).

Humans are capable of even much more. Meditative breathing, meditation, visualization (mental imagery), autogenic training, yoga, etc. allow humans not only to influence cells, but to release certain substances that may have drug-like effects on the cells. These substances are called neurotransmitters or neurohormones, neuropeptides, messenger substances or information

substances. Some readers will know about endorphin. This endogenous morphine, e. g., is able to ameliorate pain, to calm down, or to induce sleep. Humans have at their disposal an “endogenous pharmacy” that they can access at anytime, free of charge. These endogenous substances have no undesirable side effects and do not torment the patient. All a patient has to do is to activate them. The molecules of emotions [Pert 2007] will take up a lot of room in this book.

There also are other good aspects of cancer therapy and cancer philosophy. I would like to illustrate them in these writings in order to stimulate new ways of thinking.

In studying the literature I found that there already are numerous alternative therapists. Most of them are “lone wolves,” and they all swear, with good reason, by their individual method. Therefore, not much has changed, or was allowed to change, regarding this individualism since 1971. A coming-together of all alternative therapists might be very useful for cancer patients.

There is hope, though, e. g. in the United States, where physicians have joined forces who, on a scientific basis, ground their treatment of cancer patients in psychoneuroimmunology, achieving good outcomes. From my point of view, this currently is the correct and best way in order to be victorious in the “fight against cancer.” For Germany, Ronald Grossarth-Maticek is to be mentioned, who for decades has shown in his studies the dominant functional role of the human brain and of self-regulation for the development of cancer [Grossarth-Maticek 2003, 2008].

Personally, I view cancer as a chronic dysregulation of the psychoneurobioimmunologic processes affecting the entire person, in which a tumor may develop in the connective tissue (basic substance of the extracellular matrix) due to the imbalance of the functions of growth and inflammation neurotransmitters. Nobel prize winner Otto Warburg in my opinion was on the right track when he characterized cancer as a metabolic disorder as early as in 1924. Primarily, this dysregulation is induced by a wide variety of environmental toxins and the inadequate life style of today's human beings. Genetic factors play only minor role, as real scientific work has shown.

I would like to stimulate a new way of thinking in cancer philosophy and therapy, leading into this direction, and, of course, others as well. Whoever considers thinking a pleasure as described by poet Bertolt Brecht, will certainly derive some of this pleasure from reading this book and will be able to arrive at her or his own conclusions.

Cancer, a Psychoneurobioimmunologic Dysregulation, Caused by Environmental Factors and Life Style

According to current scientific knowledge, I define the disease of cancer as follows:

Cancer is a chronic psychoneurobioimmunologic holistic dysregulation that develops in a person over a long period of time (up to several years or even decades), the main causes of which are to be found in harmful environmental conditions and in the modern human life style that is in part self-chosen and in part dictated by society.

According to current scientific knowledge, it is not so much genetics but rather epigenetics that play a role on causing cancer, and cancer is by no means a local disease originating from a single cell or from stem cells, but rather a dysregulation that has its causative origin in the connective tissue controlled by the autonomic nervous system. Because the connective tissue, at the center of which is the basic substance of the extracellular matrix, structurally and functionally extends throughout the entire body, it serves to explain the occurrence of metastasizing. Of major importance for the development of cancer (and, indeed, any disease) are the psychonervous functions that are inseparably associated with the immunological functions based on a neurotransmitter system of immeasurably rapid reactions. (There is already talk of neurotransmitter medicine [Pert 2007].) Emotions (feelings) as inseparable body-soul-mind functions take center stage in this. Feelings are reflected on the molecular level [Pert 2007]. Therefore, the coaching or training of feelings from childhood on, as well as the development of a comprehensive emotional intelligence [Coleman 1996] should be a mainstay of cancer prevention and also of the treatment of cancer patients.

Like any other chronic disease, the disease of cancer can be affected by the self-healing system [Becker R. 1994], which absolutely needs to be supported as part of the treatment. Thus, cancer is not to be accepted as an incurable disease. It is about time to abolish this dogma of fate-based ill-being, and to relieve people of the "fear of cancer."

Revolutionary changes are needed in cancer diagnostics, e. g., the use of electrophysiological procedures that allow the assessment of the functional dynamics of neurotransmitters and immunologic parameters.

Suggestion for a Complex Therapeutic Programs for Patients with Psychoneurobiological Dysregulation (Cancer Patients)

I would like to illustrate the major discomforts of cancer patients and the associated possible therapeutic measures using two diagrams.

For these diagrams I have used a holistic approach that is to be taken into consideration with regards both to signs and symptoms and to treatment recommendations. Thus, it is not about doing one or the other, but about approaching all of the factors listed in an integrative and complex manner. The diagrams are not intended as dogma, but to provide appropriate orientation. Supplementing them with, e. g., acupuncture and other commonly used alternative therapies is possible and desirable.

We need to assume at all times that a patient is a person, and that medicine is an individualized discipline. Patients' wishes should be taken into consideration.

What do tumor patients wish for?

- Healing, cure
- Attention (not sympathy) from physicians and medical staff, as well from the people around them
- No pain
- Good sleep
- Relief from fear and depression
- A humane, gentle treatment
- Mental and emotional strength
- Physical strength

As the diagrams show, active participation, a positive attitude and faith in a cure of the disease are absolutely mandatory.

Discomforts, signs and symptoms

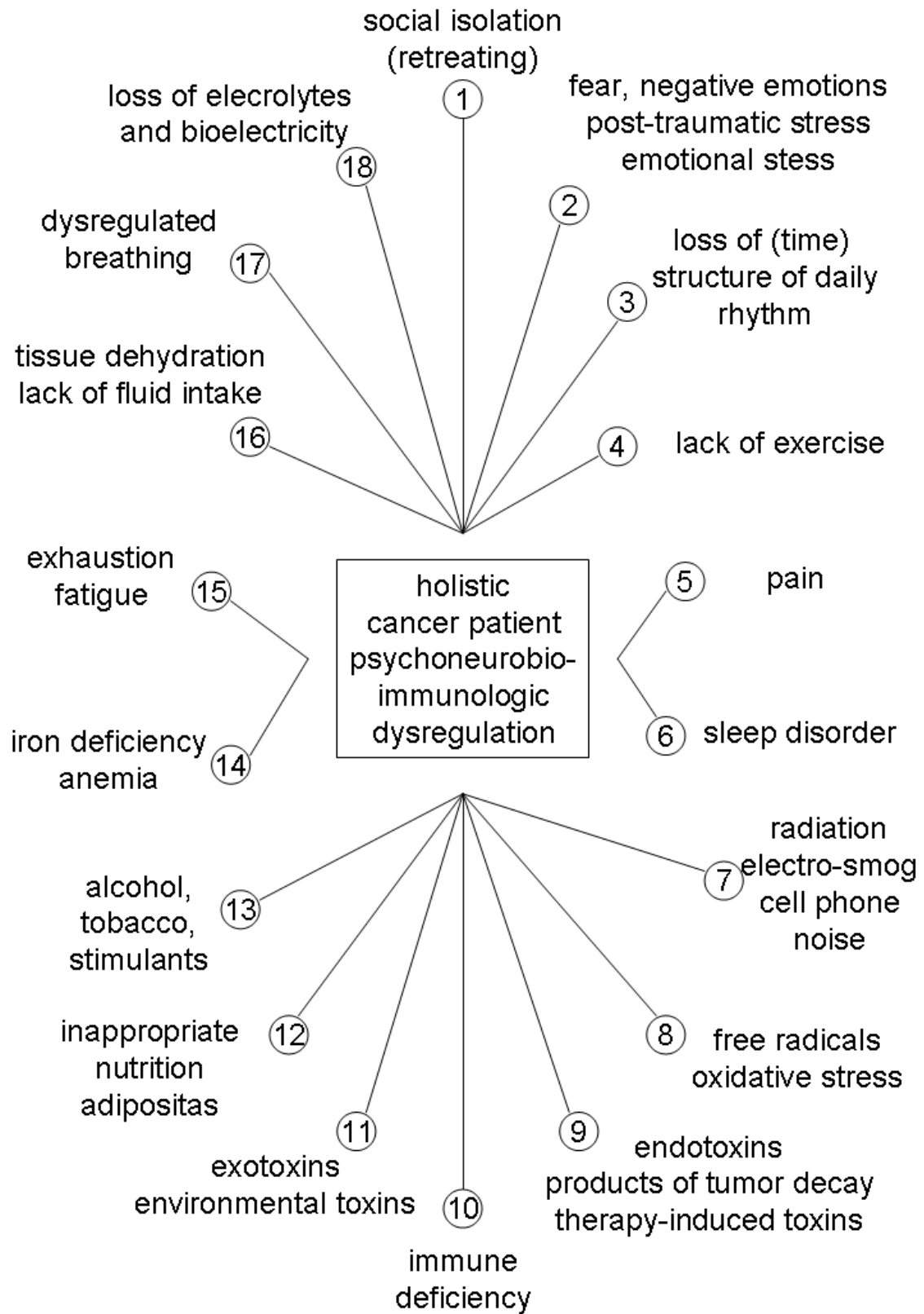


Figure 1: Which factors are to be taken into consideration in planning the complex treatment of a cancer patient?

What can the cancer patient do?

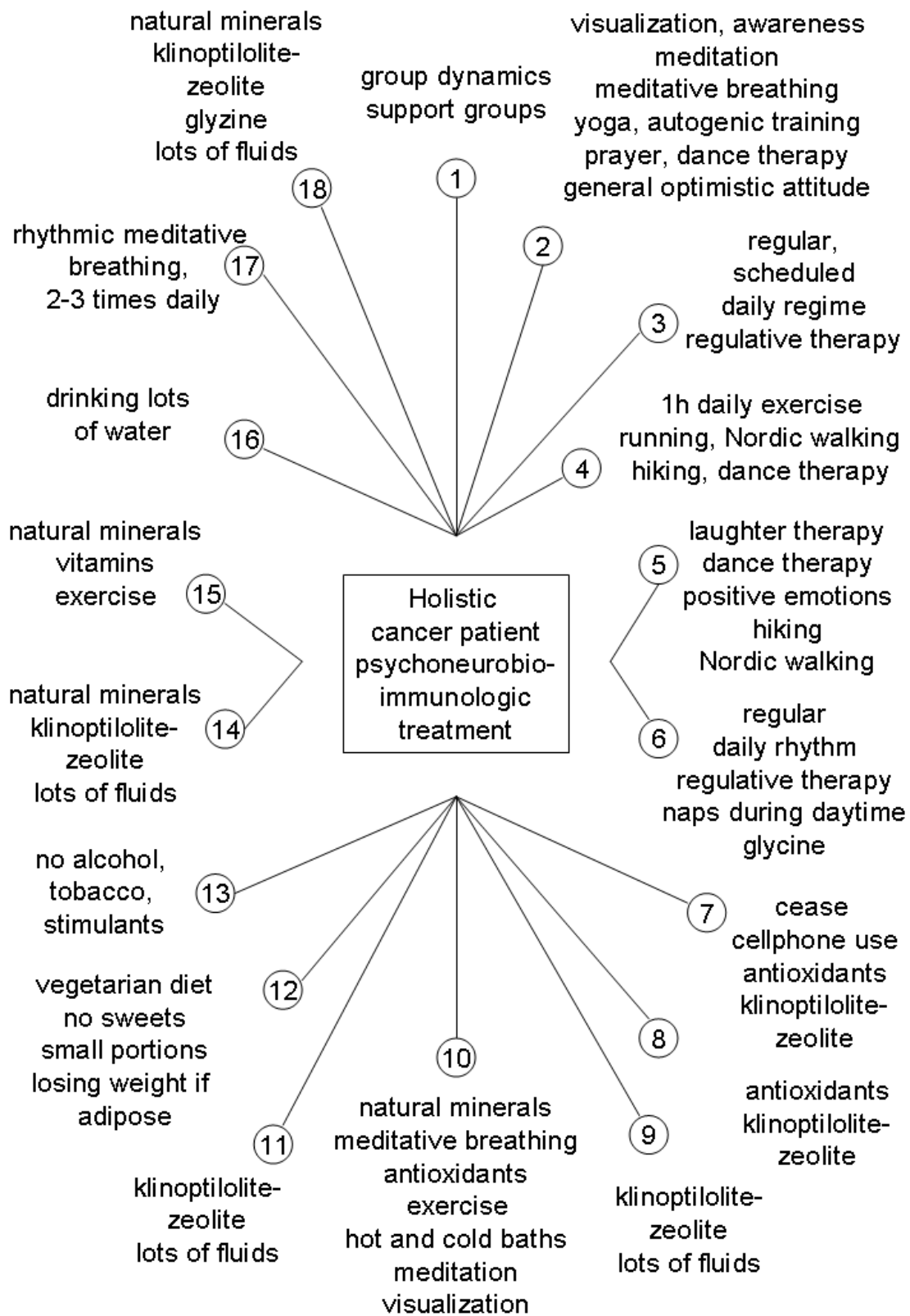


Figure 2: Given the existing disruptive elements, what can be done to eliminate them?

Impulses for a New School of Thought in Cancer Philosophy and Therapy—Some Theses

In concluding this book I will briefly present the major new scientific findings regarding cancer philosophy and cancer therapy. The theses postulated here have been discussed in detail in the previous chapters, where they also have been annotated with references from the international literature. They are, therefore, hard facts, not speculations.

The fact that I have divided the following into 35 theses for better comprehension does not mean that I advocate them separately. Rather, I view them as integrated into an indivisible synergism.

1. In most cases, a diagnosis of cancer (“You have a tumor!”) to the diagnosed will mean a psychosocial crash comparable to a fall from a high mountain into a deep crevasse inaccessible to any helpers. At this point, one is overcome by incredible fear. In the setting of cancer, this fear resembles a shaman’s voodoo sentence causing death by curse. Members of certain tribes still living, e.g., in Oceania, are so deeply rooted in their beliefs that they will die of fear within 24 hours of being so cursed with signs, words, or rituals. The deeply rooted belief of modern humans that cancer itself is a death sentence may lead to death sooner than the disease itself. This is a nocebo effect.

Herbert Benson [1996] worked on cases of violent crime in which the victims had died without any signs of injury. They died merely because they were so scared of being killed by a violent criminal. The same situation has been described by Bruce Lipton [2007].

2. Many people are tremendously burdened by this fear of cancer that has evolved into a special direction of disease and which, of course, will not positively influence the processes of healing (negative emotions). Unfortunately, this fear of cancer is stirred up frequently in our society, with the mass media often boosting it even more. Quite a few people are seized by panic and driven to action without reason. In her book *“Oben ohne”* (Topless), Evelyn Heegs, whose mother, two aunts, and one grand aunt have died of breast cancer, writes about her decision to have both of her healthy breasts amputated. Based on a questionable genetic test she had received the prognosis that her chances of developing breast cancer as well were 80 %. In order to lower this risk, she decided to have both her **healthy** breasts amputated. From my point of view a terrible decision. Who is to guarantee that she will not develop some other type of cancer? **The Hippocratic Oath says: “In purity and holiness I will guard my life and my art. I will not use the knife.”** Another patient, whose friend had died of leukemia, was so gripped by fear of cancer that she developed chronic difficulties in falling asleep. As is commonly known, due to a lack of sleep this may result in a weakening of the immune system, leading to cancer or other chronic diseases.

Fear will kill us [Lipton 2007]. Fear continuously puts us in a state in which a sprinter finds himself as he is listening for the “ready—set—go” command. In case of the sprinter, as soon as the start signal sounds, this alert state is

transformed into action, resulting in relief. Living in a perpetual state of fear or stress means living constantly at the ready for action, but without this state ever being transformed into activity. As a result, the entire body is flooded with stress hormones that in turn will have harmful effects. For healthy people, therefore, the fear of cancer increases the risk of developing cancer, and for cancer patients it increases the risk of worsening health.

Physicians following a holistic, psychoneurobioimmunologic approach suggest that a patient's fear of cancer has to receive priority treatment because it otherwise may likely inhibit the process of healing. Unfortunately, this suggestion is not adequately followed. In addition, it is important to spread the message to as broad an audience as possible that given our knowledge today, cancer patients may indeed regain their health and that, therefore, the burdensome fear of cancer is uncalled for. However, cancer patients also have to be informed of the fact that any treatment that is to be effective will require them to become active. Remaining passive and succumbing to fate has been shown in relevant studies to shorten one's life.

3. The second burden that comes with a cancer diagnosis is loneliness and social isolation. Loneliness will foster fear, and fear will foster loneliness. In his anti-cancer book, the physician Servan-Schreiber [2007] impressively describes how he felt after receiving his diagnosis of cancer, and how he was excluded from society:

"I chanced upon a gray world in which patients had no degrees, no qualifications, no profession. No-one here cared about what one did for a living or what one was thinking about."

"All of a sudden I felt as if there was a club of the living, and that it had been made clear to me that I no longer was a member. And then I became afraid: afraid to be classified in a different category, in the category of people who define themselves through their disease. I was afraid of gradually becoming invisible. Afraid of ceasing to exist even though I was not dead, yet."

This example shows how cancer patients will be "excluded" from society as condemned men and women, whether they agree or not. The result is loneliness and isolation of those affected. Berlin-based physiologist Karl August Kirsch has demonstrated the physiological reflection of lonely people in connection with social isolation. He strongly suggests that clinical medicine finally pay attention to the long-neglected syndrome of isolation, often coupled with loneliness and helplessness, and draw the appropriate consequences.

Loneliness and helplessness are potent stressors that may result in a high risk of developing cancer, and that in cancer patients may foreshorten life. Therefore, no cancer patient should be allowed to feel lonely. All cancer patients ought to receive **sufficient medical care, but not pity.**

4. "Men ask in their prayers for health from the gods, but do not know that the power to attain this lies in themselves." These words were written by the Greek physician and philosopher Democritus (460-370 BC). The purpose of my book is to provide guidance on learning to take control of one's own system of self (or spontaneous) healing by acquiring real knowledge, and

thus to protect oneself against cancer or, if already afflicted by cancer, to overcome this disease. This is no hollow comfort, but reality.

I have in my possession at least 20 scientific publications by physicians that show that so called spontaneous remission or spontaneous regression or spontaneous healing actually has happened, will happen again, and, therefore, is possible in every hopeless case. Conventional medicine denies or doubts this fact, even though it has reproducibly been proven by US-scientist and professor Zhen Cui in animal experiments. An example of the fact that it is indeed possible not only to recover from cancer, but to accomplish outstanding achievements afterwards is the American bicyclist Lance Armstrong. Having developed testicular cancer with metastases in his brain and lungs he recovered thanks to his willpower and hope, his mental training, to helpful mental support from physicians and psychologists, good care and regular physical training. Soon after, he won the hardest bike race of the world covering more than 3,500 km (2100 miles) in several stretches—for a total of seven victories. Similar achievements basically are possible for anyone with cancer.

5. “Heaven has given human beings three things as a counterbalance to the many troubles of life: hope, sleep, and laughter.” (Immanuel Kant 1724-1804) As a fourth “thing” I would like to add faith. This “quartet” of faith, hope, laughter (positive emotions) and sleep should form the pillars of recovery for cancer patients.

As early as about 2,400 years ago, Hippocrates (460-370 BC) realized this and came up with the following theses: “The progression of disease is largely determined by how the patient mentally reacts to the disease,” and “Even a patient who is already bearing the stamp of death may recover through faith in the physician’s skills.”

I would like to add to this: Faith in the physician will be effective if the physician understands psychoneuroimmunology, i.e., the holistic aspect of humans, and if the physician views the human being in its unity of body-mind-soul (emotions). But faith in one’s own powers of self-healing, in oneself, or even in God, may help to overcome cancer as well.

6. Self-healing (or spontaneous healing) and the powers of self/spontaneous healing are a proven reality. The following Noble prize winners pointed to this fact:
 - Jungle doctor Albert Schweitzer (1875-1965): “We physicians do nothing but support and encourage the doctor who resides within the patient. Healing is self-healing.” And
 - the Russian physiologist Ivan Petrovich Pavlov (1849-1936) stated at the conference of the Academy of Military Medicine in St. Petersburg in 1885 that “the unusual stimuli, that appear as pathogenic causes, at the same time also are triggers for the protective mechanisms of the organism that will take up the fight against these pathogens.”

Thus, Pavlov provided the basis for the term sanogenesis (development of health) as the counterpart to pathogenesis (development of disease). The American physician Robert Becker describes the neuropsychophysiological system of healing which he refers to as “epineural direct current control


system.” Neuropsychimmunology (or, when focused on sleep, somnoimmunology) has been solidly established in international medicine for about 30 years now and has created the basis on which we today know that mental processes such as faith, hope, and laughter are capable of consciously and unconsciously controlling the immune system via neurotransmitters (neuropeptides). Wehrkamp et al. [2007] pointed out that humans have endogenous “antibodies” that can be detected as “peptides.”

Spontaneous healing or self-healing frequently is treated condescendingly by those trained in conventional medicine, or even arrogantly declared as “esoteric.” The German justice system seems to have a better understanding of it than even some physicians. Professor Jürgen Rost of the University of Kiel who successfully practices a holistic therapy he refers to as synergetic therapy, and which is centered on the concept of spontaneous healing, reports on the following decree by two courts of law: “Accordingly, as early as May 27, 2004, the higher administrative court of Lüneburg had irrevocably awarded synergetic therapists and profilers professional status and, consequently, preliminary legal protection under article 12 of the German constitution On July 5, then, the Bavarian administrative court defined synergetic therapy as a “method of self-realization, self-modification, and, based on this, self-healing..., that does not differ from psychiatric or psychotherapeutic treatments or treatments conducted by natural healers in any basic way but only gradually,... as a kind of homeopathy-like psychotherapeutic procedure.” [Rost 2008]

Therefore, the claim that cancer cannot be cured is unfounded. As the scientific evidence shows, cancer patients just like any other patients, can be cured. However, to achieve this, a proper therapy matched to the individual is required. For a cancer patient, this might be, e. g., the holistic body-mind-soul program by Ornish and Spiegel, or the synergetic therapy by Rost and others. “Self-healing” is possible if one adjusts to a certain life-style.

7. What is cancer? “Cancer” is a disorder that affects the entire person and that is caused by dysregulation (impaired regulation) of the psychoneurobio-immunologic functional system.

In no case is cancer a local disease of the body region in which the tumor is located. This is evidenced by symptoms such as the following that can be found in any cancer patient.

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Fear • Loneliness • Depression • Hopelessness • Sleep deficit • Fatigue |  <ul style="list-style-type: none"> of dying of pain of burdensome treatments of surgery and anesthesia | <ul style="list-style-type: none"> • Iron deficiency anemia • impaired time structure • Pain • Mineral deficiency • Vitamin deficiency • Lack of physical activity • Chronic inflammation |
|--|--|--|

The psychoneurobioimmunologic regulation reflects the integrality of man as a personality, respects the uniformity of psychobiological processes, and

prohibits the division of diagnosis and therapy into "soulless bodies" and "bodiless souls" (Üxküll) in the way that currently is practiced in medicine and psychology on many occasions.

8. Emotions, also referred to as feelings or soul, constitute, next to memory, the most important function of the human brain. Emotions reflect down into the biomolecular regulatory realm, with neurotransmitters (neuropeptide-receptor function) factually being the material substrate of the mentally experienced emotions. Thus, it is also proven that true scientific knowledge prohibits the division into body and mind (soul) (Pert). In fact, such a division ought to be called unscientific.
9. This undeniable fact evidences and requires, that humans are capable of activating natural killer cells in the fight against cancer cells, and of releasing those neurotransmitters (neuropeptides) inside the body, that trigger positive emotions and stump out negative ones. All this by means of visualization, meditation, meditative breathing, autogenic training and similar methods. The mind controls the body [Lipton 2007].
10. In conventional medical concepts the element of the psyche is excluded, ignored, and only the body is treated. This concept has been criticized as early as by the Greek philosopher Plato (427-347 BC) because even in his day and age some groups of physicians ignored the holistic approach. He stated: "For this is the great error of our day in the treatment of the human body, that physicians separate the soul from the body." "But it is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also; for the part can never be well unless the whole is well."

This is true in particular for cancer patients. The exclusion of the psyche and the treatment of the body alone as practiced today by conventional medicine have their roots in the teachings of René Descartes (1596-1650). The French philosopher postulated about 350 years ago that humans consist of two independent "existences:" 1) of a material, mechanically functioning body and 2) of a bodiless, immortal soul. From then on, physicians focused solely on organs and tissues, ignoring the essence of us humans, our mind and emotions, without which the body is not even able to function at all. This one-sided and simply unacceptable hypothesis is even reflected in the German constitution, which legally protects only our freedom from bodily harm, but not that from mental or emotional harm.

For cancer patients, this one-sided attitude of their physicians may turn into tragedy. For it means that they will be offered the therapeutic quartet of surgery, chemotherapy, radiotherapy, and hormone therapy. This is equivalent to the servicing of an engine or a car. However, to give credit to holistically thinking physicians it has to be noted that in some clinics psycho-oncology is gaining more and more acceptance.

11. Emotions and emotional intelligence are of utmost importance for people who are ill. If positive emotions are dominant, this is equivalent to a positive basic attitude of a person. It supports good health and is seen as an important part of prevention.

If negative emotions are dominant, if emotions are inhibited and suppressed, this is equivalent to a pessimistic basic attitude. It stimulates stress hormones and slows down the processes of the immune system. It promotes the development of diseases, delays healing processes and results in depressive moods and sleep disorders.

12. Stimulating positive emotions through joyful and fun group dynamics, through listening to and making music, through singing, laughter therapy and optimistically engaging in everyday life, as well as through willpower and the determination to be or become healthy, as well as through visualization, meditation and similar techniques are important factors with a healing effect, in particular in case of malignancies. Positive emotions stimulate the immune system, e.g., the activity of natural killer cells that will destroy cancer cells. Undeniably, emotions control bodily processes.
13. Psychoneuroimmunologic dysregulation is also caused by the effects of chemical and physical environmental factors, by distress and dominant negative emotions, as well as by an unphysiological lifestyle.
14. Particularly important among these disease causing harmful factors are chemical toxins in air, water, and particularly in food. These include heavy metals, pesticides and plant growth factors as well as the many polychlorinated biphenyls (PCB), phthalates, perfluorochemicals, and soot particles from traffic emissions. All these substances lead to a slow poisoning both of large segments of the population and of those in government and administration. According to investigations by the European section of the World Wide Fund for Nature (WWF) of blood and urine of 39 members of the European Parliament and of 14 Ministers of Health of various European countries in 2004, the following were found in the 53 subjects:
13 chemical residue products of phthalates and perfluorochemicals as well as 25 pure chemical substances, of which were
 - 1 x flame retardant
 - 2 x pesticides
 - 22 x PCB (polychlorinated biphenyls)

Thus, it is inexplicable why the European Parliament's decision of January 15, 2009, to prohibit the use of toxic pesticides was made in such a weak form: It was decreed that of 20 such substances, the production and use of 2 is to cease by the end of the year, and the other 18 are to be phased out over decades. Obviously, economic considerations here irresponsibly took precedence over health considerations.

15. All environmental toxins cause more or less intense inflammation responses in the human body. It is considered proven that such toxins suppress anti-inflammatory neurotransmitters and neuropeptides while promoting pro-inflammatory neurotransmitters and neuropeptides which in turn flood the extracellular matrix. As a consequence, inflammation becomes chronic and results in vegetative regulatory rigor which forms the basis for precancerosis, from which in turn tumors may develop over 2 to 10 years.
16. Thus, environmental toxins cause inflammation from which tumors may develop. Therefore, there are no primary carcinogenic substances, about which there is, ridiculously, so much written and into which so much "research" is conducted. Rather, there are pro-inflammatory substances that

non-specifically irritate the basic substance of the extracellular matrix, and cause dysregulation resulting in blocked regulation of the vegetative system which in turn *de facto* is a form of precancerosis. Only then is the development of cancer possible, which may take 2 to 10 years.

17. The same process that is triggered by chemical pollutants is also initiated in the extracellular matrix by ionizing and non-ionizing radiation, in particular by high frequency EMF radiation.
18. Because of their inflammatory precursors, tumors have been characterized as wounds that will not heal. Virchow describes neoplasias (cancer) as “attempts at healing a wound that have gone off course,” with inflammatory processes in connective tissue having a permanent dysregulating effect.
19. The hypothesis that a malignancy is formed from one particular cell or from cancer stem cells is an unrealistic one, one that has been made into a dogma, rendering the problem of cancer insolvable.
20. Cancer always starts in the connective tissue (Virchow), and, as we know today, in its liquid part, the basic substance of the extracellular matrix. Where Rudolf Virchow is quoted by some scientists on the topic of cell-based carcinogenesis his idea of cellular pathology is wrongly interpreted. One cannot help but suspect that these authors have never read the original book by Rudolf Virchow.
21. Hereditary and genetic factors play only a limited role (5 % to 15 % at most) in cancer development. This proven scientific finding topples another dogmatic bastion of today’s cancer research (that used up a lot of money) that also has made the problem of cancer unsolvable to this day. **Genetic researcher Friedrich Cramer [2001]: “Genetic research is following a false approach. The promises made by genetic researchers are almost criminal.”**

Just how correct Friedrich Cramer is, is demonstrated by a 2007 report published by the US National Institutes of Health (NIH). According to this report, the survival rates for the four most common types of cancer (lung, colon, breast, and prostate) have not been improved over the past 40 years.

22. So called spontaneous remission or spontaneous regression—more aptly termed self-healing—is more frequent than experts care to admit. However, it is given little or no attention.

In various places, but mainly in the U.S., non-oncologist have used a body-mind soul-program to heal cancer patients or significantly extend their lives at a high quality of life, compared to those not in this program. The program includes meditation, meditative breathing, autogenic training, visualization, yoga, administration of anti-oxidants, lifestyle and dietary changes as well as the development of a communal living approach.

Cui has created an animal experimental model of spontaneous regression that provides a scientific basis for and confirmation of self (or spontaneous) healing.

23. Permanent distress, also in the form of negative emotions (fear, anger, inhibited and suppressed emotions etc.) is equivalent to the health risk incurred by smokers [Benson 1996]. In case of distress, tissues are flooded

with stress hormones such as cortisol and endorphin, weakening the immune system. Thus, the natural killer cells are hindered in their activity and the helplessness syndrome is triggered. This will release pro-inflammatory information to the extracellular matrix. It is then followed by the previously mentioned chain reaction: chronic inflammation → blocked regulation of the vegetative system → precancerosis in the extracellular matrix and eventually a possibly tumor development.

Thus, measures for countering distress should be part of any cancer therapy. Such measures may include meditation, meditative breathing, visualization, but also physical activity (hiking, running) and group dynamics.

24. In all cancer patients there is oxidative stress, i.e., a surplus of free radicals, due to the formation of endotoxins by inflammatory processes and due to degradation products of the tumor. Chemotherapy and radiation therapy also contribute to the formation of free radicals. Free radicals are aggressive oxygen compounds.

Why are they formed? Under certain circumstances, these aggressive oxygen radicals (such as superoxide anions, perhydroxyl radical, hydroxyl radical, hydrogen superoxide) are needed inside our bodies, e.g., to fight pathogens (bacteria). However, if enzymatic regulation is disrupted, e.g., by environmental toxins, these oxygen radicals are produced in excessive amounts, becoming toxic for the human body. If this is a permanent situation, it may soon lead to premature aging of the extracellular matrix and premature aging in general (we are as old as our extracellular matrix).

In cancer patients, excessive amounts of free radicals will impair the activity of the immune system. They promote inflammatory processes and stimulate tumor growth. Thus, anti-oxidative treatments are essential components of any cancer therapy. Substances with anti-oxidative effects include vitamin E, vitamin C, selenium, magnesium, and in particular those natural minerals that are rich in silicon dioxide, such as klinoptilolite-zeolite and montmorillonit.

25. Based on my experience I prefer the SiO₂-rich natural minerals klinoptilolite-zeolite and montmorillonit in combination with lycopene, betanin, spirulina, and glycine over the many other anti-oxidants. Up to 10 grams daily, spread out over the day, can be administered without side effects or any risk of overdosing. (But please ask your practitioner whether this applies to your specific case. Any treatment should be on an individual basis.)
26. Humans are electric, electrolytic, and magnetic beings. Everyone knows about the measuring of electric potentials in ECGs and EEGs. Just as electricity is the all-important carrier of energy in technology, bioelectricity fulfills this role in the processes of living energy. Clinically, death is determined by the “turning off” of the brain's electric potentials. Electrolytes, i.e., minerals practically are the substances that feed and recharge the electrical bio-battery of humans. Because cancer patients usually lack minerals, they absolutely need to take mineral supplements (but, please, not those you buy at the supermarket). The SiO₂-rich minerals mentioned above usually provide all other elements as well (approximately 30). This is another reason for cancer patients to take klinoptilolite-zeolite and montmorillonit. Unfortunately, many physicians reject this application in cancer patients due to a lack of understanding. In addition, klinoptilolite-zeolite and montmorillonit

are capable of extracting toxins from the human body [Hecht and Hecht-Savoley 2007/2008].

27. Good quality sleep is an essential factor in preventing malignancies because it strengthens the immune system. Today, somnoimmunology (immunology of sleep) has become an important medical subspecialty that **has** to be given more attention, in particular when treating cancer patients. However, healthy, good quality sleep cannot be achieved by taking sleeping aids (hypnotics).

Chronic sleep disorders increase the risk of developing cancer. However, sleep disorders are particularly common among cancer patients. Of all drugs that cancer patients receive, 40 % are hypnotics (sleeping aids). They usually are potentially addictive, have undesirable side effects, and tend to worsen disease progression rather than to improve it, because natural sleep cannot be achieved taking them. Glycine and the SiO₂-containing natural minerals, on the other hand, are helpful.

28. Just as good quality sleep is part of being healthy, so is the process of one's inner clock being "on time." Keeping with a regular rhythm of sleeping and waking periods, and taking regular meals, can significantly contribute to healing. In older people, a breaking up of the daily structure of time can be seen. This speeds up the aging process. In cancer patients as well this breaking up of daily time structures occurs, inhibiting the healing process unless corrected.

Albert Einstein is said to have suggested that "all life is rhythm," and this is true in particular for cancer patients. Regularity and rhythm preserve health and help regain it. A deterioration of the daily time structures has to be avoided at all cost. This ought to be a basic principle of any cancer therapy. Those working across different shifts have a fourfold risk of developing cancer compared to those working a single shift.

29. As early as in the 19th century, the French physician Tissot wrote: "Physical activity may replace any drug, but no drug can replace physical activity." Physical activities such as running, walking, hiking, Nordic walking, swimming, rowing, biking, and also dancing are disciplines suitable for maintaining good health. These types of sports, if practiced regularly, stimulate transmitters with positive effects, such as dopamine, glycine, endorphins. It recently has been shown that physical activity stimulates re-growth of neurons in the brain until old age. When searching the literature I was surprised by the large number of studies demonstrating that regular physical activity plays an outstanding role in the healing of cancer patients. Cancer patients ought to try to be physically active for at least one hour every day.

30. Since thousands of years water has been known as a curative. Older and sick people have been known to be drinking too little. This leads to thirst in the cells and to deformation and inflammatory processes in the tissues. Thus, drinking sufficient amounts is very important for cancer patients, because it also may help to "rinse out" toxins. However, it also matters what they drink. Water is best, because drinking it also has great curative powers. It may mitigate pain and inflammation, speeding up healing processes.

The human body is about 75 % water and about 25 % solids. The human brain is an organ consisting of 86 % water. It is very sensitive to water deficiency. Water is an electrolytic fluid. Water is not a neutral fluid. The ion composition of water may vary greatly. Water is a living, natural substance. Water is a curative agent without undesirable side effects.

31. Proper breathing maintains and regains health.

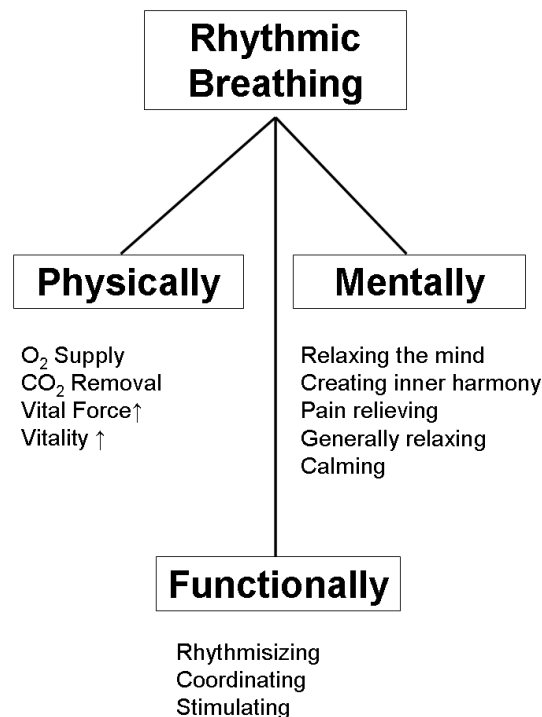
Without breathing	1-2 min—unconscious 5-7 min—dead
Without fluids	3-4 days—impaired health
Without food	3-4 weeks— no damage

Humans today breathe arhythmically, too fast, and too superficially.

Underlying Causes	Distress Air pollution Modern lifestyles
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Improper breathing	→ Cells suffocate
Insufficient fluid intake	→ Cells die of thirst
Too much food	→ Cells starve

It is essential that we breathe quietly, slowly, and rhythmically. If at all possible, in doing so we should close our eyes and focus on perceiving and controlling the rhythm of our breathing.



Consequences of improper breathing:

Clogging (poisoning); hyperacidity; disruption of the acid-base balance; pain in head, neck, back, shoulders, legs, arms; reduction of the unspecific activity of the immune system; premature aging; increased susceptibility to infections; sleep disorders; chronic tiredness; fatigue; bronchitis; asthma; anxiety disorders; distress; oxidative stress; tension; depression; burn-out syndrome. Thus, for cancer patients to heal it is necessary that they regularly practice breathing techniques, if possible meditative breathing.

32. What do tumor patients wish for?

- Healing, cure
- No burdens from treatment
- Attention and compassion
- No pity
- Mental care and guidance
- No pain
- Good sleep
- Relief from fear, fatigue, and depression
- Mental power and willpower
- To be treated just like a healthy person

33. The forefather of scientific medicine had the following words of advice for physicians and patients: Hippocrates (400-375 BC):

“The environment not only forms the body of man, but also his character.”

“Be moderate in sleeping, drinking, eating, working and in enjoying your wife.”

“Everything growing in a country—including man—is in harmony with nature.”

“Nature will find its way, it does not need to think—and knows what needs to be done.”

“Your food should be a remedy, and your remedy should be your food.”

“In many cases the best treatment is not prescribing treatment!”

Hippocrates paid a lot of attention to self-organization and self-healing he believed to be achievable “through man's own intelligence,” as well as to the quality of sleep as a means of improving resistance and healing, and to the interactions (regulation) between humans and environment. Sleep played a prominent role in Hippocrates' thoughts and deeds. Every stationary treatment, on his orders, was initiated with two to three weeks of sleep therapy, in order for “the soul to find peace.” In his thinking, it was less the time spent sleeping than the rhythmicity and quality of sleep that mattered. (Hippocrates on the environment. Translated into German and edited by Hans Diller, Akademie-Verlag, Berlin, 1970).

34. The following statements are by the Greek-Roman physician Galen (129-199): “The art of healing is the art of living. One has to consider the nature of the patient, for there is a special treatment for everyone.” “No one person is like the next. One cannot speak simply of disease and how to treat them.” **“There actually are no diseases, but only diseased people.”**

As my readers, you will have noticed that I avoid the term "disease" where possible. Disease is an abstract. Thus, a physician or medical practitioner cannot heal disease, but only the diseased person. And this person is a personality with unique characteristics. Weiner [1990] critically wrote: "Diseases are terminological categories designed by man that are forced upon man. They may be appropriate in some cases, in others they are not." Thus, I try to be more specific by using the terms of "being ill" and "being healthy." **Consequently, it is the cancer patient who can be cured, but not the disease cancer.**

35. Even though the German poet Berthold Brecht referred to "thinking" as the "biggest pleasure" of humankind, there are quite a few of our contemporaries, including physicians, who find thinking hard, and in particular new ways of thinking. However, this was already noted by Arthur Schopenhauer (1788-1860), for he wrote: **"Important realizations will pass three stages. At first, they will be condescendingly smiled upon, then they will be fought tooth and nail, and eventually they will be accepted as foregone conclusions."** In medicine, this sometimes works a little differently than in philosophy: **Important findings are followed by punishment, defamation of character, release from public office, Noble prize, acceptance as foregone conclusion. That is what happened to physician Werner Forsmann 1929 after he conducted an experiment with a cardiac catheter and radiologic detection on himself. Today, cardiologic diagnostics are unthinkable without cardiac catheters.**

I would love to see many people, but in particular physicians and other healthcare professionals who enjoy thinking, read this book and take what they learn from it to their daily lives and practice. In this, one should not forget that thinking and feeling (emotions) belong together as do the two shoes in a pair.

This book is not a textbook, and by no means is it intended to pronounce the one and only absolute truth—that we will never know, anyway. However, what I would like to achieve is to break up old and crusty structures of thinking that create more suffering than they relieve, and to direct our attention back to nature. Returning to nature will make us healthier and happier.

The discoverer of the spontaneous healing model of cancer, Zhen Cui, put it this way: **"We really should be grateful that nature does not follow textbooks."** This is something that should be taken to heart, in particular by today's guideline authors who are far removed from nature. If medicine turned towards nature, the problem of cancer would become more readily solvable, and many people would be spared great suffering.

During the Asclepius cures that I hold at the Natur-Med Hot Springs and Health Resort at Davutlar in western Turkey, near Pergamon, and that are modeled on the Asclepius health centers founded by Hippocrates (e.g., at Pergamon), I have the participants of the cure (whom I address as friends of health) say out loud together after each group procedure: **"I am healthy, I am happy, I am strong, I am young, I am beautiful."** This sounding-out therapy (which has been conducted as early as 2,400 years ago at the Asclepius health centers) I repeat three to four times daily, sometimes in as many as four different languages. It is eagerly accepted by the friends of health and has strong positive effects on becoming and being healthy. Quite a few happily continue this sounding-out

therapy at home, internalizing this positive attitude. I would also like to recommend this sounding-out therapy to cancer patients.