Preventing Breast Cancer: BEYOND ESTABLISHED ADVICE

By Barbara Lee, Licensed Nutritionist

Conventional medicine has held the position of telling women what to do regarding prevention and treatment of cancer for decades. In trusting the “orthodox” medical system offered in this country, women have been exposed to risky practices that do little more than “cut, burn and poison” (a popular term among naturopaths). Considering the failure of conventional medicine in keeping women from getting breast cancer for the first or second time, and the side effects of such medicine; women need to be informed by the standard medical establishment about alternative options which may reduce women’s risks, without the toxic side effects.

“We are losing the war [on cancer],” is the declaration on the cover of Dr. Samuel Epstein’s book, The Politics of Cancer Revisited and the name of a segment of his website, www.preventcancer.com. Dr. Epstein, chairman of the Cancer Prevention Coalition, charges that prevention of cancer would mean financial loss for the medical and pharmaceutical industries. On his website, Epstein rails it is in the best interest of these mega industries to keep the public believing that diagnosis and treatment are the most important weapons in surviving cancer. The U.S. National Cancer Institute (NCI) must change its policies of concealing preventative information from the public, is Epstein’s war cry. Epstein documents the relationship of the NCI, American Cancer Society, major cancer clinics, and the medical and pharmaceutical industries throughout his book and with supporting evidence on his website. The bottom line is that prevention of cancer would mean a financial loss for these entities. Evidence reveals it is in their best interest to keep the public believing that diagnosis and treatment are the most important steps in surviving cancer (Epstein, Cancer, “Losing”).

Wanted: Anti-Cancer Weapons

The anti-cancer weapons offered by the medical community are sparse. Women are expected to get routine mammograms as a means to “prevent” cancer, while all the mammogram can do is show that a cancer is already in existence, if that. The treatments for cancer remain surgery, radiation, chemotherapy, and often the anti-estrogen drug, tamoxifen. Any of these may have a long-term damaging effect on a woman’s body (Kaelin 1).

The radiation from a mammogram actually increases a woman’s risk for breast cancer (Gregoire par. 1; Mallin and Pavlicek par. 27). Mammographies may give false positives, which may result in unneeded biopsies, or they may miss cancers (Mallin par. 26). Studies show that 18 out of 100,000 who began mammography at age 40 died from cancer due to the radiation; four out of 100,000 who started mammographies at age 50 died of the radiation (Mallin par. 27).

Tamoxifen is a drug often given to women after cancer treatment, to try to prevent a secondary case. “Tamoxifen has been shown to decrease the number of [estrogen receptor]-positive but not [estrogen receptor]-negative tumors,” (Mallin par. 25). While this drug is often totally accepted by women who have had breast cancer, because “it is what their doctor prescribes”, it does have great risks. Tamoxifen has been shown in a 5-year study with post menopausal women “to increase the risk of endometrial hyperplasia [abnormal cell growth], thromboembolic events [blood clotting], and cataracts,” (Mallin par. 25). Epstein notes how tamoxifen was pushed through to get the acceptance of the FDA. He explains that a drug trial on tamoxifen was launched in 1992. Women were told the drug was harmless and could prevent them from getting breast cancer, when in truth, it

Continued on page 51
had been shown in rat studies to cause liver cancer, and could increase ovarian cancer in women (Epstein, Politics 466).

The information provided to the public on what they can do to reduce their risk of breast cancer must be improved. The risk factors given by the National Institute of Health (NIH) are skewed. The NIH does not include lifestyle factors such as alcohol consumption, high fat diet or use of hormones, because they say the “evidence is not conclusive,” This goes directly against today’s common knowledge about health.

There are choices available to women to help decrease the risk of breast cancer. Lifestyle, natural safe screening, and supplements to decrease harmful estrogens are all parts of those choices. Among lifestyle choices, women can avoid certain prescription drugs, such as hormone replacement therapy, birth control pills and even certain anti-hypertensive medications, which Epstein names as risk factors on his website. Healthy diet and exercise are positive aspects in a lifestyle to maintain cancer-free.

A natural and safe method for breast screening is available as an alternative to mammography. Thermography, a non-invasive tool that uses no radiation, is offered at specific offices around the country, and can detect subtle changes in the breasts which may indicate any of several conditions (Gregoire par. 8).

One of the greatest risk factors that women can take steps to avoid is a build-up of harmful estrogens, which creates estrogen dominance. There is promising hope to balance out this estrogen dominance using phytoestrogens, plant chemicals that may act like estrogen in the body. Soy foods are one of the greatest sources of phytoestrogens, while other legumes (beans) and some grains also contain these plant estrogens.

Other food constituents have been shown hopeful in the fight against breast cancer. Diindolylmethane (DIM) from cruciferous vegetables (such as broccoli and cabbage) has been shown to convert dangerous estrogens into harmless forms, and correct cancer cells so they can undergo apoptosis, or cell death (“Broccoli” pars. 2-4). A one-month study showed that women who had recovered from breast cancer and were given DIM had greater protection from reoccurrence (Levine 12). Natural progesterone, in the cream form, and the essential omega 6 fatty acid, GLA (gamma linolenic acid) are also crucial to health. Progesterone helps to balance the ratio of estrogen to progesterone, which may be helpful for the prevention of breast cancer (Hurst par. 7). GLA, from evening primrose oil, borage seed oil, or black current seed oil is also helpful in protection as part of healthy cell walls (Paton pars. 2-13).

Women cannot depend on the information being spoon-fed to them by the standard medical machine. They need to look past what their doctor may tell them and take their health into their own hands. It is also time the conventional medical industry opened up to alternatives that don’t just support pharmaceuticals and treatment centers.

Works Cited