

We CAN control CANCER. How does it happen and how CAN we stop the pro-cancerous trend? Q & A with Sue February 2014 Talks by Sue Visser

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Dear Friends, May this empower you with encouraging news about how we can all overcome the fear of “cancer.”

Q: People on HCG or “replacement” hormones to enhance their performance or wellbeing are more prone to cancer – Why?

As soon as a mother becomes pregnant, the human growth hormone (human chorionic gonadotropin) or HCG promotes cell division and protects the newly formed clumps of specialised cells that grow into a baby by deactivating the immune system. (It would otherwise attack them.) Cell division is also appropriately used to replace old or damaged cells throughout life. But healthy cells as well as malignant ones (with faulty DNA) will multiply continuously if HCG is not deactivated when the process is complete. Oestrogens that can either start or stop cell division are also present and can cause more inappropriate cell division unless their control mechanisms are not well maintained – let alone understood! So we need to find out how they work.

Q: What stops cells from dividing after a full term of pregnancy?

When a baby is ready to be born it releases trypsin. This liver enzyme stops cells from dividing. Trypsin is the key controller HCG. (The Gerson cancer protocol uses trypsin supplementation for this reason. We also have to make sure we do not consume food that is high in trypsin inhibitors like whole soya beans for instance or some brands of soya milk. (We can monitor levels of trypsin in premature babies, especially if they were vaccinated – infected with viruses, etc. this may be a cause of infantile cancers?)

When we take independent doses of extra HCG or steroid hormones to increase longevity or boost our sporting performance we interfere with normal cell division. Some cells may already be malignant before the boost of HCG and other HRT. How can you detect - let alone stop the process in time? Low levels of serum progesterone, testosterone and oestrogen are deceptive. Only urine tests give a more accurate total hormone count. Supplementation (replacement) needs to be conscientiously monitored.

Q: Is HCG one of the hidden triggers that set off cancer?

The earliest indicator: Cells are dividing when HCG is detected in urine and the person is not pregnant. So why not take a harmless urine test? HCG does not break down for excretion in the urine. That is why pregnant women test positive for HCG as soon as cells begin to divide. But their urine may also test positive although they are not yet pregnant. If you have been trying for years and test positive every month but are not pregnant, you need to take a closer look. It may be that cells are dividing elsewhere – the breast, uterus or cervix, for instance. This may be due to mycotoxins (derived from yeast and moulds) or the papilloma virus that damages cell DNA. (We need to detect the presence of pathogens and destroy them electronically with Rife, BEST, and SCIO. Also find out why zeolite, colonics, iodine, propolis and herbs like olive leaf, Artemisia, sutherlandia can help.)

As already mentioned HCG inhibits our immune protection so if any malignant or damaged cells are detected they are not attacked and removed. In some cases cell damage causes inflammation that flares up. Cortisone only shuts off the reaction. It does not deal with the cause of inflammation. HCG people take can then stimulate malignant cells to divide. (This is where heat scanning can also help detect problem areas. High doses of Vitamin D3, melatonin, trypsin, anti-inflammatory protocols, Omega 3 oil and antioxidants are part of many natural protocols. Large doses of vitamin C are used here to good effect because they kill mould infections.) The sooner we get to the problem areas, the easier it is to treat them because they are still small enough.

If DNA is damaged by radiation, parasites, toxins and other pathogens, more cells begin to divide to try and repair the damage. If the sticky damaged cells clump together into a tumour it also excretes its own HCG to accelerate cell division as well as evade the immune system. A biofilm or fibrous skin forms over it to shut off the oxygen supply. Metastasis is when infected cells migrate to other blood vessels and form a new malignant colony. (A new discovery using MCP – modified citrus pectin (Pectasol) stops cells from sticking together by interfering with galactose or sugar based receptors. They also can't latch onto neighbouring blood vessels. Treatments based on oxygen, bicarbonate of soda and herbs like Olive leaf and Artemisia are also useful here.)

But if the liver (no trypsin) and kidneys are damaged it is a warning that more specific urine and blood tests as well as investigative scanning is needed. One cannot always wait for a lump! Even years before other symptoms such as hot spots, swelling or lumps develop. So a mammogram is not an early sign. Why leave it that long and then radiate the tissue (cause DNA

damage to cells)? Why take more “bio-identical” hormones that build up in the liver and end up promoting cell division? We first need to stop them from dividing. We can take extra enzymes, especially trypsin and make sure we don't eat food like soya that contains trypsin inhibitors. We must then attend to all the factors that cause damage to cells: pathogens, radiation, toxins, oxidative stress and inflammation. At the same time we need to destroy the existing cancer cells. (A recent study using the herb Artemisia combined with iron supplements killed breast cancer cells in 16 hours.) Conventional chemotherapy is toxic. It destroys the immune system and damages the liver (trypsin?) even further so the cells will keep on dividing. The liver does not have beta (off switches) and is the only organ that cannot stop its own cell division although the trypsin it produces affects beta (off) switches elsewhere in the body. Keep the liver healthy – it is one of the most important cancer-controlling factors we have.

Q: What do other hormones like oestrogen have to do with cell division and cancer?

The human growth hormone (human chorionic gonadotropin) or HCG promotes cell division, as we have seen. It is controlled by trypsin, an enzyme made by the liver. Cell division also depends on cell proliferating types of oestrogen, of which there are many. They are controlled by anti-proliferative types of oestrogen that stop and prevent cell division on cell receptors. Oestrogens are made from a combination of precursor hormones such as testosterone and progesterone and are made from LDL cholesterol. The pituitary gland stimulates their production or breakdown and removal - as and when required. These hormones have a 4 carbon ring structure. (So do xenoestrogens that made out of plastic.) They all look like 4 pieces of hexagonal honeycomb cells from a beehive. They all engage with cell receptors. (Parabens have a single cell and do not behave like this.)

Our built in monitoring systems detect, destroy and remove inappropriately dividing cells. (Trypsin and immune functions) Our reproductive zones are the most sensitive to cell division. Two different types of switches govern this process on two separate receptors on the cell surface. Alpha (on switches) use large or 16-linked hydroxyoestrogens or estradiol to activate cell division. The beta or off switches use the 2-linked (weaker) hydroxyestrogens or estriol to engage and switch off cell division when it is complete. Levels of 16- oestrogens are kept low to lessen the risk of excessive cell division. The breakdown or conversion of 16-hydroxyoestrogen is assisted by iodine, probiotics and methyl donors like MSM (methylsulphonylmethane). It then becomes 2-hydroxyoestrogen and when these levels are dominant they prevent any untoward cell division.

Q: How do we detect an excess of cell proliferating oestrogens?

The 2 /16 urine ratio test can indicate when levels of 16- oestrogen (heavy) get too high. (Urine is collected over 24 hours.) This tells us that the liver is not uncoupling heavy oestrogen into the smaller 2- part oestrogens. The large (heavy) molecule is returned intact to the bloodstream where it can be active again. It is joined by steroid metabolites, environmental oestrogens (xenoestrogens) from chemicals and phytoestrogens from food. The liver does not have beta (off switches.) So ironically it is the only organ that cannot stop its own cell division although the trypsin it produces affects beta (off) switches elsewhere in the body. But the oestrogens that now dominate the bloodstream begin to occupy the on switches and block access to the beta or off switches. Cells begin dividing and cannot be stopped anymore if there is a trypsin deficiency. More cells are damaged as well.

Q: Is it safe to supplement with bio-identical progesterone if HCG is detected?

They say that progesterone “balances” estrogen. They never tell you that progesterone adds to the load of steroid hormones in the liver. A blood test does not show what happens to progesterone in the long run. Very low plasma levels occur at certain times whereas a urine test will indicate a build-up of progesterone. The excess mingles with other metabolites - especially testosterone. The end result is higher than usual levels of the heavy or pro-cancerous oestrogen called 16-hydroxyestradiol. Progesterone is one of the key hormones of pregnancy. Pro-gest (gestation) means reproduction. If HCG is active during pregnancy (or in a tumour) then progesterone serves as one of the precursors for cell division. This is the only way I can explain why some ladies I knew have died of cancer. Was it because they used progesterone cream all the time, especially to the end?

Cancer is a condition whereby you can:

Die from the diagnosis and die from the treatment. It is not necessary to have any cancer in the first place!

Fooling the mind and the placebo effect: A new “drug” that claimed to have miraculous powers cured a man who had been suffering from cancer. But later further drug trials proved it was useless. So the patient became ill again and the cancer returned. Then an improved “drug” he heard about cured him again. But after the trials were found to be ineffective the patient died. Unknown to him, the “drug” in both cases was distilled water. This is the famous yet true story of Mr “Wright.”

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<http://thetaxi.ndstream.net/wmplayer.htm>

Dr Johanna Budwig Anti-Tumor Diet

<http://www.budwigcenter.com/the-budwig-diet.php>