



“More than 40% of people with cancer die from malnutrition, rather than from cancer.”

The medicine man

Thomas Lodi, M.D. has a cancer clinic in Arizona where he combines the best alternative therapies with the best conventional ones. Here he talks about his methods and shares health information that is essential reading – whether you have a cancer diagnosis or want to prevent one.

Introduction and interview by Sarah Best.

It is estimated that 1 in 2 men and 1 in 3 women in the Western world will get cancer during their lifetimes. Nearly four decades after U.S. president Richard Nixon declared “war on cancer” in 1971, and despite the billions spent since then researching potential “cures”, more people are getting cancer than ever before, and more people are dying from it than ever before. Why? More people are getting it because of the way we now live and more people are dying from it because despite all that money and medical research, mortality rates remain unchanged.

Against this grim backdrop, for those who know where to look, numerous raw and living foods centres are busy educating patients about cancer prevention and recovery. It’s all anecdotal, of course, but cancer patients who are lucky enough to find themselves at one of these places seem to fare much better than those who go the conventional route. One such centre is unique in that it is also a fully-equipped cancer clinic, staffed by a team of doctors and nurses: the “An Oasis Of Healing” clinic, in Mesa, Arizona. Mesa is a suburb of Phoenix and the clinic, located in a quiet residential district, is the inspiration of Thomas Lodi, M.D.

Lodi practises under a homeopathic licence at the clinic, but he is also a medical doctor of 24 years’ experience, and a member of many professional bodies, including the American Society of Clinical Oncology. He is a passionate advocate for natural living and holistic healing whose email signature reads, “Health is our greatest treasure. It must be guarded more preciously than gold.”

He both looks and comes across as someone much younger than his 57 years. He is a raw vegan and a teacher of the power of raw foods and raw juices, colonics and other complementary therapies. It is not unusual for late-stage cancer patients with seemingly hopeless prognoses to arrive at his clinic horizontal and to leave not long after, healthy and full of hope. Here, he shares his views on cancer – its causes, its treatment and its prevention – and also on health and human potential.

Let’s consider conventional cancer treatment first. Obviously, it’s not working in the majority of cases. Why not?

The three aspects of healing cancer are: stop making cancer, selectively target and destroy cancer without harming the patient, and stimulate and rebalance the immune system. Conventional medicine does none of those things. It is based solely on aggressive, non-specific or non-targeted methods to kill cancer

cells which often end up killing the patient first. At the clinic, we take very seriously our Hippocratic Oath, “First, do no harm”.

How, specifically, do the standard treatments of radiation and chemotherapy harm the body?

Radiation, no matter how “thinly sliced” (for example, Cyberknife), results in collateral damage to adjacent tissues and can result in severe complications depending on the organ system affected. Very often these are mortal wounds, albeit later on. High-dose chemotherapy not only adversely affects cancer cells but every cell in the body, not the least of which are the immune cells. If we significantly harm the immune system in our efforts to destroy the cancer, we will have done a great, and perhaps fatal, disservice.

If a person survives chemotherapy, their hair will grow back and they will often be restored to normal appearance but they will also often get either recurrences or new primary cancers due to the fact that their immune system has been devastated. What most people don’t know is that the average person of 60 has had five or six bouts of cancer during their lifetime but it was effectively resolved by the immune system without the person even realizing that there was a problem. The cancer is usually in a very early stage and is not diagnosable by our primitive means, and good that is! Had they been diagnosed, they may not have made it to 60 years of age; they may have undergone conventional treatment which carries a greater than 50% mortality rate.

Given that statistic, it seems especially wrong that people diagnosed with cancer are often told by their doctors that they have to start treatment right away – in other words, they are scared into allowing something that is inevitably going to be very harmful to their health, instead of being given the time to consider their options.

Yes. As patients, we need the time to do our own research. If you were going to buy a new car you’d do some research first, wouldn’t you? Think about this: when a doctor says to a patient, “If you don’t do what I say, you’ll be dead in six months,” what is he basing that on? Say he tells 100 people that, and 80 come back and 20 don’t. The 20 that don’t – he has no idea what happened with them, but we do because some of them present themselves at our centre a few years later – alive, albeit with advanced disease. It is also interesting to note that these people have fewer metastases [incidences of the cancer spreading to another part of the body] >>

than we see with those who underwent chemotherapy and radiation prior to coming to us – and in some cases *no* metastases.

You mentioned earlier on that the average person of 60 has had several episodes of cancer that the immune system resolved. What is the difference between cancer that the immune system can take care of, and cancer that has become life-threatening?

The difference is that the toxic load has overwhelmed the immune system's defensive capabilities to such a degree that the cancer cells, which do not die, will keep multiplying until organ disruption and death occur. For this reason [the "immortality" of cancer cells] it is imperative to stop producing more cancer cells, to stop the lateral and distant spread through non-toxic interventions, and to destroy the cancer cells that are causing biochemical and physiological dysfunction.

“When oncologists are surveyed anonymously, 70-80% admit they would not do the treatments they prescribe on themselves or their families.”

At your clinic you practise “integrative oncology”, which combines both alternative and conventional healing modalities. Could you outline what this involves, specifically?

We are the only cancer clinic in the United States that integrates raw foods, juices, detoxification and other alternative therapies with different medical treatments. What we do here is remove the impediments to healing and provide the raw materials necessary for producing new, optimally functioning cells.

Our most important role is to teach people how to stop making cancer, and to provide a loving and supportive environment for healing. But, when necessary, we also administer very targeted yet modified conventional therapies that target and destroy cancer, while other therapies enhance immune function. Everything we do here is founded in science and direct, clinical experience. We can't just begin using some modality we “heard” is getting “good results”. It must be scientifically sound. That's my allopathic background.

We use ozone, hydrogen peroxide and other oxidative therapies as well as intravenous vitamin C, at doses designed to achieve plasma levels known to specifically destroy cancer cells while enriching normal cells. In some cancers, on the edge of the tumour there are cells getting “recruited” to the cancer side. We use a technique that opens those cells, and then we flood them with essential nutrients to allow them to be restored to normal.

Many studies in respected peer-reviewed journals show that if you give high doses of antioxidants 48-72 hours prior to chemotherapy, the result is increased killing of cancer cells and protection of healthy cells. Yet despite this, many doctors still tell their cancer patients not to take antioxidants because of the disproven fear that they will protect the cancer cells.

We put most of our patients on a three-week green juice feast when they arrive, meaning that they drink three or more quarts [litres] of fresh green juice a day. Colonics are an essential part of

the programme. We do full colonics three times a week. Enemas clean the sigmoid and descending colon but not the caecum, which is a pouch in the ascending colon on the right of the body. If that's not cleansed through colonics or prolonged fasting, it may not empty for decades.

People often report foods coming out during colonics that they haven't consumed for many years – for example, the female patient who hadn't eaten corn for 20 years and was amazed when it came out of her during a colonic. Furthermore, lymphatic massage, structural reintegration and yoga are other essential aspects of the programme.

When you say you put patients on a green juice feast, do you mean that they consume only juice for a period?

Fasting is “nature's cure” and although this is not a fast, it does allow most of the bowel to rest, or fast, so that the immune system can be redirected to fighting cancer. So yes, only juices, unless they are cachectic – meaning late stage and losing muscle mass daily, in which case they'll also have some healthy oils and plant protein. Most everyone else enjoys a juice feast during their first three weeks. During this period, colon hydrotherapy is provided two to three times per week since the fibre, which stimulates bowel motility, has been removed from the plants during the production of the juice.

Why are the green juices so important?

A quart of green juice contains an armful of kale, dandelion, spinach and other dark greens. We add low-glycaemic fruits – lemon plus pears or green apples – to enhance taste. By drinking three quarts of this a day, you are flooding the body with vast amounts of phytonutrients and minerals; more than the average person consumes in two years.

The pigment in dark greens is chlorophyll and at the centre of every chlorophyll molecule is a magnesium ion. Magnesium is an extremely alkalizing mineral, and cancer is an acidic condition. So if you're drinking several quarts of this green magic every day, which still has its bioelectric charge, your body is being restored to a condition in which it can heal. Even if someone has chosen to go the conventional route, as long as they drink green juices they'll suffer less collateral damage from chemotherapy and/or radiation.

More than 40% of people with cancer die from malnutrition, rather than from cancer, so nutritional therapy is an essential component in any comprehensive approach to cancer treatment. A moderately healthy nutritional programme can increase life expectancy as well as increase the potential for complete remission. An optimally healthy nutritional programme has even more spectacular results and rewards and, when combined with active detoxification, not only is cancer no longer produced but the immune system becomes available for defence, as nature intended.

How important is it that cancer patients follow a raw diet?

It's very important, not only to ensure optimal nutrition and immune functioning but also to preserve pancreatic enzymes, which begin protecting us from cancer at six weeks of foetal age. When you continually destroy the enzymes in your food through heat, the pancreatic enzymes lose their ability to destroy cancer, so one of the best practices to develop is to allow the pancreas a rest by eating raw.

No other creature thermally degenerates its food before eating and no other creature suffers from degenerative diseases (except our poor, domesticated, cooked-fed pets). Take tomatoes – they

have the perfect amalgamation of vitamins, minerals, enzymes, fibre, phytonutrients, antioxidants and bioelectric life force. What remains after cooking is some relatively non-bioavailable minerals, denatured vitamins and altered phytonutrients.

It is established that sugar feeds cancer cells. Do cancer patients need to avoid fruit?

No, although the diet we put cancer patients on is very low-glycaemic. Glucose isn't a problem per se but abrupt increases (spikes) in the blood levels of glucose are. Eating a slice of chocolate cake, some sweetened cacao, a bunch of grapes, or three or four bananas will cause a spike. Anything that spikes blood sugar will stimulate the pancreas to produce insulin. The cells with the most insulin receptors – i.e. cancer cells – will grab the glucose and feed first. Green apples, pears, all the berries and of course grapefruits and lemons don't produce a spike, so we tell patients to stick to those fruits until the body is rebalanced, then they can eat other fruits.

I imagine that education is a very important part of the programme?

Yes. Our purpose is to inspire, teach and guide. The true meaning of the word "doctor" is "teacher". Our goal is to teach people never to need another doctor for the rest of their lives. We must instill the habit of reading and ensure that the skills required to maintain health are well established. All creatures are plugged into the wisdom of Nature through instinct which we, unfortunately, had replaced through the enculturation process during childhood.

We are a healing centre, not a treatment facility where one goes to get passively treated. Our real function is to inspire people to take back their birthright: *health*. So one of the most important things that happens for our participants is that they experience health. Most have long forgotten what it feels like to bounce around like a young child overpowered with the joy of health. People feel so much better after they've been through the programme that they often decide that no food is worth giving this up for.

By the way, we have observed a very interesting phenomenon that we've named "second-hand health". Spouses who support their partner by participating in the detoxification and nutritional programmes are finding that *whatever* "disease" they might have had is gone. As John Tilden, M.D., wrote in the book *Toxemia Explained*, "There is only one disease; it is called toxemia". Patients also find that it's not only their cancer that leaves. For example, a man came to us with prostate cancer and six weeks after he began, he came into my office joyfully crying and said, "You didn't tell me my headaches and my arthritis would go away too."

Have you compiled statistics regarding your success rates at the clinic?

No, because there are too many variables involved for those to be meaningful. But when we check in with our former patients, the ones who are still living after many years are those who embrace the lifestyle changes (i.e. don't "tolerate" them but view them as a blessing), have loving support from family and/or friends, and learn the ultimate test of being alive – surrender.

So mental attitude is very important?

Yes. Some people's minds direct them towards disease and those are the cases that are hardest to help. No matter whether they're stage 1 or stage 4, the most important thing is that they surrender to the fact that cancer is here and it's the body's extraordinary effort to protect them. What is happening is an absolutely important and divine consequence of what's occurred before.

We teach them to not perceive cancer as something "bad" but rather as an absolute blessing as it will enable them to have a fulfilling life and become an inspiration to people around them. That requires surrender. It's like when you are planning to have a picnic tomorrow but you wake >>



up and it's raining outside. You can stay in and sulk if you want, but what would a child do? A child would be outside playing in the rain. We need to suspend our agenda of how it's "supposed" to be.

Many times I've seen the spouse of a patient die before the patient – for example, from a heart attack or automobile accident. None of us has a contract for tomorrow. *Now* is our moment. Yesterday and tomorrow are mere imaginings. Terminal illnesses, especially cancer, remind us of that. They provide the blessed opportunity to live in the present. So mental attitude is very important, and I see absolute sustained healing when body, mind and spirit are in alignment.

The "selective targeting of cancer cells" part of your approach includes chemotherapy. This is very unusual for a clinic that offers such a comprehensive programme of raw foods and holistic healing – in fact, I don't know of any other clinic that combines all of these in the way you are doing. Could you explain why you use it?

Chemotherapy is "cytotoxic", meaning it kills cells. If someone has cancer cells that have multiplied to such an extent that the body won't be around for much longer if they keep multiplying, it is time to take aggressive action but in a rational manner by doing as little harm as possible. In advanced cases where we need to shrink tumours quickly – for example, an obstruction in the gastrointestinal tract due to a tumour – we use a method which harnesses the benefits of chemotherapy while greatly reducing the side effects.

When chemotherapy is administered conventionally there's no selective uptake by the cancer cells; it is distributed throughout the body which results in destruction of healthy cells as well as cancerous ones. If someone's getting a rooming dose, 5mg might go to the brain, 5mg to the heart (and so on), and perhaps only 5mg to actual cancer cells. Widespread toxicity has occurred.

We administer approximately 10% of the conventional dose of chemotherapy. Insulin Potentiation Therapy, Low Dose (IPTLD) permits the powerful cell-killing effects of standard chemotherapy by utilizing insulin to target cancer cells. The result is tumour shrinkage and resolution without severe toxicity.

How does it work?

Cancer cells require approximately 20 times more glucose than normal cells. In order to extract that excess glucose from the blood, they "grow" extra insulin receptors which "open the door" for glucose entry. There is a whole multitude of effects upon cells when insulin binds to them and one of these effects is that the cells become more permeable. Once the "doors" have been opened by the insulin, we administer small amounts of the appropriate chemotherapeutic drugs.

Much of what we administer [i.e. approximately 10% of the conventional dose] enters the cancer cells and not the normal cells. Consequently, most of the side effects associated with chemotherapy are either absent or minimal using these methods.

A useful analogy: a conventional oncologist finds out that there is a burglar in the kitchen, so he throws a hand grenade into the kitchen. We find out that there is a burglar in the kitchen so we inject some poison into a mosquito and send it into the kitchen. We get to keep the kitchen. Furthermore, if the burglar escapes through an open window, having been bitten, he will not be back.

How do you know how much of the drug is getting into the cancer cells? Is there a way to measure that?

No, we have no way to measure that but I base this on measurable

results – negative PET scans, for example. We make full use of the imaging devices used in conventional oncology – MRI scans, PET scans and so on. We are not an imaging facility so we refer to colleagues in hospitals for those and certain other procedures. We also see tumour markers coming down and symptoms associated with cancer going away, such as pain or inability to walk. For example, I had someone with a tumour on his tongue which had gone into his lymph nodes. He had a solid, immovable apple-sized mass in his neck and after just a few weeks it had become walnut-sized, moveable and he was able to swallow and eat without feeling it.

"I've had people who were so sick they'd have been dead in less than a week who were able to be turned around."

How is it that a modality like this exists yet only a handful of alternative clinics are using it and everywhere else these toxic drugs are being injected into sick people without anything being done to target them, nor to mitigate their devastating and often fatal side effects? Why aren't there more doctors using this modality, and are you surprised there aren't?

I'm dumbfounded. I would estimate that 50% of oncologists have heard of it. When oncologists are surveyed anonymously, 70-80% admit they would not do the treatments they prescribe on themselves or their families. We've had oncologists send their spouses to us, when they are giving regular chemotherapy to their patients. I think that's bordering on mercenary. It's no longer just ignorance or negligence.

In my view it is incumbent on oncologists to research this. Insulin is a natural, God-given way of targeting cancer cells. I consider it a rational use of chemotherapy. But what is considered "standard of care" (i.e. "best practice") is whatever comes out in the medical literature and who funds this research? The pharmaceutical industry, which is unlikely to spend millions of research dollars to prove that 90% less of their approved product is required.

So have there been any peer-reviewed studies supporting the use of IPTLD?

There has been one peer-reviewed study in China and one in Uruguay by a prominent member of the American Society of Clinical Oncology. He took breast cancer patients and treated some with insulin only, some with Methotrexate [a chemotherapy drug] only and some with a combination of insulin and Methotrexate. The best results were for the combined use, of course. That study was not funded by industry but rather the government of Uruguay. Most of the research into ozone and hydrogen peroxide was also funded by governments – in the former Soviet Union, East Germany and Cuba. Results from research of this kind will, unfortunately, never impact the "medical literature" or "standard of care".

Let's talk about your work in treating people with late-stage cancer; people with seemingly hopeless diagnoses, who have been told they have only a few months or weeks or even days to live. I understand they make up a large proportion of your patients?

That's correct. Because of the way the world is right now, most people diagnosed with cancer go down the conventional route out of fear. They come to me when conventional medicine tells them there's nothing further that can be done. I've seen so many people come here horizontal on a gurney, believing they are about to die, and walk out a few weeks later. One woman came here with a rare sarcoma on her leg. The tumour was about 35 pounds [nearly 16 kilos] and she was told she had only six months to live. Seven years later she is still alive. You can find many video and written testimonials on my website.

Is there a big difference between those who have and haven't gone the conventional route before they come to you in terms of how likely they are to get better?

The ones that haven't had conventional treatment get well so quickly it's amazing. I had a guy come in with stage 4 lung cancer, which has a very poor prognosis. He'd had no conventional treatment prior to coming, completed the programme and in five weeks his PET scan indicated no cancer.

We had a woman in her 30s with stage 4 breast cancer which had spread to her lungs and liver. She had been refusing conventional treatment and was at the point where she needed oxygen even while sitting. It took her 30 minutes to recover from using the bathroom. She was told to go to a hospice and that she was not going to be alive in a week. Eight weeks after starting with us, she was jogging to and from the clinic each day for her treatment. Even people with pancreatic cancer who have been treated conventionally – one of the most challenging scenarios of all – are able to be helped at our centre.

In conventional medicine, it is considered acceptable for a doctor to tell a patient that there is nothing further that can be done, and that they have X number of weeks or months to live. Do you ever do that with your patients?

No. Not when I've had people who were so sick they'd have been dead in less than a week who were able to be turned around. And anyway, I would never be so presumptuous as to predict when someone is going to die. When someone in a *white coat* tells someone that they have X number of weeks to live, they are not just predicting it; in many cases they're ordaining it. A pronouncement of this nature has such power that many people *will* die "on time".

But are there cases where you look at a patient and privately think that it's a hopeless case?

The only ones that I feel pessimistic about are people with multiple organ failure, many brain metastases or a primary glioblastoma [a form of brain tumour]. But it is *always* worth trying a sound treatment programme that focuses on stopping making cancer, selectively targeting cancer cells, and enhancing the immune system – even if it is only to improve quality of life. I would never tell a patient to give up. I've seen too many miracles.

I know readers will be curious about your background. Could you speak about that a little?

I never intended nor wanted to be a physician. I had a strong spiritual leaning so at the age of 19 I dropped out of UCLA and went to India. When I came back, I ended up pursuing psychology, as the closest thing in the west to the spiritual. I >>

Preventing cancer

The mainstream media and medical establishment would have us believe that cancer comes out of the blue; "strikes at random". And that beyond getting our "five a day" and avoiding the worst lifestyle habits (smoking, heavy drinking, becoming a regular at the local fast food restaurant...), there is nothing we can do to decrease our chances of getting it. But in reality each of us has enormous power to influence whether or not we get cancer. Here, Dr Lodi summarizes the most effective steps we can all take to stack the odds greatly in our favour.

A large proportion of the habits and behaviours that are considered "normal" in modern society increase the body's toxic burden, and anything that does that increases our chances of getting cancer. Many of the things on the first list below are not things we can avoid completely, but in most cases we *can* reduce our exposure to them. These lists are far from exhaustive, since there is not space to list all the substances and habits that have either been conclusively proven to influence our chances of getting cancer, or are strongly suspected to. But, in no particular order, these are some of the most important areas to pay attention to.

What to avoid

- Drugs, both pharmaceutical and recreational, including alcohol and nicotine
- Cooked food – especially: junk and processed food; all flesh, eggs and dairy products; refined sugar in all its guises; microwaved food
- Non-organic food
- Tap water or water from plastic bottles
- Skin, hair and body care products containing manmade chemicals
- Toxic relationships
- Negative emotions
- Stress, exhaustion and/or lack of sleep
- Electromagnetic radiation from cell phones (mobile phones) and wireless internet connections
- Mammograms, X-rays and other procedures involving ionizing radiation
- Amalgam fillings and root canals
- Living in a polluted, oxygen-poor environment such as a big city

What to include

- Live, water-rich raw vegetables and fruits
- Plentiful raw vegetable juices made with predominantly dark greens (you can enhance the taste by adding lemon and a little pear or green apple)
- Pure water, meaning either spring water (not bottled in plastic) or filtered water
- Regular colonics
- Yoga or Qigong
- Regular cardiovascular exercise
- Plenty of fresh air and sunshine
- Fun, laughter and loving relationships
- Meditation and other relaxation techniques
- Plenty of sleep. Get to bed before 10pm whenever possible and strive to make it possible often
- Massages, structural reintegration and other bodywork
- As much time as possible in natural environments with clean, oxygen-rich air

became a psychologist then realized I didn't know enough about biochemistry and pharmacology so I went to medical school. My journey was spirit-mind-body, though I was already vegetarian and following hygienic principles before I got to the "body" part.

How did that come about?

I had an uncle who was a big influence on me. He was vegetarian and living away from society. When I was 14 he handed me several books, including Herbert Shelton's *Health For The Millions*. At that point it was a very quiet realization – nothing like the strong conviction it is for me now. I was brought up in an Italian family, there were a lot of meatballs around and it took a few years to kick them! But once your eyes are opened, no matter how much you want to close them, you can't.

“It is interesting that we are branded as extreme, those of us who seek health in the only way it can be obtained.”

Is natural hygiene still a guiding philosophy for you?

That depends on how you define "natural hygiene". The hygienic movement was really strong from the 1850s well into the twentieth century. After Shelton, it became a bit fragmented, with some natural hygienists believing that humans are pure fruitarians. That diet is missing the wholesomeness of the varied diet the early writers in natural hygiene had.

Our natural diet parallels that of gorillas and bonobos: fruits, nuts and seeds but predominantly greens. Most people on raw diets need to eat more greens, because it's the only way to get enough minerals. People like the Hunzas, the Vilcabambans and the Abkhasians, who have been studied for their longevity and good health, live high in the mountains where crops are very mineralized.

What do you think they tell us about our potential for health and longevity?

In the West we have an accelerated aging programme. In these mountainous regions of Pakistan, Ecuador and Georgia, people who are over 100 and still very active are not unusual. In fact, they are often more agile and energetic at 100 than we are at 40! They are climbing in the mountains at 110, and men are fathering children at that age.

Health is best defined as "optimal functioning of the organism". But each species has to be in its niche to achieve that. A sea bass is not going to do well in a fresh-water lake. An elephant won't do well at the North Pole. An eagle won't do well in a bat cave. But when an animal lives within its niche, and all its needs are being met, optimal functioning is possible.

We don't know the optimal functioning of a human because nowhere in the world do we live the way we were designed to anymore. But I am sure that, *at minimum*, we would be peaceful, powerful, gentle and clean, as is our cousin, the gorilla. In addition, we were probably designed to live several times our

current maximum lifespan, but we won't get near that without several generations of very clean living, within our niche.

Could you share a little about what you eat and how you manage to stay healthy with what must be a very busy schedule?

What I do requires a lot of energy, a lot of mental clarity and the ability to deal with adversity. The only way I can do it is by the grace of the universe. I'm a raw vegan but sometimes when I'm travelling I eat something cooked. Whenever I go astray, even for one meal, I pay for it. It takes at least a week to get over it so it's just not worth it. But I have comfort foods – for example, banana with pumpkin seed butter. When you can have comfort foods that are healthy, why would you choose foods that are not?

When I'm eating the way humans were designed to, my mind, body and spirit are aligned. In addition, I get at least one colonic a week, sleep early and plentiful, read, meditate and luxuriate in music. When my life doesn't allow all of these, stress arises. Stress must be defined as, "not liking what is". Acceptance, on the other hand, is the attitude that says that whatever comes is divine and beautiful.

What are your top cancer prevention tips and cancer healing tips?

Health is our natural state of being! Once the impediments are removed and the raw materials and energy to rebuild the body are supplied health results. It is interesting that we are branded as "extreme", those of us who seek health in the only way it can be obtained. So: fasting, juicing, raw vegan diet, colon cleansing, exercise, sunshine, fresh air and water, plenty of sleep, yoga or Qigong, meditation and surrender to 'the way it is'.

The other really big deal is dental condition. If you have amalgams or root canals, get them removed. A really important book is *Root Canal Cover-Up* written by Dr George Meinig, who was actually on the team of dentists who invented root canals. If you have them, get them removed – there are methods to make sure the area is completely disinfected and at this time, the best available material for holding the crown in place appears to be zirconium.

Also, don't take anything you hear or read as gospel. *Do your own research!* A woman who starts getting "recommended" mammograms every year in her 30s is almost guaranteed to develop breast cancer. Breasts are composed of complex tissues with multiple metabolic functions so when these soft tissues are squashed and then irradiated, it would be improbable that no damage would occur. Would the doctors telling women to get mammograms squash and irradiate their testicles? Breast ultrasound is often used to confirm the results of positive mammograms so why not start out with this non-ionizing, non-toxic method of screening?

In closing, do you have any additional words of encouragement to offer to those readers who are dealing with worrying diagnoses?

No matter how seemingly hopeless the prognosis, when the person has loving support, welcomes the lifestyle changes, feels blessed to learn how to be restored to health, and surrenders to the Tao, Universe, God, Karma, Destiny, "The Way It Is", or whatever term or concept one prefers, what occurs is nothing short of miraculous. ■

For more information, see anoasisofhealing.com or call the clinic on (001) 480 834 5414.