

Female Cancers

A Complementary Approach

Jan de Vries



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WELL WOMAN SERIES: FEMALE CANCERS

A Complementary Approach

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Chapter One

What is Cancer?

I was asked this question just a few days ago and it made me think that I should embark on writing a book dealing specifically with the cancers that affect women: breast cancer, ovarian cancer, cervical cancer and uterine cancer. I will also be discussing cancer in general, explaining what it is and how it may be treated and prevented. One of my previous books, *Cancer and Leukaemia*, also gives in-depth details of the various alternative or complementary ways in which cancer can be treated.

The question 'What is cancer?' came from a very healthy-looking lady who was approaching 50. Although she looked well, while she was speaking to me I could see that she had broken into a sweat and she told me that she was scared of getting cancer. I replied that fear is our worst enemy and as our mind is so much more powerful than our body, if we strongly focus it on something negative, there is a danger that we may cause whatever we are most dreading to happen. I will elaborate on this in Chapter Eight, on 'Cancer and the Mind'.

When the lady told me her story, it interested me and made me smile. She had been travelling on the underground when she had broken into a sweat: she was having a hot flush, a common and uncomfortable symptom of the menopause. A fellow lady passenger sitting across from her looked at her sympathetically. It is very sad in today's society that we cannot talk to one another any more, especially on the underground, as this is considered

to be dangerous. Unless we know each other, we tend to refrain from becoming involved as certain situations can turn very nasty, as I once witnessed while travelling on the underground.

This lady noticed that the sympathetic woman opposite her had started to write a little note. As she stood to disembark, she handed this note over to her. It said, 'I can see your problem. I had a similar problem. HRT did not help and I also felt it was dangerous. May I advise you to see Jan de Vries for a consultation. A friend of mine advised me to see him. I am completely free of the perspiration problem now and my fear of cancer has gone.'

Many questions were raised regarding HRT and its possible relation to breast cancer when I took part in programmes with Gloria Hunniford on Radio 2 in the 1980s. In the 12 years that I appeared on these programmes, I reiterated my advice that if one can treat menopausal symptoms without HRT, one should do so. There are plenty of natural remedies which are just as effective. If you can be treated naturally, why would you want to take an artificial remedy?

In saying that, I would be lying if I claimed I had never advised a patient to take HRT. In some cases where there is absolutely no alternative, I recommend its use but I always inform patients that in the time I have been in practice, over 45 years, I have seen the side effects of HRT, including phlebitis, thrombosis and breast cancer. Even today, when a lot more has been learned by scientists about the hormone system, there is still not an endocrinologist or immunologist who knows exactly how the hormone system works. For this reason, it is important to take the more natural approach if at all possible.

Although the body's hormonal system is extremely complex and I will be discussing it throughout this book, I would like to digress for a short time to describe it in simple terms. It consists of a number of glands scattered around

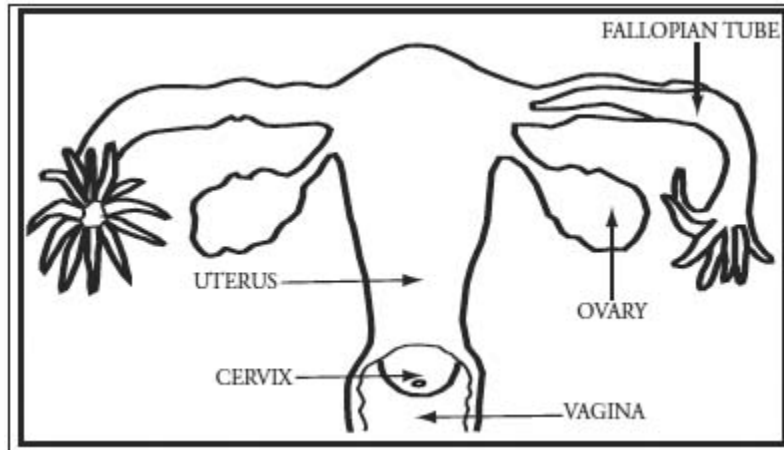
the body. Each gland is responsible for producing and secreting one or more specific chemicals which we call hormones. The hormonal system has a wide range of functions. It is involved with:

- Growth and development
- Regulation of mood
- Tissue function
- Sexual function and reproduction
- Use and storage of energy
- Maintenance of fluids, salt and sugars in the blood

Some examples of hormones are as follows:

HORMONE	SECRETED BY
Growth hormone	Pituitary
Thyroxine	Thyroid
Adrenaline, noradrenaline	Adrenals
Insulin	Pancreas
Testosterone	Testes
Oestrogen	Ovaries
Progesterone	Ovaries

Hormones are secreted into the bloodstream and, as a result, their effects are often seen far from the organ responsible for their production. The body's cells have receptors that attract specific hormones. This ensures that hormones work on the correct cell or organ. When the hormone is delivered to a cell, chemical messages are passed to the inside of that cell.



HOW THE FEMALE REPRODUCTIVE SYSTEM WORKS

The female reproductive system consists of a number of organs.

The ovaries are two walnut-sized structures that sit on either side of the uterus. Ovaries contain follicles in which eggs mature. Ovaries also produce hormones. When born, baby girls have about two million eggs in their ovaries.

The fallopian tubes are simple structures connecting the ovaries to the uterus. They allow eggs to be transported from the ovary to the uterus. Each fallopian tube is about 4 cm long.

The uterus, or womb, is a hollow muscular structure about the size of a pear. It is in the uterus that a fertilised egg implants and matures during pregnancy.

The cervix is the opening to the uterus through which the male sperm travels to fertilise an egg. It is through the cervix that the baby leaves the uterus.

The vagina is the passageway connecting the uterus to the outside world.

THE FEMALE REPRODUCTIVE HORMONES

Females have two specific hormones, known as oestrogen and progesterone, which help to run the reproductive system. These hormones are produced in the ovaries and secreted into the bloodstream. The production and secretion

of the female reproductive hormones are controlled in turn by other hormones secreted by the pituitary gland, situated under the brain. These are known as follicle-stimulating hormone (FSH) and luteinising hormone (LH).

THE MENSTRUAL CYCLE

We commonly refer to menstruation as a 'period'. During menstruation, blood is lost from the uterus via the vagina. Menstruation lasts between three and seven days and occurs approximately every twenty-eight days. These are just average timescales; everyone is different. It is important that women get to know what is normal for them. Menstruation usually begins between the ages of ten and fourteen, although it can begin as late as eighteen. The first time a girl menstruates, it is known as the menarche. Menstruation usually stops when women are between 45 and 55 years old; this is known as the menopause. Altogether, most women menstruate about 550 times. Some women may experience a variety of symptoms around and after the menopause. These are commonly referred to as menopausal symptoms.

The whole menstrual cycle is very complicated. In essence, the following events happen during each cycle:

FSH stimulates the production of oestrogen and growth of follicles which contain eggs.

Oestrogen thickens the lining of the womb and rising oestrogen levels trigger the production of LH, which initiates an egg being released from one of the follicles in the ovary - this is known as ovulation.

The egg matures and travels down the fallopian tube to the uterus.

The ruptured follicle produces progesterone, which maintains the thickened womb lining.

If a sperm fertilises the egg the woman becomes pregnant.

If the egg is not fertilised, hormone levels fall and the unfertilised egg is passed out of the uterus. This is menstruation - when the lining of the uterus and the non-fertilised egg are released from the body.

Oestrogen is responsible for ovulation, while progesterone prepares the uterus for a fertilised egg.

You will hear people using the word 'premenstrual'. This is the term used to describe the few days before menstruation. During this time some women report a variety of physical and emotional symptoms. 'Postmenstrual' is not such a commonly used term. It is used to describe the days after menstruation, before ovulation begins again.

Levels of the female hormones change frequently in the body. This brings about the complicated processes that govern the female reproductive system.

It is to be noted that during some parts of the menstrual cycle, oestrogen levels are higher than progesterone. The reverse is true during other parts of the cycle. The healthy functioning of the whole menstrual cycle is dependent upon the correct balance of hormones at every single stage. It is the imbalance of these hormones that gives rise to difficulties.

WHAT GOES WRONG

In a normal, healthy menstrual cycle, oestrogen and progesterone levels rise and fall in a balanced way, depending upon the stage of the cycle. This balance is also important during the menopause, when both hormones show a natural decline.

The most common problems relating to the female hormonal system may be grouped as follows.

High Oestrogen

Generally, teenagers and young women with menstrual problems have oestrogen levels which are high relative to their progesterone levels. Symptoms experienced include heavy, painful periods, tender breasts, fluid retention, high anxiety, mood swings and nervous tension. In the longer term, high oestrogen levels may be a factor in the

development of fibroids and endometriosis. Problems before and during menstruation are often referred to as PMT or PMS (Pre-Menstrual Tension or Pre-Menstrual Syndrome). The features of PMS are variable and different women experience them in different ways.

Low Oestrogen

Some women experience irregular periods, a lengthening of their cycles, low spirits or depression, weepiness and constipation before menstruation. Periods are often painless. These women are usually older, often approaching the menopause. However, with the widespread use of the mini-pill or progesterone-based hormone injections as contraception, younger women may also experience symptoms of low oestrogen.

Menopausal Problems

The menopause is not an illness – it is a natural phase of life that is necessary, unless you wish to continue having children in your 80s. During the menopause, levels of oestrogen and progesterone should fall gradually until your menstrual cycle ceases. If this fall is balanced, the menopause should be a relatively trouble-free time. However, if hormonal levels fall rapidly, or if one hormone falls more than another, unwanted symptoms will arise.

FACTORS THAT AFFECT THE SMOOTH RUNNING OF THE MENSTRUAL CYCLE

- A poor diet containing large quantities of sugar and caffeine will cause blood sugar levels to rise and fall dramatically, contributing to mood swings, cravings, fatigue and nervous irritation. A poor diet will also deprive you of nutrients that you need for a smooth cycle, e.g. zinc for mental balance, magnesium for relaxed muscles, vitamin B for reduced stress and chromium for keeping sugar cravings under control.

- Alcohol and nicotine consume vast quantities of useful nutrients such as those mentioned above.
- Stress uses up vitamin B and magnesium, making you more prone to irritation, anger and cramping pains. The adrenal glands produce inflammatory hormones in response to stress, making symptoms worse. Stress also weakens the adrenal glands, which has an adverse effect on the production of sex hormones.
- The liver is responsible for degrading oestrogen. If it is not working well, oestrogen levels will rise.

Let us return now to the menopause and HRT. I have advised hundreds of the people who come to see me to try natural methods. There is so much that can be done for hormonal imbalances, such as dietary management, exercise, natural medicine and natural hormone treatments. These are often very successful and I have seen good results in many patients who have tried such methods.

In the course of the lectures I have given over the years in 40 different states of the United States, I have been given feedback during the question and answer sessions that many ladies take HRT not only for help with symptoms such as perspiration, but to keep them looking young. They are afraid of getting wrinkles or crow's feet and believe HRT is the answer. In addition, they feel it will make them more attractive to the opposite sex. Nothing is further from the truth. Many problems have arisen because of such misconceptions. It always amazes me that it has taken so many years for the medical establishment to come to the conclusion that HRT has side effects. Even though the press might have exaggerated these side effects, there is definite evidence that problems have occurred with the use of HRT. This has come to the fore through recent research.

Let us revert to the question, 'What is cancer?' Basically, cancer is a condition in which cells are out of control. I often

remind patients that cancer is like warfare. It can be compared to two opposing armies: the army of degenerative cells at war with the army of regenerative cells. If the former appears to be stronger, we have to provide the right materials and weapons for the army of regenerative cells to prop up their defences. A victory of the regenerative cells is then certainly not impossible. There is a wide range of natural weapons we can use to strengthen the army of regenerative cells and in this book I will outline some of these.

This is where complementary healthcare comes into its own: not only dietary management but also exercise and natural medicines, which I will talk about later in this book. A positive mind is also essential. Methods like Chinese breathing exercises, 'mind over matter' techniques and visualisation are all very important in the fight against cancer.

Cancer occurs when the cells, the 'building blocks' of the body, become diseased. Although these cells are different in each part of the body, they all either repair or reproduce themselves. There is therefore a lot one can do to control cancer by helping the regenerative cells. Normal cells look like an even plateau of little eggs with points in them - this is when tumours are benign. A tumour, however, when malignant, will grow out of this normal plateau like a muscle. In a benign tumour, the cells do not spread to other parts of the body, so we can then say they are not cancers. If they grow normally, there is no problem unless the tumour presses on surrounding organs. A malignant tumour has the ability to spread away from the original site. If the tumour is left untreated, it can invade and destroy surrounding tissues, or break away into a primary cancer condition and spread to other organs, such as the lymphatic system. When these cells reach yet another site, a new tumour can establish itself. It is always important to realise that cancer is a metabolic disease and that although there are more

than 200 different types of cancer, each one has its own form and name, and each requires a specific treatment. Later in this book, I will go into more detail about the different cancers that can affect women. Now let us talk a little bit more about what cancer is.

How often have we witnessed the terror the very sound of the word 'cancer' strikes in today's society? Cancer does not respect status and will attack rich and poor, old and young. I was still very young when I first became aware of this dreaded disease. My younger sister was born during the winter of 1944-5 which in the Netherlands, where I originate from, is commonly referred to as the 'Hunger Winter', for obvious reasons. How well I remember that wintry, grim morning, with death and destruction all around us. My mother - a very brave woman - was conducting a meeting which was interrupted by sirens warning us of an air raid and when the all-clear sounded, she asked one of her friends to take me home with her, as she had gone into labour. The local doctor was informed and also the midwife.

Although still very small, I realised that something unusual was going on when I was taken away by my mother's friend. The subsequent birth of my little sister seemed like a ray of sunshine and hope in a world full of misery and danger. It was something that cheered us all up and to the adults it acted temporarily as a diversion from their worries about the war.

A day later I was back home again, once arrangements had been made for the people in hiding from the Germans for whom my mother had accepted responsibility. It was then that a scaly patch was noticed on the back of my newly born sister and the local doctor was asked for his opinion. He was not too happy about it and advised us to get a second opinion. He told Mother that he suspected it to be a kind of skin cancer. This sounded serious and yet it seemed