What if they are wrong?

Cancer is a group of many related diseases. A simplistic definition of cancer is that some defect in our DNA, (specifically the chromosome responsible for normal controlled cell division, the P53 gene) is going astray. It is held that all cancers begin in cells, the body's basic unit of life. Cells make up tissues, and tissues make up the organs of the body. Normally, cells grow and divide to form new cells as the body needs them. When cells grow old and die, new cells take their place. Sometimes this orderly process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor. This principle has been the central focus of all research into the disease for well over a century. This is the underlining premise that everyone has accepted as their starting point, but I strongly suspect that this premise is wrong. Our DNA does not change from childhood to adulthood, yet the list of cancer types for these two age groups certainly does. How could there be any variances in the types of cancer one could acquire if cancer was caused by an inner cell DNA defect? There could not be a distinction, because our DNA does not change. But there is a distinction.

There are two means with which a cell can be reproduced, and only two. One method is the much studied process in which the cell's DNA instructs the cell to divide as outlined in the internal code of the cell. This has been the central focus of all queries into the disease since scientists have had the ability to study the body at the cellular level. The only other way in which a cell can be reproduced, is a less studied, and less understood method whereas the body's own immune system is sent to a region immediately following some form of trauma, to stimulate the neighbouring cells into rapidly reproducing themselves in the form of scar tissue. A close examination of tumor tissues reveals that there are similarities between the formation of scar tissue (with its accompanying inflammation) and cancerous activity. This relationship is most easily observed by comparing skin surface scars with skin cancer. Because scar tissue was manufactured rapidly, and by a different process than that of normal tissue replacement (normal cell division), it has different characteristics. Scar tissue made from skin cells has a distinct appearance with a smoother surface, firmer density, (described as a waxy appearance) and a different pigment from that of the surrounding tissue. The following quote can be found at www.google.com final report on Grant GR/K71394 Mathematical Model of Scar Tissue

"Scar tissue formation is a ubiquitous feature of adult wound healing, with the resulting repair both functionally and cosmetically inferior to normal skin. At microscopic level, the main difference between scar and normal tissue is in the alignment pattern of the collagen fibers of which they are composed."

'Functionally and cosmetically inferior' are characteristics shared by cells thought to be manufactured by cancer cells, and cells manufactured by our immune system. These characteristics are not attributed to cells manufactured by the normal DNA method.

If cancer was a disease of the cell losing the ability to replicate itself in a controlled

manor, then we would expect to see uniformity between the cancer tumor and the parent cell that had lost this ability to replicate itself in a controlled manner. We should not expect to see uniformity between cancers themselves, if this uniformity did not first exist between the parenting cells. But Warburg, while studying the metabolism of tumors, noted that "cancers of various species and tissue origins reveal a high uniformity from tumor to tumor." Warburg, O.: Stoffwechsel d. Tumore, Springer, Berlin, 1926. Engl. edn., The Metabolism of Tumors, tr. F. Dickens, London, 1930.

In fact there have been numerous studies all of which point to a number of parallelisms between cancer tumors of all types. There are a series of “common denominators” that are shared between all cancerous tissues that do not have this shared characteristic with the host cells. The following 4 quotes with references point this relationship out.

"Correlatively, the Coris find the lactic acid and sugar content of the various exhibitions of cancer to be highly uniform. Williams and his co-workers report a pronounced degree of uniformity in the concentration of eight B vitamins in a great variety of animal and human tumours, regardless of the tissue of origin or the manner of their induction." Cori, C.F., and Cori, C.J.:J. Biol. Chem., 64:11, 1925

"Shack describes an almost complete uniformity in cytochrome oxidase content in a number of mouse tumors." Shack, J.: J. Natl. Cancer Inst. 3:389, 1943

"Maver and Barrett describe substantial evidence for an immunological uniformity among malignant tumors. Greenstein reports an impressive degree of uniformity in enzyme concentration among malignant tissues, regardless of their means of induction, tissue of origin or species of origin." Greenstein, J.P.: Symposium on Cancer, A.A.A.S. Research Conference on Cancer, ed. F.R.Moulton, Am. Assoc. Advancement of Science, Washington, D.C., 1945, p. 192

"The uniformity of various exhibitions of cancer in respiratory properties, lactic acid production, vitamin content, enzyme content, action on a given substrate, effect on liver catalase, cytochrome oxidase content immunological properties, and many other characteristics is correlative to an uniformity of malignant tumors in the ability to metastasize, in their amenability to heterotransplantability, and in their autonomy, invasiveness and erosiveness. Indeed, there is no known basic property unique to any single exhibition of cancer---the only variation being a morphological one partially conditioned by admixed benign or somatic components." Cancer and the Immune System The Vital Connection

After considering all the above quotations, a fair question to be asked is, ‘Why is there such uniformity between cancer tissues from tumor to tumor?' Another question that comes to mind is, ‘If a fault in the DNA is causing this tissue growth, why is the daughter cell even distinguishable from the normal cell?'
All of this uniformity seems to paint a picture that there is a common theme in all cancers, which implies a signal source of manufacture. It is impossible for the DNA model to account for this anomaly of uniformity. This uniformity is an obvious inference

if the cancers were being formed from our immune system. A pattern of uniformity would be necessary if the immune system were held to be responsible for the manufacture of all these tissues. The cancer cell is distinguishable from the normal cell because it was manufactured by a different process then normal cell replacement. The DNA method of cell regeneration is not different and not distinguishable from the original.

Since there are only two ways in which a cell can be manufactured, and only one of the two methods can account for this ‘uniformity', and account for why the new cell is distinguishable from the parent cell, then it follows that the ‘repair' aspect of our immune system could be responsible for this non requested cell growth we call cancer.

Under the DNA model for cancer it is held that the immune system sits idle as cancer activity proliferates. This is a necessary maxim for the DNA model, because the evidence supports that the immune system does not make any attempt to prevent this cancerous activity. It is not yet understood why the immune system would sit idle while events that it is designed to prevent, takes place. This anomaly has given birth to the belief that among the other astonishing attributes of the cancer cell is its ability to ‘disguise itself', and ‘recruit allies‘ in its defence, and a host of other special attributes that have been bestowed on these miracle cells. No attempt is made to account for how these cancer cells do this, but it is necessary to attempt to address why they are being left alone by the immune system. This anomaly has never been adequately addressed and remains as a major conundrum of the present DNA model of cancer.

It is observed and acknowledged that there is a corresponding activity in the lymphatic system in episodes of cancer. Often it is observed that the cancer has spread to the adjacent lymph nodes. Yet the purpose of the lymph nodes is to serve as the center for production of phagocytes, which engulf bacteria and poisonous substances. Lymph nodes are a vital component of the immune system, and are always associated with immune system activity. In other words, with every non cancerous situation, the enlarged lymph nodes indicates that the immune system is active and fulfilling its function. However we are told, in episodes of cancer, although it is acknowledged that the lymph nodes are active, the immune system is thought to remain inactive. It defies reason to accept that the immune system is doing nothing. A more credible explanation for this phenomenon is that the immune system is doing everything. This is not as bizarre as it sounds since all of the characteristics of the cancerous activity; also happen to be normal immune system functions.
First we need to recognize that the term ‘immune system' is used to describe a complex body function that is actually three distinct systems with three distinct responsibilities;
i) to identify foreign antigens that are deemed to be enemies of the body?
ii) to destroy these enemies of the body; and
iii) to repair any damage that may have occurred during this onslaught. (wrapped within this repair aspect, is the immune system's ability to ‘inflame' the site with increased blood flow, a natural and vital component necessary to sustain the life of these newly generated cells.)

The mechanism that starts the repair process is triggered when the body experiences some form of trauma. Clearly once this process has been set in motion, there needs to be a corresponding mechanism in place to inform the body of when the healing process has been completed. That is to say, the body must be made to know when to start, and when to stop the rapid formation of scar tissue, so that the immune system may end this elevated activity, and restore itself to the level of activity that existed prior to the trauma. It doesn't require too much imagination to realize that the inability to shut off this 'repair process' would result in a situation indistinguishable from what we presently call 'cancer'. So instead of viewing cancer as a defect in the p53 tumor suppressor gene, we could view it as a defect in our immune system which is carrying out repairs on tissues that do not first need repairing, and/or repairing cells and then not receiving a signal as to when to stop. There must be a stop code.

Cancer becomes much less mysterious if we simply view that the immune system is causing the lawless proliferation of growth, (since it is its job to do so,) and the immune system is also supplying the essential blood supply to support this new growth, by way of inflammation (again, because it is its job to do so). To read the present accounting of how the cancer cells manage to build the infrastructure of a blood supply system to support the existence of these newly generated cells, exceeds my level of gullibility. The cells are attributed with a host of special abilities unique to them alone which permits this event to take place. Yet at the same time, the philosophy in treating cancer patients with radiation and chemotherapy, is that these are the weakest cells and will be the first ones to die. Chemotherapy and radiation are the two most significant treatments against cancer. All other treatments are aimed at invigorating, boosting, stimulating etc. the immune system into attacking the cancer. Paradoxically, the two most successful treatments make no attempt at employing the immune system in the fight against cancer. They go after the cancer cells themselves. From this new vantage point of understanding cancer, we can see why treatments that do not involve the immune system would be the most effective treatments in the fight against cancer. If the immune system were found to be ultimately responsible for this un requested tissue growth we call cancer, it would be absurd to expect it to attack itself. But if we make this simple adjustment in our model for explaining cancer, (by taking the blame away from the individual cell's DNA, (chromosome p53) and placing the blame on the immune system as a whole, or more specifically, the repair aspect of our immune system,) then we simplify things immensely. This phenomenon then becomes a candidate to apply Occam's razor. Why employ a complex set of beliefs when a simple explanation already exists? Unexplainable events become, for the first time, explainable. As to why the immune system leaves the cancer alone would become easily explained if the cancer were a function of a defective immune system. Similarly we would be able to account for how the cancer can travel throughout the body undetected and take up residence in another part of the body without being detected or encountering resistance along the way.

Mark Twain is quoted as having said "What gets us into trouble is not what we don't know. It's what we know for sure, that just ain't so."

Statistical connections have been difficult to extract using the DNA framework because the scientific community is only looking at half the equation. Currently, scientists are only looking at the hierarchy of cell types to come under attack, which produces only

‘links' to lifestyle choices or environmental exposures, etc.. If we factor into this how an individual treats their immune system, then perhaps some concrete relationships could be observed. Thus, cancer could be viewed as fulfilling a two part equation. The individual must first be in possession of a defective immune system that is capable of producing non requested scar tissue, (or perhaps not being able to determine that this repair process has been completed, and thus be able to shut off this subsidiary of the immune system). The second requirement is the defective immune system must then be steered towards a certain tissue type to commence this non requested work.

Examine for a moment how we have treated our immune system since the industrial revolution (which preceded the chemical revolution, which gave birth to the medicines that we enjoy today). When we become ill, our immune system requires energy to do its job. Our immune system takes much of the energy normally used to fuel our muscles and heat our body, so we may feel fatigued, run down and chilled while our immune system is preparing itself for the ensuing fight. The stage is set for a classic battle between the immune system, and the offending foreign virus. So what do we do? It is at this point that we (Western Society) start “assisting” our immune system. As the fight progresses, undesirable waste products are produced. The clinical definition refers to T cells secreting cytokines, and lymphokines being secreted by B cells and natural killer cells injecting acidic fluids, etc.. The immune system will employ one or more of the body's orifices to flush out or eject these waste products, but it has become our practice to attempt to stop this. We take medications for nausea and upset stomach, hindering the body's ability to rid itself of the stomach's contents. We take pills or serums for diarrhea if the body attempts to rid itself of the contents of the intestinal tract. We take pills, sprays or ointments for runny noses; watering eyes; coughing; sneezing,... any and every endeavour that the immune system employs to rid itself of the by-products. When you consider that the ears naturally drain into the throat, the immune system has employed each and every orifice that the body has, and we employ medications to stop or hinder the use of every one of them. We medically “handcuff” the immune system from performing its job. Since this tendency of trying to assist our immune systems is fairly modern, then it helps us understand why cancer has become classified as a modern epidemic.

Another modern tendency that has avoided being studied is the pre packaged food industry, which constitutes more and more of the products that enter the food chain in Western Societies. With departments of health overseeing the cleanliness of our food, we tend to live in an ever increasingly sterile environment. The entire ‘Western Culture' is designed to take as much of the burden off of the immune system as possible. This all leads to the immune system having less to do. Our ancestors did not have health departments overlooking their food preparation. Our ancestors did not have near the amounts of cancer either. Third world cultures also share this phenomenon which would help to explain the third world paradox, and why people who immigrate from cultures with lower cancer rates, tend to inherit the cancer statistics of their new country despite how much of their original culture they try to preserve. All of our pre packaged, and grocery shelved foods have had a regime of government inspections to limit or eliminate impurities and bacteria so that our immune system will no longer have to deal with this. Our homes and business institutes have all been cleaned on a regular basis with products that contain disinfectants that are marketed as being able to kill 99.9% of germs and bacteria on contact. That leaves just 0.1% for our immune system to contend with. Our

water supply has undergone a series of processes to ensure that it is free of contaminants and bacteria. As cancer statistics continue to rise , we as a society, in an ever increasing act of paranoia have reverted to thinking that even this is not good enough, and have resorted to buying bottled water, and water that is believed to have undergone even further treatments. The cancer statistics then become a self fulfilling prophecy. The quest for increasingly sterile products is corresponding with our increasing cancer statistics, causing a spiraling ‘Catch 22'. You can't get around the fact that your water supply and your food sources have all been sterilized for you. This entails that your immune system has less to do. When your immune system has less to do, it becomes weaker. Weaker immune systems cause cancer statistics to rise. Rising cancer statistics cause us to want to do more to provide health for our bodies. This is the ‘cancer paradox'; which has people scratching their heads wondering why ‘couch potatoes' and people who are less concerned with their health, tend to outlive those who take health concerns seriously.

Another troubling irony can be observed from the following passage which is an excerpt from the Moss Report For October 23, 2005 on the subject of Mammography Paradox.
...[more alarming by far is the little-publicized fact that in women aged 40-49, mammography is actually associated with an increased, rather than a decreased, risk of death- a phenomenon known to researchers as the "mammography paradox."
This increased death rate from breast cancer in younger women who undergo screening mammography has been documented consistently in screening trials across different countries, settings and populations. It is a fact known to many researchers in the field, yet it remains largely unknown to the general public An unacknowledged harm is that for up to 11 years after the initiation of breast cancer screening in women aged 40-49 years, screened women face a higher death rate from breast cancer than unscreened control women, although that is contrary to what one would expect" (Baines 2003).]

This anomaly can be accounted for from the new framework for understanding cancer. The process of having a mammography inflicts a great deal of stress on the tissues of the breast as it is manipulated (flattened) for the purpose of the screening. This immune system would then target this damaged tissue as requiring repair work. Those in the control group, who did not undergo this activity, would not have this tissue targeted as needing any repairs. If an equal number of people in both the control group and the mammography group were to have the requisite defective immune system that was capable of manufacturing non requested tissue, then it is easy to see that the group that did not have this defective immune system directed towards this one specific tissue type, would have lower statistics of breast cancer.

One could point out that cancer activity can be clinically observed. If it were in fact, a normal body function, then why does it shows up on tests designed to indicate cancerous activity? The tests show heat being generated. The by-product of this unauthorized work being performed by this arm of the immune system; namely the cancer cells stimulating the rapid cell division and inflaming the area with increased blood flow, is heat. This

“heat” being generated, from the point of view of the present DNA model, is interpreted as the immune system battling with the foreign antigen that is causing the cancer. But no foreign antigen can be found (and the immune system is thought to be unable to recognise the cancer, so it has already been dismissed from the scenario). Every cell that can be observed in the cancerous area is legitimate. It would be prudent to ask ‘why would the immune system wait until this proposed antigen took up residency in the cells DNA before it amassed any objection to this antigen's presence?' If there were no activity, the area would operate at body temperature, and register as cold (not register). This is why cancer cannot be observed as it flows through the body. It can only be observed when it takes up residency and starts to inflame and stimulate the cell division in a new area. If, on the other hand, cancer were caused from some antigen inducing the DNA of a tissue to malfunction, and this antigen encountered an immune response, then we should be able to observe this cancerous activity as it moved thru the body to a new location.

Cold-Hot; Inactive-active; benign-malignant. These are the differences between non life threatening benign tumours, and life threatening malignant tumours, specifically one is active (cancerous) and one is benign (scar tissue). The fundamental difference between a benign tumor and a cancerous tumor is in the timing of when it is discovered. If you discover a benign tumor (or perhaps we could call it a tumor “after-the-fact“), the body has stopped, and there is a mass of scar tissue that is currently not undergoing any development. If however, you were to stumble upon this very same tumor as it was being manufactured, it would be deemed to be a cancerous tumor. If your body is capable of producing a benign tumor, it is capable of producing a cancerous tumor. In the benign tumor, the immune system began a repair process that may or may not have been required, but then it received the ‘stop code'. In a cancerous tumor, either the cells do not receive the ‘stop code', or you are observing it before it has received the ‘stop code'. I have never heard of an Oncologist saying to a patient “You've got some sort of tumor being produced, but let's leave it be, and see if it doesn't stop and become benign on its own”. If that same tissue were to be observed when it was inactive, it would simply be dismissed as a benign tumor that had previously been produced at some time in the past. The benign scar tissue has already been manufactured by the immune system, and is now dormant. Everyone freely accepts that the inactive scar tissue was manufactured by the immune system. It should therefore be an easy inference to accept that cancer, or active scar tissue, or perhaps ‘runaway scar tissue', is currently being manufactured by the immune system, though be it a defective one.

When medical professionals discover an active tumor being produced, they may opt to surgically remove the tumor and the offending cancer cells that made it (excision biopsy). As this radical surgery has not yielded the desired success rates, the medical profession has expanded the scope of the surgery to include the surrounding tissues (margin), believing that these tissues might contain some stray cancer cells. They test this removed tissue and may confirm that it too was cancerous. They then close up the wound and hope that they have managed to remove all of the cancerous tissue. Now they must wait until the immune system has had time to heal up the surgical wound before testing the area, because the activity of the inflammatory nature of the healing process will read as ‘hot'. We then have the defective immune system, which may turn out to have caused the tumor

to begin with, being invited back to the site, and being expected to heal up this surgical cut. Healing is what the immune system does. Therefore, this is an exercise for it. Often, the immune system heals over the surgery and then stops. The surgery was a success. Sometimes, however; the immune system doesn't stop. The immune system continues to produce scar tissue, and rapidly divide the adjoining tissues without receiving the message that the task has been completed. The poor surgeon is mystified that he or she could have missed some of the cancer cells, and now they appear to have merely taken up where they left off. This patient, now rid of the offending tissues, should mathematically be given the same bill of health as a non patient. But the statistics do not support this optimistic expectation. Quite often, the cancer patients who undergo surgery have recurrences at the original site. If the cancer recurs at another location, then the surgery would be statistically labeled as a success, but even with this clemency being granted, the statistics for the surgery are not too favorable. The apparent failure of the surgery has given birth to the suspicions that exposing the cancerous tissue to the air helps it to spread. Or exposing the cancer to the light of the Operating Room, perhaps, is what causes it to flourish. Exposing the cancer to the light and air is a by-product of the fact that these cells have been operated on, and as a result, the immune system is re-invited back to the region to repair the surgical wound. The suppositions that the light or air has anything to do with any reoccurrence can be dismissed because surgeries that are preformed on patients, who have not been diagnosed with cancer, are not subject to similar incidences of tumors, despite also being subjected to the light and air. These patients do not have the first prerequisite, namely the faulty immune system that can't generate the “stop code“. Even the supporters of the DNA model, acknowledge that cancer cells are in all of us (because the ‘spontaneous existence of matter' is an absurd proposition). If we were to attribute this reaction to the light and/or air as yet another mystical feature enjoyed only by cancer cells, we would still need to account for why every surgery was not subject to the same level of reoccurrence. The non cancerous patient has a properly functioning immune system which still has the ability of knowing when to stop the healing process. In the cases of cancer patients, since the immune system has already shown to be defective, it should not be surprising to find out that sometimes it does turn out to be relentlessly continuing the healing process and in so doing, inflict the area with a new cluster of cancerous activity, despite how diligent and careful the surgeon had preformed.

If a weakened immune system has been shown to causes cancer, would it not therefore follow that a strengthened immune system, should overcome, or at least prevent cancer? There is a paradox with immunosuppressant medications which clearly establishes that there is a cause-effect relationship between cancer and a weakened immune system. It should be anticipated that this is the one thing that everyone has been searching for, but no one can recognise this because it doesn't fit with the DNA model. Immunosuppressant medications were developed to intentionally decrease the effect of the immune system in organ transplant patents, for the purpose of preventing the body's defence mechanism from attacking (rejecting) the foreign tissues of the transplant operation. If the patient survives the operation, and overcomes the rejection, they will live longer lives then they would have, had they not had the operation. Unfortunately, the statistical evidence shows that the transplant patient will ultimately succumb to a bout

with cancer. This phenomenon has scientists struggling for an explanation:
“Scientists believe transplant recipients were already at risk
for cancer because their weakened immune system could not
keep healthy cells from becoming malignant”.
“ The use of immunosuppressants(cyclosporine) increases the
chance cancer cells will divide and invade surrounding tissue.
However it is not clear if cyclosporine can change normal cells
into cancer cells researchers say”
web search for ‘organ transplants'
Organ Transplant Drug Increases Cancer Risk
Friday, Feb.12, 1999\