DR. MICOZZI'S
INSIDERS' CURES
DECEMBER 2013 • VOLUME II • ISSUE 12

The business of cancer

How more cancer screenings and the uptick in diagnoses is doing more harm than good

Few things in life are more frightening than a cancer diagnosis. Just hearing the words, "You have cancer," can throw a person into a devastating tailspin—taking their loved ones along with them.

So imagine hearing those words when they're not actually true. Imagine having your life turned upside-down and facing mortality eye-to-eye, only to find out what you have isn't really cancer… it's a case of *mistaken identity, or* ***false labeling.***

That's just what's happening to countless people around the country every day. They are receiving the shocking and demoralizing news that they have cancer—a life-threatening illness—when they actually have something that has no chance of ever killing them.

Not all "cancer" is created equal

So how is this happening? It all comes down to what you call things, and our medical establishment has taken to calling things "cancer" even when they're not.

In dermatology, for instance, pathologists have long observed relatively benign tumors as only "Grade ½" based on the benign appearance of the cells. Normally cancer cells are graded on a scale of one to four, so a half-grade is meant to register that cells don't really look like cancer—and they don't behave like it either.

But instead of just removing these skin growths and letting their patients go on with their day, dermatologists put the fear of death in them by calling them cancer. (As it is, they already get a lot of practice putting the fear of death into their patients when it comes to the sun). The truth is most skin cancers are relatively benign growths and do not cause long-term problems if they're removed. So why call these growths that don't even meet the pathological requirements for the lowest level—Grade 1—cancer?

Even the National Cancer Institute (NCI) is starting to wake up to this problem. A working group they recently sanctioned just advised the medical community that the "use of the term *cancer* should be reserved for describing lesions with a reasonable likelihood of lethal progression if left untreated."

Translation? If it can't kill a person, STOP calling it cancer!

The far-reaching effects of cancer scares

These unnecessary cancer diagnoses have effects far beyond the initial scare. Many cancers are being treated that don't need to be. And as we all know, treatment isn't benign in itself.

For those "Grade ½" skin lesions, treatment is simple (removal with local anesthetic, if that). But for other so-called "cancers," people are put through major surgery, toxic chemotherapy, and/or radiation.

Take prostate cancer, the most common cancer in men. As men get older, they become more likely to develop an "occult cancer" of the prostate. But in most cases, this "cancer" is so slow-growing and silent that it never causes problems. In fact, if it's not discovered by overeager screening, it probably will go unnoticed—unless it shows up as an "incidental" finding at an autopsy of a man who has died in advanced old age of some other cause. If such a cancer is caught, however, you can count on aggressive, invasive and unnecessary treatment, not to mention mental anguish.

Continued on page 2...

In this issue:

Marc S. Micozzi, M.D., Ph.D., is a worldwide leader in nutritional and complementary/alternative medicine. He has had a distinguished career as a researcher and physician executive at the National Institutes of Health and Walter Reed National Military Medical Center in Washington, DC, and the College of Physicians in Philadelphia PA. He has published over 30 medical and trade books, and founded and edited the first scientific journal, and the first textbook, on complementary/alternative and nutritional medicine, now going into a 5th edition (2014) and continuously in print since 1995.

Dr. Micozzi's *Insiders'* Cures is published monthly by OmniVista Health Media, L.L.C., 819 N. Charles St., Baltimore, MD 21201 for $74 per year ($6.16 an issue).

POSTMASTER: Send address changes to Insiders' Cures, 819 N. Charles St., Baltimore, MD 21201.

Author: Marc S. Micozzi, M.D., Ph.D.
Publisher: Katherine Wheeler
Executive Editor: Amanda Angelini

Cancer treatments remain among the most toxic, dangerous treatments still practiced anywhere since the Middle Ages—with many side effects of their own. They can even cause secondary cancers. *So the cancer you went in for won't kill you, but here's another one that probably will!*

When I was a medical resident, my next-door neighbor in Philadelphia was a retired fireman who came down with lymphoma. He was treated with a new "miracle" cancer drug, Adriamycin (a chemotherapeutic agent originally developed from algae in the Adriatic Sea). He was cured of the cancer, but the Adriamycin destroyed his heart muscle and he quickly died—albeit "cancer-free." Knowing what we now know, I suspect the drug totally destroyed the cellular respiration function in the mitochondria, causing the heart to go first.

That's just one story, but there are lots more like it. And beyond its effects on individuals like my neighbor, this "over-diagnosis/over-treatment crisis" makes us less healthy as a society.

Just think of the epidemic of vitamin D deficiency that has resulted from our being kept out of the sun for fear of skin cancers (91 percent of which don't really behave like cancer at all).

We now realize that lack of vitamin D can contribute to other, typically more serious, cancers (and heart disease, and respiratory diseases, and more).[1] So again, we're trading a relatively minor health concern for a major one.

Of course, the over-diagnosis/over-treatment crisis wouldn't be possible without another, equally problematic aspect of modern oncology.

Cancer screening paves the way for problems

The concept of cancer screening in the United States has become highly problematic over the past three decades. For example, the medical establishment pushes dangerous, expensive and overused procedures such as colonoscopy , while virtually ignoring screening for lung cancer which causes far more cancer deaths. (Refer back to the October and November issues of Insiders' Cures for more on colon cancer and lung cancer screening.)

Then, added to that, screening is identifying more of what doctors have been calling "early cancers," but which we now realize are not cancers at all. From a distance, it looks like the system has been catching more cancers and preventing more deaths due to cancer. But these statistics are misleading if the additional cancers were not going to cause death in the first place. It's all part of the statistical trickery used to create the illusion of some progress in the "war on cancer."

This numbers game makes us think we're getting ahead of cancer. But all we are really doing is just diagnosing more "non-cancers" and calling it a success when they don't kill us.

Here's an example: Breast cancer screening has led to an overall increase in incidence of new "cases," because both cancers and non-cancers are being detected. So when cancer death rates stay the same or decrease, despite a supposed increase in incidence, it allows the government to claim a false sense of victory. The same is happening with prostate cancer and others.

And all the while, the real goal—to reduce the rates of late-stage cancers and cancer deaths—remains elusive. Screening practices and programs

designed for that purpose have not met their goals. All we have done is to increase detection of "early-stage" cancer but without any decline in "late-stage" cancer. If cancer is defined as a disease that will lead to death if untreated, then detecting an "early" cancer that would have never led to death is not detecting cancer at all. And we have accomplished nothing.

When does screening make sense?

We need to understand and appreciate the biology of different cancers. If a cancer is *very fast-growing*, then no screening can realistically be effective when it comes to the population as a whole. If it is *slower-growing*, as with colon polyps that take a long time (15 years on average) to develop into colon cancer, then less frequent screening can be effective.

If growth is *very slow* (for example, exceeding human life expectancy, such as "occult" cancer of prostate) then screening is actually harmful because it detects lesions that need not and *should not* be treated.

The one unqualified success story we've seen with screening is for cervical cancer. Cervical cancer used to be one of the top causes of cancer deaths in women. But from 1955 to 1992, the cancer death rate has declined by almost 70 percent—thanks to widespread, easy, and effective screening.[2] No other cancer screening has shown anywhere near these kinds of positive results.

Given this sad state of affairs, what else is the NCI-approved panel I mentioned above proposing?

A common-sense solution

The practice of oncology in the United States is in serious need of a host of reforms to address the problems of over-diagnosis and over-treatment.

The advisory panel laid out a plan for dealing with this problem. First, as I mentioned earlier, it specifically advised that a number of "pre-malignant" conditions should no longer be called "cancer." This includes the common intra-ductal carcinoma of the breast (within the breast ducts) and even "high-grade" intraepithelial neoplasia of the prostate.

Instead, a different category of growth or tumor should be recognized and labeled appropriately as "non-cancer." Doesn't that sound less frightening? The panel suggests using such terms as "indolent lesions of epithelial origin" or IDLE.

A big part of the problem is all the medical sub-specialties involved in cancer. Each has its own terminology largely based upon the technologies they use, rather than a fundamental understanding of the biology of cancer. The use of new tools for diagnosing or treating diseases has driven the creation and practice of different medical specialties, each of which has developed exclusive uses of these technologies. This state of affairs calls to mind the admonition, "If your only tool is a hammer, then you see every problem as a nail."

Another result of medical sub-specialization is the different terminologies in use across the spectrum of pathology, radiology, surgery, and other medical specialities as well as the general community. The panel has recommended that a body such as the Institute of Medicine determine what we should call these lesions now called cancer.

Then—in order to actually affect the rates of late-stage cancers and cancer deaths—all the other "pre-malignant" lesions must be tracked separately by government statisticians, instead of being lumped together with cancer. That's the only way we'll get an accurate view of what is and is not causing *real* cancer. This would vastly improve the quality of our cancer statistics, on which our national health policies are based.

Another proposal focuses on reducing over-diagnosis by reducing the use of low-yield diagnostic tests, reducing the frequency of screenings, focusing on high-risk populations, and raising requirements for taking a biopsy.

Finally, the panel recommended alternatives to treatment by focusing on the environment in which tumors arise. Strategies such as diet or chemoprevention (reducing the risk of cancer by specific micronutrient vitamins and minerals) may be as effective, and are less toxic, than traditional therapies.

Of course, given misplaced priorities for cancer research funding, the oncology community still has a long way to go before understanding the right doses, forms, and micronutrients to use. But some research is beginning to emerge that may point us in the right direction. On page 8 of this newsletter, for instance, I describe a study that found higher intake of vitamins C, D, and E was associated with lower risk of breast cancer death or recurrence.

What you can do

The first thing patients and doctors alike need to do is be aware of the problem of over-diagnosis. Then you can make informed decisions.

But regardless of how long it takes the mainstream medical community to change its ways in regards to cancer, there are a couple of things you can do right now to significantly reduce your risk of ever facing a cancer diagnosis.

First and foremost, it's important to remember that individual cancer cells

Continued on page 4...

continuously arise in the body. But a healthy immune system eliminates them before they can cause trouble. So keeping your immune system balanced and operating at peak performance should be your No. 1 priority. And the very best way to do that is to eat a nutritious diet that includes a variety of produce, protein, and, yes, even some fat, especially omega-3s.

For those cancer cells that *do* survive, the only way they can grow into a life-threatening tumor is by hijacking your body's blood supply. It diverts blood vessels from other parts of the body and pulls them into the tumor. This stolen blood supplies nutrients to the growing tumor. This process is called angiogenesis. And there are many safe, natural ways to stop it. I covered these approaches in detail in the July 2013 issue of *Insiders' Cures*. If you don't still have your copy, you can download and view it for free on my website, www.drmicozzi.com.

Citations available online at www.DrMicozzi.com

NEWS BRIEF

Mr. Scrooge might as well smoke

If you have any doubt that humans are social animals, just read my article on holiday survival on page 6. But being social doesn't just affect quality of life. It can affect your *quantity* of life as well.

Researchers at the University of California have found that lack of social interaction—in other words, social isolation—is a risk factor for premature death.[1] In fact, it even rivals the effects of "traditional" factors for mortality, like smoking or high blood pressure.

Doctors routinely ask how many packs of cigarettes a patient smokes a day. Blood pressure is routinely monitored in doctors' offices, drug stores, and even at home (although, amazingly, up to half of the 50 million people who *should* have their blood pressure monitored *don't*). But how often do doctors evaluate their social circles?

Of course, social isolation is not as quick and easy to evaluate as other risk factors. There is a tool, though, that doctors can use to gather important information about a person's social relationships. The Social Network Index measures social isolation by looking at factors such as marital status, frequency of contacts with others, and participation in groups.

People with higher scores on the Social Network Index are healthier. We know, for instance, that women with suspected coronary disease who have strong social networks are less likely to die.[2] And research continually shows that being married is strongly associated with better health and lower mortality.[3]

This new study sheds some light on why these social connections make us healthier.

Being alone is as dangerous as smoking

Looking at data from almost 17,000 adults, the researchers found that greater social isolation put men at a nearly two-thirds higher risk of dying—almost exactly the same increase that smoking causes. In women it's even more striking: lonely women have a three-quarters higher risk of death than women with healthy social networks.

A social network has a lot of components, but this study found that for men, the most important risk factors were being unmarried, participating infrequently in religious activities, and lacking club or organization affiliations. In women, being unmarried, infrequent social contact, and participating infrequently in religious activities topped the list.

Even if your doctor is too rushed to ask you about your social relationships, you can take stock of your own social index with four easy questions:

- Are you married?
- Do you participate in religious activities?
- Do you belong to a group or club?
- How frequently to do you get together with other people?

If your answers show you could use some more social interaction, take advantage of the season and make some connections. Join a volunteer group. Go to church, temple, or synagogue with your family and friends. And if you aren't married, while you're there, maybe keep an eye out for that special someone.

Citations available online at www.DrMicozzi.com

Can metformin really cause dementia?

If the news reports describing a new study from Australia are to believed, type-2 diabetics who use metformin may face increased risk of dementia.

What the reports don't tell you is *why* the study found the drug to be associated with cognitive problems. And *that's* where the real story is.

As you know, if you've been reading *Insiders' Cures* and the *Daily Dispatch* for a while, I believe metformin is a very safe, effective drug for lowering blood sugar. Its benefits are so great it's worth finding solutions to its "side effects." Especially when those solutions are easy—and are things everyone should be doing anyway.

Understanding the numbers

The researchers gathered data from several sources throughout Australia and found that diabetics were 50 percent more likely to suffer some cognitive impairment compared to non-diabetics.

Among those with diabetes, the ones taking metformin scored significantly worse on cognitive measures. In fact, they had more than double the rate of dementia than other diabetics. If you just look at their statistics, it seems like a pretty clear-cut case against metformin.

But as we know, there's often more to the story than what makes the headlines. In fact, if you look at the actual numbers instead of the percentages, the differences are not as dramatic as they seem. On a standard measure of cognitive function, metformin users averaged 22.8, whereas others scored an average of 24.7. That's less than two points difference. Which is not nearly as alarming as the statistical analysis makes it sound.

Still, it's important to understand the reasons for the difference, so you can protect both your blood sugar and your brain. As it turns out, there's a simple explanation for the findings. And the good news is, it's something that can be addressed and turned around easily.

A little basic knowledge of nutrition will put it all in perspective. And a willingness to employ basic nutrients as truly "complementary" medicine will mitigate any of metformin's negative effects.

The brain vitamin

First a little background. Since the 1970s, clinicians and scientists have been aware that metformin use is associated with lower levels of vitamin B12. The culprit here may be an interaction between metformin and a receptor in a part of the small intestine. This interaction may inhibit the body's ability to absorb and use vitamin B12. Absorbing adequate vitamin B from the diet requires healthy stomach and intestinal functions. Many factors can interfere with or inhibit the absorption process—including metformin.

And if you continue digging

Continued on page 6...

Which B12 is best?

When choosing a B12 supplement, you may be confused about the terminology. You'll need to choose between two forms: cyanocobalamin or methylcobalamin.

Once it is in the body, cyanocobalamin is converted into the physiologic forms methylcobalamin and adenosylcobalamin (bound with a nucleic acid). However, outside the body methylcobalamin can be chemically unstable. If a micronutrient is unstable, it can break down before you take it, and you don't know what (if any) potency is left—or what potentially dangerous byproducts may be present.

I recommend cyanocobalamin because it is much more stable before it gets into the body. Stability is important during manufacturing and shipping, so that a product stays fresh, safe and potent for you on your shelf.

Note that a trace amount of the chemical group cyanide is used during the processing of cyanocobalamin. The small trace poses no danger and can actually have a nutritive effect in trace amounts in light of the biological concept of hormesis (which is too big a topic for this article; for more on that, consult my medical textbook, *Fundamentals of Complementary & Alternative Medicine*, 4th edition; Elsevier Health Sciences, 2011). There are actually trace amounts of arsenic and cyanide naturally occurring in fruits (especially the seeds and pits) and nuts. In nature, this probably helps keep many small predators, such as microbes and insects, from spoiling the fruit and the seed while having no effect regarding human consumption.

into the numbers of the Australian analysis, you'll see that the evidence supports this theory. Among patients with diabetes, cognitive function measures were lower among those who had low levels of vitamin B12 in their blood. B12 deficiency is a well-known cause of cognitive decline.

Too bad more doctors don't know about this problem and advise their patients. It's easy to fix once you know a little nutrition. And it's important to address it early, because the effects can become permanent if not addressed within a year of when the symptoms start.[1]

So the real issue this study points out is **not** that metformin harms cognition. The real news is that anyone taking metformin should also be taking B vitamins.

We have known for decades that B vitamins are critical for healthy brain and nervous tissue. In Europe, B vitamins are even called "neurovitamins" because of their essential role in brain function.

Because metformin decreases B12 absorption, people taking it may not be able to get enough of the vitamin from a well-balanced diet alone. That's especially true for people who follow a vegetarian diet, have had gastrointestinal surgery, or take drugs that suppress stomach acid (which are used in epidemic proportions today).

Amazingly enough, despite metformin's long market history, there are currently no clinical guidelines in place for monitoring or supplementing B vitamins.

And of course, the government's paltry Recommended Daily Allowances (RDAs) are nowhere near sufficient to deal with these issues. Maintaining "adequate" vitamin B12 levels is not good enough to reverse the potential effects of metformin, nor to reduce the risk of cognitive decline in later life.

Every person taking metformin should also be taking high-quality B vitamins. In fact, good levels of B vitamins, including vitamin B12, should be part of any natural approach to healthy brain function—especially with aging. See sidebars for recommended doses and forms for achieving optimal levels. IC

Citations available online at www.DrMicozzi.com

Brain-boosting vitamin B doses

Thiamine	2.5 to 5.0 mg
Vitamin B-6 (pyridoxine)	5 to 10 mg
Folate (L-methylfolate)	800 to 1600 mcg (0.8 to 1.6 mg)*
Vitamin B 12 (cyanocobalamin)	20 to 40 mcg

*For folate, I recommend Metfolin®, which is high quality, bioavailable, and pharmaceutical grade

Holiday training: How to get your brain ready for the "Happiest Time of the Year"

This time of year, "Christmas spirit" is everywhere you look. And as a collective aspiration for benevolence toward and from our fellow men and women, it can be beautiful indeed.

That's not to say the holidays are all sunshine and mistletoe. It's also rife with opportunities for sadness—with the high expectations, hectic schedules, and maybe even reminders of long-gone, happier holidays in years past. Even the gatherings of loved ones can tax us in ways we may not anticipate. Whether it's the in-law who can't get off his or her soapbox or the granddaughter who's too focused on her "smart" phone to even notice you've arrived, it's easy to feel disconnected this time of year.

But there's good news in that our ability to connect with others is something we can improve. Like a muscle that gets stronger with exercise, our benevolence toward others increases the more we interact with others. And recent research gives us a concrete way to "train" for the connection-marathon that the holidays often prove to be.

First, ditch the techno-gadgets

Back to that granddaughter who just can't seem to look up from her phone. She may be taking it to an altogether new level, but you've probably noticed that many of us, across the generations, are spending more time staring at small screens these days. And this technology craze comes at a price: By remaining "connected" all the time with these devices, we're losing our ability to connect with one another.

That's because our brains are shaped by experiences. So when our

brains are only given opportunities to find gratification from screens, they forget how to find it from people.

Of course, if the brain can be rewired once, it can be done again. And a new study shows that the age-old practice of meditation can do just that.

Cultivating kindness

A recent study plucked people from their everyday technology addictions and enrolled them in a workshop on a mindfulness meditation known as "metta," or "loving-kindness" meditation (see sidebar).[1] After six weeks, the meditators improved their outlook and felt more connected to others. Not only that, but their physical health benefited as well.

The researchers looked at participants' vagal tone, which refers to the health of the vagus nerve. The vagus nerve plays a key part in regulating our major bodily functions, including breathing, heart rate, and digestion. It's also responsible for helping us deal with stress. So people with better vagal tone typically respond better to stressful events.

The vagus nerve isn't only responsible for organ systems; it also is essential for social interactions: It helps us control our facial expressions and tune into others' voices. When we improve our vagal tone, we increase our capacity for connection, friendship and empathy. These powerful effects even have the ability to regulate our genes, turning them on or off.

I've written before about the new "gene science," which has yet to yield new "miracle" genetic cures for common diseases. However, it has revealed a wealth of information about how mind-body approaches and natural therapies actually work in the body. In fact, in a past issue of my *Daily Dispatch* "Relaxation—it's in your genes," (7/1/13) I reported on how relaxation therapy regulates genes that have healthy effects on blood pressure (you can read this *Dispatch* on my website, www.drmicozzi.com).

Other research on loving-kindness meditation has shown it reduces symptoms of post-traumatic stress and depression, and it's even being studied in connection with improving longevity.[2,3]

As you're gearing up for this holiday season, scratch another new iPod off the list and add this instead: Meditate more. Even if it's just five minutes a day, taking time to slow down and offer your benevolent wishes to yourself and those around you can make a difference. And not only for those potentially tense holiday dinner gatherings, but for your health as well.

Citations available online at www.DrMicozzi.com

It's the most personal time of the year

Different people "feel their feelings"—and face holiday stress—in their own ways. And thus, are susceptible to different disorders. Along the same lines, different complementary and alternative therapies work better for some people than other therapies do. This fact has to do with what I call one's "emotional type." To find out yours, take the simple quiz at www.drmicozzi.com. For a more complete assessment and explanation of what your emotional type means for your health, my book *Your Emotional Type* is also available on the website.

Your step-by-step guide to a happier holiday season

Try to make Loving-Kindness a part of your everyday routine. Here's how to start.

1. Sit in a comfortable position with your eyes closed. Take a few deep breaths.
2. Think of what you want for your life. Is it health? Peace? Love? Hold that thought.
3. Repeat to yourself silently, "May I be healthy (or happy, or peaceful, etc.)." If your mind wanders, gently bring it back to your wish for yourself.
4. Picture someone you care about. Repeat the same phrase for that person, while holding his or her image in your mind: "May you be healthy."
5. Now picture someone you don't have any feelings about—maybe the person who was in front of you in line at the coffee shop this morning—and direct the wish to him or her.
6. Think of someone you have negative feelings toward (the obnoxious in-law you'll be sharing Christmas dinner with, or a boss or co-worker you are sure to encounter at a holiday affair) and direct the wish toward him or her.
7. Now direct the wish toward the whole world: "May everyone, everywhere be happy (or healthy, or peaceful, etc.)."
8. Slowly open your eyes and return to your day, keeping this expansive feeling of benevolence with you.

Supplements improve breast cancer survival

If you've been reading *Insiders' Cures* for a while, it'll come as no surprise how little mainstream doctors know about nutrition research or supplements.

Most doctors say they just don't believe in it, aren't interested, and/or don't have time. But even doctors who do say they're interested in and knowledgeable about nutrition often get it wrong. In fact, I just participated in an exclusive survey of doctors who do include nutrition in their practices.

And judging by their answers to supplement questions, it really makes me wonder about all these "johnny-come-lately" nutrition docs and "natural-know-it-alls."

Take the standard advice for cancer patients and survivors. The mantra has always been that vitamin and mineral supplements—especially antioxidants—could interfere with chemotherapy and radiation treatments.

Of course, this wasn't based on anything resembling science.

Those of us who know a thing or two about nutrients have always known this theory doesn't hold water. In fact, I laid that red herring to rest when I ran the Center for Integrative Medicine at Thomas Jefferson University Hospital in Philadelphia nearly 10 years ago.

My team and I proved to several different hospital committees that there was no evidence for harm, but evidence for benefit, in offering intravenous vitamin C to cancer patients (See "Vitamin breakthrough for cancer targets tumors at the sources" in the August 2013 edition of *Insiders' Cures*). The evidence is summarized in my book, *Complementary and Integrative Therapies in Cancer Care & Prevention* (New York: Springer Publishers, 2007).

Unfortunately, a lot of mainstream doctors still haven't gotten the memo. Maybe a powerful new study on the subject will change that.

The real effects of vitamins on cancer

One of the reasons this new study is so significant is that it used a very large sample size—12,019 women with breast cancer. Another reason is that it looked at women in the United States *and* women in China. We often include China in cancer studies because of the significant differences in diet and nutrient intakes between the United States and China. These allow us to observe a greater range of different vitamin intake levels.

The mantra has always been that vitamin and mineral supplements—especially antioxidants—could interfere with chemotherapy and radiation treatments. Of course, this wasn't based on anything resembling science.

The researchers in this study wanted to find out once and for all what effects supplements have on breast cancer recurrence and survival. They looked at vitamins A, B, C, D, E and multivitamins, taking into account supplement use from one to five years after breast cancer was diagnosed.

Their findings were right in line with what I knew years ago: Higher vitamin C intake is associated with a decreased risk of cancer death. They also found that higher intake of vitamins D and E each are associated with a decreased risk of cancer recurrence.

Lumped together, antioxidants were associated with a 16 percent reduction in cancer deaths.

So not only is the use of vitamins not associated with increased cancer deaths or recurrence, it actually is linked to *decreased* death and recurrence. This study effectively confirms that myths about "dangers" of dietary supplements for cancer patients have no basis. What's more, these supplements probably helped protect patients against the toxic side effects of standard cancer treatments.

The researchers note that sorting out the effects of individual vitamins on cancer survival and recurrence is a larger question. But given the poor quality of many supplements, especially most common multivitamins, it is encouraging that this study still found significant beneficial effects. That would lead us to believe that using high-quality supplements, with the right ingredients, at the right doses, in the right combinations (which are often missing from multi-million dollar cancer research studies) will provide even more protection and benefit to women with cancer.

The bottom line is that cancer survivors should forget everything they've heard about avoiding supplements during recovery. Vitamin supplements not only aren't dangerous, they actually may increase survival rates, decrease recurrence rates, and stem the side effects of traditional treatments.

That's good news for the more than 2.8 million women in the United States with a history of breast cancer who want to take charge of their health.[1] Put a pink ribbon on that one, and wrap it up in red and green for Christmas. IC

Citations available online at www.DrMicozzi.com