Breast Cancer Treatment

The Right To Choose

An Herbal Cure

My Story and My Testimonial

Protecting Your Quality of Life and Your Loved Ones' and Preventing Recurrence

Maryse David
«A candle loses nothing to light another candle.»

Fr. James Keller

Ending Stereotypes!
# Table of Contents

**Foreword** ........................................................................................................ 5  

**Why writing such a book** .................................................................................. 6

## Chapter 1 – My story

- **Biopsy and Expectation** .................................................................................. 7  
- **Diagnosis and Surgery** .................................................................................... 7  
- **Meeting with the First Oncologist, Radiotherapy Specialist** ......................... 9  
- **Information Research on Existing Therapies** ................................................ 10  
- **Meeting with the Second Oncologist, Chemotherapy Specialist** ............... 12  
- **Meeting with the Nursing Team** .................................................................... 12

## Chapter 2 – Personal Information Search and Thoughts on Cancer

- **Determination of the Disease** .......................................................................... 14  
- **Research of the Possible Causes** .................................................................... 15  
  - Influence of Chronic Stress .................................................................................. 16  
  - Heredity and Life Style ....................................................................................... 17  
- **My Personal Observation**  
  - Changes in Agriculture and Farming in Western Countries ......................... 17  
  - Refined Sugar Consumption ............................................................................. 19
Environmental Factors: Exposure to Many Chemicals that Did not Exist Prior the Second World War ................................................................. 19
Electromagnetic Fields Exposure ........................................................................ 22

CHAPTER 3 – RESEARCH ON «NON–CONVENTIONAL» TREATMENTS BUT WITHOUT HEAVY SIDE EFFECTS

THE «QING HAO» OR ARTEMISIA ANNUA, THIS CHINESE HERB............. 27
EXPERIMENTS AND TESTS IN THE UNITED–STATES
WITH ARTEMISININ.................................................................................... 27

Action Mechanism of Artemisinin ...................................................................... 28
Use of Artemisinin as Preventive Cancer Treatment,
on Dogs with Bone Cancer............................................................................. 29

CHAPTER 4 – RECURRENCE AND RECOVERY

MY TREATMENT: SELF–EXPERIMENT ....................................................... 30
DOSE RESEARCH AND TREATMENT SCHEDULES................................. 30
MEDICAL FOLLOW–UP................................................................................ 31
THE RECURRENCE (ACCORDING TO PHYSICIANS).................................... 32
HOW ARTEMISININ WORKS....................................................................... 33

Contacts with Three American Scientists....................................................... 33
Data Interpretation.......................................................................................... 34
Case Study of a Patient treated with Artemether (Analog of Artemisinin).... 36
CHAPTER 5 – CONCLUSION: THE CURATIVE REVOLUTION IS MARCHING ON

IS THE INTEGRATIVE MEDICINE THE SOLUTION? .......................................................... 39

PINK RIBBON ..................................................................................................................... 45

JACK LAYTON’S LESSON OF COURAGE:
  HIS MESSAGE FOR HOPE ................................................................................................. 47

MY MESSAGE FOR HOPE ................................................................................................. 47

THANKS .................................................................................................................................. 49

APPENDICES

• CASE STUDY OF A WOMAN WITH BRAIN TUMOR TREATED WITH ARTEMETHER ..........................................................

• ARTEMISININ IN CANCER TREATMENT
  (Presentation of Pr Narendra P. Singh, Department of Bioengineering
  University of Washington, Seattle, WA, United States) ..................................................

• STUDIES AND PUBLICATIONS ON ARTEMISININ AND ANALOGS ..........................................................
This book story is not a fiction and the mentioned herb-based cancer treatments have been self-experimented by the author at her own risks. At the time of the experiment, no clinical trial had been conducted on humans. Nevertheless, the experiment worked very well and this herbal targeted treatment raises many questions regarding the existing conventional anticancer therapies and the patients’ incapacity to select a treatment option. It raises also many questions towards the real potential of herbs in traditional healing, what is also called «alternative medicine».

Cancers rates are really rocketing and intravenous conventional chemotherapy, with its many (and sometimes very dangerous) side effects, push higher the yearly costs of health care programs, with a questionable success rate. After more than forty years of intense researches, it is very unfortunate that oncologists do not have more treatment options to propose to their patients.

I am not the only one in Canada who wishes to cure her cancer with a targeted therapy, combining treatment and normal professional and social lives. What is more encouraging than being able to work, pursuing social and personal activities while curing this terrible disease!

Some of these «patient-tailored» oral chemotherapy treatments for less advanced cancers, not available in Canada, are generally prescribed for a long period of time (two years or more) and leave more flexibility to affected people in their daily agenda.

Unfortunately, for advanced breast cancer, few options are available, except a few but very costly new therapies that enable a longer life without any progression of the disease (from six to 12 months of survival rate according to statistics).

Federal and Provincial Governments as well as Health Care System would probably need more time to realize that they could more rationally spend taxpayers’ money by implementing more quickly clinical trials or therapies combinations or by authorizing new experiments, like in «integrative medicine», with a proven efficacy on patients in other countries, or with promising clinical trials.

Number of candidates would probably be glad to experiment these few or no side-effects treatments, especially among women diagnosed with breast cancer, whose first issue is to lose their hair, a few weeks after the beginning of intravenous chemotherapy treatments. A mastectomy is an important trauma by itself. So why adding trauma to treatment?

The struggle for the choice of therapies just begins! Each people is unique and therapies should adapt to this singularity to better treat the patient and better streamlining the Health Care expenditures.
WHY WRITING SUCH A BOOK

Events in life influence our thoughts and actions, and vice versa, as they also can affect our body. Until now, I was in shape, disease-free, except those of early childhood that troubled me more than normal: frequent colds and tonsillitis during the long winters or, an infected appendix removed at the age of nine years, were the rare and only health hazards that I had to face until the age of fifty-two years. I felt great until late 2010 when I was diagnosed with a metastatic, stage III, grade III breast cancer, with estrogen markers and several lymph nodes affected under the left arm and with a high risk of recurrence.

The cancer, in the present understanding we have of it, with its two hundred different forms discovered to date, does not seem to look like another disease. It is extremely sneaky and devastating: it destroys your life, but also the life of your loved ones. Several friends, colleagues of mine, or celebrities who also had a healthy lifestyle, exercising and watching their diet, did develop a cancer. As of now and in just two years, three friends of mine died from cancer, despite an intravenous conventional chemotherapy. They apparently caught an infection caused by a bacteria at the hospital, their immune system had become too weak to fight it. The sanitization of hospitals in Canada itself would require the writing of a book.

I was really saddened to see these friends passing away one by one, not necessarily because of cancer, but mainly because of the side effects of treatments. Consequently, I decided to try other alternative treatments. "Cancer" still nowadays often means «death». So, why not trying something else that could help those who really suffer! This was my though and as I'm still alive today, with a normal active and busy life, despite my refusal of conventional treatments and strong warnings of several oncologists, an irresistible need to share my experience and encourage people less fortunate or less strong than I, was born.

Here lies the interest of the book you will be reading. This is a true story, my story, a woman who searches to understand the disease, why it had developed, and how, through her researches, thoughts, questioning, courage, convictions, inspirations, calm and serenity, and particularly, with the aid of a plant, reward of Mother Nature, she came to a sustainable recovery, despite the advanced stage of her breast cancer.
1. My Story

All started one day of July 2010 when right after hurting me, I felt a brief but violent pain in my left breast.

Right after this shock, I clearly felt a rounded mass under my skin ... At first, I thought that this was a consequence of the last day shock, and, that probably a small hematoma was formed but nothing really serious. I'm not one of those who run to the doctor for no real reason; I was feeling well, well enough to do my four-kilometer daily walk to go to the office, to ride my twelve stairs or to swim at the pool. I sometimes had hot flashes that plagued my days (and nights especially), but are there women who do not suffer a little of this discomfort at the time of menopause?

**Biopsy and Expectation**

Days passed, but the mass did not shrink. One day in August, I finally decided to contact my family doctor. After examination, he immediately expressed his fears to me and the imperative need to have a surgery to remove the lump. He urged me to have a mammogram, telling me to recontact him if the test was to take more than two weeks. Fortunately, after one week, I got the mammogram. When I saw again my family doctor, he requested that I had a biopsy to confirm his pessimistic diagnosis. The time passed, not without any anxiety, but without panic: I was ready to hear the truth anyway and my doctor knew it. I felt strong enough to face the truth. I had said nothing to my spouse yet, waiting for the final results: I did not want to alarm him unnecessarily, as well for my friends and co-workers to avoid panic. Even if the cancer is no longer synonymous with death systematic nowadays, you hesitate to talk of it and declare that you have cancer... The biopsy was done with local anesthesia and ultrasound: long needles pierce the breast and collect the "precious" substance of the suspicious mass. By the way, I was surprised a little how the biopsy was performed, with the same syringe, passing in and out five times in your breast, with a few cells collected; biopsy is performed in the ultrasound room, not especially sanitized, where we enter with shoes or winter boots! Fortunately, the "in and out" syringe did not meet any nasty bacteria and I did not develop infection!

**Diagnosis and surgery**

With no news after more than three weeks, I called my doctor to see if he had received the results. He said he had received them two or three days ago and thought that the Centre Breast Cancer women have contacted me directly for tracking... Given the emergency of the situation, I was therefore scheduled with an appointment the next day to confirm the bad news: it was indeed a breast cancer, stage III on IV (IV being the most severe stage), also very aggressive (grade III), with estrogen markers nodes under the armpit and metastasis. The tumor was quite impressive: almost 4 cm long and 2.5 cm wide. He told me that time was running out for surgery and for treatment. "The response to this aggressive cancer will probably have to be very aggressive", he confessed. He even
added that he was hoping that the cancer cells were not already spread to the brain, liver, lungs or bones...

From that moment, I was directly supported by the Cancer Centre of the Ottawa General Hospital, and had other preoperative and surgical tests. During one of the ultrasound examinations, doctors had noticed that there were two suspicious lymph nodes in the right breast and that they have to proceed to a second biopsy to see if these nodes were also with cancer! Biopsy under ultrasound was impossible to achieve because of the small size of the lymph nodes and the lack of precision of the equipment used. This had to take place a week later, under magnetic resonance imaging (MRI)... Several minutes in uncomfortable positions, followed by many days of expectation for the results, which delayed the surgery! Meanwhile, the disease was probably continuing to spread...

Finally, the hospital contacted me to schedule surgery, partial mastectomy, on November 30, 2010, almost three and a half months after my first visit to my family doctor. Some people might think that this is a long period of time before any treatment, but here in Canada, especially in Ontario, it is a normal waiting period. If I had stayed in Gatineau, Quebec, just in front, the expectation for the same surgery would have certainly been much longer. Many women from Quebec, in my case, do not hesitate to cross the “river-border” to get treatments more quickly in Ontario. This is quite understandable.

Meanwhile, the results of the second biopsy come: this was not a cancerous tumor, but most likely a variation of two multiple mammary glands that are part of the breast tissue. Finally positive news: my right breast won’t be opened or "mutilated" by one of those awful scars which is now belonging to my breast «landscape»! The scar on my tummy for removing the appendix, more than forty-two years ago, looks much nicer despite the less advanced technology at that time. But this is the price to pay to try to neutralize a cancer when the tumor is resectable. We cannot have all!

At the Ottawa General Hospital, a partial mastectomy even with a general anesthesia, is a one-day surgery. You are required to show up at eight o'clock in the morning if your surgery is scheduled at ten o'clock. You leave the hospital in the evening the same day, with a collector pouch attached to your pants for collecting the contaminated blood flowing down your skin from a drain hung a few inches above... A nurse visits you at home the same evening or the next morning (depending the time you leave the hospital), to make sure you are well and, if you're curious, possibly answer your questions. In my case, she was able to answer my question about the change of dressing and what to do with the waste blood collector. I learned only at that time that the dressing would be changed after nine days, probably the same day of the drain removal (written instructions from the surgeon). She showed me how to empty the blood collector and how to count the amount of liquid wasted... I know that in Canada, we have a free health care system, a medicine for "poor" people as qualified by one of the doctors I know, but I think I made a bad assumption.

Finally all went well: I had no infection. During a few minutes, I managed to mentally relax, in order to be able to sleep, hoping that this collector would not break overnight…
Meeting with the first oncologist, a specialist in radiotherapy

The first meeting with the oncologist took place a few days before Christmas at the Cancer Centre of the Ottawa Hospital.

As I entered, the receptionist agent requested I fill a questionnaire out. For the first consultation at the cancer center, I expected to receive a detailed questionnaire with questions about my lifestyle (diet, practicing a sport or exercise), on events occurred recently in my life (death of a loved one, divorce, job loss, etc.) or questions related to my work environment (factory work, exposure to chemicals or radio waves, etc.). But no question of this kind... The questionnaire wanted to know if I had children, already had cancer in the past, if my family had already developed one and in the affirmative, which part of the body, if I had had surgery, any heart problems, diabete, so I felt a little bit frustrated. I thought I had already answered these questions in my previous visits to the Woman's Breast Cancer Center before the surgery, but it seemed that it was not enough. I confess that at that time, a feeling of frustration, helplessness, abandonment or betrayal flew down on me. At this moment, I understood why we were still looking for therapies to fight cancer, after a battle started more than thirty years ago and why we continued to take people by the heart, seeking public funds by organizing "Marchetons", "Telethons", "Marathons" or movements such as "Shaved Heads", "Moustaches", "Daffodils", "Pink Ribbon" "Find A Cure", "Race for the Cure" and so on, with the creation of a lot of foundations, associations by type of cancer, hoping for the survival of our specie, that these organizations communicate all together...

Personally, I doubt without asking the right questions to people with cancer and without compilation of results, across Canada and other countries, it will be easy to move forward in the understanding of cancer cause and consequently, finding a treatment that really works, and perhaps even a vaccine, as the disease looks so complex.

After a few minutes of patience, my name was called and I was escorted into the examination room. A few minutes later, a man jovial face, gray hair, entered into the room. He introduced himself and told me he was the radiation oncologist and that he had read the post-surgery report on me. He made a quick examination and told me that the scar was healing perfectly and that treatments could start shortly. Immediately, I asked him to what type of treatment he was thinking about. He replied that recently, treatments began with radiotherapy, possibly followed by chemotherapy, depending the stage and grade of cancer. He added that, at that time, my cancer would have a grade IV on V, instead of III on IV nowadays. Stage III means that the removed tumor was large and that the cancer had already spread to the lymph nodes and possibly to nearby tissues such as muscle or skin and tends to change quickly, especially with a grade III, which classifies cancer as "aggressive", with higher risk of spreading throughout the body. Stage IV would have meant that the cancer had spread to other parts of the body and potentially certain organs.

The doctor explained to me that precisely to avoid the risk of too rapid spread of the cancer, the treatment protocol now begins with chemotherapy, followed by twenty-five sessions of radiotherapy. He told me he would refer to his oncologist colleague and that the hospital would contact me to confirm an appointment with the doctor. As he was concerned, he would probably see me again in May 2011 to begin radiation treatments. We were December 20, 2010.
On leaving the hospital, it seemed that I had just left another planet, a surreal world, with these changes for assessing stages of cancer, treatment protocol, additional time for an appointment with another oncologist to begin treatment ... My brain began to analyze the situation a little deeper, and deduced that I was in the hands of a "science" that was more medical approximation that certainty.

Christmas passed and I still did not know when would be meeting with my oncologist doctor General Hospital. What I knew was that I had normally receive chemotherapy treatments, followed by twenty-five radiation treatments, according to the conventional protocol including the Ottawa Hospital.

Chemotherapy, what I knew was a former nurse girlfriend and a few friends who had gone through this ordeal with cancer. Four who received chemotherapy, only one had survived to this day. All had received injections and had often struggled to support the treatment of nausea, dizziness, weight loss quite substantial, immense fatigue, total loss of their hair, weakening or destruction of the immune system (although it is normally important to have an adequate system of defense in the fight against the disease) and total inability to work under these conditions. And there was, in the short term, the visible tip of the iceberg ....

A nurse I knew in Paris (former theater nurse) always said "it would bring death" when she went in some patients to practice their injections of chemotherapy at home! ... According to her, chemotherapy was a licensed injectable slow death cocktail.

By cons, another friend of mine in Europe, achieving a breast opted for chemotherapy orally, longer (about a year and a half), but apparently without the big side effects mentioned above. However, his cancer was caught at a much earlier stage than mine. The doctors then gave him a choice between these two alternative therapies: chemotherapy injection faster effect, but more disabling and by tablets, effect longer but easily "manageable" on professional and family plan. During his treatment, at worst, she felt some tiredness for a few days when she had to stop working and rest at home. It was even one of my friends diagnosed with prostate cancer: targeted therapy over two years after surgery, enabled him to continue his role as entrepreneur, no one could suspect he was suffering from cancer.

**Search for information on existing therapies**

Time passed and it was almost a month that the partial mastectomy had occurred. I performed as best I could, my exercises to rebuild my left arm, nerve endings and small muscles that had been either removed or damaged during surgery. My feelings had actually almost disappeared either when I rubbed or pinched me. The underside of my arm had become a skin-covered hollow hole.

Until then, no anti-cancer treatment had been prescribed to me.

My spouse very significantly reducing the harsh effects of its fevers of malaria (old memory of África) with herbs used in Chinese medicine, I started doing research on the internet about it. Moreover, this morning, my desire to explore this area and see if the Traditional Chinese Medicine
Traditional Chinese Medicine (TCM) did not use either of plants for treatment of cancer, became stronger, even irresistible....

I know that in conventional Western medicine, some of injectable solutions in chemotherapy to treat cancer from natural ingredients such as vincristine or taxol. Vincristine is an alkaloid derived from the Madagascar periwinkle Vinca and also called Taxol, an alkaloid of the Pacific yew.

Deepening my research, I found that very serious scientific studies had been conducted by two researchers from the University of Washington in Seattle in the United States, Professor Henry C. Lai and Professor Narandra P. Singh, a plant which initially attenuated the effects of malaria, become particularly resistant to other antimalarials, including chloroquine, quinine, mefloquine and fansidar.

These researchers had, in fact, found that this plant, known under the Latin name of Artemisia Annua of "wormwood" in French or "sweet wormwood" in English or "Qing Hao" in Chinese (pronounced Ching Hao) also contained anti-cancer properties. The active component, "Artemisinin", and the experiences they have previously performed in vitro and in vivo have demonstrated that cancer cells were killed after a few hours.

The common point of the malaria parasite and cancer cells lies in their appetite for iron content in red blood cells. The molecule of artemisinin peroxide react with the iron of the red blood cells to create free radicals which, in turn, destroy the membrane and kill the parasite. Cancer cells, as do malaria parasites, collect and store the iron they need to replicate and divide.

Numerous studies (approximately 250 to date) have been conducted on the subject and show the same potential in the elimination of cancer cells.

Qing Hao name was not unknown to me and because it was concentrated extract of Chinese herb that took my husband to relieve his fever of malaria!

As I do not believe in coincidence, but the signs of the sky, I think that it would not cost me much to try this herbal extract to start an anti-cancer and potentially kill the probable metastases or ganglia, which had been spread all over my body. Because, apart from the two ultrasounds and finally breast biopsy performed under magnetic resonance imaging (MRI), there had been no further consideration of whether the cancer was widespread or not. The point was to find the right dosage. Normally cure for yellow fever, take two doses of three grams for two days and a dose of three grams on the following days, preferably on an empty stomach or between meals, this for seven days.

For the first shot, I decided to take two doses of three grams to see how my body would react. It was about one o'clock in the morning and I diluais my two spoonfuls doses of powder in a little warm water. The taste is somewhat bitter, somewhat like grapefruit, but it is absolutely drinkable. Thirty minutes after absorbed, I felt some tingling in my breast surgery, followed by some sweats. Then, after a few minutes, I calmed down and fell asleep very easily.

The next morning, I found myself in shape. The only thing I noticed was more pronounced smell of
my urine and darker coloration, at least at the beginning of treatment. So I continued taking this herb waiting to hear from the hospital.

**Second meeting with the oncologist, a chemotherapy specialist**

Finally, in early January 2011, a letter from the hospital confirmed my appointment with the oncologist specialist chemotherapy for the end of the month.

The day of the appointment came and the same questionnaire was given to me yet, but I decided this time not to complete. Moreover, the nurse who accompanied me to the examination room I do not demanded any more than the doctor who came a few minutes later. Like what, the questionnaire did not seem very important ...

So I met this second oncology specialist. It also seemed very friendly and made an effort to answer some of my specific questions in French, although he was more English. He insisted on the severity of my cancer and he would do anything to save my life through a series of cycles of chemotherapy injections he would prescribe me.

A little worried about his "St. Kitts" approach, so I asked him if my cancer had already spread ... He told me he would prescribe me all the necessary examinations and a nurse would explain to me the protocol of chemotherapy cycles, clinical studies including those he was doing at the time at the Ottawa hospital, recommended for breast cancer at high risk of recurrence, he encouraged me strongly to sign the consent form. He wrote a few notes on paper (I also kept), explaining to me that in my case, after chemotherapy, he could still stay with metastases between 35 to 45% risk of recurrence. To my question about the existence of other and more effective treatments with fewer side effects, he replied that those offered in Ontario were among the best in Canada and he would do everything in his power to save me and help me ... Then he took my hand and told me that I should not worry, that everything would be fine and that treatments would start as soon as I passed the exams of magnetic resonance and computed tomography.

Once again, I felt caught in a spiral worrying that I could not see or contours, or the beginning or the middle or the end, with the healing light at end of tunnel ...

**Meeting with nurses**

The nurse came to get me and then invited me to another office to inform me, in the manner of an automatic voicemail, details and constraints of proposed treatments, she gave me the monograph. There were four different products, all injectables.

First, the nurse told me it was highly advisable to wear a catheter that would be kept in the arm for the duration of chemotherapy, given the aggressiveness of products injected into the veins .. . Admittedly, the treatment period lasts about six months. In my head, I thought I already had precisely venous problems with these treatments, this could worsen. This catheter is placed in the injected arm and avoids having to sting every time directly into the vein.

Then the nurse handed me the consent form completed and signed immediately, as the clinical study conducted by the oncologist, a new treatment of osteoporosis in postmenopausal women. I
apologized to her and told her that I needed to read in detail these documents before signing and he probably defer the following week when I returned for further investigation.

Then she explained to me that I should do a blood test at each session of chemotherapy or within a maximum of 48 h prior to chemotherapy or directly to the hospital, but at least two hours before of the meeting. She also told me that I would probably lose all or part of my hair, my eyebrows, my eyelashes during the first weeks of treatment, but there is always the possibility of a scarf or to buy wigs or a cap to cover the head: the center provides wigs at attractive rates, it seems ...

Reading the possible side effects of these products, I noticed that the first "cyclophosphamide" could cause routinely, dizziness, confusion, fever, cough, sore throat, nausea and vomiting, hair loss and hair, fatigue and weakness.

The second, "fluorouracil" could create ulcers in the mouth or on the lips, stomach, loss of appetite, rash, show signs of infections and reduce the number of white blood burns. Other less common side effects, could cause bruising or bleeding, or tingling in the hands or feet or swelling, chest pain and shortness of breath, loss of balance.

The following product "epirubicin" seemed to also promote hair loss and hair show signs of infection, also cause a decrease in white blood cells and create fatigue. These three products were administered intravenously at the same time, every three weeks.

The fourth product, "docetaxel" injected the fourth and sixth week, could lead to roughly the same type of side effects, plus an increased risk of water retention in the arms and legs so that tearing during treatment.

The image of the death camps during the Second World War suddenly crossed my mind ... Some pictures of the survivors of the death camps, with emaciated face and shaved head, passing before my eyes, the survivors of which some Nazis without scruples as Dr. Mengele had engaged in experiments which earned him a conviction for war crimes, but long after the facts! Interesting association of ideas and images, is not it?

Seeing my confusion, the nurse asked me if I felt good, what I replied positively.

Then she handed me a brochure with a list of tips to follow, foods or substances not consumed during the treatments, exercises to do to keep in shape: yes, I saw myself get exhausted a session chemotherapy and do twenty to five pumps on the carpet in my bedroom or ride my twelve flights of stairs to carry my heart muscle!

I even left the hospital once, a little stunned by what I had heard and read, my brain seemingly caught in a vise surreal, pending further developments.
2. Searches and personal reflections on cancer

A few weeks after my surgery, during my convalescence and after meeting oncologists, so I multiplied my research on the internet about this disease called "cancer" and treatments given worldwide, including treatments used by Traditional Chinese Medicine.

Definition of the disease

These different research began highlight the divergence of the definition and approach of the disease compared to Western countries.

In Traditional Chinese Medicine, there is no specific concept of cancer, although there tumors. Rather, it is an energy imbalance, excess or deficiency of elemental energies of the body. According to the ancient Chinese, qi (pronounced "chi") vital force, manages the functions of the body as it travels along the meridians on a cycle of twenty-four hours. A person is healthy when there is a balanced and sufficient flow of qi, which keeps the blood and body fluids circulating and fights disease. But if the flow of qi is blocked for any reason or becomes excessive or deficient, pain and illness may occur. The flow of qi can be disturbed by a diet or an unbalanced life style, extra work, stress, repressed or excessive emotions or lack of exercise. Imbalances yin / yang (complementary strengths in the dynamic flow) also disturb the normal and regular flow of qi.

Chinese doctors believe that cancer causes are multiple. They include non-evacuated toxins and other environmental factors (external causes) as well as internal factors such as emotional stress, poor eating habits, accumulated wastes via food and organ damage. Two main factors are stagnant blood and a blockage or accumulation of qi, the vital energy that flows along meridians, or channels, irrigating all parts of the body.

Cancer, like all other diseases, is considered a manifestation of a fundamental imbalance. The tumor is "the branch" the highest, but not the "root" of the disease. Each patient may have a different imbalance can cause a priori the same type of cancer.

Each person is unique. And the Chinese doctor will try to identify the exact individual configuration of excess, inadequate or blockage that leads to disease. The Chinese doctor will treat the imbalance rather than known as "stomach cancer" or "breast cancer" condition etc.. The prescribed treatment will change from one patient to another depending on the specific imbalances....

In Western countries, cancer is defined as a cell dysfunction, resulting in uncontrolled cell division, which are grouped into tissues forming tumors which, depending on the severity, reach vital organs and cause death. For one or more reasons combined, the immune system fails to fulfill its role more defense of the human body and destroy these cells anarchic, so they eventually proliferate throughout the body.

Cancer is not a single entity; in fact, there are more than two hundred cancerous diseases. Some grow quickly, they proliferate and release cells that are disseminated in the body via blood or lymphatic vessels to form metastases. Other tumors had slower growth and remain localized (in situ), that is to say, they remain in the location where they are formed. Moreover, according to the
type of disease, cell or organ affected, changes can be very different from one case to another. Cancer is sometimes described as a "rust" that attacks your body, slow oxidation of waste accumulation, waste, over time, eventually proliferate and cause inflammation, the immune system alone has become inoperative s 'rid.
For the same disease, resulting in the same havoc on the human body, the Eastern and Western approaches reveal different approach, but can be complementary and have significant synergistic effects on disease.

**Search for possible causes**

Cancer can have many causes, and when questioned by their patients about the causes of cancer, Western doctors meet, besides hereditary factors also called "established risk factors," they do not know exactly what triggers of the disease. As seems humorous Didier my spouse, but very wisely: "there is a fuse has blown, but do not know the reason (s)" ...

The risk factors most frequently mentioned are those related to the environment (toxic products used in everyday life as some detergents or cosmetics, practice, etc..) And individual behaviors (alcohol, smoking, physical inactivity, diet).

These environmental factors seem to be those most put forward to explain this epidemic growth rate of cancers in Western societies since the end of World War II, including the breast in women. But what has changed fundamentally since the 40s, our environment and our way of life in the West?

Include first, all petroleum products and many chemicals potentially carcinogenic. Yet currently, only about 3% of these chemicals have been toxicity studies...

For example, and without limitation include without error:

- Plastic materials that have invaded our lives since the 50s, as the monochloride vinyl famous "bisphenol A" and benzene which may, among other things, cause leukemia.
- Glycol ethers, phased out, but are still present in varnishes, glues and paints. They are strongly suspected of favoring or cause stomach cancer, testicular cancer and also leukemia.
- Asbestos (whose use is banned in some countries, but still found in some older buildings) and can cause cancer of the pleura and the lungs, particularly when exposure to dust asbestos.
- Tobacco smoke contains in itself more than forty carcinogens. It is responsible for the majority of lung and bronchus, and to a lesser degree, cancers of the mouth, pharynx, larynx, esophagus, bladder (substances in the tobacco are removed by urine). Yet people who smoke regularly will not necessarily develop cancer. They only increase in risk.
- Some ingredients that are still allowed in the food industry, especially in some of the most consumed beverages here in North America.
Cosmetic products containing highly carcinogenic substances like parabens include: many deodorants (anti-sudoriques particular), body lotions and skin creams, products for bath and shower, shampoo, scented mists the body, etc., contain and are often produced by large pharmaceutical companies, even those who sometimes also make drugs against cancer ...

However, when they do not contain parabens, some manufacturers do not hesitate to clearly indicate on the package "paraben", showing some awareness of their health hazards...

Bacteria and viruses can also cause infections that can develop into cancer:

- A bacteria called "Helicobacter" and causes chronic gastritis may lead to cancer of the stomach.
- The human papilloma virus and is responsible for over 90% of cancers of the cervix.
- The hepatitis B virus causes chronic hepatitis, which may turn into cancer of the liver.

Physical agents may also increase the risk of cancer:

- The ultraviolet (UVA and UVB): a overexposure to the sun can promote the development of skin cancer.
- Ionizing radiation: they come from a naturally occurring radioactive gas, radon, and are naturally emitted by the earth's crust. They are produced artificially by medical radiology and nuclear waste, or when natural or accidental like Chernobyl or Fukushima disaster. If opinions are divided on their effects at low doses, at high doses, it is clear that they can cause leukemia, lung cancer and bone cancer.

The role of chronic stress

A study by the American geneticist Barbara McLintock, which earned him the Nobel Prize for Medicine and Physiology in 2003, showed that genes could change their positions in a chromosome in response to stress. In addition, his research showed that our genetic code is not static, the stress of the environment acting on it. It is also known that cancer develops when our immune system is not able to destroy the abnormal cells. However, we now know that chronic stress lowers our immune defense capabilities. A real vicious circle!

A landmark study released in the accounts of the National Academy of Sciences in December 2004 will also in this direction and states that major life stress can damage the telomeres (the natural ends of chromosomes, parts of our DNA) in immune cells, thereby decreasing their lifetime.

In an article, Dr. Dennis Novack, School of Medicine, Drexel University of Pennsylvania, in the United States, wrote that this new study confirmed that the mind and body are not separate, that "molecules same in our bodies react to our psychological environment. "So our genes react to emotions, for better but for the worse. This approach can lead to a much larger area, which is the
interconnection and interaction of all things in the universe and the cosmos, such as the law of resonance, which alone deserves writing several books...

However, our way of life, especially that of our Western societies, is found to be more stressful. This raises questions about the long-term consequences of chronic stress on our DNA.

**Heredity and lifestyle**

It is generally estimated that 5% to 10% of genetic mutations causing cancer are hereditary. These include kidney cancer child of thyroid cancer and cancer of the retina. However, heredity between only a small proportion in the development of breast cancer. Only about one in five is due to breast cancer genes "inherited".

In heredity sometimes adds a copy of the lifestyles of our parents, we too readily assimilates to a hereditary factor. If your parents ate a lot of bad fats, as some Omega 6, which is now known to be carcinogenic, does that mean you have inherited their genes potentially depleted or modified by the consumption of Omega 6? For example, if your mother cooked in margarine (potentially carcinogenic), rich in Omega-6 bad, then maybe you'll be tempted to cook the same way, instead of using the oil olive oil, rich in Omega 3, widely used in countries around the Mediterranean, and whose benefits to the body are widely recognized.

Currently, cancers are growing exponentially in industrialized countries, especially among the younger population. Researchers do not hesitate to use the term "epidemic" of cancers! ... Cancers of the breast, prostate and colon cancer are increasing significantly in Western countries. Hundred and thirty-eight percent increase in the number of breast cancer between 1980 and 2005, are alarming statistics that many institutes and organizations attempt to explain by very questionable arguments, such as longer of life, the development of mammography screening or environmental or behavioral factors such as the age of women at birth of first child, or some hormonal menopause treatments ... If lengthening the lifespan an indisputable fact, then how is it that breast cancer affects women more and more young people with children, conditions that are believed reserved for postmenopausal women who have not had a pregnancy?

The statistics also indicate that there is nine times more of these cancers in the United States and in Northern Europe than in China, Laos, Korea and India, and four times more than Japan. Doctors these less affected countries say that these cancers are diseases of "rich". So why? What are the factors that, since the end of World War II, influence these very official statistics from the World Health Organization (WHO)?

**My personal observation**

**Changing agriculture and livestock in the Western world**

The time my mother spent days keeping dozen cows on the family farm grazing freely in green pastures is definitely over ... Owning a farm twelve cows seem ridiculous, even suicidal today! Yet my grandparents lived properly sell their milk and operation of a field plot on which they grew
some wheat. They were in good health, despite some problems with rheumatism which they complained, perhaps due to repetitive movements of the body: mowing wheat by hand, hand planting looked back, running (in shoes wood) a few kilometers on foot sometimes ... from time to time they were sold or kill one of their cattle for meat, but not really doing business. They raised a few chickens in a farmyard where walking freely, chickens, roosters, ducks and turkeys, for which the grain was the main food. Corn, so greedy for water, and rich in omega-6 did not exist at an industrial level. Eggshells were "recycled" (well before we talk about recycling) in a corner of the yard where some fowls came replenish calcium and phosphorus to continue to lay good eggs, rich omega-3. Their desires carnivores passed by burrowing a few lumps of wet earth and manure piles where decomposed slowly into rich compost, vegetable peelings, fruit, animal and human waste, and they salvaged some beautiful verses. The insane factory farms raising chickens "battery" had not yet emerged. Chickens did not need to "organic chicken" or "terroir"; they were all raised normally, that is to say, in the open air, in backyards and fed with grain, with little or not been treated with "pesticides / fungicides / herbicides / cides" ingredients slow genocide that we organize ourselves for our species!

Fertilizer products, deposited in the fields in autumn, were formed by natural compost heap of manure from the family farm! We do not speak of "organic" agriculture at the time, or "ecology", but only agriculture. To overcome the invasion of insects, such as the Colorado potato beetle in potato fields or other insects in fruit trees, my grandparents used, what they called the "Bordeaux mixture" solution of copper sulphate lime added. The product comes in the form of a blue powder, to dilute spray or brush on the trunks of fruit trees in the spring. This single coated repellent deterred insects from climbing the trunk and devour the leaves or lay their eggs. For cons, the bees could continue their foraging peach blossoms, cherry or pear without the risk of losing his life a few days later.... My grandparents treated preventively crops in early spring and that was all. No other chemical was used. At the time, there was no talk of ecological movements to protect the environment, "green" energy, but the nature, diversity and balance are respected.

Now it is the spiral of overproduction of milk, meat, overexploitation and depletion of agricultural land makes agriculture the turn of the twenty-first century. Paradoxically, all this food derived from Mother Earth blows (and costs) of pesticides, fertilizers and other insecticides, is not sufficient to feed the world, so the waste is important. The Western world wants to produce too much and too fast to be profitable and competitive, and ultimately produces evil.

My grandparents were little or not at all to the doctor; winter, for their small colds or colds, they had planned during the summer, such as the provident ant, plant nettles to make draining herbal teas or anti-infectious, mustard to extract seeds , ground, would become an excellent decongestant for chest, radish to make syrup against cough. Now for similar symptoms, we go to our family doctor, or emergency when we do not have, and buy our cough syrup against a major pharmaceutical company in one of the many pharmacies that dot our neighborhoods.
Today, genetically modified cattle and "hormone-" (I say "estrogen") to produce more meat or more milk, are sometimes fed with meat meal and fish, soybean meal, corn, the silage, far from the classic green grass meadow! Recall that poorly controlled silage fermentation can result, which can contain large amounts of bacteria and sometimes harmful mold for the animal and putting his health at risk. Also recall that cattle are herbivores and they are part of the family of ruminants. Rumination, this physiological function is essential to maintaining good health. What better for a cow to graze a meadow of fresh spring grass, prairie that contains all the nutrients it needs to produce good milk and all these derivatives, so rich in Omega-3! Indeed, it is not good to graze a meadow where once stood contaminated soil saturated with fertilizers and / or pesticides. It is the same for meat we eat if grazed grass is not quality (I would say "organic").

**Overconsumption of refined sugar**

If you are an observant and curious to read the composition of several industrialized awful lot of households consume drinks, the sugar content is very important, especially in sodas, fruit juices made from concentrate, punches frozen fruit, yoghurt drinks and all the new so-called "energy" drinks consumed mainly by young people! This finding is also for multiple treats that now exist on the market, even for cereal bars that want to "diet" and "health foods" that are literally packed with sugar, but also sodium. The same goes for ice cream, desserts, pastry and other baked goods made with white flour and industrial pasta. The absorption of large quantities of refined sugar, besides he can, in the long run cause diabetes problems (disease also growing exponentially), pushed fast enough glucose in the blood (high glycemic index), which has a stimulating effect in the growth of cells and tissues of the body, so a potential aid to the development of cancers ... honey or maple syrup, to much lower glycemic index better absorbed by the body, thus producing less fuel for the growth of the cancer cells.

**Environmental factors: exposure to multiple chemicals that did not exist before the Second World War**

According to the findings of numerous studies in recent years, breast cancer is caused by a combination of hormonal factors, genetic, lifestyle and "environmental". It would be factors in our environment, that is to say in the world around us, and which are believed to be responsible for the unexplained proportion (50% of cases) more frequently.

New evidence supports the theory that exposure to pollutants in our environment, in food and water as well as exposure to chemicals in consumer products in the home, office and in our schools may be a risk factor for cancer, including breast.
One of the risk factors most established breast cancer is exposure of women throughout his life estrogen, natural, and those artificial, from synthetic chemicals that have the gift to imitate certain hormones, including estrogen.

A Canadian study published in November 2012 by the University of Windsor, Ontario, shows that women who work in factories producing auto parts in plastics, have a risk two to five times higher risk of developing cancer breast.

The study examined cancer rates in different industries, following, for six years, the cases of more than 2,100 women in Essex and Kent regions in Ontario, where many factories subcontracted to automotive.

The report confirms that the industry of automotive plastic parts is among those where the prevalence of breast cancer is highest. This report highlights that these workers are exposed to vapors of resins and dyes, among others.

According to the researchers, previous studies have found that many plastic gave off chemical fumes affecting the hormones estrogen women.

The plastics industry also employs tens of thousands of Canadians.

Similarly, many cosmetic products directly absorbed through the skin or processed foods ingested contain parabens or phthalates leading to uncontrolled production by our body, estrogen! Several other studies on the subject, but have made little noise at the moment, revealed that the plastic around us (except automotive), in which sometimes we eat our food, we extract our cleansing lotion, our gel body shower or our wrinkle cream contain agents that positively affect the reduction of estrogen. This is of course not to mention the ingredients used in the composition of some shampoos, hair coloring, shaving creams, called "phenols". Studies in laboratory and wildlife have demonstrated toxic effects and endocrine disruptors. In animals, it is noted that exposure to certain alkylphenols, especially during development:

- reduces sperm count,
- alters the balance of reproductive hormones,
- causes malformations of reproductive organs.

Observed laboratory octylphenol-4 also stimulates the growth of breast cancer cells.

The "phthalates" which are contained in plastic bottles, toys, packages of medicines, perfumes and scented personal care or bisphenol A which enters the composition of baby bottles, all contain compounds mimicking estrogen BHA or BHT ... you may say something? Well, they come in, among other things, the composition of most lipsticks, shadows and eye pencils, soups and dehydrated foods, chips, cereals or certain food packaging ... These products are major hormone disruptors with estrogen also a copycat effect. So perhaps it is no longer necessary to ask why breast
cancer in women and prostate cancer in our male counterparts, are currently growing exponentially in western countries!...

After World War II, women's fashion has also experienced a revolution with the advent of synthetic fabrics including bra. This new lingerie item has definitely put a halt to the sacrosanct whalebone corset, which for many decades was refining size women. Most often plastics, expandable, adjustable, trimmed with lace, seductive object par excellence, the bra has revolutionized women's lingerie.

However, if you believe recent studies on plastics, we are absolutely certain that these synthetic fibers that make many bras, would that lace that adorn and elastic fibers that allow to adjust the bust, do not have an adverse effect on breast or lymph glands? Of course, studies were conducted on the subject, sometimes by major manufacturers of bras themselves ... There are strong indications that tighten the chest, and more in the plastic can restrict circulation lymphatic fluid in the breasts and armpits, thus depriving them of the natural drainage and removal of waste and toxins that accumulate there. Sydney Ross Singer and Soma Grismaijer are two researchers who have concordant findings on the subject. Few studies "scientifically" accepted on this topic, only surveys and observations of the World Health Organization, unfortunately consistent with the high rate of breast cancer recorded in Western countries compared to African or Asian for example, where the wearing of bra is much more recent.

What deodorants, perfumes and other cosmetics we use? Are they really safe for the body? Do they amplify the phenomenon updated by Singer and Grismaijer, producing a sort of "cocktail effect" cumulative with other carcinogens that penetrate us without having really been invited?

And the list of all these highly carcinogenic products stop, alas, not there!

The female is particularly affected. Nowadays, many girls from the age of five years, have a chest that starts to develop or, eight years, are being afflicted their first menstruation. This probably has a relationship with over-consumption, but indirect, hormones, in particular estrogen in their diet. Endocrinologists, although strong evidence, do not yet have enough evidence to draw any final conclusions, but continue to collect data to get out, soon a report on the subject. Would it not urgent to apply the principle of "precautionary"? Notice to public health agencies! It is estimated eighty and the number of conditions associated with estrogen overload. The main ones are listed below:

- Increased weight without diet modification
- uncontrollable food cravings
- Premenstrual Syndrome
- Migraines
- Muscle and abdominal cramps: before ovulation or between periods
- Cysts (breasts, ovaries and uterus) and / or uterine fibroids
- Depression
- Osteoporosis
• Loss of bone density
• Insomnia and / or constant tiredness
• Allergies
• Memory loss
• Sensitivity painful breasts
• Water retention and edema
• Hot flushes
• Irregularities of the menstrual cycle
• Reduction or loss of libido
• False layers
• Inflammatory conditions
• Painful menstruation
• Bleeding heavy menstrual
• Hypertension
• Acne
• Increased facial and chest hair

If you have three or more of these painful and difficult conditions, it is likely that you are estrogen overload. So, ladies, dear sisters, perhaps it is time to eliminate the multiplier factors in your body before tumor formation!

**Exposure to pollution of electromagnetic waves**

The health impact of electromagnetic waves in the environment and in the workplace is an area still very controversial. In particular, the potential risk of induced cancer by the mobile phone is the subject of many studies.

The International Agency for Research on Cancer (IARC), part of WHO, filed, in May 2011, the radiofrequency electromagnetic fields, including those emitted by mobile phones and wireless, as "possibly carcinogenic to the man. "This decision follows a report by a working group that examined hundreds of epidemiological studies on the subject and believes there is a possible link between cell phone use and the development of gliomas and neuromas acoustics. The link between exposure to mobile phones and brain tumor is small (it only relies on epidemiological studies suggesting excess risk) but was considered credible.

In application, this time, the precautionary principle, pending the results of further investigations, some organizations have rules of "good use" of mobile phones.

For its part, Professor Dominique Belpomme, oncologist, professor of oncology and pioneer in the clinical study of the effects of electromagnetic waves, is no more reassuring than his colleagues. At the Georges Pompidou in Paris, France hospital, physician is particularly interested in the syndrome of intolerance to electromagnetic fields, a less burdensome than brain tumors and other cancers predicted by Lennart Hardell and teachers Adlkofer pathology, but that could potentially affect many more people, especially the users of mobile phones are getting younger. Use a mobile phone at the age of twelve years has now become commonplace.
Professor Belpomme has received dozens of victims of the syndrome of intolerance to electromagnetic fields, and was able to establish the clinical picture in two phases: an inaugural line with headaches, impaired concentration and sensitivity and a status phase where insomnia, fatigue and depression are entering. *From this cohort of subjects, we can study the evolution over time of their syndrome, to know the long-term risks: certainly the possibility of degenerative diseases of the central nervous system such as Parkinson's disease in young but probably of Alzheimer disease in young and can not exclude the possibility of cancer, which may arise distance in patients with syndrome intolerance to electromagnetic fields, *he says.

Enough to supply future and numerous scientific studies, if the desire for transparency and impartiality involved the desire they see the day!...

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In fact, all of us immersed in the environmental factors listed above, which are, unfortunately, far from being exhaustive. But women bear the brunt of this "cocktail" effect, as they are, from an early age, directly exposed to this environment "on-estrogen" and "on-électromagnétisé."
3. Finding yet treatments "Non-conventional", but without the heavy side effects

If you remember from Part 1 dedicated to my story, I made it clear that the chemotherapy that had been presented to me by the nurse on the orders of the oncologist had hardly convinced me of their absolute efficiency. Even the oncologist was not sure himself because he wanted to say (and even write me with other notes), in my case, thirty-five to forty-five percent metastases could survive systemic chemotherapy treatment, that is to say without targeting only cancer cells and generate short to medium term, a new cancer. Indeed, these metastases in a period shorter or longer, can come together and form again, other tumors that move into one or more parts of your body, what is commonly called in jargon oncologists, a "recurrence".

Given this uncertainty about a lasting cure, especially with the major side effects of such treatment, the loss of quality of life for yourself and your family for nearly a year (if you add twenty-five sessions radiotherapy prescribed thereafter), or more if you have poorly tolerated side effects, unable to continue your work, so I've long wondered about alternative treatments. Oncologists who followed me remained silent on the subject and on other equally effective treatments potentially used in countries other than Canada. Targeted oral chemotherapy, established custom for each case, is still unavailable in hospitals to treat advanced breast cancer.

Yet these new therapies that overcome cancer do exist, treatments with side effects diminished to nil compared to conventional chemotherapy by injection or orally, even at high doses. If such treatments exist, it is not you rétorqueriez me? Well, as clinical studies have not proven fully effective and they have not been approved by the organization responsible for regulating the placing on the market of new drugs (the Canadian Agency for Drugs and technologies in Health (CADTH) as regards Canada), there is little hope that you hear about, except, perhaps, if you're a little curious and persistent. Even some teachers Cancer, internationally renowned as Professor Lucien Israel, France, clashed with the rigidity of the system, particularly in the promotion of combined treatment approaches. "It is very difficult to do studies on these combined approaches: biostatisticians are very hesitant to evaluate several treatments administered concurrently fear you never know what is truly effective."

The problem looks the same in the United States where Professor Henry C. Lai, Professor Narendra P. Singh and biochemist Jorge Ferreira published since 2001, their discovery of the effectiveness of the Artemisia annua plant and its molecule (artemisinin) against cancer cells. To date, the United States, no clinical trials have yet been officially done with this substance, and yet it works fine, I can testify. Only Germany to date, began a clinical trial with a derivative of artemisinin, the "Artesunate" which is mainly produced by a Chinese laboratory. The results of this trial do not seem to have been officially published.

In addition, here in Canada, we often feel an irresistible urge to redo the studies that have been carried out elsewhere in the world, sometimes years before, including some in other provinces ...
Why? It might be good to ask. But delaying patient access to treatments that have proven their effectiveness in laboratories.

Obviously, it is the same for medical equipment. Not only the equipment used in hospitals, is not trendy, but even, frankly, obsolete. Ten years (for an ultrasound machine, mammography or magnetic "IRM" resonance imaging apparatus), especially for the detection of small tumors in training, is already a device at the end of life. Fortunately, the Ontario government decided in May 2013 to gradually replace existing mammography equipment by digital cameras, the images are much sharper, more accurate and reliable for the detection of cancerous tumors, even small Size. Like computer technology, technology in the medical field is moving too quickly to allow repeat studies that have been conducted. It is a waste of time and a huge waste of money! Stereotactic radiosurgery system "CyberKnife" is a good example to illustrate the backwardness of our country in the field of medical technology. This robotic system, American design, destroys tumors or other lesions using beams of radiation rather than a scalpel, especially for difficult tumors operable. The beams are accurately focused on the tumor, thus reducing the risk of damage to healthy surrounding tissues. In addition, this device has a permanent correction system "tracking" that adjusts to the patient's breathing movements for more precision in the treatment of lesions. This technology, which has now been proven in the treatment of cancers (eighty units have been sold so far in the world, fifty United States), theoretically makes its appearance, according to the head of the division radiotherapy at the Ottawa hospital in late 2010, despite having been approved by Health Canada in 2006!

Here, the main arguments, in 2006, the Canadian Agency for Drugs and Technologies in Health (CADTH) used to justify the delay of Canadian hospitals to acquire them, and I quote:

"... Several evaluations of health technologies focused on evidence collected for the CyberKnife system [3-5]. The authors of these reports concur that for the moment, evidence of good quality are insufficient to determine the effectiveness and safety of CyberKnife compared to other techniques for stereotactic radiosurgery.

Cost
The CyberKnife system costs about 4 million U.S. dollars, the price including using the manufacturer's installation and staff training. We must add to this sum of expenses, including construction or renovations to house the system and meet the specific requirements of protection against radiation."

Indeed, the only provincial, management and absorption of such costs are difficult, especially in uncertain economic times where fiscal discipline is required. But the only idea to standardize and streamline the health system pan-Canadian level would require at least an amendment to the Canadian Constitution, but also political will, which seems totally excluded for the moment.

"The goal is to improve the health of Ontarians by making better use of limited resources," a déclaré Ron Goeree. Ron Goeree, an assistant professor in the Department of Clinical Epidemiology and Biostatistics, plays a key role in providing the Government of Ontario with the type of information needed to make decisions about health care expenditures.
Explain these "limited resources" may be why, in 2010, Canada ranked thirteenth out of fourteen countries in regard to the accessibility of new drugs and technologies against cancer, which are more efficient, according a report prepared by researchers British!

Fourteen countries studied, only New Zealand has done worse than Canada. Should, perhaps, be better organized and better control the health care system before they loudly proclaim that our country has one of the best!

Yet huge savings while improving the quality of patient care could be made, if only that for the delivery of anti-cancer drugs. For example, why deliver consistently, at home, by special messenger, these drugs could be recovered at the hospital pharmacy during regular medical appointments with oncologists, at least for patients who have not made the request a delivery?

Regarding the use of Cyberknife in Canadian hospitals, why did it take so long to make the decision to acquire them? Is CADTH thought radiotherapy equipment fitted Ontario hospitals were sufficiently efficient and safe, while not only they, for the most part reached their age limit, and they do not even take into account during irradiation, due to movements of the patient's breathing and the irradiated area is broader and less targeted?

Thus during a radiotherapy session of my left breast, I had the painful experience of having my "irradiated" inadvertently left ear! Same for my lungs, during another session. Immediate side effects were pneumonia and later, a persistent cough, because the lungs were slightly irradiated (shy confession of my radiation oncologist several weeks later, not because of the cancerous mass as I had mentioned at the beginning). It must be said that one of the radiotherapy was particularly "expeditiously" by taking just five minutes in all and for all. Adjustments and positioning of the body were they well made? Mystery? Because with the former radiotherapy equipment, any treatment of the left breast, near the heart, can only be done with cross rays from the left and right sides, since it seems more difficult to dose, and vertically safely, you need to treat breast radiation without risking reaching the heart or lungs at the same time!

Indeed, a gap of a millimeter in the positioning of the body, can result in burns "secondary" very painful sometimes surrounding tissues or organs. This is what happened to my esophagus three weeks after the meetings, with difficulties to feed me. I actually lost ten pounds in just two weeks. But imagine what could happen in the heart if the trajectory had been earlier. Past the "microwave" cardiac muscle probably has more quite the same capacity!

You understand, perhaps even better now, the reasons that led me to seek alternative treatments, probably as effective (if I'm still alive today and professionally active) and less dangerous than the cancer itself well ... although not yet officially approved by the authorities of Health.
The "Qing Hao" Artemisia Annua or this Chinese herb

The "Qing Hao" Artemisia Annua or, family of herbaceous annual plant is native to northern China and is known as "wormwood" in our western countries. Its highly branched stems have a length between 30 cm and 100 cm (up to more than 3 meters in culture), the leaves are deeply divided and heads have a length of 1 mm to 1.5 mm positioning in loose clusters and closing branches. Flowering is summer. It is found in wasteland (including among the houses) and warm temperate zones.

The "Qing Hao" is used in traditional Chinese medicine as a remedy against chills and fevers for over two thousand years. Chinese herbalists also use since ancient times in the treatment of many diseases, such as dermatitis or even against malaria.

The artemisinin molecule, the active ingredient of the plant, was isolated for the first time by Chinese researchers in 1972 and its chemical structure finally understood in 1979. This is a simple and relatively inexpensive alternative to fight against malaria, the scope of populations subjected to this scourge. Artemisia Annua now grows wild around the world and artemisinin concentration varies considerably from one place to another.

The effectiveness of this plant against severe forms of malaria was observed directly by my partner who suffers from a severe form of malaria for several years. Advised by one of his Chinese friends, Qing Hao worked very well for him so far. Even our family doctor could not admit a huge improvement in his health after a routine doctor's visit in his office after taking this treatment against malaria fevers. Voltage (or pressure) pressure was rising above 11 (110) and fever had disappeared, whereas before, fevers around 39–40 had become chronic and blood pressure largely located below 10 (100)...

The artemisia annua and its derivatives, Artemisinin, Artemether and Artesunate quickly relieve fever and malaria are recommended by no less a World Health Organization to address the scourge of malaria in the countries concerned and formally authorized by the Food and Drug Administration (FDA). It is true that here in Canada, malaria is no longer a scourge, although many workers have died in the 19th century, to yellow fever fever during the construction of the famous Rideau Canal in Ottawa, then dotted with numerous swamps infested malarial mosquitoes.

Experiments and tests conducted in the United States with Artemisinin by Professor Henry Lai and Narendra P. C. Singh from Washington University in Seattle and Dr. Jorge Ferreira, a biochemist at the State of California Department of Agriculture to treat cancer patients.

It is precisely by doing research in the field of malaria that two researchers, Professor Henry C. Lai and Narendra P. Singh Professor discovered that the active ingredient of Artemisia annua, the famous "Artemisinin" was also effective in killing cancer cells.
Mechanism of action of artemisinin

Malaria is transmitted to humans by the bite of a female mosquito, Anopheles (mainly Plasmodium falciparum and Plasmodium vivax), also infected after biting a human malarial. The female Anopheles mosquito injects the parasite to humans as "sporozoite" which migrates rapidly to the liver through the bloodstream. It enters the liver cell where it divides actively to give birth in a few days, tens of thousands of parasites: "merozoites". Liver cell bursts, releasing the parasites in the blood. There they get inside the red blood cells and multiply.

Hemoglobin contains large amounts of free iron. U.S. researchers found that the parasite survives in its host by consuming nearly 25% of the hemoglobin its red blood cells. However, it does not metabolize the heme of hemoglobin (heme is formed of an aromatic structure and an iron atom.) Instead, it stores iron in the form of a polymer called hemozoin.

Artemisinin is a sesquiterpene lactone bearing a peroxide group seems to be the key to its effectiveness against the malaria parasite. The peroxide molecule artemisinin reacts with iron red blood cells to create free radicals which, in turn, destroy the membranes of the parasite and kills him.

It is this affinity for iron that has attracted the attention of both researchers at the University of Washington in Seattle. Cancer cells, as do malaria parasites, collect and store the iron they need to replicate and divide. Cancer cells have therefore a much higher than normal concentration of iron cells.

Professor Henry Lai examined for seven years the potential of artemisinin in the treatment of various types of cancer and obtained promising results. He studied the combined effect of dihydroartemisinin (artemisinin analog with improved solubility in water) and holotransferrin, in vitro, on human breast cancer cells and compared to the response of human normal breast cells. After incubation with the holoferrine (increasing the concentration of ferrous ion cancer cells) dihydroartemisinin effectively kills breast cancer cells resistant to radiation. After eight hours, there were only 25% of cancer cells and after sixteen hours, they were almost all dead. This combination, by contrast, had very little effect on healthy cells, which is a huge step forward compared to conventional chemotherapy that destroys a large number of cells, good or bad!

Previous research in laboratories, on leukemic cells, yielded more significant results. These cells were removed eight hours. The iron concentration in leukemic cells could explain these impressive results. They may, in fact, have a thousand times higher than normal cells iron concentration.

The anticancer activity of artemisinin have also been tested against fifty five cancer cell lines at the National Cancer Institute of the United States. Artemisinin was more active against the leukemia cell lines and colon cancer. Even more promising, the high activity of artemisinin against leukemia cell lines resistant to conventional drugs. Other cancer cell lines such as glioblastoma and neuroblastoma, melanoma, breast, prostate, kidneys and central nervous system indicate a significant reactivity to artemisinin.

Other tests and treatments on a patient with metastatic uveal melanoma stage IV is the most advanced stage of cancer (my cancer was stage III), with an artemisinin derivative, the artesunate,
revealed the effectiveness of this molecule. Forty-seven months after his cancer diagnosis, (almost four years), the patient was still alive, although the median life expectancy in such cases is two to five months. This patient was initially treated with conventional chemotherapy did not succeed, received Artesunate combined with Dacarbazine, which allowed him a disease stabilization and regression of metastases on his spleen and lungs.

Although this treatment has been tested on a small number of patients, it is a very promising drug in the adjuvant treatment of melanoma and possibly other types of cancer, alone or in combination with standard chemotherapy. Well tolerated and no serious side effects should be easier in the near future, the early clinical trials.

**Use of artemisinin as a preventive and curative treatment, among others, of bone cancer in dogs**

If we cannot even prescribe and administer now freely humans, artemisinin is approved by the FDA to prevent and treat bone cancer in dogs (but not in all states) and is used by many U.S. veterinarians. Professor Henry C. Lai and Narendra P. Singh Professor obviously contributed to this use of artemisinin in the preventive and curative treatment of cancer in dogs by providing their advice, particularly in terms of dosage, which personally was my challenge in taking the treatment. For dogs, as a preventive measure, a dose of 3 to 6 mg per kilogram of artemisinin, took off after the evening meal and together with a little milk or yogurt is recommended for seven days, followed by a period of rest of twenty-one days, then a resumption of artemisinin for three days followed by a rest period of twenty-seven days. Given that artemisinin can not be used consistently, this cycle of "7-21-3-27" remains an ideal treatment for pets.

Generally, in humans or animals, the consumption of antioxidants is cons-indicated simultaneously taking artemisinin. In fact, exercising its activity in the body by creating free radicals that interact with the iron in the cancer cell, a substance protecting radical damage could hamper its effectiveness. Similarly, you should avoid the absorption of artemisinin shortly after meals, especially rich meat containing foods rich in iron: the effectiveness of artemisinin would be reduced, or even zero. A diet mainly consisting of vegetables and fruits, with the least possible amount of meat, is recommended during initiation of treatment.
4. Recidivism and healing

*My treatment: becoming my own guinea pig*

Given that there was still no official results of clinical studies in humans with artemisinin, I had become my own "guinea pig" play a bit "sorcerer's apprentice" while performing extensive research to try to find the appropriate dosages can overcome metastatic stage III and moreover aggressive cancer. Maybe I do not fully tell the truth when I write that there was no clinical studies, because as I mentioned earlier in this book, was underway in Germany, at the Heidelberg University hospital for women to precisely treat breast cancer, but a derivative of artemisinin, artesunate the molecule. According to my last contact with Dr Cornelia von Hagens, Head of Naturopathy and Integrative Medicine, Medicine and Gynaecological Endocrinology and Reproductive Medicine Center for Women at the University of Heidelberg, the official results will not be available before many months to come!

**Dosage search and treatment schedule**

During my convalescence, in late 2010 and early 2011, waiting to meet the oncologist specializing in chemotherapy, given that I had at the house the Hao Qing concentrated powder (Artemisia annua), I experienced directly, telling me that I did not risk much, given that, anyway, I had to wait for a final diagnosis and treatment ... At the beginning, for two weeks, I was two doses of 3 grams per 24 hours (equivalent to 30 grams, 1 gram concentrate equivalent to 5 grams), diluted in a little warm water at night, away from meals on an empty stomach. This prevents artemisinin molecules contained in the Qing Hao act on the iron content in food remains can still be found in my stomach, rather than the iron content in the cancer cells themselves. The third week I diminished a spoonful a day treatment. I carefully noted each dosage and period of doses taken, using a schedule of treatments.

Meanwhile, I was doing a course based medicinal mushrooms (red reishi the meshimakobu, cordyceps and maitake) known for their properties strengthening the immune system, one of the first defenses against the disease. In addition, I learned of a study conducted by the Laboratory of Molecular and Cellular Biology of California, Berkeley, that artemisinin also helped to regulate, such as the hormone therapy, estrogen levels are too high.

Nature did she not everything to help us? So why not accept assistance from time to time? Meanwhile, as recommended during the treatment making it natural I took calcium (1,000 mg), vitamin E (600 mg), vitamin D (2000 mg) and vitamin C (500 mg), preferably in the morning, shortly after breakfast and sequenced manner.

In addition, I modified my eating habits as possible favoring certain spices in my dishes, such as turmeric, one of the main ingredients of curry, widely used in Indian cooking especially fruits and vegetables raw or cooked.

The Indian population has, in fact, eight times less lung cancer than Westerners, nine times less colon, five times less breast or ten times fewer cancers of the kidney, although the latest statistics
show a overall increase in the number of breast cancers in this country. The curve seems to follow that of industrialization and changing lifestyles accordingly. Nevertheless, the diet rich in turmeric Indian population, as tending to show several laboratory experiments, could, among other things, be one of the explanations for this less cancer rates in India.

This is very concentrated spice saffron curcumins in which anti-inflammatory properties would prevent the growth of cancer cells. These substances could also prevent cardiovascular accidents, Parkinson's disease, Alzheimer's disease. However, all these observations or correlations must be proved scientifically, which currently is not the case. But personally, I think it is only a matter of time.

Medical monitoring

As I mentioned in Chapter 1, I refused the only treatment option proposed is a serious systemic chemotherapy, injections, often with significant side effects, with the obligation to stop any professional activity many months, with only 70% of my salary and without any certainty moreover, that eventually beat the disease. Indeed, as mentioned by the oncologist in my type of breast cancer, the risk of recurrence ranged from thirty-five to forty five percent. However, when I tried to talk to my oncologist treatment with Artemisia Annua the plant that I took, scientific studies to support, he just swept a gesture and a word "! Alternative Medicine" ... He did not seem to hear about other treatments, and before my refusal to chemotherapy injections, prescribed a generic hormone, which is supposed to stop the production of estrogen, too much in my case, having apparently been one of the triggers of my breast cancer factors. He also prescribed a series of medical imaging tests, among others, bone CT to see the state of my skeleton, these hormone drugs allowed on the market with a tendency to accelerate bone loss and increase the osteoporosis. He also wanted to see if the cancer was not particular, already spread to the bones. He then referred me to a specialist in radiotherapy colleague while assuring me, if the trend continues, he would see me about every two months.

At first, considering I did not wished mix plant Qing Hao and vitamin supplements with hormone therapy, I decided not to start treatment with generic hormonal regulator prescribed.

A week or two later, so I saw the radiation oncologist I met in late December 2010 and probably did not think to see me until mid-May 2011 ... He looked at me to make sure that the healing was done correctly to begin radiation treatments. I took advantage of his "apparent" openness to ask questions on this type of cancer and in particular on how to know if cancer was cured or not, ie, in the jargon oncologist if the patient is "remission." At this time, the doctor was a long silence, looked toward his shoes, then finally put his gaze on me again and said in a shaky voice, and I quote, "it was felt after six months of chemotherapy and twenty-five radiotherapy, the patient could be considered in remission ". I admit I was quite surprised by such a response from the mouth of a doctor. The affirmation of the healing of cancer was therefore a simple "estimate", a deduction, a hypothesis! Having read and heard of tests that measured the rate of metastases in the blood, including CA (Cancer Antigen) 15-3 for breast cancer, I asked him if it was possible to do this blood test to try to get a "picture" of the situation of my cancer prior to radiation treatment. Because, apart from surgery and my self-medication Qing Hao, I did not take any "estimated" by conventional medical
treatment. At this time, I had no certainty that artemisinin worked well: the only certainty was that the cancer had not yet spread to the bone. The technician who had me take the test bone CT was risky, humorously, to give me a prognosis to the effect that I had a skeleton that would allow me to go up to the age of four ninety years! "But the CA-15-3 test is not free," replied the radiation oncologist. I asked him: "Is it more than $ 300, $ 1,000, $ 3,000?". In fact, he knew nothing and merely replied: "Some times they take nothing when it is I who am asking"....

To enable me to reach the respectable age of ninety years, I think it was perhaps necessary that I accept some twenty-five radiation treatments recommended by the oncologist to continue to receive medical monitoring, with periodic examinations allowing me to take on the spread or not my cancer, in other words, the effectiveness of artemisinin. The radiation oncologist asked me to contact his office to determine the schedule of meetings and finally gave me a prescription for a CA-15-3 blood test, which I did immediately and directly at the hospital. It was asked for my health card and the hospital card, and that was all. Another time, however, a private laboratory outside the hospital asked me to pay $ 35 for this test.

Upon reaching my left ear during a radiotherapy session expeditious, rash and following the negative results of CA-15-3 (no metastases observed), I decided to put an end to radiation treatment, after ten sessions. I do not want to risk more serious side effects, despite the recommendations of a radiation oncologist who told me that further meetings would help prolong my life ten years! On what scientific basis he was based for this assertion, I did not. What I was certain was that there were side effects of radiotherapy can be serious in the short term but sometimes very serious in the long term, but that he was careful not to talk to me. I "unfortunately" missed out on the ritual end of treatment, to which all good right patient wisely made twenty-five sessions recommended, as the winner of the race crossing the finish line, with the ringing of the bell, photography and applause from the staff of radiotherapy, but also other patients waiting their turn.

Some time later, I suffered a magnetic and an ultrasound of the abdomen resonance imaging test to check if any node or tumor was reformed in the meantime. Fortunately, the results showed that everything was okay at this point, no suspicious mass is visible, and I was in "remission" speech oncologist!

**Recidivism (according to doctors)**

Until autumn 2011, the year went well, with regular visits to the hospital and medical imaging controls. Even the oncologist oncologist who thought I was taking her hormone since June, I was in perfect physical condition for someone pursuing a career in full-time while caring for a cancer. He even asked me what I was doing to be in such good shape! "You do not look like a woman with cancer," he told me, perhaps as a compliment. I replied that I was exercising daily and renforçais my immune system with medicinal mushrooms (described earlier in this chapter), but I still sometimes a little too hot flashes for my taste (even if they were significantly reduced from artemisinin jack). He informed me that there was a new drug to control more powerful hormone estrogen production and ipso facto, the spread of my cancer, and decided to prescribe me. But I decided not to mix hormone and grass Qing Hao and therefore not taken this new hormone drug.
In short, everything was perfectly fine until I decided to reduce my herb Artemisia annua doses or Qing Hao: remember, in my case, there was no "protocols" or "models treatment "to apply. The only information that I had about the grass were those given by the Chinese doctor my husband to treat his fevers of malaria. I only extended treatment periods and increased the dose and took the grass every day, with twelve grams per day, instead of stopping after one week. I went on vacation in October 2011 for three weeks, and as I was fine, I decided to stop my treatment, with the aim, to resume upon my return, with a decreasing dose for three weeks, followed by a pause one week. I wanted to prevent my body yields to what is called "habituation" and that treatment becomes less effective or ineffective.

In early December 2011, during a routine control CT of the chest prescribed by my oncologist, a mass was discovered under my right armpit, I felt nothing special, no pain, no particular fatigue. I continued my professional and social activities normally and my physical exercises. My family doctor did not feel it either on auscultation and did not understand how the tumor was able to emigrate under the right axilla, with no tumor has been previously detected in the right breast ...

Generally, in breast cancer before lymph appear under his arm, a tumor first starts in the breast. Recall that the primary cancerous tumor was in the left breast. Even my oncologist, who had declared me "in remission" at the beginning of November 2011, had then said: "We all had lymph underarm Mrs. David!". Yes, we all, especially when you practice some exercises, including stretching. Even the surgeon which the oncologist referred me and who had performed the first partial mastectomy in my left breast, seemed surprised to migrate to the right armpit, bypassing the breast first. Unlike the game of Monopoly, no passage through the "departure" did not seem to have happened, yet I received a gratification which I would, a priori, passed!

**Operation of artemisinin**

**Contacts with two American researchers**

From the moment I contacted directly the two American researchers, Professor Henry C. Lai and Narendra Singh Professor and biochemist Jorge Ferreira on their research for their views on the grass Qing Hao.

They aiguillèrent me to the lack of content possible "artemisinin", the active component of the herb Qing Hao in the product I was taking. Dr. Ferreira told me so many samples that were analyzed during the experiments contained only seventy, sixty, or even only forty percent of the active compound. The concentration of artemisinin in fact depends on the season, place of cultivation of grass, the plant parts that are used, etc.. The Chinese species is by far the most concentrated yet artemisinin.

To avoid differences in quality, Professor Lai suggested that I use a concentration of artemisinin produced by an American laboratory, artemisinin he and Professor Singh had used in their experiments on cancer cells.

So I ordered this product in the United States, Artemin TM100, and began to take daily. Normally the maximum dose (for dogs) is 200 mg per day, but I decided to raise the dose to 700 mg, at least initially. I also read the article in a trade journal Cancer, in Vietnam, oncologists who treated patients with artemisinin advocated 1000 mg per day, and for two years to ensure that it is no more traces of metastases in the blood.
By checking this information with Professor Henry C. Lai, it told me that the dose of 1000 mg was rather strong, but added that artemisinin was not cytotoxic, that is to say, it had no negative impact on the functioning of healthy cells in the body, unlike conventional chemotherapy we had wanted to direct me from the cancer diagnosis. Professor Lai told me that the high dosage used by some oncologists in Vietnam was probably due to the fact that the quality of the wormwood used was not constant and most importantly, less concentrated artemisinin. Dr. Jorge Ferreira who developed this molecule specified that artemisinin did not remain very long in the body and that it was better to take fewer doses, but several times a day, far enough meals rather than a larger dose once during the day. What I did, at 300 mg once at night and 200 mg twice in the course of the day, once in the morning and once in mid-afternoon, most far as meals. When I say "meal", I obviously includes any snacks (yogurt, granola bars, fresh fruit or dried fruit, biscuits, chocolate, etc..) That some of us tend to eat between meals.

Interpretation of data

Another blood test CA 15-3 achieved at the beginning of January 2012 confirmed the absence of metastases, while the biopsy in the right axillary region confirmed that the main lymph node was cancerous. From that moment, the two oncologists told me that this blood test did not work for me and it should not be taken into account. According to them, only the results of the last biopsy were realistic. They sought me a surgery to remove the new tumor ... what I had to resign myself end of March 2012, with many questions about the effectiveness of artemisinin, yet works! Biochemical analysis of the tumor after surgery revealed the presence of lymph thirty every cancer, although with a very low concentration of estrogen markers! However, during the first surgery left breast and left axillary region, only five out of twenty nodes removed were positive! The first tumor (carcinoma) was a very good size and had to be present in my left breast for months already! So how to explain the presence of so many lymph cancer in just one year in the second axillary tumor right side? Postoperative reports by hospitals of various places in the world on similar surgeries have never reported hundred percent positive nodes: sixty to seventy percent at most ... So why in my case, the rate he was one hundred percent? The doctors told me that it was not uncommon for all nodes are reached, this to cut short any discussion and any questions. However, their responses had hardly convinced me.

I then experienced a period of uncertainty, doubts, questioning, although legitimate you say ... Maybe, but the worst thing in life is to doubt. Despite the many side effects read about hormone therapy prescribed, including the vascular system, I decided finally to start this treatment recommended by the oncologist oncologist to verify its effectiveness in the production of estrogen was real and other tumors or masses cease to appear here and there ....

Although, I learned much later through other reports of CT (which is very serious in my opinion) is that a mass measuring 1.3 cm x 2.4 cm was about detected near the anterior mediastinum, close to the heart during a routine CT of the chest during the year 2011 and neither do oncologists had advised me, same for small lymph located in the region of the pulmonary artery and aorta. Obviously, and fortunately for me, the volume of these two masses had hitherto not increased.

Yet at this point, neither oncologists asked me to perform a biopsy or to meet with a surgeon to see if a partial or total resection of these lymph nodes in the chest, was possible. "We do not operate cancer!" said my radiation oncologist. Both doctors had obviously decided to ignore the masses
(because they were clearly mentioned in the reports that I read later) and instead focus on the lymph nodes of the right axilla. I think it is serious, on the one hand, I do not have mentioned, but then not have offered me at this time, any stereotactic radiotherapy with the famous "CyberKnife, "including the Ottawa Hospital was apparently equipped ... It is true that after the second surgery, the radiation oncologist had said, following my question about the possibility of radiation therapy," I do not stand "and did not intend to prescribe me a few sessions to the right side. However, after removal of the first tumor, it was me who had decided to end sessions after the negative results of the blood test CA 15-3, confirming that the rate of metastases was quite normal in my blood. The radiation oncologist was even confirmed to me at that time that we could resume these sessions at any time if it was necessary. Radiotherapy however occasioned me no particular fatigue I stand it well and I never had to stop working during the ten sessions I accepted. I only had some redness and a burning light milk Calendula has diminished significantly. I left the office a little earlier in the evening to go to the Cancer Centre and that's all. Why this sudden change of attitude? What was the New Deal that motivated this shift? Obviously, the situation had changed again, as the assessment of grades of cancer, or perhaps it was just a form of revenge for a medical patient psychologically too strong and not easy to handle, not "sticky" definitely not the known models and protocols established conventional treatments in high places.

End of July 2012, second bombshell! Hormone therapy started in February 2012 and taken daily proved not only ineffective but dangerous. Both masses detected in the chest, near the mediastinum, hitherto stable and the doctors had deliberately decided to ignore, had grown a lot and caused me pinching into the scapula and sometimes difficult to catch my breath. Indeed, the new CT scan, but this time done in a Toronto hospital, revealed that the innominate vein encapsulated mass and pulled on the phrenic nerve and the jugular vein. Yet, I continued to perform my daily walk four kilometers to go to the office, my swimming and my regular yoga and felt neither pain greater or particular fatigue, if not this discomfort to breathe deeply, especially when yoga exercises or climbing several flights of stairs ... veins had even formed transversely on my chest.

On the other hand, neither of the two oncologists then dared mention that these new conditions of deterioration could be, in fact, due to taking hormone therapy, the aromatase inhibitor, which clearly had the effect completely reverse the cancer control. On the stability of the mass, we went to growth and what growth! Yet never efficacy was questioned in my case, even his dangerousness given its apparent side effects. No biopsy could, supposedly, be performed at this stage ... The only thing that doctors advocated me, ten radiotherapy to control the growth of the mass since no surgery without risk was apparently possible, both large arteries and veins were included within this mass. Although the cardiac surgeon that I met in Toronto let me clear that it could possibly undertake such surgery if the mass regressed a bit, especially at the imprisonment of veins. He advised me to accept radiotherapy recommended by the oncologist to try to reduce the mass, although it was not at all convinced of its effectiveness. It was very clear that it was a high-risk surgery and it does undertake only if it was not to aggravate my condition.

A little discouraged, but with little alternative, I resigned myself, in August 2012, to make this new series of ten sessions of radiotherapy in the hope that I would be entitled to treatment with CyberKnife I mentioned earlier in this book, more accurate, more efficient, less time and with fewer side effects, given that the area to radiate this time stood close to the heart, esophagus and lungs. Well, believe it or not, despite my insistence and my requests, I was given the big "microwave" who "sprinkles" everything in its path! The argument given by the radiation oncologist, of the refusal to
use the Cyberknife this time, was the size of the mass and that the area to be irradiated was too much! ... So much so that I wondered if the Ottawa Hospital was indeed with such a device!

I received an enormous dose of 33 Grey (Gy) over ten sessions only, with guaranteed side effects that may occur in the short, medium and long term can be very ... One of the first recorded symptom was excruciating pain in the esophagus, a little more than a week after the end of the treatment, every time I ate or drank, followed shortly after by a pneumonia causing fever, cough, weight loss and fatigue, to the point that I had to stop working for nearly three weeks.

During radiation treatments, I decided not to take my treatment artemisinin as disseminate throughout the body the radiation effect, the iron content in the cells, thus making this treatment very little effective. I also stopped taking hormone therapy, also recommended by the oncologist, since obviously dangerous and useless!

I turned in to three American scientists and put down their many questions on the physico-chemical properties of artemisinin, the way to tackle the tumor, its possible behavior in laboratory tests and the possible modification of the appearance, in medical imaging, tumors attacked by artemisinin.

Professor Narandra Singh then sent me an interesting study of a treaty only to the patient artemether, an artemisinin derivative, as artesunate.

**Case study of a patient treated with artemether**

This study involved the case of a 75 years old man, a retired teacher living in northern India who had complained of vision problems, mobility of his left eye, hearing problems and loss equilibrium. After a CT scan, a mass of about 2.4 x 2.6 cm adenoma in the pituitary area of the brain was discovered. After removal of several possible diseases, lymphocytic hypophysitis a diagnosis was issued for this case. The patient was then treated with 40 mg artemether (an artemisinin derivative) taken orally and daily for a period of twenty-nine days. This treatment was taken in the evening, three to four hours after the meal. In the morning, at lunch, the patient was taking extra vitamins C and E, respectively, 500 and 200 mg. Just fifteen days of treatment, the man partially recovered mobility of his eye. This treatment went on for two weeks. Then the patient continued the treatment for another thirty days with a dose every other day artemether, while maintaining the daily intake of vitamins E and C. Then taking artemether was reduced to twice a week for ten months with continued daily intake of vitamins C and E.

The CT scan performed four months after the initial diagnosis revealed an increase in tumor size (3.0 x 2.4 cm) and, paradoxically, a significant improvement in the patient's vision and other aspects of his health. Another CT scan performed in January 2005, nine months after the initial diagnosis and treatment, showed a significant improvement in the health status of the patient, including vision problems, although the size of the tumor remained stable or even slightly increased. Another identical examination in November 2005, eleven months later showed an ever-present mass unchanged in size, but with a different density from 51-59 "Hounsfield Units" (HU) compared to 72-77 HU in the first CT scan, and an almost complete disappearance of symptoms. The appearance of the tumor also seemed more heterogeneous.
The study thus demonstrates that, despite the growth and persistence of the tumor, still visible in the last CT scan, the symptoms disappeared and the patient regained its original condition. Only the density of the tumor has changed, which could explain the pressure on the optic nerve and affecting the patient's vision became almost zero and allowed the eye to regain his mobility and normal vision. In other words, the density diminished tumor could mean that the tumor is now made up of dead cells, waiting for "cleansing" by the white blood cells and macrophages it no longer exerts pressure on the body, vein or any other part of the body where it was. It's almost as if it no longer existed, even if it is still visible in CT. This is probably the stage of healing. In conclusion, it should be careful when interpretations of CT examinations while taking pictures of artesminin and do not necessarily conclude that this treatment does not work if a lymph node appears larger or singular rate of 100% of lymph cancer in a given region are rated...

The measured state may be transient but not final, as in January 2012 for me at the right axillary node biopsy…

Asked about the biological function of artesminin, Professor Henry Lai confirmed me that artesminin was diffused in the blood and went in tumors by directly attacking the cancer, the more iron-rich cells and they cause their death by apoptosis (cell death) of cancer cells no longer have the nutrients necessary for its survival and growth.

Professor Singh, meanwhile, added that it is common ground shows a slight increase in volume after a few weeks of treatment, as mentioned in the case of Indian patient described above, before finally starting a regression.

Deepening the results of various examinations on my own case, and in particular biological marker analysis of human axillary lymph nodes removed during the second surgery in March 2012, I found that the rate of estrogen markers reported was very low, whereas in the first surgery, the rate was much higher. I then questioned on the actual need for this new surgery, since the mass of lymph nodes did not bother me, even if its volume had increased. Perhaps it was, in fact, a transitional stage of healing. For cons, the white blood cell macrophages would probably take several months to digest and make it disappear ... But the breast and lymphatic reconstruction also takes a lot of time. And the absence of lymph nodes under the arm may promote the emergence of so-called "big arm" type of edema caused by this interruption of the lymphatic system and the difficulty for the lymphatic fluid to flow normally. So far I have not suffered this possible side effect following the two surgeries. But this can occur many months or even a year or two after. It is true that I regularly practice exercises to facilitate lymph flow: light weight, yoga exercises, walking and swimming.
5. Conclusion: The curative revolution is underway

At the time of this writing, it's been almost three years since I treat my cancer with Artemin TM100, alternating with grass Qing Hao. I feel good, without any particular fatigue. I'm still working full-time; only periods of sick leave I have taken since 2010 when I was diagnosed, were necessitated by pneumonia caused by radiotherapy and recovering from two surgeries, about nine weeks in total and for everything.

However, the radiation oncologist had told me during an appointment in September 2012: "In December, you will not be able to work Mrs. David!" ... When he spoke of December, he meant that of 2012, of course!

The oncologist Toronto I had, meanwhile, declared incurable, adding that she absolutely not believed in the virtues of artemisinin, that it was not an anti-cancer substance approved by medical authorities in Canada (nor the United States!). Certainly, I agree! For now, this molecule is only approved by the WHO to treat malaria in the mine-affected countries and to treat cancer in pets in the United States, particularly in Washington DC. In addition, the Toronto oncologist thought I was lying when I confided to him that I was exercising daily and I do not have specific chest pain, despite this mass near the mediastinum, which was yet the truth. I sometimes just a nuisance to catch my breath after exertion, with a bra too tight or a few pinches in my left shoulder blade when I was doing yoga exercises.

Really, I was not corresponding with any oncologic standard!

The oncologist oncologist who followed me in Ottawa, meanwhile, realized that I had not taken hormone therapy as prescribed, which, according to his logic, recidivism ... He had even started to prepare myself for consider death. Alas, it was only artemisinin I had stopped during the hormone treatment. I took the prescribed from the beginning of March until mid-August 2012 at the discovery of the new mass in my chest ... Very interesting, is it not?

Indeed, if I had not taken this hormone and continued my treatment with herb Qing Hao and artemisinin molecule, it is likely that I would not need radiation, since the mass detected in the thorax near the heart during the CT scan in December 2011 and then ignored by doctors, might have remained stable or increased slightly before disappearing definitively digested by macrophages of the lymph nodes.

Despite the inconveniences encountered, I continue to pursue my career full-time activity, doing my daily exercises: my four miles of walking to get to the office, and alternately, my yoga exercises or weight. From time to time, I will also do some laps in the pool to relax or I go twelve flights of stairs to get to my apartment, just to make sure my heart and my breath have not yet decided totally abandon me ... I can not say that I did not felt out of breath when the mass was bigger and even encapsulating the innominate vein and jammed my phrenic nerve! .. I'm sure having pursued a certain physical and worked on my breathing activity has significantly helped me. I feel happy to rise again until the twelfth floor walk and almost proud that some of my friends of my age or younger, yet in relatively good physical shape, are not capable of climb over five floors. Of course,
I still keep taking doses of artemisinin and Qing Hao alternating with a few days off between the two types of drugs. Treatment schedules are displayed for information purposes only, on my website www.breast-cancer-du-sein.com.

Yet I have never taken the new hormone and prescribed at the end of 2012 tablets from chemotherapy once advocated to treat kidney cancer treatment. This treatment, in clinical studies, work seems to treat advanced breast cancer metastasis. In fact, these combined medications, very expensive, are only supposed to slow the spread of cancer and extend life, estimated in my case, to a maximum of twelve months ... This time is already passed without taking two prescription drugs, I just continued my treatment with artemisinin, with daily doses of calcium and vitamins C, D and E. This is very encouraging for those who oncologists have left little hope of survival.

Of course, each person may react differently to the dosage, depending on the grade of cancer and the type of cancer. In my case, I decided to take a relatively high dosage of artemisinin (700 mg every 24 hours), given the aggressiveness of the cancer and my desire not to see new tumors appear. Until all the metastases, tumors may be formed. As in the study annexed to this book showing the case of a patient with a brain tumor and treated with artemether, I still continue my treatment, but with lower doses of artemisinin and more further apart in time.

I can understand it is not easy for doctors to admit that their therapies were inappropriate side effects or simply did not work. However, what I have difficulty accepting is their apparent lack of curiosity and thirst to understand the reasons for failure or success against the illness without taking their prescribed drugs. Their role is to try to treat you trying to do to you as a known and accepted models, and therefore apply the grid corresponding care. As soon as you leave a little of the model, they have great difficulties to become "flexible" to analyze and think logically and scientifically. Few oncologists admit that their chemotherapy is not a panacea. Yet ventured to tell me that he would like very sincerely that there are more therapies, including targeted to treat advanced breast cancer, which is currently not the case, after several decades research.

Is Integrative medicine the solution?

Other doctors, such as Dr. Nicole Delépine (see footnote on page number 18) in France or Dr. Isaac Eliaz U.S. yet dare leave these "sacrosanct" protocols or guidelines for conventional treatments favor therapies adapted to the case and the wishes of their patients. Combinations of chemotherapy and plants are called "integrative oncology" approaches preferred by Dr. Eliaz, particularly to treat breast cancer. In his study entitled "Integrative Approaches to Breast Cancer Treatment" available on my website and I strongly encourage you to read it advocates eating certain plants, including broccoli and other cabbages, some citrus or take supplements in high concentrations, which facilitates the death of breast cancer cells. Combined with chemotherapy drugs, the inhibitory effect on cancer cells is even more powerful. Instead warn patients not to eat grapefruit during their treatment, which can have a multiplier effect of the power of the drug can sometimes cause death, the doctor uses this property of citrus to enhance the effectiveness treatment, while reducing the dose of the drug product. But given that each cancer has a single abnormal gene expression, such as fingerprints, treatment should only be given in a series of special tests called "functional profile of the tumor," this in order to determine which chemotherapy agents or combination of treatments would be most effective in your case. Why not, currently, no therapeutic approach that is used in hospitals here in Canada? Should we be afraid to reduce treatment costs and become too effective in
treating cancer? Currently, we are, indeed, far from this so-called "integrative" approach when you have oncologists conventional treatment protocols.

Indeed, many women routinely receive chemotherapy when they are diagnosed with breast cancer, although a large proportion of them could be avoided. Diagnostic tools exist to determine which treatments would be most appropriate (such as genetic test 21) are often underutilized in Canada (see note 13 which refers to the report, available in English only established by Cancer Advocacy Coalition of Canada Report Card on Cancer in Canada in 2010-2011).

In the 2011-2012 edition, paragraph 33 also focuses on complementary and integrative medicine, also called "CAM" in English (Complementary and Alternative Medicine) or Complementary Alternative Medicine, "MAC" in French, for those who must live with cancer for a longer or shorter. I quote [free translation]: "Complementary and alternative medicine has been defined by the National Institute of Health (NIH) in the United States, as" a group of diverse medical and health care systems, including practices and products are not currently considered part of conventional medical practices. "Although this definition is moving that some of these therapies "CAM" are now included in some targeted clinical institutions, the general rubric included these therapies, such as natural health products (eg, herbal treatments ), the mind-body therapies (eg, meditation), energy therapies (eg, acupuncture) and physical (eg, yoga). This definition also includes all medical systems, including naturopathy and osteopathy, and traditional medicine, such as traditional Chinese medicine or healing practices used by First Nations. "

Some family physicians would however change the way they should practice medicine. In the publication of the College of Canadian family physicians, August 2008, Larry Willms, Associate Clinical Professor in the Division of Clinical Sciences at the Faculty of Medicine of Northern Ontario Sioux Lookout, Ontario writes:

**Blending in**

**Is integrative medicine the future of family medicine?**

«The face of health care is changing. A variety of trends in recent decades, both within the world of conventional medicine and beyond, are altering the nature of health care and the context in which physicians practise. Total spending on drugs is increasing at an alarming rate. So is our appreciation of the scope of the problems of drug side effects and drug-related deaths.

Meanwhile a consumer-led movement, fueled by access to health information over the Internet, has led to a substantial rise in interest in complementary and alternative medicine (CAM). The public is spending enormous sums of out-of-pocket money on CAM.»
The rise in obesity and its complications in the last 15 years is another alarming trend, adding further evidence to the conclusion that the biggest threats to health today cannot be adequately addressed with medications and surgery alone. Many problems physicians encounter in primary care involve lifestyle, social, or spiritual factors.

On the provider side, physician stress and job dissatisfaction are increasingly recognized as key problems within our profession that need to be addressed if we are to deliver optimal care.

Physicians are responding to these changes in their work context in a variety of ways. Many are reappraising their priorities and making changes to promote greater balance in their personal lives. Others are seeking training in alternative modalities and are providing these services to their patients in turn. Some are acquiring advanced skills in lifestyle and wellness counseling and health promotion. At present, however, these changes are optional, inconsistently implemented, and medical education has not systematically embraced them.

A new movement in health care has gathered these disparate trends together and attempted to formally articulate a new vision for medicine—a vision that both grows out of and seeks to address the problems we currently face. This movement is most commonly referred to as integrative medicine (IM). The first textbooks have been written. A consortium of medical schools has been established to transform undergraduate curricula so they reflect the vision of IM some 20% of US and Canadian medical schools currently belong.

What exactly is IM? A meeting of practitioners in the field at the pioneering Program in Integrative Medicine at the University of Arizona in Tucson came up with the following defining statement: “Integrative medicine [is] healing oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative.”

**A blended approach**

Integrative medicine seeks to combine the best insights of both conventional and alternative medicine, while providing a unifying perspective to guide physicians in intelligently combining these heterogeneous systems of thought.

First, IM is healing oriented. A variety of alternative and traditional medical systems are premised on the “healing power of nature.” Conventional medicine is often criticized for “suppressing symptoms” and not getting at “root causes.” Integrative medicine embraces the notion that the body is innately self-healing and attempts where possible to either remove barriers to
healing or assist the healing process, using suppressive therapies only when necessary.

Second, IM is relationship oriented. Family medicine has appropriately articulated a patient-centred model of care, replacing the traditional, more physician-centred approach. The relationship aspect of IM retains this patient-centred focus while more explicitly acknowledging the contribution of physicians to quality of care. Integrative medicine promotes physician well-being and self-reflection, and seeks to attract physicians who are on a healing path themselves. A growing literature suggests that physician credibility surrounding wellness promotion is enhanced when the physician is perceived to be personally “on the healing path.” In other words, IM proposes a transformational component, in addition to knowledge and skills acquisition, within medical education.

Third, IM takes into account all aspects of lifestyle, including nutrition, physical activity, stress, sleep, spirituality, and occupational functioning. There is much overlap here with how family medicine is already taught and practised. However, IM seeks to reinforce these aspects with enhanced teaching and detailed skill development in areas such as counseling on clinical nutrition, prescribing physical activity, assessing motivation, and creating behavioural change. Integrative medicine takes a decidedly “prevention and wellness” approach.

Fourth, IM makes appropriate use of all available therapies, both conventional and alternative. Often in conventional or alternative literature, the advantages of one approach are embellished while the problems with the other are emphasized. Integrative medicine seeks to acknowledge the critical contributions of both conventional medicine and CAM philosophies and treatments, while addressing the problems in each—the overreliance on medication and technology in conventional medicine and the frequent lack of scientific rigour in alternative medicine, for example. Fortunately there is growing evidence to guide physicians through issues such as nutritional recommendations, efficacy of herbal medicines, and use of mind-body therapies in specific conditions. Much of this knowledge lies in literature not read by conventional physicians and needs to be more prominently featured in mainstream medical literature and curricula.

**Strategy**

Landmark studies by Eisenberg et al and Astin in the 1990s documented the substantial rise in the use of CAM and expounded some of the reasons people seek and pay for these modalities of care. Users of CAM are frequently more educated and often have had “transformative” experiences. They want to be more involved in their care, seeking not so much to reject conventional medicine as to supplement it with a wellness and “holistic” orientation, and
possibly less toxic therapies. Integrative medicine asserts that overall costs can be reduced by relying less on technology and drugs and investing more time with our patients by providing education in self-care of minor or chronic health problems and cultivating optimal health.

What would an IM-influenced curriculum look like? Medical education would include solid foundations in clinical nutrition, physical activity prescribing, behavioural change, working with spirituality, stress physiology, mind-body therapies, and herbs and supplements. Students would also learn about compelling and commonly sought alternative medical systems, such as traditional Chinese medicine, homeopathy, osteopathy, chiropractics, massage therapy, Ayurveda, naturopathy, and energy medicine. Students would explore the underlying philosophies, treatment approaches, and the strengths and weaknesses of each system, along with how to make appropriate referrals, how to choose reputable providers, and how to place such modalities into an overall plan of care. Finally, students would be encouraged, as a core component of their education, to undertake personal experiments in personal wellness, behavioural change, being a “patient” of alternative practitioners, and spiritual exploration.

Medicine is currently at a crossroads. The prevailing paradigm of scientific reductionism is being questioned and its limitations increasingly recognized. While reductionism has generated much useful knowledge about the mechanisms and treatments of diseases, it falls short of elucidating aspects of healing that a complex interplay of many factors involve.

A new generation of researchers is developing new methods for studying those dimensions of health and healing that cannot be explored with current research methods. As an example, the studies of cardiologist Dean Ornish in the 1980s, which looked at a combination of diet, group support, and yoga in reversing heart disease, demonstrated the powerful synergy at work in a multidimensional treatment program.

Most physicians are aware of the dangers involved when patients pick and choose between conventional and alternative modalities without a trusted advisor to help weigh the options and decide on a combination treatment plan. Integrative medicine provides a supportive setting where patients can have substantial input into how their health is managed, exploring alternative and complementary therapies as desired, while at the same time ensuring that important and proven conventional treatments are not excluded. Family medicine is well placed to lead the way in integrative care. Weighing competing opinions while keeping patients’ interests in clear view has always been a defining dynamic of our work.
From theory to practice

Many difficulties remain to be worked out. Among them is the thorny issue of evidence. It is often implied—wrongly—that everything in conventional medicine is evidence-based and everything in CAM is not. It is becoming increasingly appreciated that the situation is much more complex. Furthermore, standard research methods are not adequate for generating evidence for many alternative treatments. Often individuals who have the same conventional diagnosis are treated differently within an alternative treatment system. Individualized care is difficult to study using conventional science. Many modalities, such as meditation, are difficult to standardize or to compare with a placebo arm. New methods of scientific evaluation, therefore, are being pioneered to study nondrug therapies in ways that are tailored to the operating characteristics of the therapies themselves.

At the same time, it needs to be frankly acknowledged that many CAM therapies lack any firm basis and are not to be recommended. Family physicians trained in IM will be well placed to make such judgments in a manner that patients will find acceptable.

Practical aspects of IM, such as office management, must also be worked out. Organization of time, staff, and funds requires consideration. Likewise, changes in health care policy and health insurance will be required to reflect the evolving face of health care.

The changes proposed by IM, as it enters the medical mainstream, will do much to heal the unnecessary sense of conflict between conventional and comprehensive medicine, both in society, and in the minds of patients and clinicians. Integrative medicine holds the promise of restoring to medicine a more complete sense of its mission, and to its practitioners an enhanced sense of personal well-being and job satisfaction.

On a similar subject, in an article entitled "Cancer: custom processing on the horizon," published in The Canadian Press July 22, 2013, oncologists at the Jewish General Hospital in Montreal, Quebec, made significant progress to better understand the specific development of malignant tumors in cancer patients. These findings should enable them to develop more personalized and effective treatments for each patient.

"The advent of personalized medicine is a reflection of a growing body of evidence that cancer cells mutate in different ways and unpredictably in their struggle to survive the treatment made against them," reads in a statement issued Monday by the Jewish General Hospital.

Faced with these changes, researchers from the center are developing new protocols to better understand the evolution of malignant tumors at different stages of their growth in the future be able
to offer more personalized treatments for patients. Treatments that would adjust to changes in the
 Genetic makeup of the disease.

"The sad reality is that metastatic solid tumors can almost never be cured because they gradually
become resistant to drug therapy series," writes Dr. Mark Basik, oncologist at the Segal Cancer
Centre at the same hospital, in the most recent edition of the journal "Nature Reviews Clinical
Oncology."

This personalized medicine approach that builds on the next generation of bio-samples would be
"the future of research and treatment against cancer over the next decade," according to the same
statement.

Pink Ribbon

It is impossible to speak or write about breast cancer without mentioning the famous "Pink Ribbon".

If you had the chance to see the film by Léa Pool "Pink Ribbons, Inc." (Pink Ribbon, Inc.) featuring
images of huge marketing machine "pink", you may have realized that, despite several billion in
donations collected worldwide and invested in research against this disease for nearly thirty years,
there is no cure yet "conventional" one hundred percent reliable to deal with. Yet, despite this
current complementary alternative medicine in Canada, conventional chemotherapy injections and
radiotherapy are still the only treatment methods spontaneously offered in hospitals now.
However, conventional chemotherapy is quite expensive to society and induces significant side
effects on health, including periods of prolonged work stoppage, six months or more, which can
sometimes extend over more than one year, if the patient has reacted badly to the side effects
induced by conventional cancer treatments. All this to be in compliance with "drawers" or "models"
of existing treatments...

Mrs. Charlotte Hayley, an elderly American who fought 68 years against breast cancer and that
produced ribbons, but peachy. Exasperated by the fact that the U.S. National Cancer Institute spent
only 5% of its $ 1.8 billion for prevention, Ms. Haley was hand-making, adorned with five colored
ribbons, fishing cards to raise awareness of the causes of breast cancer. On the card was written:
"The annual budget is 1.8 billion U.S. dollars, and only five percent of the budget goes to cancer
prevention. Help us wake up our legislators by wearing this ribbon."

In 1992, interest in the concept, Alexandra Penney, director of "Self" magazine devoted to women's
health and Evelyn Lauder, vice president of cosmetics company Estée Lauder approached Mrs.
Hayley to use his concept by enlisting the cosmetics giant for sale the famous "pink ribbon". Finding
the business concept too, Mrs. Hayley refused to adhere. The original color ribbon "fishing" became more "pink" pink that we know today.

The Susan G. Komen foundation for "The Cure" seems to demonstrate greater transparency,
because its financial statements as at March 31, 2012 and audited by Ernst & Young are available
on its website. They reported a profit of U.S. $ 474,263,233 at March 31, 2012.

Despite this, every 23 seconds a woman is diagnosed with breast cancer in the world. And every 69
seconds, a woman dies there breast cancer.
Meanwhile, the industry "pink" continues to do well, certainly better than all these women with breast cancer and who find themselves sometimes in spite of themselves sucked into the marketing spiral, which, however, does not help. This pink color is now extended to the industrial field: it is now possible to support research on breast cancer by purchasing a heating or air conditioning painted pink, the amount of the sale is in principle paid research on breast cancer.

After several decades of research, we are at about the same point: we still do not know exactly how and most importantly what triggers the disease and how to treat it, without serious side effects described in Chapter 1. This is as if an electrician spent his time replacing a fuse without trying to understand why he jumps!

One of the women testifying in the film and who have a recurrence after having undergone all conventional chemotherapy and radiotherapy, reveals that her oncologist finally said to him, "There is no cure", "There are no treatment"! Remember the words of my oncologist that I reported in Chapter 4 of this book, "it was felt that after six months of chemotherapy and twenty-five sessions of radiotherapy, the patient could be considered in remission". This does not mean that there is no metastasis in the body, able to regroup and form other tumors... My oncologist had also mentioned me and even written on a piece of paper that I kept "remember" that in my type of cancer, there was thirty-five to forty-five percent chance of recurrence of conventional chemotherapy treatment.

No he has not, in fact, a paradox to want to apply "protocols" of cancer treatments including gene expression is unique to each individual's disease or to provide treatments for a disease which we do not know the real causes? Remember how Chinese medicine addresses the topic of disease in Chapter 3 of this book in Traditional Chinese Medicine, Cancer, like other diseases, is considered a manifestation of a fundamental imbalance. The tumor is, but not the "root" disease "the highest branch"...

One thing is certain, is that the Qing Hao (Artemisia annua or wormwood) and the molecule of artemisinin and its derivatives, a price yet, very affordable (about $ 60 Canadian per month, against about $ 2000 for the treatment of longer life called), gave excellent results, without untoward effects or side effects for nearly four thousand people worldwide, including myself. So why governments are so cautious to allow these treatments, which have been proven in laboratories and on a lot of volunteer patients, including me? I appeal to the compassion of all our elected officials, decision-makers in our provincial and federal governments and their reflection in the standardization of access to complementary and alternative therapies, including herbal treatments, and their support for cancer patients. I know that our various organizations and the Ministry of Health need hard evidence to allow treatment on the market and clinical trials on humans. But if more than 243 scientific studies around the world show the same potential, it is much hard evidence. I'm an extra. If this book is published today is to make this appeal our decision to authorize this treatment. Marijuana may soon be legalized for medical purposes, why not artemisinin?
Share the lesson of courage to Jack Layton

His message of hope

Whatever the political trend that we identify all Canadian and every Canadian can only remember the charisma, strength and exceptional courage Jack Layton, then leader of the Opposition in the House of Commons who fought against cancer until August 2011. Assuming he could experience the Qing Hao, this treatment is probably occurred too late for him to stop his cancer. Here is an excerpt from his last letter to Canadians:

«To other Canadians who are on journeys to defeat cancer and to live their lives, I say this: please don’t be discouraged that my own journey hasn’t gone as well as I had hoped. You must not lose your own hope. Treatments and therapies have never been better in the face of this disease. You have every reason to be optimistic, determined, and focused on the future. My only other advice is to cherish every moment with those you love at every stage of your journey, as I have done this summer.»

My message of encouragement

To you, my sisters, who have suffered, saw suffering your mother, your sister, your girlfriend or will suffer from breast cancer yourself, I say to you, especially not being depressed at the confirmation of the diagnosis and the proposed treatments, to remain strong and determined and ask your doctor or medical staff, all the questions that come to your mind. Your attitude may depend on the recommendation of a treatment rather than another ... Do not be fooled by the apparent lack of physician time. Be firm! Read up! Require precise and logical clear answers. You are the patient, you're the woman, not the surgeon who you entrust your femininity, or, the oncologist who you entrust your life!

Soak up the idea that cancer is a curable disease, a temporary crisis within your body. It's a bit like the seasons. After the winter and always arrive rigors sunny days, the colors and scents of spring ... Think AIDS and new treatments are always more effective. Forge your mind by visualizing yourself as a woman already healed and his best. Do not give in to fear. The dragon is in you, either, but ride it for better control!

As recommended by Dr. Wayne Dyer in his book "The invisible force": "Refuse to talk about illness and work to activate thoughts that predict healing and general well-being." I applied to follow this precept throughout my fight against cancer.

You do not have, of course, to follow my example and experiment alone treatment not yet officially approved for treating cancer. But the purpose of this book is to publicize and validate instances of health, just as are the other conventional treatments. I am confident that this treatment will soon experienced clinically in our hospitals to discover the virtues. I also use all the energy in me that clinical trials take place across Canada and to formally authorize. For now, as I mentioned at the beginning of this book, it seems that only the Germans at the University of Heidelberg have decided
to take this step, under the leadership of Dr Cornelia von Hagens. I'm excited that the results of clinical trials with artesunate, this derivative of artemisinin, are officially known.

At the moment, although my experience is not formally a scientifically speaking clinical trial, data, and results from different CT examinations are there to prove it: the structure and density of the mass in the thorax are seems he changed, as was the case in the two examples mentioned in Chapter 4. mass has decreased significantly, and no other suspect node is not visible, nor in the bone marrow. Unlike the case of the Indian patient described above, it has not been possible to obtain the measurements in "Hounsfield Units" to allow a comparison of the structure of the mass at the beginning and the end of treatment. In fact, the mass would be in a necrotic phase and should eventually disappear completely within a few months.

This is very encouraging for metastatic breast cancer deemed aggressive and incurable in October 2012. This is instances of Health to take responsibility and to allow hospitals and leave physicians avant-garde, to test with clinical treatment and collect the results to improve and perhaps generalize this treatment globally, so its effectiveness can finally be officially recognized and confirmed. Therefore, at least once, Canada would stand there not taking the initiative to authorize treatment in humans that is not yet in the United States?

So here we come to the end of this trip through the breast cancer journey certainly not always pleasant, but demonstrated that the plant artemisia annua (Qing Hao), and its active ingredient, artemisinin, work well in the treatment of cancer, including breast, even at an advanced stage.

My dear friends, my sisters, I love you and I do not wish you to go through the ordeal of breast cancer or any other cancer for that matter. So why not try to avoid the development of cancer and take artemisinin as a preventive way? Presently, even if you pay close attention to your diet, cosmetics you use, exercising, and given that our environment and food are increasingly responsible for potentially carcinogenic elements, it is unlikely you will be able to fully protect yourselves.

Why not cures one week per month, for example, two months or a year to kill cancer cells possible that your immune system could pass for various reasons. It avoids many many diseases by treating his power: for example, absorb enough vitamin C essential for the proper functioning of the body: few people today develop the dreaded scurvy at the time of the conquest of our country by Jacques Cartier! Then live and Artemisia Annua think!

A case study, that of a patient with brain cancer, with photographs of radiographs showing its regression during treatment with artemether, an artemisinin derivative, and total healing, is attached to this item (see page 64).

List of relevant studies on this plant and its molecule are attached to this item. They will also be available, as well as other information on my website www.breast-cancer-du-sein.com, and updated as and when, as well as news and advances in cancer treatment breast.
THANKS

This book is first and foremost dedicated to my husband, Didier, who, with all his love, was incredibly relieved my life during this difficult time, has sustained me, protected, encouraged during surgery and for a few radiation treatments I had to accept, and that at no time has influenced or caused any judgment on my choice to refuse chemotherapy injectable heavy that they had prescribed me.

I want to thank especially Professor Henry C. Lai and Narendra P. Singh Professor at the University of Washington in Seattle, USA and Dr Jorge Ferreira of the U.S. Department of Agriculture, for their availability, responses to all the questions I had about their research, their encouragement, advice also taking this treatment and permission to publish this book and on my website, all the studies they performed on Artemisinin and they kindly sent me and continue to send me as their publications.

It is also dedicated to Alexandra "Ali", this young woman of thirty-nine years, living as I do in the Ottawa Valley, also suffering from cancer, but the cervix, which s' fought bravely against the disease and to which Professor Henry C. Lai gave my name as the contact for the testing of treatment with the plant. Ali and I, we, unfortunately, never met, but we discussed our mutual experiences on these herbal treatments and where to get them, since conventional chemotherapy and radiotherapy did not work unfortunately for her. Despite his courage and determination, taking this treatment probably came too late and very probably insufficient dosage. She passed away in April 2012, leaving behind a husband and two young children.

This book is also dedicated to the millions of people, powerless, who have lost a loved one suffering from cancer, to all those who today suffer from this disease and who are helpless before the almost unique alternative treatments proposed medicine today available in Canada.

Finally, I thank all my friends, men, women, work colleagues and supervisors, all my guardian angels, these beings of light that surrounded me with their prayers, their positive thoughts, energy and light them all throughout the process of healing, encouragement and valuable advice during the writing of this book.
Figure 1. MRI dated April 11, 2011 (at the start of treatment)
Figure 2. MRI dated May 24, 2011 (after 6 weeks of treatment with artemether)
Figure 3. MRI dated July 7, 2011 (after 3 months of treatment with artemether)
Figure 4. MRI dated September 13, 2011 (after 5 months of treatment with artemether)
Artemisinin in Cancer Treatment

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Updated August 2013
What is Artemisinin?

- Artemisinin is a sesquiterpene lactone isolated from the plant *Artemesia annua* L. (has been used for the treatment of malaria).
- Dr. Zhenxing Wei was first to isolate artemisinin in 1970.
- The artemisinin molecule contains an endoperoxide bridge that reacts with a ferrous iron to form free radicals.
- There are several analogs of artemisinin including artesunate and artemether.

How does Artemisinin work?

- Artemisinin causes the cancer cell to commit suicide.
- The artemisinin molecule contains an endoperoxide bridge that reacts with a ferrous iron atom to form free radicals.
- Generation of free radicals leads to macromolecular damages and cell death.
- Cancer cells have a very high iron uptake and thus they are more susceptible.
Research on Artemisinin: MOLT-4 (Leukemia Cell Line) Studies

• First study on artemisinin (1995) was done in cell culture (MOLT-4 lymphoblastoid leukemia cell line).
• Results show all MOLT-4 cells were killed in 8 hours by 200 micromolar of dihydroartemisinin.
• The drug is 100 times less toxic to human lymphocytes in culture.

Research on Artemisinin: Leukemia Cell Line

<table>
<thead>
<tr>
<th>APOPTOSIS IN MOLT-4 LEUKEMIA CELLS</th>
<th>(dihydro) Artemisinin (8 hours only)</th>
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<tbody>
<tr>
<td>Control</td>
<td>0 %</td>
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<tr>
<td>200 μM 100 %</td>
<td></td>
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<tr>
<td>Hyperthermia (24 hr incubation)</td>
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<tr>
<td>Control</td>
<td>3.26 %</td>
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<tr>
<td>44°C for 1 hr</td>
<td>5.01 %</td>
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<tr>
<td>Hydrogen Peroxide (24 hr incubation)</td>
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<tr>
<td>Control</td>
<td>3.52 %</td>
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<tr>
<td>176 μM 40.09 %</td>
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<tr>
<td>Mitoxantrone (24 hr incubation)</td>
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<tr>
<td>Control</td>
<td>3.51 %</td>
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<td>0.5 μM 55.02 %</td>
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<tr>
<td>Novobiocin (24 hr incubation)</td>
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<td>Control</td>
<td>3.75 %</td>
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<tr>
<td>800 μM 22.68 %</td>
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<tr>
<td>Sodium Ascorbate (24 hr incubation)</td>
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<td>Control</td>
<td>3.47 %</td>
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<tr>
<td>2000 μM 62.59 %</td>
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<tr>
<td>X-ray (24 hr incubation)</td>
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<tr>
<td>Control</td>
<td>3.2 %</td>
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<tr>
<td>100 rads 9.5 %</td>
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</tbody>
</table>
Research on Artemisinin: Trials in Dogs

- Dog trials were begun soon after encouraging results in MOLT-4 experiments (1994-1995).
- Dogs of different breeds (male and female) having various types of cancers (lymphosarcoma, breast adenocarcinoma, osteosarcoma, ETC) were treated.
- Results: Specific results varied with dogs, but generally positive. Tumor sizes were drastically reduced. No reoccurrence of cancer in 5 dogs operated and given artemisinin.

Research on Artemisinin: Human Breast Cancer Cells in vitro

- Most recent research was published (2001) on a breast cancer cell line (HB 27) in vitro.
- Breast cancer cells treated with dihydroartemisinin and holotransferrin were almost completely eliminated (after 16 hrs of treatment cell count was only 2% of that at time zero).
Research on Artemisinin: Human Breast Cancer Cells 

in vitro

- A morphological examination of breast cancer cells treated with dihydroartemisinin and holotransferrin showed that they were undergoing apoptosis and necrosis.
- Drug had no effect on normal breast cells.

Research on Artemisinin: Breast Cancer Cells in vitro undergo rapid and almost complete cell death (98%) after treatment with dihydroartemisinin and holotransferrin.
Principles of Artemisinin Therapy: How to kill cancer cells

- Starvation by depletion of nutrients
- Exercise by generating H$_2$O$_2$
- Drugs including vitamin C, vitamin D and E
- Artemisinin and analogs
- Alkaline pH in body

Case report:
Archive of Oncology, Volume 10 (In press)

Artesunate Treatment for Larynx Cancer in man

1Narendra P. Singh, 2Krishna B. Verma, 1Henry Lai

Artesunate injections and tablets were administered to the patient over a period of nine months. The tumor was significantly reduced (by approximately 70%) after two months of treatment. Treatment reduced the sufferings and prolonged the life of the patient
Benefits of Exercise

For killing of Cancer Cells:

• Generates Hydrogen Peroxide.
• Results in high concentrations of oxygen in the body.
• With the help of vitamin D, puts calcium in bones.
• Increases circulation allowing immune cells to reach cancer

General Benefits:

• Feeling of well-being (increased appetite)
• Increased excretory processes
• Raises Pain Threshold

Common Characteristics Observed among Cancer Patients (all of the following decrease calcium):

• Lack of sunshine in environment or aversion to going out in sun.
• Avoidance of physical activity or generally more sedentary lifestyle.
• Abnormal sleep habits (excessive sleeping, napping during the day etc.)
• Very limited consumption of/dislike of milk
• Eating late dinners and immediately retiring for the night
Conclusion

• Artemisinin can be used to treat various types of cancer.
• Side effects are minimal and it can be taken orally.

Frequently Asked Questions

• Q. How often and when should the drug be administered?
• A. Ideally, just once at bedtime as the immune system is at the lowest during the night and bacterial and cancer cells proliferate faster.
• Q. Is exercise essential?
• A. Yes. Importance-wise ranking: exercise, diet and drug.
Frequently Asked Questions

- Q. What is the half life of artemisinin
  - A. Study in rats,
    - artemisinin 3-4 hr
    - artemether 12 hr
    - artesunate 40 min (human)
  - Blood levels are higher in females

Frequently Asked Questions

- Q. Does artemisinin cross blood brain barrier?
  - A. Yes
- Q. What is peak plasma level time
  - A. Artemisinin and analogs are rapidly absorbed and peak in plasma within 1-2 hr
Frequently Asked Questions

• Q. Can Artemisinin be taken soon after or during radiation?

• A. No. Irradiated normal cells increase their transferrin receptors, allowing more uptake of iron and thus become sensitive to artemisinin. Artemisinin therapy can be started a minimum of two weeks after radiation (preferably more).

Frequently Asked Questions

• Q. Can artemisinin be given to smokers for the treatment of cancer?

• A. No, patients should have ceased smoking for at least two months before starting artemisinin. Research indicates that cells exposed to Benzo(a)Pyrene (primary carcinogen in cigarette smoke) have greater free iron content which makes even normal cells sensitive to killing by artemisinin.
Frequently Asked Questions

• Q. Do we need Holotransferrin?
• A. No we do not need Holotransferrin. Enough iron can be found in our daily diet.

• Q. What form of iron works with artemisinin?
• A. Artemisinin reacts with ferrous iron (Fe$^{2+}$). Transferrin carries ferric iron (Fe$^{3+}$) to the cell surface, the ferric iron is then converted to the ferrous form (Vitamin C can do this) and reacts with artemisinin.

Frequently Asked Questions

• Q. Should an iron supplement be taken along with artemisinin?
• A. No. This is not necessary. Iron is abundant in our diet in two forms: heme iron (found in animal products) and non-heme iron (found in plant products). Vitamin C helps in the absorption of non-heme iron, which is generally harder to absorb.
Frequently Asked Questions

• Q. Is a combination of Artemisinin derivatives better?

• A. A mixture of artemisinin, artesunate and artemether and is slightly better than individual components.

Frequently Asked Questions

• Q. How does Vitamin C affect the results?

• A. If taken after breakfast and after lunch, it enhances the iron absorption from the stomach. Iron is taken up more by cancer cells and thus Vitamin C makes cancer cells more susceptible for killing by artemisinin.
Frequently Asked Questions: Vitamin C

- Vitamin C also kills cancer cells in low doses without damaging normal cells.
- In Molt-4 cultures, a cell loss of approximately 40-50% was observed after 8 hours of treatment with Vitamin C (50 μM).

Frequently Asked Questions

- Q. How do other vitamins and antioxidants affect the results?
- A. Different studies show different results with vitamin E. Our own work shows glutathione enhances cancer cell growth and reduces the efficacy of artemisinin.
Frequently Asked Questions

Q. What are toxic effects?

A. In general, artemisinin and its analogs are relatively safe drugs with no obvious adverse reactions or noticeable side effects. Some patients complain of skin irritation and scratching in 1 to 2mg/kg/day doses.

Anemia and weakness is reported by several patients on artemether but not by those on artesunate and artemisinin. Artemisinin does not have affinity to normal RBC unlike artemether.

Frequently Asked Questions

Q. How long the treatment should last?

A. We have a very short experience, one pancreatic cancer patient is taking artesunate injections for last 22 months and a brain cancer patient taking artemisinin capsules for last 11 months. Artemisinin in low doses for a long duration may be safer anticancer treatment.
Frequently Asked Questions

• Q. Are there some ongoing clinical trials.
• A. No official clinical trial, but Dr. Joy Craddick MD (joyhealth@earthlink.net) and Dr. Dwight McKee MD (dmckeemd@aol.com) are conducting a clinical trial started 3 months ago on 30 cancer patients in Portland area. FDA approved a canine trial in DC area.
LIST OF PUBLICATIONS RELATED TO ARTEMISININ AND ITS ANALOGS, AND THEIR EFFECTS ON CANCER
Updated on July 22, 2014


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Artemisinin Pharmacology and Pharmacokinetics