

Cancer Adjuvant Therapy

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The good news is that many of the 4 million people being treated for cancer in America will survive the disease and go on to live full and productive lives.

While the numbers that survive are far too low (about 44%), many of the more than 1500 daily cancer deaths occur because patients and their families are unaware of the depth of the resources currently available. Unfortunately, some die avowing they would never resort to natural medicine, while others are interested but lack the expertise to implement the program to their best advantage. Regrettably, some turn to alternative care fairly late in the course of the disease process, weakening the probability of recovery.

Mainstream medicine (relying upon surgery, chemotherapy, and radiation) may initially appear successful, but the indications of the disease process are less often addressed. Conventional cancer treatments are not for those individuals who are frail in body or spirit. For the past 30 years, cancer therapies have experienced tremendous setbacks because of an associated toxic response, resulting in significant numbers of treatment-induced deaths rather than disease-induced fatalities. Awareness regarding historic numbers of unsuccessful outcomes has forced patients to look for alternatives to bolster survival odds. Many who use alternative therapies report doing so without their oncologist's knowledge, fearful of criticism or rejection by a physician (Richardson et al. 2000).

The University of Texas M.D. Anderson Cancer Center (Houston) found that 99.3% of patients had heard of complementary medicine, and 68.7% of patients reported having used at least one unconventional therapy (Richardson et al. 2000). About 75% of the patients surveyed, however, yearned for more information concerning complementary medicine and about one-half of those participating in the survey wanted the information to come from their physician.

Until most recently, major medical schools granted only a few hours to nutritional education out of the hundreds of academic hours required to complete medical school. The exclusion began when Abraham Flexner (commissioned to correct inequities occurring in medical schools) penned the Flexner Report of 1910. His contribution, entitled *Medical Education in the United States and Canada*, closed smaller medical schools and forced those that survived to adopt a uniform curriculum that excluded nutritional courses. Thus, some physicians emerged from medical schools, scoffing at the concept of nutrition influencing health or overcoming disease.

Sir William Osler (1849-1919), chief physician at Johns Hopkins's School of Medicine, drilled into students that medical research must be validated and replicated to be good medicine. This led to controlled experiments (as randomized, controlled trials) that became the backbone of mainstream medicine. Nutritional protocols often used multiple nutrients, a difficult model to apply in clinical trials. Testing a single nutraceutical denied the patient full support of nutritional pharmacology, an injustice when treating a seriously ill patient. In addition, trials are expensive to conduct and early natural healers (by and large) did not represent an affluent subset of society.

But, ever so slowly, the medical scene is being revolutionized. According to the American College for Advancement in Medicine, physicians (in many cases) are showing eagerness to learn more about natural medicine and how to best implement it into their practice (Corbin-Winslow et al. 2002). Scientists, teaching at nutritional seminars, report attendees are often medical doctors, a vast departure from years past.