

## The Role Of Fungus In Cancer

Thousands of research papers report the presence of yeast and fungus in cancer patients. The problem is that all refer to the development of fungal conditions after cancer treatment has begun. Researchers contend that cancer therapies, aimed at destroying cancer, also destroy the immune system of the patient. At this point, left without the immunity to fight disease-causing germs, yeast and fungus multiply rapidly and the patients often succumb to "secondary" fungal infections. Hence, according to cancer experts, much attention needs to focus on methods of controlling fungal proliferation while taking chemotherapy.

What if patients with cancer already had yeast and fungal infections that grew out of control when their immune systems were damaged by chemotherapy? What if a lump was found that was an ascomycete (sac fungus) that appeared to diagnosticians to be cancer? What if cancer wasn't cancer at all? I have pondered questions like these for over 25 years.

According to The Home Medical Encyclopedia, in 1963 about one-half of all Americans suffered from an "unrecognized" systemic fungal condition. My guess would be that far more Americans suffer from fungal infections today as antibiotics, hormone replacement therapies, and birth control pills continue to be consumed like candy. My point in bringing this to your attention is simple - doctors are not accurately diagnosing medical conditions. A case in point: A medical textbook used to educate Johns Hopkins medical students in 1957, *Clinical and Immunologic Aspects of Fungous Diseases*, declared that many fungal conditions look exactly like cancer! Whereas, we do not educate today's medical students on accurately detecting deeply imbedded fungal conditions and differentiating these from cancer, we certainly do teach them to diagnose cancer, and lots of it!

Years ago, I published the book, *The Germ That Causes Cancer*. I feel that cancer is one of the most maligned and misunderstood diseases of the past millennium. There is also reason to believe it is one of the most misdiagnosed maladies. When my research kept providing clues as to the real etiology (root cause) of cancer, a chapter in a book or a newsletter just didn't seem to suffice. The purpose of this article is neither to malign nor replace your health care provider's recommendations. Rather, it is to gently introduce you to a concept that is so incredible that it almost defies logic: deep tissue fungal growth may be commonly diagnosed as cancer.

The day I wrote this, a young lady phoned into my syndicated radio talk show. Her three-year-old daughter was diagnosed last year with leukemia. She believes antifungal drugs and natural immune system therapy has been responsible for saving her daughter's life. She is now telling others with cancer about her daughter's case. After hearing her story, a friend of hers with bone cancer asked her doctor for a prescriptive antifungal drug. To her delight, this medication, meant to eradicate fungus, was also eradicating her cancer. She dared not share this with her physician, telling him only that the antifungal medication was for a "yeast" infection. When she could no longer get the antifungal medication, the cancer immediately grew back. Her physician contended that a few antifungal pills surely should have cured her yeast infection. It is my contention, however, that the reason this medication worked was because she did have a yeast infection... not a vaginal infection for which this medication was prescribed, but a fungal infection of the bone that may have been mimicking bone cancer. These are well documented in scientific literature.

As you read these articles, you will see that many cancer patients find the true fungal link to their cancer only to succumb to heart disease or immune deficiency caused by traditional cancer treatment. If this case were an isolated event, it might be referred to as "coincidental." I have been able to plead with doctors of advanced cancer patients to at least try antifungal drugs for their patients. Afterwards, simply amazing reports have come forth. Several of these have been published in *The Germ That Causes Cancer*.

Unfortunately, many researchers and physicians do not share my passion. Getting a physician to prescribe simple antifungal drugs for a deadly disease is often impossible. The mentality seems to be, "if cancer were fungus, we'd have learned that in medical school." Couple this with what the medical industry refers to as "the standard of care," and real problems evolve. That "standard" rejects anything but chemotherapy, radiation or surgery for cancer patients. Even if physicians wanted to try antifungal therapy for their patients, doing so would, perhaps, be perceived as being at odds with the "standard of care."

A few months ago, cancer specialists declared that 30 to 50 percent of breast cancers were linked to diet and were therefore preventable. Despite this revelation, diet is still not even remotely considered as one of the "standards of care" for cancer patients. This is intolerable. Hundreds of cancer survivors have documented their remarkable disease reversals which occurred while adhering to specific diets. Those diets seem to universally be yeast and sugar free. And is it any wonder? You see, in 1931, Dr. Otto Warburg was awarded the Nobel Prize in science for his discovery that cancer cells rapidly proliferated in the presence of fermented sugar. (Ironically, so do fungal cells!)

Albert Einstein once stated, "Great spirits have always encountered violent opposition from mediocre minds." Certainly, I would never accuse our stethoscoped brethren of having mediocre minds; the contrary is quite true. As stated earlier, physicians are beholden to an industry in which the "standard of care" is their roadmap. Cancer failures point to a "standard" which can only be regarded as, at best, hit-and-miss, and at worse, an accomplice to such failures. With few exceptions, doctors are good, caring, intelligent individuals. Surely they will not indefinitely support decades-old therapy modalities that so frequently fail. Physicians must unite in an effort to learn why mediocrity prevails in medicine today. If a conspiracy exists against natural immune building therapies and dietary cancer control in favor of cytotoxic, (cell poisoning), life-threatening "standards of care," physicians must expose such abominations without fear of retaliation. Physicians must take back their continuing medical education, (CME), which is most often created by drug companies who can arguably and quite naturally be biased. Moreover, the FDA must investigate whether this should be allowable at all. Shouldn't our healers and their watchdog organization be concerned about these clear conflicts of interest?

In truth, every organization that promotes a particular philosophy has bias. Bias isn't the problem. Instead, it's the monopoly of ideas in our health care system with which I take issue. Physicians have medicine as their tool. It's a valuable tool, and should be used when needed. Chiropractors and nurses and herbalists and nutritionists and naturopaths all have tools, as well. (So do mycologists!) But the tools of the latter practitioners are considered suspect, while the tools of the physicians, laden with side-effects, are considered the benchmark against which all

other modalities are judged. Instead of relegating other treatments to the status of "alternative," why don't we give patients the opportunity to fully explore all possibilities, and choose any combination that is right for their situation?

This year, we published a Handbook that accompanies *The Germ That Causes Cancer*. It's a quick read, and may be easier to follow than the larger book. Use this information as a tool, not a replacement for their current cancer therapy. If someone you know is dealing with cancer, perhaps this Handbook will serve as a motivator and reminder that they do have options which are well-documented, and should, therefore not be considered suspect. Their physicians should be involved in all aspects of cancer therapy. Of course, their family and friends and places of worship will also be critical tools. Hopefully, we can be a source of support, as well. May our resources end up in the hands of that one special person who desperately needs this information!

*Mycotoxins: Risks in Plant, Animal, and Human Systems*. Task Force Report No. 139. Jan 2003. Council for Agricultural Science and Technology (CAST). Ames, IA.

ISBN: 1-887383-22-0. Phone 515-292-2125. cast@cast-science.org. www.cast-science.org. 199 pp.

The Fungalbionic® Series: *The Fungal/Mycotoxin Etiology of Human Disease*, by A.V. Costantini, et al.

Website for ordering: [click here](#) (it's best to call the number to order)

*Clinical Mycology*. (Chapter 30: *Mycotoxins and Human Disease*) Anaissie, Elias, et al. Churchill Livingstone. Philadelphia, PA. 2003.

ISBN: 0-443-07937-4. 608 pp.

#### Cover

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