BRAIN CANCER: BEATING THE ODDS
A Personal Account of a Psychologist’s Battle with Glioblastoma
By Dr. Herman Lowe
Psychologist
This is a personal account of my battle with Glioblastoma, a terminal and virulent form of brain cancer. I wrote this book for two reasons. Firstly, to alert people that by using cell phones they are putting their lives in danger as I am convinced that it was my cell phone use that precipitated my cancer. I want to save some other people’s lives, if not my own. Secondly, I firmly believe that any cancer patient can take actions to prolong their life through the use of complementary medicine, in addition to conventional treatment. One never knows “what works”, only that with God’s blessing, I am beating the odds. At the time of writing, it is 24 months for a disease that on average takes people’s lives after 14.5 months.

This book is dedicated to my wife, Mercia, and to my children who have supported me through my journey.

Many thanks to Laurie Campbell and Joanne Buckley for typing this document, and to Mercia who edited the final version of the book before publication. Without these people this book could never have been written.

Herman Lowe would like to raise money for the continued research into Glioblastoma. Please send donations to Dana Farber Address:

**Herman Lowe Fund at Dana Farber**
10 Brookline Place West
Brookline MA 02445

Your suggested donation of $100 is greatly appreciated, however, a donation in any amount will help fund the important work being conducted at Dana Farber.
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Introduction

Let me tell you a little bit about who I am and what motivated me to start this book, before I tell you about my personal journey or my recommendations to others.

Before being diagnosed with a cancerous brain tumor, I was fully aware of this deadly disease. In fact, I have had several relatives die from cancer, my sister being one of them. I know that there are many different forms of cancer but I never was really able to conceptualize my brain tumor until I read an article in Science Daily dated January 17, 2010. In this article the author describes cancer as the following:

Cancer stem cells may be viewed as the root of a tree: when you cut the tree if you leave the root, the tree will grow back. Conventional chemotherapeutic approaches have been focused on cutting the tree but forgetting about the root.

This explains the overall poor success in treatment of many cancers so that the cancer comes back after a period of remission. Glioblastoma multiform, which is my own diagnosis, is an aggressive type of brain cancer in which the stem cell compartment has been studied more often than in other types of cancer. New drugs or combination therapies are desperately needed, because after decades of research, relatively little progress has been made in treating this condition. I know that there are all sorts of clinical trials going on for new medicines but right now a glioblastoma is terminal. Even with the best of care, patients with glioblastoma still only survive an average of 14.5 months. Of course, the range of survival goes from a few months to several years and the interesting question is why do some people live longer than others? Nobody quite knows.

As I started to write this book, I could not decide on where to focus other than recount my personal journey. I was desperate to find a cause for my illness and read countless articles on the potential links between brain cancer and cell phones. The more I read, the angrier I became as I became convinced about the link between my disease and cell phone use. But as I became involved in fighting off my cancer, I discovered that there were other things that anyone could do to lessen the chances of cancer from occurring and also prolong a brain cancer patient’s life.

So which is most useful? You can be the judge.

I also found that writing a book is a highly complex task, especially for someone like me. I have not written anything other than clinical notes since I earned my Ph.D. in clinical psychology. However, since I was highly motivated, even though the aftermath of brain surgery made it more difficult to organize my thoughts, I pushed on.

So why even bother to write a book when you have such a short time to live? That is a good question. I have always enjoyed setting new challenges for myself, and learning new skills, but most of all, throughout my entire life my purpose has been to help others and make their lives better. This is what gets me up in the morning. This seemed another but important way to help patients and their families with glioblastoma. It could be my final legacy.

Just a little bit about my credentials. Although I have worked in schools, hospitals and clinics, I spent most of my career working in private practice as a clinical psychologist. During those years, I worked hard trying to improve my skills as a clinician. I did this by reading and attending continuing education classes. I spent a few years earning enough credits to be an Associate Fellow at The Institute for Advanced Study in Rational Emotive Behavior Therapy (now often called Cognitive Behavior Therapy). I studied under Dr. Albert Ellis, one of the most creative and knowledgeable psychologists of our era. In my opinion, he follows in the footsteps of the founder of psychotherapy or counseling, Dr. Sigmund Freud. Additionally, when the psychopharmacology movement began, psychologists decided they should learn to treat the whole person—both the mind and the body. Adding the right to prescribe medication to our so-called “tool box”, I became one of the first ones to volunteer to undergo the training. I earned one of the top grades on my board exam and an excellent recommendation from my preceptor; under his supervision, I wrote 100 prescriptions. In that letter of recommendation, he said I could do as good a job as most primary care physicians! You will see as you read this book that my background and skills as a clinician came into play numerous times.

Still putting my thoughts on paper was a challenge and I was not fully confident that I was up to the task. However, Jim Manganelli, Ed.D. a Massachusetts-based clinical psychologist, and colleague told me “If your work is genuinely of value and you are passionate about it and you have been able to come across things that are of real value, then you have a moral obligation to get it into the hands of others.” And so with that in mind, I am writing about my journey and suggestions to others who may be interested and inflicted by this terrible disease.
I also thought that if I distributed this book for free via the Internet, it could get into people’s hands more quickly and if people liked it they could send a contribution to Dana Farber in Boston, the hospital which have been monitoring and treating my condition. Instructions on how to make a contribution can be found at the end of this book.

My Personal Battle Plan

Lightening Strikes!

It was June 2, 2009. I had just won the golf pool at our local golf club, having shot my best round in weeks. Who would have thought that I was about to enter, what I refer to as, a trip through Hell! I remember walking toward my Corvette, pulling up in front of the clubhouse, and waiting for a parked car to move before being able to pass around it. I had my golf clubs loaded in the trunk and began my very short journey home. This was a distance of only 1.5 miles and one that I had traveled countless times. While I was driving, I became disoriented and found myself getting lost and confused. I recall pulling into one of the newer sections of the community where I live, to turn around. I had extreme difficulty turning the wheel in any direction and thought about asking someone where my street was, but I thought, “That is stupid! I live here!” I didn’t know what was happening and I was too embarrassed to stop and ask someone for directions. Luckily, I recognized a familiar building, the Post Office, which is very close to my house. Thank God I saw my street! I was able to make it home from there. I pulled the car into the driveway, thankful that I was home at last.

I don’t remember every detail, but I do recall taking a shower and then having great difficulty putting on my bathrobe; I could not find the sleeves! I got up from my bed and went to get another robe thinking by chance that the other one was damaged somehow. Everything had become foggy. I then remembered my wife had hired Marcus, a handyman, to convert a walk-in closet downstairs to a new office. I went downstairs and saw a strange man and asked him, “Where is Marcus?” He responded, “I am Marcus.” I then went back upstairs to my bedroom, puzzled—it all seemed so strange. It was like I was watching a movie and I was the main character! The next thing I remember was my wife Mercia walking into the bedroom and me telling her, “I think my brain is not working right. I’m confused.” and asking her “do we live here?” She thought I was having a stroke, and since I was refusing to go to the hospital, called my daughter and my son who immediately called 911 and had an ambulance sent over to our house.

The Paramedics arrived, assessed me as seriously ill, and took me to the nearest hospital emergency room for treatment for what was thought to be an acute stroke. What happened next, was told to me by others.

During the evaluation, while the ER physician was awaiting the results of the CT scan of my brain, I suffered a seizure brought on by a golf ball sized tumor in my brain. The local ER physician consulted with a physician from Mass General and then subsequently with Brigham & Women’s Hospital after which the decision was made for an urgent transfer to Boston for further evaluation and an MRI of my brain. The local hospital team made arrangements for the transfer—originally via helicopter, however due to the inclement weather, I was transferred via ambulance.

Upon arrival to Brigham & Women’s ER, I was rushed into the Radiology Department for an MRI, which gave rise to the almost certain diagnosis of Glioblastoma Multiforme: a malignant and terminal form of brain cancer. Of course the diagnosis would only be confirmed by a brain biopsy. I couldn’t believe what I was hearing. It was like I had just been hit head on by a high-speed train! Was I hearing this right? Was this just a terrible nightmare and would I wake up and it was all just a bad dream? Unfortunately, what I heard the physician tell me was all true; every bit of it. How could this be? I’m a healthy, active man with only a little labile hypertension. Suddenly I could feel all of the color drain from my face. I was about to embark on the journey of my life; trying to battle this deadly disease.

As I mentioned before, most of the two hospital visits are a blur and the events were told to me later on during my post-operative recovery period.
On June 8, 2009, I underwent brain surgery to remove the tumor. The surgeon, Dr. Anderson, informed me that he was able to remove 100% of the visible tumor. He told my wife privately, that with such successful surgery that my life expectancy would be closer to 2 years. He confirmed the diagnosis of malignant Glioblastoma. I knew the surgery went well because the surgeon told us the news with such great enthusiasm that his face was beaming from one side to the other. I was placed on several medications including an anti-seizure medication and a steroid to decrease the swelling in my brain caused from the surgery. The steroids made me very emotional and I was thinking that this is how it must feel to be a woman with PMS! I had outbursts of crying and anger and was also eating like a horse! It was like I couldn't satisfy my hunger or control any of my emotions. Every day, the nurses would ask me if I had any pain, including headaches, but I don't remember having any. The biggest problem was the steroids. Every time my wife walked into the room I burst into tears and wanted to hold her hand. She tried teasing me lightly saying “Goodness, it took a brain tumor, for you to show how much you love me!” But I had lost a bit of my usual sense of humor along the way and just clung to her like a small child.

Some days later, I was discharged to Braintree Rehabilitation Facility for what would seem like an endless period of extensive therapy. I had to basically relearn how to walk and care for myself again. My rehab included Physical Therapy, Occupational Therapy, and Speech Therapy. They helped me to get back into my normal daily activity routine with both individual and group therapy sessions. They all seemed to genuinely want to help me.

I was walking pretty well, still unsteady on my feet, but pretty well nevertheless. I was told that I had a “left-sided neglect” which meant I didn’t have adequate peripheral vision out of my left eye, causing me to walk into things. I was dubbed as a “fall risk”.

During the entire time I was rehabbing at Braintree Hospital, I was jotting down bits and pieces of memory recall, attempting to understand all of it. I did come to realize that this tumor didn’t take away all of my sense of humor, as I was constantly making jokes to the staff. However, the association with my Corvette was now becoming a traumatic event in my life. I didn’t care if I ever saw it again. I thought I had Post Traumatic Stress Disorder!

I had been talking to other patients on my ward, asking them why they were admitted to the rehab facility. I was amazed at how many people with brain injuries were being treated there. I even tried to do some psychotherapy on a few of them! I guess it was part of my own therapy as well; the more I felt things would return to normal and did the things I normally do, then the better off I was emotionally. Being a therapist to others is part of my DNA. However, when I had had my own first psychological evaluation in rehab by a neuropsychologist and fell apart during the session. I had felt as if I was back in grade school and was struggling to come up with the simplest of answers. I was hopeful that this would improve over time. It had to!

As the days went on, I found myself reading any material that dealt with cancer survival and even asked Mercia to research and read the material as well. I found some articles that were very encouraging and helpful and believed Mercia would also benefit from reading them. At that moment, I vowed that the cancer would not control my life and hoped that Mercia would not let it control hers.

Over the next several days, I had appointments and consultations with the physicians who would now treat me. I met my Radiation Oncologist, Dr. Weiss. She appeared very helpful explaining all of my options, and the effects that I could expect of the recommended 7-week course of radiation. I also met with my Neuro-Oncologist, Dr. Norden. He informed us that he would basically be the one “in charge” of my treatment, with Dr. Weiss as the Radiation specialist; they all worked together as a team. We discussed a new drug called Avastin that had just been approved by the FDA for treatment of Glioblastoma. Dr. Norden explained that this drug worked by cutting off the blood supply to the cancer cells, resulting in death of the cancer cells. I consented to treatment by Avastin, as well as the more usual treatment with the chemotherapy drug called Temodar. Mercia who
was busy with Internet research on these drugs reassured me that I was making a wise decision.

Every day at the rehab hospital was well planned and organized by the staff. Everyone had a certain job to perform with me and they made sure I stuck to the schedule. The only problem was that it became very monotonous and boring! I was so used to being much more active and I hated just lying or sitting around going from one therapy session to the next. At least I had learned how to move around and if given the chance was out and about with my wheelchair! I figured out that it was quite simple to operate. All I had to do was take the brakes off and move my feet in a forward or backward motion. I was off and running! Well, not literally, but you get the idea.

Another constant in my life was I wore a Red Sox jacket that my kids gave to me. I literally wore this 24/7; I wore it during the day and slept with it at night. I don’t know why, but I felt this compulsion to have it on my body at all times. I had become more sensitive to the cold after my operation, so it kept me warm and it just gave me comfort. That was reason enough for me to don my own piece of Red Sox memorabilia. In fact, just wearing this jacket gave me pleasant thoughts of my children giving me the Father’s Day gift of throwing out the first pitch at a future Red Sox game. What more could an avid Red Sox fan ask for? That was the ultimate gift!

In preparation for my discharge from the rehab facility, Mercia made arrangements for my aftercare with Laurie, a Registered Nurse. She assisted me with my daily activities and even though I felt fine, I knew that her presence made Mercia feel better. Laurie told me all about her Nursing background, what she specialized in and how long she had been a Nurse, etc. She told me she used to work at the same hospital I did at one time. Who would have thought? The doctors told me and my family that I was at risk for falling and seizures due to my surgery, so that’s the reason why Mercia hired Laurie to watch over me. Mercia also said she wanted the consistency of one caretaker for me rather than all different people coming and going as she thought this would have been more confusing for me during my recovery period. I suppose now she was right.

Laurie had brought a get well card for me from the “9 & Dine” group, a Thursday evening golf league at my local golf course. Apparently, that’s where Mercia and I were first introduced to Laurie and her husband. Unfortunately, I didn’t remember who she was, but all of the good wishes made me feel very comforted. At that moment I had realized the importance of human relationships on feelings; I had never realized this before in other situations; how good it could make you feel.

I remember looking at a small pad of paper with numbers written on it that I had been staring at for several days. The first set of numbers was the prognosis of my condition and the average life span. The average is 14 months; it was all beginning to sink in. The other set of numbers on the page consisted of the longest life span; it was greater than 7 years. I remembered the prior reading material concerning my condition recommended that I didn’t concentrate on the statistics of the average life span. However, I still believed I was not going to die quickly unless I had really bad luck. I began thinking about my health and the decisions that I would be making regarding what happened to me from that moment forward. I began making a tentative plan that I would discuss with my doctors the next time I saw them.

At that time, my thoughts were to go with Mercia to pick out two burial plots and undergo the conventional treatment of Radiation and Chemotherapy. I knew one thing, I didn’t want a progress report every time I saw the doctors, such as “this scan looks good, or this scan looks bad.” Or “the treatment is working, or the treatment is not working.” I preferred the doctors try everything, even if they didn’t know whether or not the standard treatments would work. I also wanted them to make the decision to let me die if there was no more that they could do to help me. The one important thing I wanted them to do, if it came down to that decision was to just let me die in my sleep; it seemed like a painless way to die and I wouldn’t know what was happening.

All the while, Mercia had been doing lots of research in regards to alternative therapies and the effects they had on Cancer. It was quite remarkable! We had a discussion about the wireless telephones in our house and she told me she purchased some traditional phones for me to use. I had told her I wasn’t sure if I would ever use another cell phone again, as I still thought there was a link between brain tumors and cell phones.

Several weeks later, I was discharged home and slowly my brain functioning and cognitive response returned to where I am currently. I am thankful that I have regained almost all of my prior functioning; I only have some short-term memory issues and difficulty processing numerical information.

From that moment of my devastating diagnosis, I was determined to beat the odds and vowed to find the cause of my brain tumor.

**The Conventional Treatment**

In order to understand the basic level of information about my illness, I suggest the reader purchase “The Medifocus Guidebook on Glioblastoma.” There is useful information on what the leading experts in this field recommend, which medical institutions are conducting breakthrough research, and results from recently completed clinical trials. It also includes information about organizations and support groups that can help one better cope with this diagnosis.

The Medifocus Alert is published monthly and is written by Elliot Jacob, Ph.D. On March 11, 2010, I received an issue that is titled, “Stereotactic Radiosurgery for the Treatment of Glioblastoma.” The article describes that Stereotactic Radiosurgery is a “novel radiation procedure that uses accurate and precise high doses of radiation to destroy a tumor. It is...
In my particular case, I had an operable tumor. In fact, I recall my wife and son telling me that when the surgeon entered the waiting room, he had a big smile on his face and said, “I got it all!” At one of my recent visits to my Oncologist, I asked her how much of the tumor was removed and she repeated what my wife and son had told me—“All of it.”

As I mentioned earlier, my purpose for writing this book is to provide the reader with the resources that I believe were the most helpful. I felt it important to know as much as possible about my brain tumor so that I could make educational decisions about my forthcoming treatment. Especially since all the doctors kept telling me that I “make the final decisions” about my care. This philosophy is very different than the medical care I am accustomed to. Fortunately, I have been very healthy up until now and when I did need medical help I would visit my doctor. She would write a prescription, if needed, and tell me what to do. It’s sort of like bringing your car in for service. You drop your car off for the recommended service after driving it a certain amount of miles, pick it up and drive it until it’s time for the next check up. Modern medicine now allows patients to participate in the decision-making process. My thinking is that the body is a Bio- (body) Social (mind) organ. I attribute my survival beyond the average life expectancy to using both conventional and alternative methods of treatment.

The conventional treatment is described in Medifocus as follows:

Treatment of newly diagnosed glioblastoma consists of surgical resection of the tumor followed by standard fractionated radiation therapy. The drug Temodar is administered concurrently with the radiation therapy and is also given as adjunctive therapy because recent studies have shown that it can prolong survival. Despite aggressive treatment, however, glioblastoma tends to recur usually at the site of the original tumor and preventing tumor recurrence remains a major challenge in the management of this highly aggressive and invasive brain tumor. Standard radiation therapy represents the most effective adjunctive treatment modality following surgery for the treatment of glioblastoma. Because high doses of radiation can also damage and destroy normal brain tissue, the radiation treatments are fractionated, or divided, into smaller doses of radiation that are administered over a period of 5 to 7 weeks. Although this approach reduces the extent of damage to normal brain tissue, it does not completely eliminate the risk and some normal brain tissue destruction is likely to occur.

A few words about the medication I am being given intra-venously called Avastin. The purpose of this drug is to stop the growth of blood vessels that support the tumor by cutting off the blood supply. Like any medication, there are possible side effects and/or adverse reactions. These side effects could be immediate (within minutes-hours) or short-term (within days-weeks). In rare cases, serious side effects and/or adverse reactions can occur. The reader should educate himself with this medication and report any concerns to his prescribing M.D. I consider myself fortunate that I have not experienced any side effects/adverse reactions since starting this chemotherapy regime ten months ago.

Another chemotherapy medication which is mentioned in the Medifocus article is Temodar. I have also been placed on this regime for the past ten months. I learned about the benefits of taking Temodar from an article posted on the Internet titled, “Chemo + RT (radiation therapy) Gives Glioblastoma Patients More Time.”

Administering the chemotherapy drug Temodar to patients with a common and aggressive form of primary brain tumor in combination with radiation therapy or RT, increases their life expectancy for up to five years, compared to RT alone. For more than thirty years, post-operative RT was the standard treatment for glioblastoma, but offered only modest survival benefits to patients. The average life expectancy of patients with glioblastoma was nine months. In 2004, after many disappointing attempts with drug therapy, the international phase III EORTC-NCIC trial showed some promising results in this difficult setting where use of combined treatment with RT and Temodar reduced the risk of dying from glioblastoma by 37% compared to treatment with RT alone. However, whether this survival benefit would persist over time was unknown, which is why the researchers said they undertook the study. Roger Stupp, MD and colleagues studied the long-term five-year outcomes of patients involved in the original EORTC-NCIC trial. The improvement in survival was seen across all clinical subgroups, even in patients considered to have a poor prognosis such as more elderly patients or those whose tumor could not be removed. However, they also noted no difference in the pattern of recurrence between patients treated with RT alone or with Temodar and RT. They caution that upfront combined therapy may be
effective in reducing tumor bulk and aggressiveness, but it does not truly modify the natural behavior of the disease and thus is unlikely to lead to a cure.

Another interesting article I found on the Internet is “Landmark Advance in Brain Cancer Treatment” dated April 1, 2005. The conclusions were based on at least ten different research studies. As stated in the article, the research findings show addition of a medication called Temodar to standard radiation therapy increases the survival rate of glioblastoma patients. Temodar works by disrupting DNA to prevent cancer cells from multiplying and prolongs survival when combined with standard radiation. The study was conducted in 13 countries and compared the treatment of patients receiving radiation therapy plus Temodar to those that received only the standard radiation therapy. The addition of Temodar before and during standard radiation therapy increased the survival rate of glioblastoma patients by 2.5 months. In addition, 26% of the patients who received the Temodar and radiation combination were still living after two years, compared with only 10% of those who were treated with radiation therapy alone.

I also found a reference regarding Temodar concerning its side effects and benefits on the Yahoo website. In this article the author states:

“The alkylating agent Temodar is showing long-term safety and efficacy in the treatment of malignant gliomas in a study that is underway in Chicago (2003). Results were presented here during the 128th annual meeting of the American Neurological Association and researchers are saying that long-term treatment of gliomas is now a reality. The study involved 16 patients with gliomas: 14 with grade 3 or 4 malignancies and 2 patients with low-grade gliomas. The age range was 26-59 years at baseline, and all patients had received at least 26 months of Temodar at enrollment, with treatment duration ranging from 18-44 months. Tumor types in the study population included glioblastomas. Ten patients remain in the study and, in all ten; tumor size is stable or smaller. Tumors progressed in 2 patients and the drug was discontinued. In another 4 patients, the drug was discontinued for other reasons; two patients elected to discontinue treatment, a rash developed in a third patient, and Temodar therapy was stopped in a fourth patient for other reasons. However, in all 4 of these patients, tumor size was stable or smaller at the time Temodar was stopped. Adverse effects of Temodar were generally mild. The most commonly reported adverse effects were fatigue, nausea, and vomiting. Four patients experienced thrombocytopenia (low platelet count), and neutropenia (low white blood cell count) occurred in 3 patients. Treatment was temporarily discontinued in these 7 patients. One patient required a blood transfusion, but none of these side effects were life-threatening.”

After reviewing all of the reference material regarding The Conventional Treatment, it had a very positive effect on my mental attitude. I recall waking up from surgery and being told by the surgeon that my life expectancy with a grade IV Glioblastoma was only 14-1/2 to 15 months! My purpose in expressing my feelings regarding self-education during this conventional treatment is to assist in maintaining a positive mental attitude and the important role it plays in one’s survival rate.

The Alternative Therapies

Rational Emotive Behavior Therapy: The Role REBT Plays In My Life

Perhaps the most consistent comment I hear from everyone who meets me is how great my attitude is in the face of this awful disease. My medical team and social acquaintances see how I mentally deal with the fight. But my colleagues, close friends and family know it is my training in Rational Emotive Behavior Therapy that gives me the outward appearance of super-human emotional strength!

The same principles that I applied for many years to help my patients, I now apply to my own situation. Let me explain what REBT is all about and how I use it in my daily life.

Albert Ellis Ph.D. was a clinical psychologist who trained as a psychoanalyst. Early in his career, he became disillusioned with the slow progress of his clients. He noticed that they got better much quicker once they changed their ways of thinking about themselves and their problems. In 1955, he developed Rational Emotive Behavior Therapy (REBT). This therapy is now a widely practiced, comprehensive, and highly effective form of psychotherapy. In addition to being a proven therapy, REBT offers an approach to life that leads to greater fulfillment and happiness. At the heart of REBT are the concepts of unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance. Central to REBT’s teachings is the ancient psychological insight of Epictetus, who said, “What disturbs men’s minds is not events, but their judgments on events.” That idea helped REBT become both an effective, evidence-based psychotherapy and a philosophy of living.

Albert Ellis and REBT posit that our reaction to having our goals blocked or even the possibility of having them blocked is determined by our beliefs. To illustrate this, Dr. Ellis developed a simple ABC format to teach people how their beliefs cause their emotional and behavioral responses:

Albert Ellis Ph. D. - REBT
A. Something happens.
B. You have a belief about the situation.
C. You have an emotional reaction to the belief.

**For example:**

A. Your employer falsely accuses you of taking money from her purse and threatens to fire you.
B. You believe, “She has no right to accuse me!”
C. You feel angry.

If you had held a different belief, your emotional response would have been different:

A. Your employer falsely accuses you of taking money from her purse and threatens to fire you.
B. You believe, “I must not lose my job. That would be unbearable!”
C. You feel anxious.

The ABC model shows that A did not cause C. It is B that causes C. In the first example, it is not your employer’s false accusation and threat that make you angry; it is your belief that she has no right to accuse you. In the second example, it is not her accusation/threat that makes you anxious; it is the belief that you must not lose your job, and that losing it would be unbearable.

Although we all express ourselves differently, according to Dr. Ellis and REBT, the beliefs that upset us are all variations of three common irrational beliefs. Each of the three common irrational beliefs contains a demand, either about other people, the world, or us in general. These beliefs are known as **The Three Basic Musts**.

1. I must do well and win the approval of others for my performances or else I am no good.

2. Other people must treat me considerately, fairly and kindly, and in exactly the way I want them to treat me. If they don’t, they are no good and they deserve to be condemned and punished.

3. I must get what I want, when I want it; and I must not get what I don’t want. It’s terrible if I don’t get what I want, and can’t stand it.

The first belief often leads to anxiety, depression, shame, and guilt. The second belief often leads to rage, passive-aggression and acts of violence. The third belief often leads to self-pity and procrastination. It is the demanding nature of the beliefs that causes the problem. Less demanding, more flexible beliefs lead to healthy emotions and helpful behaviors.

The goal of REBT is to help people change their irrational beliefs into rational beliefs. Changing beliefs is the real work of therapy and is achieved by the therapist disputing the client’s irrational beliefs.

Clinical experience and a growing supply of experimental evidence show that REBT is effective and efficient at reducing emotional pain. For over 30 years of practicing psychology, I have been helping my patients deal with emotional problems brought on by their minds. Now I use it in my fight against cancer!

**Mind/Body Connection**

Until I started doing research on brain tumors I never realized how important it is to understand the connection between the brain, body, mind and one’s overall health. Even more important, is to understand how this relationship can add years to your life once you have been diagnosed with an illness.

Dr. Douglas Bremner provides a summary regarding the inter-relatedness of the mind, brain, and body in respect to traumatic experiences:

Up until now, there has been a false dichotomy between physical and mental disease. It is artificial to separate mind and brain, physical and mental, and that the effects of psychological trauma on the individual needs to be considered in neurological terms. The same processes stimulated by stress responses, that may lead to depression and behavioral changes are mediated by stress responsive systems like cortisol and catecholamines that also have effects on physical health such as heart disease and infection.

He continues to explain that these events have “effects on cardiovascular, immunological, and metabolic function.” Dr. Bremner states that elevated levels of the stress hormone cortisol can damage the part of the brain that is involved in learning and memory. Elevated cortisol also effects mood and leads to depression and feelings of fatigue. In addition, prolonged cortisol releases may negatively impact the immune system.

Although there are no direct studies that show the relationship between stress and the treatment of Glioblastoma, it is reasonable to assume that a reduction in stress can strengthen the immune system with regards to the battle against cancer.

I did not grow up with animals and have never been an ani-
mal lover, but I did allow my children to have cats growing up. When I met my second wife Mercia, 15 years ago, she announced that Siamese cats were part of the package, and our cats have always been devoted to her.

We adopted Honey Bear 8 years ago and her foster mother warned my wife that she was a little flirt and liked men. For eight years, this cat tried to befriend me and mostly I would ignore her when she would rub up against me. Mercia would always encourage me to pet her and give her a little stroke, which I did only to please my wife, not the cat and grumbling the entire time “I do not like cats!”

However, things changed after I became ill. As I lay in bed recovering from my brain surgery, Honey Bear seemed to know I needed comforting and would snuggle up close to me. I would reach out and stroke her and was marveled that she seemed so happy with the attention. And this was certainly displayed by her overwhelming purring! Mercia just smiled and said that Honey Bear’s persistence was now finally rewarded! This bond between this cat and me has lasted well beyond the time that I lay recovering in bed. She now follows me everywhere and I only have to sit down and up she jumps, snuggling and purring away, constantly giving me amiable head butts. I no longer have to be coached on how to pet her. I know all about ear scratches and when I stroke Honey Bear her tail goes up in delight. I now call her “my cat!”

Mercia’s love is a pure-bred blue-point Siamese, named Truffles, who is very jealous of me. When Mercia was taking these photos of Honey Bear and me for the book, he just could not understand why he wasn’t included and jumped into the picture – in more ways than one. (See him in the “Photo Album” later in this book.)

As a psychologist, I have always read about how comforting the love of an animal can be to the sick and the elderly, and while I appreciated the theory, it never seemed applicable to me. I give credit to Mercia, but especially to a little pint-sized Siamese cat for persisting to get this old curmudgeon to melt and break down. I actually do love this cat and have been caught looking for treats for her in the pet store.

As I wrote my book late at night while lying in bed, she was always by my side purring and ready for a stroking. I haven’t quite figured out why she clearly loves me so much, but I can tell you that I regard her as a wonderful little addition to my life that makes me smile and she gives me comfort. If you do not have an animal in your household you might be surprised at how healing animals can be.

Friends are also an important part of my life and a great support system.

Here are photos with a few friends! (Also in the “Photo Album”)

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In fact, she divides her alternative methods into 9 steps. I have been practicing these for about one year and “so far, so good!” Dr. Goodman’s methods are as follows:

1.) Make a decision to be well and decide to live in radiant health. Until that decision is made, the body remains in a state of continual breakdown. Once that decision is made, a new healthy message is sent to the brain, filling the body with hope and joy, which then releases healing chemicals and hormones.

2.) Heal your emotional pain—release bad feelings and develop new healthy feelings. Emotional pain is one of the biggest blocks to creating health. Extensive mind/body research has shown that unresolved emotions are the basis for disease. As you feel and release all the energy in the body that makes you feel bad, major healing occurs. In the process, the decisions and attitudes that caused the emotional pain are identified and can then be changed.

3.) Heal your toxic attitudes—find the unhealthy attitudes that caused the disease and make new healing decisions. When we identify and change toxic decisions to healing decisions, positive changes take place. As the old, destructive attitudes change into constructive perceptions, the body’s diseases diminish and disappear. Feelings of well-being and an optimistic view of life are enlivened.

4.) Practice the daily healing routine—relax deeply, self heal, affirm healing decisions and consult the wise self within. It is important to practice the Daily Healing Routine every day. This is the healing routine that has worked for clients, my students and me.

5.) Call on the doctor within—use the wisdom within you to heal disease and strengthen the immune system. For those challenging cancer and other diseases, including mental and emotional pain, increasing your ability to visualize expands your ability to create a new framework so the changes in your body can take place. Research indicates that when you visualize a change in the body, the body begins to adapt to that change. The brain reacts strongly to the images we have inside our heads. It releases chemicals and hormones according to the images we see—even if they are just visualizations. When we have calm, comforting images of feeling safe and protected, of experiencing pleasure, love, and joy, it releases chemicals that convey these messages to the rest of the body. When we have images of fear—of bad things happening, of worries—chemicals are released that place the body in the fight-or-flight response. The more the body is in that state of stress, the weaker the immune system becomes. The more you focus on the images that make you feel joyful, the stronger the immune system becomes.

Let me introduce another psychological principle. If feelings are a product of thoughts, then you feel the way you think. Change the way you think and you will change the way you feel. Feelings such as anxiety, stress and depression cause changes within the body, both positive and negative. Here are some interesting stories that play important roles in the mind/body connection I’m describing.

My chemotherapy nurse and I were discussing the topic of my book when she told me a very interesting experience she had with a former cancer patient. This patient was a physician and being treated for a Glioblastoma. She told me he had extended his life for 10 months by just willing himself to live stating, “I have things to do!” He was able to use the mind/body connection to extend his life and this was approximately 30 years ago when there was no treatment for this type of brain tumor! This patient convinced this nurse that there is a connection.

Another example is the story told by a waitress of a former customer who was diagnosed with cancer and his doctor told him to “go home and die, there’s nothing more they can do.” The man told this waitress, “I’m going to beat this!” The man is still alive today, 10 years later!

In contrast, my nurse’s father was diagnosed with cancer. He had a very negative attitude towards his diagnosis, believing he was going to die from it because “that’s what happens to people when they get cancer.” Unfortunately, he passed away less than 5 months from his initial diagnosis.

I cannot tell you how many people have told me how remarkable my positive mental attitude is. I’m not talking about just layman, but professionals such as nurses and physicians. In my readings I have learned that we are all big, social creatures. The mind and the body work together and influence each other. In brief, the way you think influences the way you feel and the way you feel influences the immune system. I should note that negative feelings such as depression, anger, and guilt can certainly have an affect on the ability of your immune system to battle the cancer cells that have invaded your body. At the same time, positive emotions such as joy and happiness can have very positive effects on your overall health.

This approach is described in detail in the book written by Shivani Goodman, Ed.D., titled, “9 Steps For Reversing or Preventing Cancer and Other Diseases.” Dr. Goodman teaches seminars to the public, professionals, celebrities, and royalty worldwide. A gifted psychologist and a self-healing consultant for more than 27 years, she holds a doctorate in Family and Community Education from Columbia University. She used the 9 Steps to reverse her third bout with breast cancer.
6.) Use your doubt to create certainty—put doubt in your doubt to create what you want. Fear and doubt are the most prevalent emotions in challenging cancer and other diseases. Placing doubt in the doubts in order to create certainty has proven very helpful for me as well as my students. I encouraged them to create certainty by visualizing the cancer gone, the tumor disappeared, or whatever challenge they were facing gone. Ignore the diagnosis. Create a new reality, visualize it the way you wish it to be and create certainty. It’s the feeling of certainty that creates that outcome in the body.

7.) Use spiritual energy to enhance your healing—connect to your essence and access the love that heals. This is reconnecting with your goodness and the most powerful source of all healing—your spiritual core or pure love. Know that the highest part of your being is goodness, beauty, truth and pure love. Remember, the feeling of love triggers the immune response and releases the chemicals and hormones that produce healing. Because the healing energy of love is of paramount importance in reversing and preventing disease, it is vital that we learn to tap into this precious commodity. The place to begin is by loving ourselves.

8.) Follow your heart’s bliss and live with passion—listen to the voice of your heart and create a healthy fulfilling life. When you follow your heart’s true bliss, you reconnect with your true self—your goodness, love, value and joy. These are the feelings that strengthen the immune system, which bring you back to health. When you follow the longing of your heart, you will feel bliss that will enliven you. You will feel loving kindness and incredible joy. These sensations of joy release chemicals and hormones from the brain strengthening the immune system. As these chemicals flow throughout the blood, all systems of the body function harmoniously. Finding our passion for life or our deeper life’s purpose gives us a reason to live. Focusing on living our passion rather than on dying of cancer or disease brings us back to our true self, which rebuilds the immune system and creates health. If we are focusing on what we are really passionate about in life and truly living life with passion, we are filling our bodies with the energy that facilitates healing. Whereas, if we have no passion for life and focus on our disease, it is the disease that grows instead of our passion. I believe that most people die of cancer and disease because they had just given up on life. They felt that they had nothing to live for. They had lost their life’s purpose—their passion—and had no zest for life. It is of the utmost importance to find our passion for life in healing disease.

9.) Create a healing environment—surround yourself with a circle of encouragement to support your recovery. When we challenge cancer or any disease, we are more open and vulnerable to what we hear. Sometimes these thoughts stay with you for several days. It takes a lot of energy to disregard them and not be affected if the messages are negative and harmful. I would do great when I was alone without interaction with my family. But as soon as I felt good and strong, I would start reconnecting with my family and friends. However, their fears and doubts were so contagious that I would start feeling sick again. It didn’t make sense. I loved them and wanted to be with them. What I didn’t realize was that they were not capable of nurturing my self-healing decisions because they were caught in their own fears. All they knew was the medical route, and they believed that cancer was death. Therefore, they couldn’t help being trapped in thoughts of terror. Others’ toxic thought patterns affect us too. They don’t even have to say anything; we feel their thoughts inside us in our subconscious, which affects us. To most people, even the very thought of the word “cancer” creates panic. Most people cannot afford to check into a hotel room or travel to a healing resort to be in a supportive, uplifting environment that empowers us to heal. The next best thing is to connect with a truly healing support group on a regular basis that supports us to heal. When you are feeling down, it can boost your spirits and energy, lift you up, and put you back on track for healing. Just as negative words can debilitate us and make us sick, on the other hand when we hear words that support and encourage the notion that we can heal, we are reminded that we have the ability to heal ourselves. The support that healing groups can provide is not only life saving, but also an integral part of the healing process. With the encouragement and support of others who are developing similar thought patterns, it is much easier to make the necessary changes to reverse or prevent disease. Your consciousness will be filled with strong, healthy, healing decisions. Then, notice how they repeat themselves in your thoughts throughout the week.

Infrared Sauna Therapy

As I am writing this, it has now been eleven months since my operation and in my opinion, life has returned to normal. I sleep soundly for about eight hours a night. I play tennis 2-3 times per week, 9 holes of golf twice a week, and exercise on the eliptor cycle approximately 40 minutes almost daily. I also see a few patients each week in my office. I have plenty of energy and have no trouble concentrating. I attribute my success to both the “conventional” and “alternative” treatment for my Glioblastoma. I’d like to give you some insight into my alternative methods.
Infrared Sauna

My wife, whose business is dedicated solely to healthy living, has been working extremely hard on trying to prolong my life. For example, our home has been set up with an air purification system designed to mimic an operating room in a surgical setting.

Mercia also purchased a “Thera Sauna” which is an infrared sauna that I use for 45 minutes twice a day. My wife found some information regarding infrared rays and how they work from the Internet.

The following information I found on Infrared Sauna Therapy:

Infrared rays are waves of energy, totally invisible to the naked eye, capable of penetrating deep into the human body, where they gently elevate the body’s surface temperature and activate major bodily functions. Infrared expands capillaries, which stimulates increased blood flow, regeneration, circulation and oxygenation. Scientists in Japan report that in the infrared therapy treatment of clogged capillary vessels, heat expands the capillaries and then initiates the start of a process to dissolve hidden toxins. Infrared thereby promotes elimination of fats, chemicals and toxins from the blood. Some examples are: poisons, carcinogenic heavy metals, toxic substances from food processing, lactic acid, free fatty acids, and subcutaneous fat associated with aging and fatigue, excess sodium associated with hypertension, and uric acid which causes pain. Infrared promotes the killing of many pathogenic (disease causing) bacteria, viruses, fungi and parasites. Infrared promotes rebuilding of injured tissue by having a positive effect on the connective tissue cells necessary for the repair of injury. Furthermore, it increases growth of cells, DNA synthesis, and protein synthesis all necessary during tissue repair and regeneration. Excellent for healing burns, scar tissue and skin problems. Infrared relieves nervous tension and relaxes autonomic muscles thereby helping the body make the most of its intended healing abilities. Infrared strengthens the immune system by stimulating increased production of white blood cells (leukocytes) by the bone marrow and killer T-cells by the thymus. Finally, infrared strengthens the Cardiovascular System by causing heart rate and cardiac output increase, and diastolic blood pressure decrease.

Thermal therapy has been in existence for thousands of years, dating back to ancient civilizations such as the Finns, the Romans, the ancient Chinese and the American Indians. “Palm Healing”, an ancient tradition in China, has used the healing properties of infrared rays for 3,000 years. These natural healers emit energy and heat radiating from their hands to heal, much the same as Reiki healers do.

Research and development in the 1960’s, notably most extensively in Japan, introduced the infrared ray thermal technology. This revolutionized thermal technology to an effective, safe, natural, hygienic, and efficient approach to thermal treatment. Today there are multiple health and medical professionals internationally who rehabilitate and treat a multitude of physical problems by using heat therapy. Relief of sports injuries via thermal therapy is just one example of treatment. Cancer is the most significant other.

Over the last 25 years, Japanese and Chinese researchers and clinicians have completed extensive research on infrared medical treatments and report many amazing discoveries. In Japan, there is an “infrared society” composed of medical doctors and physical therapists dedicated to further infrared research. Their findings support the outstanding health benefits of infrared therapy as a method of healing.

In the US, mainstream thinking on cancer treatment has undergone great change. Surgery, radiotherapy, and chemotherapy are considered detrimental to health and invasive treatments. Thermal therapy and immune-therapy are non-invasive. Cancerous cells cannot exist if blood circulation is smooth and continuous. A cancerous cell has to stop moving to proliferate. The cancerous cell’s positioning is directly related to the capillaries, which are at the end of the blood vessels. The cancer cell tries to position itself by going through the capillary. If it goes through, there could be no positioning—which is what happens if there is good blood circulation. The cell will then be killed by the immunocyte. If the cancer cell fails to pass through the capillary because of some functional disorder in the circulation, the cell could easily position itself.

The cancerous cell has a weakness: heat. It will die if the temperature goes above 42 degrees C/107.6 degrees F. Infrared treatment raises the body temperature to 42 degrees C. Infrared heat penetrates through the body and kills existing cancerous cells. Infrared heat enables capillaries to expand, thus enabling good circulation and combating the potential existence of cancer cells. Also, infrared thermal therapy can alleviate pain and prolong life when conventional cancer treatment fails.

The following is literature taken directly from the “Thera Sauna” manual:

The difference between a traditional steam sauna and infrared sauna is: the steam sauna works primarily on the skin’s surface and the infrared sauna’s heat penetrates the surface up to two inches. Because it reaches the muscles and bones, it is more therapeutic, and your body sweats and releases more toxins than with a traditional sauna. With traditional saunas, which may reach over twice the body’s average temperature (up to 200 degrees), the heat can disturb the brain’s temperature-regulating region, the hypothalamic region. When the head is unprotected, heat stroke can occur. However, infrared saunas operate effectively at much lower temperatures, so heat stroke is not likely to occur. Also, since the temperature is more comfortable, people can
use infrared saunas for longer, maximizing the benefits. Our bodies contain all types of toxins such as sulphur dioxide, carbon dioxide, lead, mercury, and chlorine. These are contained in water molecules, which are disintegrated by the heat of the sauna, and then leave the body through freshly opened pores and capillaries. Much like sauna treatments have shown to fight other diseases, cancer is one, which appears to have decreased risk in sauna users. The stimulation of blood cell production helps destroy bad cells. Also, the extreme heat protects healthy cells, while tumor cells become more susceptible to radiation and chemotherapy, so while it may reduce the risk of ever getting cancer, it also works as a compliment to cancer treatments.

Since there is no standard protocol for infrared sauna usage, I have provided some different protocols used by different physicians that utilize infrared saunas in treating their patients. You and your physician must ultimately decide what’s best for you.

Dr. Sherry Rogers is a Fellow of American College of Allergy & Immunology and Diplomate of American Academy of Environmental Medicine. She is a member of the outstanding Healthy, Wealthy & Wise Health Staff and lectures on her original scientific material worldwide, as well as giving advanced courses for physicians. In addition, she has published multiple scientific articles, authored 13 books and has been the environmental editor for Internal Medicine World Report. Dr. Rogers states:

“Even though the body has one proven mechanism for dumping environmental toxins, many folks can’t sweat. Environmental chemicals have so damaged the autonomic nervous system that it’s like having a broken thermostat. For others, they feel dreadfully ill if they try to sweat. For those who do sweat, high heat causes the mobilization into the bloodstream of nasty chemicals from “safe” storage in fat, heightening symptoms. As well, loss of precious nutrients along with the chemicals can precipitate serious medical problems. A specific detoxification program is needed to circumvent these problems, while first making sure the detoxification pathways are strong enough to handle the extra burden of mobilized chemicals.

Start using the sauna at 100 degrees F, in short 10-20 minute increments at first, building up a feel for your body’s tolerance. Use less heat if you feel discomfort initially. Older, sicker people, or anyone that feels initial discomfort should proceed at a much slower pace and even lower temperatures. The infrared sauna wavelength penetrates 1 1/2 inches into the body, generally enabling chemicals to come directly out of subcutaneous fat storage sites into sweat. This avoids a worsening of symptoms seen when high heat saunas pull chemicals out of safe storage, then directly into the bloodstream on their way to the sweat. If you suspect you’ve had severe poisonings that may create serious withdrawal symptoms as you mobilize chemicals, go at a slower pace. Even though the infrared method is much safer and does not generally precipitate symptoms, I’ve learned after 32 years in medicine that there are always exceptions to any rule.

It is a good idea to get a complete physical from your doctor when you discuss your sauna plans. If you are on any medications, sauna may help you detoxify and get rid of important drugs too quickly, thereby changing your blood levels. For some drugs this is not desirable, or you may need to have blood levels of the drug drawn, or have other parameters that are affected by the drug monitored.

Take your blood pressure, temperature, respiratory rate, weight and pulse, assessing its regularity before and after the first few saunas. If you are fragile, check them every 10-15 minutes while in the sauna. If your blood pressure, pulse or respiratory rate increases 10 points, get out of the sauna for the day. You’ve had enough for a beginner until your next day’s session. Next session use a shorter time and lower temperature along with increasing your minerals and water. If your oral temperature goes over 100 degrees F, stop for the day. If you weigh less after a sauna, you did not drink enough water to compensate for the loss. A good rule of thumb is to weigh your towels before and after the sauna and drink the difference in weight in spring water. That is, if your towels gained 3 pounds of water, drink 3 pounds of water. Also, keep a little diary and document any symptoms.
If you are very apprehensive, start with 10 minutes daily at 100-110 degrees F, then slowly advance to an hour over the weeks. After you tolerate this, you may wish to slowly advance to 130 degrees F. However, many people stay below 120 degrees F indefinitely. There is no need to go higher. There is no prize for getting to a high temperature or being able to tolerate hours in the sauna. Be gentle with your body and as soon as you feel any discomfort, discontinue use for the day.

If you cannot attain any of this in one session, no problem. You may leave it at what you tolerate or get out, shower off the toxins, and sauna again in the same or next day. Remember to keep drying off the sweat with a towel. While in the sauna, sometimes just opening the door for a bit or turning down the temperature is enough to allow longer exposure. You must stop at any time that you experience headache, nausea, fast or irregular heart rate (if this is not a symptom you normally have), weakness, shortness of breath, dizziness, disorientation, muscle cramps, muscle spasms or twitching, or any adverse symptom.

Dr. Larry Wilson has worked as a nutrition consultant for the past 29 years in the state of Arizona. He has also worked closely with Dr. Paul Eck, a brilliant Biochemist and founder of Analytical Research Laboratories. Dr. Wilson spends most of his time teaching physicians and nutrition consultants the finer points of nutritional balancing science. Dr. Larry Wilson’s sauna detoxification protocol reads:

“One may use a sauna twice a week to twice a day. If one is debilitated, begin with once a week. Work up to daily use, as one is able. When beginning, many people do not easily sweat. Instead, their bodies overheat and tolerate less time in the sauna. In a few weeks to a few months, as the body acclimates and is more able to regulate its temperature, sweating becomes easier. Also, the more one relaxes, the more one will sweat.

Avoid heavy meals two hours before a sauna session. Avoid alcohol or other intoxicating substances. Drink 8 ounces of water before entering the sauna. Add sea salt and 2 tablespoons daily of kelp to one’s diet, especially if the water is mineral-free. Remove metal jewelry before entering the sauna as it may become very hot. With an infrared sauna, enter as soon as you turn it on or just preheat to 100 degrees F. Warm up with the sauna and when it reaches 115-120 degrees F open the door approximately ½” so the elements or bulbs remain operational but the sauna stays at this temperature (or set the thermostat accordingly). Use a small towel to wipe off the sweat, sit on another towel, and have a third towel on the floor to avoid slipping. Talking, watching TV or working is not recommended while in the sauna.

How long one remains in the sauna depends on one’s condition. Body temperature should not increase more than four degrees. The pulse should not increase more than 50% of the resting pulse. Begin with 15 minutes if one is ill. If the heart begins to race, sweating stops or one feels faint, end the session immediately. Sixty minutes is a maximum time.

When finished, take a shower, warm or cool but not hot. Avoid soap if possible as you should be very clean. Soap leaves a film and clogs the pores. Wipe off sweat with a skin brush or loofa. Brush all over, even face and hair. This enhances the cleansing effect. Use shampoo and conditioner only if needed because most contain chemicals toxic to the body. Also skip most oils, lotions and creams. These also contain chemicals that may clog the pores. Rinse off the towels used to wipe off sweat in the sauna and hang to dry. After a sauna session drink 8 ounces of water and sit for at least 10 minutes. These simple steps allow the body to reap the full benefit of the sauna experience.

Healing reactions are temporary symptoms that occur as toxic substances are eliminated and chronic infections heal. Symptoms vary from mild odors, tastes, or rashes to periods of fatigue, bowel changes, aches, pains or headaches. Most healing symptoms are benign but consult your practitioner if any cause or concern.

Emotional healing also takes place. Temporary anxiety or other emotional states may occur and usually pass quickly. Some are directly related to elimination of toxic substances and others are associated with emotional clearing.

Saunas are safe for most people but supervision is always best, especially if they have a health condition. If debilitated or very heat-sensitive, begin with less time in a sauna. The presence of an attendant or friend is also most helpful.

Another physician, Dr. John Harvey Kellogg, had a particular protocol that involved electric infrared sauna. He ran a sanitarium using holistic methods, with a particular focus on nutrition, enemas, and exercise. Dr. Kellogg was an advocate of vegetarianism and best known for the invention of corn flakes breakfast cereal with his brother Will Keith Kellogg. Dr. John Harvey Kellogg, not only invented Kellogg’s corn flakes, he was also the inventor of the world’s first electric infrared sauna (powered by 50 light bulbs). These saunas became famous as one of the most effective medical therapies known. Dr. Kellogg successfully treated many diseases on many thousands of patients with this “electric light bath cabinet.” Today’s infrared saunas are simply the modern version of his light bath cabinets.

The following is taken from Dr. Kellogg’s book “Light Therapeutics.”

When the incandescent light bath was first constructed and introduced into therapeutics, no adequate conception could be formed of the large place, which this curative agent was destined to fill in the modern treatment of disease. Since that time the electric-light bath in various forms has found its way into almost all of the leading hospitals of the world. Hun-
dreds of establishments and hundreds of physicians have become acquainted with the remarkable healing properties of this agent. Phototherapy or light-therapy has come to occupy a large field in therapeutics. The list of maladies which yield to the influence of light is daily increasing, although including already quite a large proportion of the chronic ailments encountered in clinical practice.

During the time since its first employment (1891), this bath has been used under Dr. Kellogg’s general supervision in more than fifty thousand cases. At first its chief value was attributed to its eliminative effects, but deeper study of the subject convinced Dr. Kellogg that its chief value rests in its influence upon the circulation. Under the influence of the general electric-light bath, the skin is filled with blood. The stimulation of the sweat glands is incidental. The perspiration has some value through metabolism, but the amount of toxic matters carried out through the skin is small. The complete filling of the skin with blood removes the disabling congestion of the liver, stomach, spleen and other internal parts. This relief is rendered more or less permanent by the fixation of the blood in the skin affected by the cold application that always follows the electric-light bath as well as other general heating measures. The active vascular dilatation following this cold application is of much longer duration than that resulting from the application of heat alone; thus a more or less durable effect is produced. By a daily repetition of this procedure, normal conditions are gradually restored. The circulation of the skin becomes more and more active, and the amount of blood in the over-distended internal organs is diminished. The enlarged liver and spleen contract, the congested sympathetic nerve centers return to the normal state, and the vital resistance of the tissues is increased. The various symptoms of autointoxication disappear; the skin reacquires its natural elasticity and color, and the patient gradually returns to a normal state.

The body temperature is raised much more rapidly in the electric-light bath than in any other form of hot bath because the rays of radiant energy pass through the skin and reach the interior of the body at once. In the ordinary hot bath the heat penetrates the tissues very slowly and only reaches a small distance beneath the surface.

Physiological experiments have shown that the elevated temperature in febrile conditions is one of the methods by which nature combats the causes of disease, or neutralizes some of the morbid conditions resulting from disease. The physiological effects of the electric-light bath may exercise a strongly curative influence by the elevation of the body temperature, thereby enabling it to produce antitoxins. As a prophylactic, this bath also possesses a high value, especially for persons who live a sedentary life, as it is the best substitute for muscular activity.

In the use of the incandescent light bath the following points should be borne in mind:

1. The application is thermic in character, the amount of ultra-violet rays present being quite insignificant.
2. The purpose of the application is to heat not only the skin, but also the sub-dermic tissues.
3. The intensity of the application is limited by the tolerance of heat by the skin.
4. A glass of water should be taken just before and after the bath.
5. Care should be taken to see that the feet are warm.
6. Care should be taken to avoid overheating.
7. In general, prolonged sweating should be avoided except in certain cases of rheumatism and obesity. In such cases, the bath should be sufficiently prolonged to produce a rise of temperature of one or two degrees.
8. Applications of radiant heat should always be followed by a cooling procedure adapted to the case. Cabinet baths require a cool or tepid shower, a neutral bath, or cool towel rub.

I am most fortunate as Mercia purchased a sauna for our home, as well as a portable sauna for travel from Dr. Wilson’s web site. My son also has a sauna in his home. So when Mercia and I went to Sedona, Arizona on vacation, or when I visit my kids, I still can stay on my sauna routine!

**Nutrition and Dietary Supplements**

I am not a nutritionist and there are many good books on nutrition readily available. Many of these books promote “anti-Cancer” diets. I cannot do a better job than these professionals, but I can tell you about my experience and how I used nutrition in my fight to survive.

When diagnosed with cancer, you’re engaged in a battle: good guys in the form of your immune system and white blood cells vs. bad guys or cancer cells. Just like taking care of a car is very important, you have to keep your body in excellent condition so you can win the battle! Nutrition and dietary supplements could help strengthen your immune system and help win this battle. Because I had expressed interest in finding alternative ways to fight my cancer, my treating Oncologist, Dr. Norden, recommended I see Dr. David S. Rosenthal. Dr. Rosenthal is the medical director of the Leonard P. Zakim Center for Integrated Therapies at Dana Farber Cancer Institute. He is also the president of the Society of Integrative Oncology. Over the course of 40 minutes, I asked Dr. Rosenthal many questions regarding my current nutrition, exercise program and current alternative methods being practiced. I was concerned with whether I was getting the proper nutrition and whether or not I should be adding any type of dietary supplements. The following is taken directly from the dictated consultation note written by Dr. Rosenthal himself:
In reviewing his nutrition, it is clear that he is on a phytonutrient-rich diet. I gave him a handout of fruits and vegetables. He does not like the green vegetables but is trying to compensate by having more and more servings of fruits a day. There are some vegetables he does like and he does like nuts as well. Beans are also a good supplement for him. It appears that he is approaching 5-10 servings of fruits and vegetables and I encouraged him to continue to do so. In addition, he does like fish and I told him that if he cannot eat fish every day he should supplement with the Omega-3 fish oil capsules at 1 gram a day. He does, in addition to fish for protein, consume chicken and turkey, which is low fat. He does not eat any more meat.

He is eating dairy products and refined sugars sparingly. I also recommended that he take Vitamin D at 1,000-2,000 IU a day. I described the new food pyramid to him and along side a good phytonutrient-rich diet that we had discussed was exercise. He comments “You need not worry about that” as he is doing a number of activities and keeps busy with golf. I did, however, reinforce the fact that he should be spending 30-60 minutes a day, at least 6 days a week, in some form of exercise. I told him that it need not be all cardiac in nature but could consist of using the universal gym and calisthenics. He has been detoxing by using infrared sauna daily at 135 degrees F for an average of 30-40 minutes divided into two sessions.

Finally, we did talk about the complementary therapies and his stress reduction. He seems to be handling that very well although there were times when he seemed to be at all odds when discussing over-the-counter supplements with his wife. The stress activity seems to have been reduced with the decrease in the load of his clients in psychotherapy. I did describe to him the therapies that involve mind, body, as well as physical activities such as chi gong, tai chi, Pilates, and yoga. He does like to walk and does like to play golf on a regular basis. He also seems to achieve stress reduction by walks with his nurse along the shores of the ocean in Plymouh during afternoon breaks. As far as the supplements are concerned, I told him that I did not see the need for many antioxidants that he is currently considering, as he seems to be getting enough Vitamin C in his diet. I told him there were studies being performed on IV Vitamin C but those results are not yet in. I also told him that mistletoe injections are not a cure-all and that the leaves are poisonous. As far as the other supplements he talked about are concerned, I told him that he really need not do these if he continues with his phytonutrient-rich diet. I told him that green tea was fine but I am sure that he was told that during radiation therapy he should not be taking any antioxidants.

It seems to make common sense that you have everything to gain and nothing to lose by eating a healthy diet and maintaining a healthy body. Although I could not find any specific research or references pertaining to a special diet for glioblastoma, there is plenty of material on the proper nutrition for the general cancer patient. One of the best references I found was “Beating Cancer with Nutrition” by Patrick Quillin, Ph.D., RD, CNS.

For 10 years, Dr. Quillin served as the VP of Nutrition for a major nationwide cancer hospital chain, followed by 5 years of clinical practice with cancer patients in San Diego. He earned his bachelor’s, master’s and doctorate degrees in nutrition and is a registered and licensed dietician and certified nutrition specialist with the American College of Nutrition. On the cover of his book it is written: “Bestseller in its Category! Amazon.com 1999.” I always check the background and training of the authors. For those of you who don’t want to read the entire book, like me, there is a condensed version on page 7 titled, Shortcut: Executive Summary—If you are too sick to read much, then read this section—21 days to a healthier cancer patient. This I highly recommend that you read!

Dr. Quillin not only touches on the nutritional aspect but also on all the other factors which can impact your outcome. I also found the chart Rating Your Foods very interesting. Dr. Quillin recommends that the cancer patient refer to the foods found in six different categories: best, good, fair, poor, bad, and worst and eat the foods that are high on the chart. I circled the foods I liked in the “best” category and handed the list to my wife so she could purchase these items for me. This way, I’m not only eating healthier, but I’m also eating the foods I like!

Mercia also turned me on to the breakthrough supplement Protandim. Each anti-aging Protandim caplet contains a unique combination of phytonutrients that signal the body’s genes to produce its own antioxidant enzymes, which provides many more times antioxidant power than any food or conventional antioxidant supplement.

Making healthy changes to your diet and getting exercise will make everything feel better.
The Bibliography at the end of this book is a good resource for additional reading but you can also search for nutrition books online.

Small Victories Along the Way
“I’m A Lucky Camper!”

However dire one’s own predicaments or when life hits you with a two-by-four, I always say that you can think of people who are worse off than yourself and look at the glass as half full instead of half empty. So although, I have a terminal disease, I have many blessings and I can think of many cancer patients who are far less fortunate than me.

With the help of an excellent surgeon, Dr Anderson, at Brigham and Women’s hospital, all my visible brain tumor was removed, and while my recovery was slow, I am fortunate to have recovered 90% of my brain functioning. This has allowed me to resume a fairly normal life; I ski, play golf, tennis, attend community college and do some part-time work. And though I do not do them perhaps with the same intensity or skill as I did before my operation, I am grateful that I am not sitting at home waiting to die!

I am married to a wonderful woman, Mercia, my partner and wife for the last 15 years, who put in hundreds of hours on the Internet researching additional complementary medicine strategies, in addition to my radiation and chemotherapy. I am lucky that she is in the health products industry as an Internet retailer as it was she who came up with my infrared sauna, alkaline water, central air purification and dietary supplement regimen including the breakthrough supplement Protandim. She has also cooked me an anti-cancer diet from my favorite foods over the last 18 months, and managed to actually introduce this old dog to a few new foods! I believe that these additions to my conventional regimen have been significant in prolonging my life. Mercia reduced her hours dramatically at work despite being the CEO of a 25-person company and works at home one day a week. She also funded a personal assistant and Registered Nurse, Laurie Campbell, for 18 months until I was well enough to only need buddies to drive me around when she is at work. Throughout the summer of 2010, Mercia left work early to take me out for late afternoon golf where she patiently caddied for me. We enjoyed each others companionship while the wildlife came out to play at sunset on the beautiful golf course, which is right outside our back door.

I have reduced my private practice office hours as a clinical psychologist and focus mostly on telephone counseling patients through a website which was also set up 10 years ago by my wife. She predicted that one day I would want to concentrate on helping patients by phone and not commute to an outside office. The point is, I still wish to assist other people and to be able to do this now is a blessing in my life. It remains a constant reminder to me as to how fortunate I am despite my illness.

As I have mentioned before, my wife and I live in a planned community called The Pinehills, in Plymouth, MA. It is the most beautiful place! Mercia has maintained a wonderful perennials garden on our property. It is an absolute joy to look out to each day in summer. I still do not know all the names of the flowers, but she picks a bunch for me each week to have on the table next to my favorite chair in the den. The best thing of all about The Pinehills is the sense of community and the friends we have made during the six years we have lived there. I have never had so many male buddies as I have now and our friends cannot do enough for me. I get invited out for golf, tennis and wonderful hikes along the lakes and woods of Southeastern Massachusetts. We have never felt that we were going through this disease alone. So much so, Mercia sometimes complains that it takes her a long time to do the grocery shopping because so many people stop her to inquire about my health!

My children have also been tremendously supportive. I am lucky that they live within an hour’s drive of my home. I see them at least once a week, which gives Mercia a much-needed girl’s night out. We talk on the phone every day. While I love the special treats they give me, such as prime seats to baseball, football and basketball games, it’s the time together that gives me the most joy. In this picture we’re on a winter sleigh ride! Whether it is tennis or ski lessons, or just a relaxing weekend in the mountains, my children cannot do enough for me and I am truly grateful for each of them.

I consider myself very lucky to live in an area, which has access to the finest hospitals in the world, and I cannot say enough good things about the Oncology team at Dana Farber Cancer Institute. I know that if not for them, I wouldn’t have been able to complete this book. I have decided to publish this book via the Internet with the hopes of raising funds for their ongoing brain tumor research. They have always answered my questions patiently and honestly, and helped me make sensible decisions about my health. They have helped prolong my life and have given me such precious time with my wife and family. If I can repay them by fund-raising, then so be it! I feel that it is such a small recompense for what they have given me.
Small Victories Along the Way - The Photo Album

My wife Mercia and I at Palm Beach (2011)

I love the flowers in our garden (2009)

I love outdoor sculptures. (Arizona 2010)

Just walking in sunshine (Arizona 2010)
Honeybear is good company

My wife Mercia in the rain forest (2010)

The rain forest in St. Kitts (2010)

Daffodil Weekend in Nantucket (2010)
Still golfing in 2011 and love it!

Into the hole! (2011)

Blowing candles out at my 74th Birthday Party (2011)

Our cat Truffles. Isn’t he handsome! Since I got sick, I now love our cats.

I love shopping! Like my new tie? (St. Kitts 2010)
Walking by Plymouth Harbor (2010)

Relaxing by our front door (2011)

I love to walk, taking a break. (Japanese Garden 2011)

Mercia’s tulips this Spring. (2011)
On a family sleigh ride in New Hampshire (2011)

Is this a good way to protect the rain forest? (2011)

The Lion King on our Vegas Trip (2011)

Walking in Sedona (2011)
So Why Did Brain Cancer Attack Me?

Do Cell Phones Cause Brain Cancer?

This is a question that is not easily answered.

Day after day, I found myself researching and reading any material I could find that dealt with cancer and the possible link between cell phones. I had had a very interesting talk with my wife’s friend, Cathy, who is a physician. I told her that I thought there were three possible reasons why I developed a brain tumor.

Reason #1: It was caused by my prolonged cell phone use. I told her that I had performed telephone counseling with people all over the world and my website had really expanded so I had been spending several hours with my cell phone pressed against the right side of my head.

Reason #2: My cancer had been caused by the radiation therapy I had received following my prostate operation five years ago. Although, if I were right, there would be so many more cases of brain tumors and they would have discovered this cause by now.

Reason #3: The cause could have been from the buzzing razor used on my head in the past when I had a different hairstyle.

Cathy told me that the first reason I had given was the one she could agree with. She said there was a significant increase in the number of Glioblastomas recently and she thinks that the prolonged cell phone use could be the cause. Unfortunately, there is the suggestion that the research results are being suppressed and it will be twenty years from now before we actually know if cell phones are the major cause. Cathy also suggested I use a wired headset if I were to use my cell phone in the future. I knew I was never using that thing again!

What I decided to do was to present all the information I had researched and let the reader come to their own conclusion.

David Barnaby, the VP of Merchandising at my wife’s company, sent the first reference I picked up to me via email. It was an article written by Christopher Ketcham entitled “Warning: Your Cell Phone May Be Hazardous to Your Health.” In his article, Mr. Ketcham tells the story of an investment broker working at a top Wall Street firm whom he met recently and who was diagnosed with a brain tumor five years earlier. He explains that the tumor was located behind “Jim’s” right ear and was not immediately fatal—the five-year survival rate is approximately 70 percent.

He goes on to say that “Jim” was 35 years old at the time of his diagnosis and “immediately suspected it was the result of his intense cell phone usage.” As an investment banker, “Jim” had been using cell phones since 1992. When “Jim” asked his Neurosurgeon about the possibility of a cell phone-induced tumor, the doctor responded that he was “seeing more and more of such cases—young, relatively healthy businessmen who had long used their cell phones obsessively.” He also stated that he believed “the industry had discredited studies showing there is a risk from cell phones.” The article goes on to say that “a handful of Jim’s colleagues had already died from brain Cancer and he felt that the more reports he encountered of young finance guys developing tumors, the more certain he felt that it wasn’t a coincidence.”

Mr. Ketcham also wrote that it’s difficult to talk about the dangers of cell phone radiation, especially in the United States. He goes on stating that “non-industry-funded studies are rare, where legislation protecting the wireless industry from legal challenges has long been in place, and where our lives have been so thoroughly integrated with wireless technology that to suggest it might be a problem is like saying our shoes might be killing us. Except our shoes don’t send microwaves directly into our brains and our cell phones do.”

Mr. Ketcham continues by saying that “though the scientific debate is heated and far from resolved, there are multiple reports, mostly out of Europe’s premier research institutions, of cell phone and PDA use being linked to brain aging, brain damage, early-onset Alzheimer’s, senility, DNA damage, and even sperm die-offs.” He also refers to the preliminary results of the multinational Interphone study sponsored by the International Agency for Research on Cancer (scientists from thirteen countries took part in the study, the United States not among them). Researchers reported that “after a decade of cell phone use, the chance of getting a brain tumor—specifically on the side of the head where you use the phone—goes up as much as 40 percent for adults.” Researchers in Israel have found that “cell phones can cause tumors of the parotid gland (the salivary gland in the cheek), and an independent study in Sweden last year concluded that “people who started using a cell phone before the age of 20 were five times as likely to develop a brain tumor.” Mr. Ketcham contacted Louis Slesin, who has a doctorate in environmental policy from MIT and founder of an investigative newsletter Microwave News. Mr. Slesin stated that “we love our cell phones and the paradigm that there’s no danger here is part of a worldview that had to be put into place. Americans are not asking questions, maybe because they don’t want to know the answers. So what will it take?”

In order to further research the question of whether cell phones cause brain Cancer or not, I studied the statements of prominent scientists who testified before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations and the United States Senate at the Hearing on the Health Effects of Cell Phone Use, on September 14, 2009. These scientists came from all around the world and I have done my best to summarize their findings. Many studies have been conducted to examine whether exposure to radio frequency energy has adverse effects on health, and to determine allowable
levels of exposure. Several scientific organizations have reviewed the laboratory and epidemiologic research to assess the potential for health effects from radio frequency exposure, and to set exposure limits to ensure occupational and public safety. These expert groups have included scientists with diverse skills to reflect the different research expertise required to answer questions about radio frequency energy and health.

The first person I would like to mention is Dr. Olga Naidenko, a Senior Scientist at Environmental Working Group (EWG), a non-profit research and advocacy organization based throughout the United States. EWG released the results of a 10-month investigation of more than 200 peer-reviewed studies, government advisories, and industry documents on the safety of cell phone radiation. They found that the studies amassed during the first two decades of cell phone use produced conflicting results and few definitive conclusions on cell phone safety.

But the latest research of people who have used cell phones for many years suggests the potential for serious safety issues. Dr. Naidenko also stated studies published over the past several years find significantly higher risks for brain and salivary gland tumors among people using cell phones for 10 years or longer. EWG also believes that until scientists know much more about cell phone radiation, it’s recommended that consumers buy phones with the lowest emissions.

EWG pinpoints some areas of concern:

1) Consumers have a right to know the level of radiation their phones emit. EWG advocates that cell phone companies label their products’ radiation output so that consumers can make informed choices at the point of sale, and that government requires this disclosure.

2) The latest science points to potential risks to children’s health. The National Research Council (NRC) observed: “with rapid advances in technologies and communications utilizing radiation in the range of cell phone frequencies, children are increasingly exposed at earlier ages.” Children are also likely to be more susceptible than adults to effects of cell phone radiation, since the brain of a child is still developing and its nervous tissues absorb a greater portion of incoming radiation compared to that of an adult. In response to the information already available over the potential health risks of cell phone emissions, government agencies in Germany, Switzerland, Israel, United Kingdom, France, Finland and the European Parliament have recommended actions to help consumers reduce exposure to cell phone radiation, especially for young children.

3) Current U.S. cell phone radiation standards are outdated and may not be sufficiently protective. EWG urges the FDA and FCC to upgrade its standards to take account of the newest scientific evidence and also increasing cell phone use by children.

4) What Consumers can do to reduce exposures to cell phone radiation? Use a low-radiation cell phone, use a headset or speakers, listen more, hold phones away from the body, text instead of talking, don’t use the phone if the signal is poor, limit children’s use, and use radiation shields.

The second person I mention is Dr. Devra Lee Davis, professor of Epidemiology at the University of Pittsburgh, Graduate School of Public Health. She stated that she was deeply concerned about the absence of a major program of research on cell phones and our health. She asked why other governments are acting to warn about the need for safer cell phone use while ours is silent on the matter. She admits that cell phones have revolutionized our lives for the better and improved our sense of security but admits that we don’t know whether some of their uses place us and our Children at risk in the long term and whether there are simple measures to take to reduce those risks. Dr. Davis went on to say that several countries have conducted important research on the question of what cell phones may mean for our health and some governments are officially warning citizens about the safer use of cell phones even while that research is still underway. She asked, “What do these countries know that the U.S. does not?”

Dr. Davis stated that cell phone radiation might cause biological impacts in experiments with cell cultures and laboratory animals at levels that do not produce heat or thermal effects. She also stated that there is another reason why the U.S. lags behind other nations in addressing these problems—public discussion about potential cell phone risks remains obscure because of well-honed efforts by some in the cell phone industry to keep us confused. Dr. Davis continued by asking the question, “What is the downside risk of doing nothing to reduce exposures at this point, compared to the risk of acting as other governments have to issue warnings. We must also consider what sorts of policy options should be used to convey information and whether it is appropriate for the U.S. government to take specific actions at this time that are in line with those taken by others.“ Dr. Davis stressed that “it would be expensive to resolve many of the issues that must be addressed” and that “the battleground has been drawn in the realm of both experimental findings and with regard to public health research.” She went on to say, “studies directly funded by industry are overwhelmingly negative and find no effect of cell phone radiation in animals or humans. However, studies that are independently funded and have examined people for a decade or longer tend to be positive, finding that this radiation is linked to a host of ailments ranging from cardiac disturbances to fatal brain tumors.” Dr. Davis pointed out that “the history of regulatory interests makes it clear that, in the matters of leaded
Brain cancer deaths are now the leading cause of cancer deaths in children in the U.S., Sweden and Australia

“What about cell phones? What do we really know about their safety? Consider these undisputed facts: Brain tumor rates are increasing in young adults in several nations, including the U.S. Brain cancer deaths are now the leading cause of cancer deaths in children in the U.S., Sweden and Australia among others. The FCC sets standards for the amount of radio frequency that can be emitted by a cell phone is based on models of a man’s head. One who ranked at the top 90th percentile of all military personnel in 1988, weighing 200 pounds, and who held the phone to his ear for six minutes. Radio-frequency signals reach much more deeply into children’s thinner and smaller heads. Children’s brains differ in important ways from those of adults—their skulls are thinner and their brains contain more fluid. As a result, the potential for doing damage is much greater with the young brain. The FCC doesn’t employ a single health expert and their standards are based on advice given by outside experts, many of whom work directly for the cell phone industry.” Dr. Davis concluded that “Cell phones should have warning labels stating: children’s brains need special protection; phones should not be placed on the body and should only be used with ear pieces or speakerphones; children should be encouraged to text and not use phones next to their heads. Given the widespread and important role that cell phones play in our lives today and their invaluable use for many purposes, we can and must do better.”

Another person I would like to mention is Dr. Siegal Sadetzki. He is the head of the Clinical Epidemiology Department at the Sheba Medical Center and Director of the Cancer & Radiation Epidemiology Unit at the Gertner Institute, Israel. For more than a decade, Dr. Sadetzki has been involved in studies of the possible association between the use of cell phones and the risk of malignant and benign brain tumors, tumors of the acoustic (hearing) nerve and tumors of the salivary gland. In February 2008, the Israeli results of the assessment of the association between cell phone use and risk of benign and malignant parotid gland tumors were published in the American Journal of Epidemiology.

Dr. Sadetzki explained that this study followed the core protocol of the INTERPHONE study and was extended to include a larger study population. He stated that, “An elevated risk of salivary gland tumors was seen among people who used cell phones for more than 10 years, especially when the phone was usually held on the same side of the head where the tumor was found, and when use was relatively heavy. Our findings of a higher risk with greater exposure are consistent with basic public health research criteria—the greater the dose or use of a cell phone, the greater the response (i.e., the risk of developing a tumor). It is important to note that the study populations of the research carried out so far were limited to adults. While at the time when cell phone use began, only adults used them, since the beginning of the 21st century, increasing numbers of children have become users and even owners of cell phones. This population requires special attention since children have been found to be more susceptible to developing cancer following exposures to known carcinogens. Therefore, some public health measures with special emphasis for children should be instituted. The recommendations include several simple, low cost measures that should be taken to minimize exposure: Using speakers and earphones, hands-free devices when driving, and reducing the use of cell phones in areas where reception is weak.

Dr. Sadetzki concluded that “Advances in technology have improved the quality of our lives in many ways and these changes have been especially dramatic in the area of communication.” He “believes that cell phone technology, which has many advantages, and can save lives in emergency situations, is here to stay. However, the question that needs to be answered is not if we should use cell phones, but how we should use them?” Dr. Sadetzki also stated that he hoped “the issues raised during this forum have enabled the distinguished legislators to appreciate the need to promote research that will increase our understanding of the potential adverse effects and take actions which will ensure the safe and responsible use of cell phones, while research and technology evolve.”

Finally, Dr. Linda S. Erdreich voiced her opinion regarding the health effects of cell phone use. Dr. Erdreich is a Senior Managing Scientist in Exponent’s Health Sciences Center for Epidemiology, Biostatics, and Computational Biology. She stated that “The standard scientific approach used to deter-
mine whether an exposure source, such as radio frequency energy, poses a health risk, is to look at all of the available research, including both studies that have reported effects, and those that did not. This approach is designed to ensure that reviewers do not single out studies, consciously or inadvertently, to support a preconceived opinion. Then all of the studies are evaluated together to arrive at a conclusion. This is the method I have used for evaluating the radio frequency research throughout my career.” Dr. Erdreich continued by stating, “Independent scientific organizations worldwide have reviewed the research and proposed exposure limits. While the specific conclusions vary, all of the reports that assess the evidence using multidisciplinary panels and a comprehensive approach reach similar conclusions; the current scientific evidence does not demonstrate that wireless phones cause cancer or other adverse health effects.” Dr. Erdreich concluded that based on her review of the epidemiological studies and consideration of experimental data in animals, she agreed with the conclusions of these scientific organizations.

If you think you cannot get along without a cell phone, perhaps you should follow the guidelines suggested by so many of the scientists present at Senator Specter’s hearing. I was very pleased that Senator Specter convened a committee to study the issue and I sent him a letter along with a small donation to his campaign to show my appreciation.

Another reference I used was an interesting article which appeared in The New York Times on June 25, 2010 titled, “Are Cells the New Cigarettes?” written by Maureen Dowd. The following is taken directly from the article:

The great cosmic joke would be to find out definitively that the advances we thought were blessings—from the hormones women pump into their bodies all their lives to the fancy phones people wait in line for all night—are really time bombs.

Just as parents now tell their kids that, believe it or not, there was a time when nobody knew that cigarettes and tanning were bad for you, those kids may grow up to tell their kids that, believe it or not, there was a time when nobody knew how dangerous it was to hold your phone right next to your head and chat away for hours.

We don’t yet really know the physical and psychological impact of being slaves to technology. We just know that technology is a narcotic. We’re living in the cloud, in a force field, so afraid of being disconnected and plunged into a world of silence and stillness that even if scientists told us our computers would make our arms fall off, we’d probably keep trying. San Francisco just became the first city in the country to pass legislation making cell phone retailers display radiation levels. The city’s Board of Supervisors voted 10 to 1 in favor. The one against, the Democrat Sean Elbernd, said afterward: “It’s a slippery slope. I can go on Google right now and find you a study that says there’s a problem with the Starbucks you’re drinking. “Different phone models emit anywhere from 0.2 watts/kg of body tissue to 1.6 watts, the legal limit. A unit called the Specific Absorption Rate (SAR) measures the amount of radio frequency energy seeping into the body and brain.

“You see all these kids literally glued to their phones,” Gavin Newsom, mayor of San Francisco, told me. “And candidly, my wife was pregnant and on her cell phone nonstop. So I dusted off some studies and started doing research. That’s when I discovered that companies who make cell phones are already required to disclose that information to the federal government, and that it exists but somewhere on someone’s Web page on the 88th page.” Why not underscore it, he thought, by alerting consumers at the store, putting the SAR level in the same font as the phone price? His alarmed advisors told him to focus on jobs and the economy. One Swedish study that followed young people who began using cells as teenagers for 10 years calculated a 400 percent increase in brain tumors. But as Nathaniel Rich recently pointed out, studies about cell phones’ carcinogenic potential all contradict one another, including those involving children. When Newsom proposed the bill, telecommunications lobbyists feared losing convention business. Months before the bill passed, he read me a part of the letter a Marriott sent him:

“CTIA—The Wireless Association, which is scheduled to hold a major convention here in October 2010, has already contacted us about canceling their event if the legislation moves forward. They also have told us that they are in touch with Apple, Cisco, Oracle and others who are heavily involved in the industry, as you know, about not holding future events in your city for the same reason.” Sure enough, when the bill passed, CTIA issued a petulant statement that after 2010, it would relocate its annual three-day fall exhibition, with 68,000 exhibitors and attendees and $80 million in business away from San Francisco. “Since our bill is relatively benign,” Newsom said, “it begs the question, why did they work so hard and spend so much money to kill it? I’ve become more fearful, not less, because of their reaction.” So now we have Exhibit No. 1,085 illustrating the brazenness of Big Business. They should be sending Mayor Newsom
a battle of good California wine for caring about whether kids’ brains get fried, not leaving him worried about whether they’ll avenge themselves in his campaign for lieutenant governor. He’s resigned to that possibility, just as he is to his own addiction, “I love my iPhone,” he said cheerfully. An excellent reference is the digest@medifocus.com, a monthly newsletter on the diagnosis and treatment of brain tumors. I learned that approximately 18,000 people in the United States alone are diagnosed each year with the brain cancer I have, Glioblastoma. It is the fastest growing of all malignant brain tumors and is the most fatal. I couldn’t help but think that one of the causes for this is cell phone use! Similar to the tobacco ads and sales, how many people died of lung cancer before the government stepped in and required tobacco companies to put warnings on cigarette boxes? Colleagues of mine in the medical field have known for years the dangers and health hazards of smoking. I would like to refer the reader to an article in “the Boston Globe” dated March 19, 2010, titled, “New FDA Rules Curtail Tobacco Ads, Sales.” As you read it, substitute the words cell phones for the word tobacco. The Food and Drug Administration unveiled rules recently that will severely restrict the way the tobacco company industry can advertise and sell cigarettes and smokeless tobacco products, especially marketing efforts designed to appeal to children and teenagers. The rules, which take effect June 22, are part of broad, new powers granted to the FDA by Congress last year, when it passed a landmark law to regulate the $89 billion tobacco industry. The law prevents the FDA from banning nicotine or tobacco, but it gives the agency vast authority to regulate the ingredients in tobacco products and the way they are distributed, sold, and marketed. “This is truly a historic announcement in our country’s public health history,” said Howard Koh, assistant secretary for health. “This is designed to prevent our children from becoming the next generation of Americans to die early from tobacco-related illnesses.”

Is history repeating itself?

While a lot of evidence has been provided that could support some link between cell phone usage and brain cancer, I would be remiss if I did not include some information from a recent article in The New York Times Magazine on the subject. In its article “Do Cell Phones Cause Brain Cancer?” written by Siddhartha Mukherjee, they discuss the complexities of defining the “cause” of any cancer as well as the many contributing factors that must be considered. As Mukherjee states, “when patients with brain tumors happen to share a common exposure- in this case, cellphones- the line between cause and coincidence begins to blur.” The first question to be addressed in this article was: “has age-adjusted incidence of brain cancer increased in recent past?” According to this article, the answer is no as brain cancer in itself is rare. And according to the research, “from 1990-2002- the 12 year period during which cellphone users grew to 135 million- the age-adjusted incidence rate for overall brain cancer remained nearly flat. If anything, it decreased slightly; from 7 cases for every 100,000 persons to 6.5 (the reasons for the decrease are unknown).” A larger study in 2010 updated these results expanding the time frame to include years up to 2006 and found no increase once again. There have been several studies conducted in regard to brain cancer and cell phone usage, however results have been inconclusive.

Mukherjee explains that in the case of one study, “Overall, the study found little evidence for an association between brain tumors and cellphones. But when the two cohorts - cancer and no cancer- were subdivided according to the frequency of cellphone use, bizarre results emerged. To start with, there was an apparently decreased risk of brain tumors in regular phone users, compared with rare users or nonusers. In other words, regular cellphone use seemed to reduce the risk of brain tumors. In stark contrast, very high cellphone use (measured as a user’s cumulative call time) seemed to increase the risk of a particular subtype of brain tumor. Needless to say, it is biologically implausible that these results are simultaneously true: how can regular cellphone use protect against cancer while frequent phone use increases risk?” In some instances, these inconsistencies could be attributed to simply cases of poor memory. Many participants were asked to recall their amount of cell phone use several years after the fact and memory is not the most reliable medium. “The trouble is that even the largest, longest best designed retrospective studies that rely on memory are likely to be riddled by recall bias. Typically it is not the failure of memory that produces this bias, but its hyperactivity- its desire to explain the uncertainty of the present within the certainty of the past.”

You spend how much time on your cell phone?

Aside from memory impeding study results, other factors are to be considered. For example, the radiation emitted from cell phones is considered a nonionizing radiation, which cannot damage DNA or mutate genes. The radiation emitted from cell phones is similar to that of a microwave oven or even light bulbs. This information would lead one to believe that cell phones would not be the likely culprits when considering causes for brain cancer. Then again, as the article states, “But radiant energy need not penetrate the brain and mutate genes to have a biological effect on it. A cellphone user might experience changes in physiology that have nothing to do with the ionizing capacity of radiation. Might a cellphone leave a physiological mark on the brain through a yet unknown mechanism?” It seems as though the more science tries to define the nature and cause, the more questions are raised. Another consideration should be given to the fact that while this nonionizing radiation does not damage DNA it still may be considered a carcinogen. With all of these in-
consistencies it is obvious more research is needed. According to Mukherjee, "thus far, this extraordinarily wide-cast net has yet to find solid proof of risk for cellphone radiation: not a single trial or test that has attributed carcinogenic potential has been free of problems. Population wide studies have failed to demonstrate an increased incidence; retrospective trials have been contradictory and riddled with biases; animal studies negative; human physiological experiments inconclusive; cellular studies inconsistent and weak.

What is clearly needed, experts agree, is a single, definitive, unbiased study — “one trial,” to borrow Paget’s terminology. Logistically speaking, the simplest such human trial is a case-control study that compares cancer patients with healthy patients, using phone-log data that companies have thus far been reluctant to provide. The simplest animal study involves subjecting rats and mice to long-term exposure to cellphone radiation. The National Toxicology Program has begun such a study. Cellphone radiation will be turned on and off for 10-minute stretches for 20 hours each day. This experiment — the closest we will get to making mice use actual cellphones — is likely to be published in 2014."

While the answer may not be definitive as of yet, we should consider it an obligation to conduct the necessary proper research in order to determine exactly what relationship, if any, cellphone use has in relation to brain cancer instances.

As a clinical Psychologist, I’m very well trained in the diagnosis and treatment of mental disorders. As a brain tumor patient living in a planned community of approximately 1,300 residents, it has become pretty much common knowledge of my diagnosis. The other day, my nurse’s husband told me about another resident that is also being treated for the same type of brain tumor. I thought it would be very helpful if I interviewed him to see if there were any similarities or differences between his diagnosis and treatment and of mine. Also, I wondered of the possible causes of his tumor. I arranged a meeting and found him to be very cooperative and engaged in our conversation.

The gentleman told me he is approximately 67 years old and like me, he was in good physical health prior to his diagnosis. He began telling me that it all started back in February 2010. He was in Syracuse, NY on business when all of a sudden he realized that he couldn’t do his job due to vision problems and confusion. People around him told him he didn’t look well and he decided to have someone call 911. He told me that once the ambulance arrived, the only thing he remembers is the Paramedics placing him on their stretcher. After that, he has no recollection of anything. Like me, he had a seizure while in the Emergency Department. He then told me he didn’t wake up until 7 hours later! During his hospital stay, he had several tests including CT scan, MRI but he was told he needed to have a biopsy of this lesion in his brain because it was “atypical” of a regular brain tumor. He opted to return home to have the follow up testing done instead. He proceeded to go to MGH in Boston where he had another complete workup including CT scan, MRI and biopsy. It was at that time that the surgeons performed a total resection of the tumor located in the right temporal lobe of his brain. He continued on, stating that he had the conventional Radiation Therapy and chemotherapy, which he also tolerated very well. He too, was placed on steroids post-surgery but he didn’t have the side effects of crazy mood swings like I did. He proceeded to tell me that he will be having 4 cycles of Temodar post Radiation Therapy beginning in July and he is not receiving the IV chemotherapy drug, Avastin.

In regards to his cell phone use, he informed me that he has been using cell phones for at least 10 years now. He said it has only been of moderate use, with a maximum of 30 minutes total throughout the day. He also told me that he held the cell phone against the left side of his head 100% of the time despite that his tumor was found on the right side.

What he did tell me, that I found very interesting, was the fact that ever since his childhood, he has been a “sun worshiper.” He also told me that he never used sunscreen of any kind! So, I googled sun exposure and brain cancer/tumors and found that the only relationship between the two is that some people develop brain metastasis from the primary cancer, malignant melanoma.

What I did find very informative was how we are both using similar coping skills in dealing with our diagnosis.

1.) We both have a deadly form of cancer but are maintaining a very positive attitude. He told me that people are coming up to him and complementing him regarding his positive attitude. When dealing with the mind-body healing aspect, I feel it’s an important part of the treatment program. I also feel that maintaining a positive outlook affects the body’s immune system.

2.) Pre-morbid health condition is important as well. We were both in excellent condition prior to our diagnosis.

While I may not as of yet found any evidence that would support my theory of the link between cell phones and the incidence of brain tumors, I am still not taking any chances!

So, I guess the jury is still out regarding whether cell phones cause brain cancer. My purpose in writing this book is to try and help others deal with this issue. Already three of my grandchildren, who are active users of cell phones, have changed their behavior. They now use earphones, do not sleep with cell phones under their pillows, and text message rather than call their friends. My eldest daughter, their mother, is now very much aware of the issue and is making sure they do not do anything that may be harmful. I made my decision several months ago; I switched to using landlines. I rarely use a cell phone and when I do, I use the speakerphone option.

But I am still connected! As you can see in the previous chapters I have a rich, full life, and communicate with
friends, family and colleagues on a daily basis. All without the use of a cell phone!

Possible Prevention

I wanted to touch upon the actual steps regarding how one can possibly decrease the chances of developing a brain tumor. Now please remember these are only my opinions and are not meant to be interpreted as sound medical advice. I compiled all of the information I had obtained from other credible sources to make it easier to follow and I do feel that we can all decrease our chances of developing deadly brain tumors if we take care to follow these important steps when using cell phones:

1.) Do not allow children twelve years of age and under to use cell phones except in cases of emergency. Children’s brains are thinner and contain more fluid than adult brains, which means they can more readily absorb electricity. Mathematical models show that when children hold a mobile phone up to their ears, the brain surface they expose to radiation is more than double that of an adult. For older children, it shouldn’t take much encouragement to get them to text more than they chat.

2.) While communicating using your cell phone, try to keep the device away from the body. Whenever possible, use the speakerphone mode or a hands-free kit including a wired headset or wireless Bluetooth attachment. If you must use a wireless headset, turn it off when you’re not using it.

3.) As much as possible, stand away from a person using a cell phone and avoid using your cell phone in places like the subway, train, or bus where you can passively expose others to your phone’s magnetic fields.

4.) Avoid carrying your cell phone on you constantly, even on standby mode. Do not keep it near your body at night (under the pillow or on the bedside table), particularly if pregnant.

5.) If you must carry your cell phone on you, make sure the face (key pad) is positioned toward your body and the back (antenna side) is positioned toward the outside. Unless you’re using it, stow the phone in your purse, bag or keep it turned off if carrying it on your waist.

6.) Only use your cell phone to establish contact or for conversations lasting only a few minutes. It is best to use phones with a landline or cord.

7.) Switch sides regularly and before putting cell phones to your ear, wait until the correspondent has picked up.

8.) Avoid using your cell phone when the signal is weak or when moving at high speed, as in a car or train. This automatically increases power to a maximum because the phone repeatedly attempts to connect to a new transmission antenna.

9.) When possible, communicate via text messaging rather than making a call.

10.) Choose a device with the lowest SAR (specific absorption rate).

In addition, please consider following the same path as myself in alternative complementary medicine actions. I cannot say for certain that anything helps other than knowing that I am beating the odds! 24 months and going strong!

At the time of publication, I have to add that a woman came up to me recently after the local community college class and told me, “Thank you for all of this information you have given me. I think you have saved my life!”

I hope that the readers of this book will find something in it that may save lives too, and urge you to make a donation to Dana Farber in the way outlined in the foreword of this book. They are a wonderful institution and involved in groundbreaking research.

Post Script -May 2011

The Spouse’s Perspective

By Herman’s Wife, Mercia

As anybody knows who faces a terminal disease in his or her family, it changes your perspective on life overnight. The shock and the pain in the early days after Herman’s diagnosis were sometimes overwhelming, but over time, you learn quiet acceptance that our future, my future, will never be how you had previously envisaged.

But the real importance of Herman’s writings is far beyond his diligent healthcare regimen and his personal vendetta against cell phones. While those healthcare practices are important, one never knows whether they have really made
any difference. But what HAS made a difference is Herman’s attitude towards his illness. He has brought the wisdom of his forty plus years of practice as a clinical psychologist into his fight to save his own life. He does not want to die any more than the next man and he has a lot to lose- a loving wife, family and friends. What is truly distinctive about Herman’s journey is this is a man who has refused to feel sorry for him and has been determined to try and help other people by sharing his own fight against the deadliest of all brain cancers, Glioblastoma. He has turned into a role model for many in our community, how to live life to its fullest and not turn the damage that was done to his brain into an excuse for depression.

Ours is a second marriage and we have been together since 1995 and at the time of writing it is May 2011. I have always said he has given me the happiest days of my life, which is why it is so hard to think of being a widow and losing him. But in typical Herman fashion when I have expressed fears of being alone, he says the nicest thing that a man could ever say to his wife. He tells me that I am a beautiful woman and a wonderful person, and any man would be lucky to end up with me. He also tells me that when I am gone to find someone else and we will meet up again in heaven. It has always been a gift to have been so loved by him.

Therefore, I have tried to make sure that in every day of Herman’s life that he is doing at least one pleasurable activity, whether it be seeing friends and family, going on a trip not too far from home, or participating in one his sports activities. He even manages to do a couple hours of work each week. Herman is not the man he used to be and our life has not been without its challenges; even going on a trip when my husband no longer drives or can pick up heavy luggage is an adjustment. And I need, as do his other caretakers, to be ever constantly vigilant. We had a scare recently when his balance suddenly deteriorated when we were at the Boston Museum of Fine Arts. He can never be left alone because of the threat of another seizure after the second seizure in January 2011. Because of the need for constant supervision, a friend of ours, Sarah, has moved in with us, so there is someone in the house at all times. He also has a part-time driver to take him places when I am at work.

Yes, I do still work, but far less hours than before his illness. Herman would prefer it if I did not work but it helps me keep life in balance, and will give me something to do when he is gone. But even when I am at work, I can rest easy knowing, that he is doing something he enjoys.

We have some wonderful friends in our community who will take him golfing when I am not available and caddy for him. Put the right club in Herman’s hand, point him in the right direction and his muscle memory kicks in and he can still hit a decent golf ball. He still plays cribbage with the boys every Monday night, and despite he has to concentrate very hard on anything involving numbers, he has still won a few dollars off them! After some remedial tennis lessons after his brain operation, he has been back on the tennis court playing doubles. So what if it is not the game he had before his diagnosis? The point is, he is out there with friends with a tennis racquet in his hand. He works at keeping fit with either a forty-minute elliptor cycle session in winter, or walks in summer. He does not walk fast, but he keeps walking where many men would have give up and been a couch potato.

He was even skiing up till this last winter when the second seizure slowed him down temporarily. He does not ski down any double black diamonds, but with the help of a ski guide on the bunny slopes he still enjoys the glorious outdoors in winter.

At the time of writing, Herman shows no sign of aggressive tumor growth and while his oncologist predicts that the tumor reoccurrence will happen from two to twenty months from now, and likely sooner rather than later, we continue to hope for later. He has been an inspirational role model for so many people in our community, because of his refusal to just lie down and die. He has always been a larger than life kind of personality, and he will continue to enjoy life to its fullest in whatever capacity he still can, till God decides that his time is up.

While he has beaten the odds in time for life expectancy this disease, he has truly beaten the odds in the way he has chosen to conduct his last days on this planet, and I only hope that when my time comes I will be able to show such bravery.
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