Lymphoma Survival Newsletter

September, 2008

Photo by Svet…"Puffin preening at the Oregon Coast Aquarium…while digesting a healthy seafood lunch."

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""Vitamin D is a true modulator, and so what it does is if a cell is getting too aggressive and becoming malignant it will help it become normal again, and if it can't do that it will kill the cell…*

**In fact, there's pretty good evidence now that by being vitamin D sufficient you reduce your risk of colorectal cancer, prostate cancer, breast cancer, esophageal cancer and maybe even a pancreatic cancer by as much as 30 to 50 percent…*

**Typically, when I give a talk to physicians…they rush out to the pharmacy and get vitamin D for themselves and their family."*

…Michael Holick, Ph.D., M.D.**,** Professor of medicine, physiology and biophysics; Director of the General Clinical Research Center; and Director of the Bone Health Care Clinic and the Heliotherapy, Light, and Skin Research Center at Boston University Medical Center.

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Introduction

Gosh, the summer went by so quickly. *"The time does pass so quick; the years all run together now",* as sung by Ian Tyson. What happened to June, beautiful, June…my favorite? Oh well, at this rate it'll show up again soon.

I trust your summer went well, too. Now us folks up here can be envious of the many friendly members "down under" getting' ready to enjoy their summer.

It's not always easy putting together a newsletter after gallivanting for weeks in the hinterlands. There's little time for internet research, but on the other hand, that shortcoming gets more than balanced off by a certain degree of reflection on what's really important…*"incisive objectivity"* as the big city folks might say, which is always clearest when gazing effortlessly into a campfire. At such times, it's amazing how the hype and BS on confusing, controversial disorders such as fNHL are easily identified and judged.

Thank goodness our site is 100% supported by its members without having to bend to pressure from outside commercial interests ranging from supplement pushers to big pharma, hidden or otherwise. Attractive offers have been declined. The approach adopted here will not change.

Someday a book may emerge, born of tales around the campfire re fNHL. Wouldn't that be original? Maybe it's best to hold that thought in reserve for the next seminar; who knows where or when? But for now, it's time to get down to business.

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Administratively, welcome to the new members and those renewing who joined while I was away on vacation, often with no internet access for several days. Contributions made with Pay Pal are processed quickly, however payments sent by regular mail are still backed up and it will take awhile to respond to them. Also, with the hundreds of spam emails to delete each time the site is accessed after being off line for several days, it's possible that some legitimate email was lost. Therefore, if you sent an email that has not been answered, please let me know.

1. Lifestyle Strategies Activate Anti-Cancer Genes…The Research Pours In

The lead item in the July 2008 newsletter covered the ground breaking research by Dr. Dean Ornish and associates at UCSF proving that a combination of several lifestyle strategies activate anti-cancer genes, in this case with a group of prostate cancer patients.

This, in my view, is the most important data with implications for the long-term successful management of fNHL to come along in many years, prompting the statement in August that, *"Never again do we have to accept negative comments from doctors, and others, about the importance of lifestyle choices and behaviors. We now know they can truly make a positive difference in managing a cancer diagnosis for long-term success."*

Now it seems as if more evidence from many sources is pouring in regarding the direct connection between several lifestyle strategies and genetic behavior.

Here, as reported on August 29, 2008, researchers report on how **black raspberries** influence cancer genes. *"We have clearly shown that berries, which contain a variety of anticancer compounds, have a genome-wide effect on the expression of genes involved in cancer development,"* says

Gary D. Stoner, professor of pathology, human nutrition and medicine. See http://www.sciencedaily.com/releases/2008/08/080827163933.htm

Then, as if we didn't already sense this one pretty strongly, from August 27, 2008, researchers report on how **chronic stress** alters our genetic immune response. Inflammation, cortisol production and the NF-kB cell signaling pathway, all covered here before in the articles and newsletters, are mentioned. See http://www.sciencedaily.com/releases/2008/08/080827100816.htm

The following study from July 2008 provides the first compelling evidence that **mind-body practices** with a **relaxation response** elicit specific gene expression changes in short-term and long-term practitioners.

http://www.plosone.org/article/info:doi/10.1371/journal.pone.0002576

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So, what's the "take-home" message here? Well, it's evident that our **Targeted Natural Strategies** work positively to activate hundreds of anti-cancer genes.

For clarity and emphasis (again) let's be clear, however, that these TNS's are NOT all dietary, or things to swallow. Regular exercise, optimal *proven* year-round vitamin D status, stress management, quality sleep,

management of hidden infection, oxytocin production, social relationships, and the "will to live" are ALL important.

Just think of the whole scene. If black raspberries are influential (as noted above) what about the entire dish of mixed fruit every morning following the ginger drink…following a good night's sleep in a totally darkened room, followed by some regular exercise later in the day out in the sun, happy conversation later in the day with co-workers and friends, meaningful intimacy, love and support? **Put it all together and we catch the fNHL cells in a multitudinous cross-fire**. Thus, things stabilize and life goes on; the months turning into years…even if they all do run together eventually.

2. Leading Research…A Look at the Future, Including Transformation

From July 2008, this leading-edge but highly technical article identifies genetic features able to predict overall survival time for fNHL patients based on so-called **biomarkers**. Currently, the Follicular Lymphoma International Prognostic Index **(FLIPI)** is used to forecast a newly diagnosed fNHL patient's outlook…an index, which despite its support, I have limited faith in. See article *"Overview of Follicular Lymphoma"*.

The research here goes well beyond FLIPI, and as noted, in some cases is independent of the FLIPI model, making it potentially far more useful in predicting which patients may benefit from treatment, with what and when.

It's important to note, however, that this research is way out in front of current standard practice, and it's hard to tell how long it will be before such tests are done on a regular basis. It is clear, however, that some of our members are quite willing to jump the gun, so to speak, and pay to have these tests done prior to formulating a long-term treatment strategy.

See
http://www.ncbi.nlm.nih.gov/pubmed/18703704?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Many of the same authors then published a second most significant article in August 2008 identifying genetic features predicting the all-important risk of **transformation**, the final step in fNHL as a "malignancy in evolution", and the leading cause of mortality.

They reported that over 10 years, 31% of cases developed clinical transformation, a number consistent with other studies indicating an increasing risk of about 3% a year for the first 15 years following diagnosis.

Epigenetic factors were mentioned that *may* suggest the role of lifestyle strategies (my guess only).

A key genetic marker was identified where certain patients survived only a very short period following transformation.

See
http://www.ncbi.nlm.nih.gov/pubmed/18720523?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

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All in all, this is exceedingly important information that could be of enormous value in managing fNHL patients. This new biomarker knowledge needs to be applied with (at least) equal emphasis to that whereby patients are encouraged to participate in clinical trials.

3. DCA…Now Available at Medicor Under MD Supervision

In the February, March and April newsletters of 2007, information was provided on an old (unpatented, inexpensive) drug called dichloroacetate (DCA). In January 2007, researchers at the University of Alberta discovered that DCA had the capacity to kill cancers by switching off their "immortality". Not surprisingly, it generated a huge amount of publicity….and controversy, much of it irrational.

Fortunately, in late March 2007, the New Scientist came out with a balanced review of the contentious matter. The article has now been updated to December 2007. See http://www.newscientist.com/article.ns?id=dn10971

The site http://www.thedcasite.com is now in place with what appears to be comprehensive information on DCA, however I have not investigated the information there in any detail.

Recently, however, I discovered that DCA is being administered by medical doctors at a clinic called Medicor in Toronto. In early August I contacted the medical director at Medicor, Dr. Akbar Khan, and received the following note describing their use of DCA with specific reference to lymphoma.

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DCA and Lymphoma Aug 11, 2008

By Akbar Khan, MD

Medical Director, Medicor Cancer Centres

Toronto, Canada

DCA (dichloroacetate sodium) is an old unpatented drug that has recently found a new application as a cancer treatment. In the past, DCA was used to treat a rare metabolic disease called lactic acidosis. After the publication of a landmark research paper in the scientific journal *Cancer Cell* (January 2007) which showed DCA can kill human cancer cells implanted in mice, patients around the world have been trying DCA hoping to see results. Many have been successful.

DCA works by turning on the natural cell suicide system which is suppressed in cancerous cells, thus allowing them to die on their own. This is a newly discovered mechanism, hence the excitement in using DCA as a cancer treatment. Research to determine how well it will work on cancer within the human body is ongoing. It is now known that DCA can kill human breast[1], lung[1], brain[1], prostate[2] and endometrial cancer[3] (lab studies). In our experience, DCA can be effective against melanoma, small cell lung cancer, mesothelioma, squamous cell carcinoma, ovarian, cervical, colon and pancreatic cancer[4]. Because of this **body of scientific literature that supports its effectiveness as a cancer treatment, DCA is not considered to be an "alternative" treatment.**

DCA has not been formally studied yet with lymphoma. However it appears that DCA works for many different types of cancer indicating it is likely to be effective in some lymphoma patients. We have only treated a very small number of Non-Hodgkins Lymphoma patients with DCA, so no meaningful judgment can be made yet about its effectiveness in this type of cancer.

We believe that DCA is a reasonable option for lymphoma patients who have failed standard treatments. It may also be useful to patients who are planning to have radiation therapy, since it may boost the benefits[2].

For further information, please see the Medicor website *DCA page:* http://www.medicorcancer.com/DCAtherapy.html

and the *Promising Therapies* page which describes other drugs that may be useful in lymphoma (such as noscapine): http://www.medicorcancer.com/PromisingTherapies.html

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Personal Comment:

The rationale for including this item is to be sure that members are aware of DCA as a treatment "option" for fNHL at what would appear to be a reputable clinic where the drug is administered by a qualified, licensed MD in the province of Ontario.

I'm fully aware that it's not approved as such, having not been subjected to the standard double blind, phase 3 trial process. Therefore, obviously, as a lay person I cannot recommend it as such and cannot attest to the standard of treatment one could expect at Medicor. The disclaimer below fully applies.

That said, I'm well aware that many of our members want to be aware of all **reasonable options** when it comes to treatment. Interested members should follow up personally with Dr. Khan through the links in his note. I'd appreciate hearing from those who follow up on this. Our discussion board may also be useful in this regard.

4. Exercise, Muscle Maintenance, Immunity and Antibodies

"…as people age, they lose muscle, their immunities weaken and because of their weakened immunity, they are more likely to die of cancer and infectious diseases"… Best of Dr. Gabe Mirkin's Fitness and Health E-Zine

The interrelationship between (regular moderate) exercise, muscle maintenance, immunity and thus overall vitality and general health is not well acknowledged, if thought of at all by most people, who generally regard exercise solely in terms of fitness, heart health, diabetes management and weight control.

The "connection" between exercise and health being discussed here, in particular the long-term management of fNHL , is that **exercise helps maintain muscle mass, especially as we age. Muscles in turn are where we store protein and protein makes antibodies to keep us**

healthy. It's a sort of automatic "chain reaction"; miss a link and health is compromised making it difficult to be successful long-term with fNHL.

5. <u>Why NOT Antioxidant *Supplements*</u>

"Rapidly multiplying cancer cells take up antioxidants and use them to protect the cancer cells from being destroyed by oxidants. So antioxidant vitamins can protect preexisting cancer cells from being damaged by oxidants, to spread the cancer."…Dr. Gabe Mirkin, http://www.drmirkin.com/nutrition/9384.html

As cancer patients admirably take on personal responsibility for managing their cases…certainly something we encourage here…there are two commonly held beliefs or "theories" that come up time and time again, both of which need to be constantly clarified.

The first is the acid/alkaline theory…that the human body should be "alkalized" to fight off cancer. This is impossible without dying, and was explained (hopefully) in detail in the June newsletters of 2007 and 2008.

The second is that cancer patients should take antioxidant *supplements*, often in large quantity. This one is a bit more subtle and needs a clear explanation.

Antioxidants are very important in the human diet to offset what are called free radicals that can upset DNA in normal cells and lead to cancer. Thus, for sure, in this sense antioxidants ARE important, and since many people do not have enough in their diet, it can be a problem.

Thus, it's plausible that some mild supplementation with antioxidants is valid for people who pay little attention to eating a balanced diet containing adequate vegetables and fruit. BUT, when a person shows up with cancer, massive antioxidant supplementation can worsen the problem as Dr. Mirkin outlines above. **The excessive supplements actually serve to keep the cancer cells alive.**

This was covered in some detail in the "natural strategies" article. The reason for raising it here again is in response to repeated questions on supplements, many of them strong antioxidants that the body produces on its own, such as **glutathione**.

In review, yes, antioxidants are very important. **Eat them year-round (frozen is fine) *every* day in the morning** as part of the suggested

breakfast…blueberries, raspberries, blackberries, cherries. They will fight off the free radicals generated during the day, including those generated by the extra oxygen taken in with regular exercise. You will be **in harmony with the message outlined in item #1 above…activating the anti-cancer genes**…you bet!

Antioxidants in this form are much better than a pill. They contain hundreds of phyto (plant) chemicals to complement each other ensuring **optimal absorption**, compatible with the way the human body has been "programmed" to process them over thousands of years.

There is no need for expensive substitutes such as acai and noni being pushed through multi-level marketing, or juicing and the like which leads to an excessive intake of sugars.

Then, as noted here in previous newsletters, **avoid dietary antioxidants before sleep**. The body initiates a very complex series of chemical events called the reactive oxygen species (ROS) cascade whereby oxygen (actually hydrogen peroxide, H202) is produced to kill old, damaged and cancerous cells, which we make millions of every day. Glutathione, produced naturally in the body, is a very strong antioxidant that carefully regulates the reactions. **It's truly a marvelous system…in essence the process of *renewal* while we sleep; the basis for health, vitality, anti-aging…and of course long-term success in managing fNHL…and LIKELY, the basis for natural regression of the disorder…the miracle in management of fNHL.**

6. <u>Blinatumomab</u>

*"The antibody decorates tumor cells so any passing T-cell touching that cell briefly will adhere to it much longer than normal, and then the whole program of cell killing is kicked off,"…*Patrick Baeuerle, chief scientific officer at Micromet AG, a German-based biopharmaceutical company.

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Here we have development of a new non-chemo drug that appears in a phase 1 trial to have potential in treating fNHL, including difficult relapsed cases, that works somewhat in harmony with the body's own immunity, specifically the T-cell component.

The drug, blinatumomab, is an immunotherapy, in this case a type of antibody called a **BiTE** which creates a reaction between a T-cell and a tumor cell. It attaches to the CD19 marker on B-cells. (Ritiximab attaches

to the CD20 marker). As noted in the quote above, **the drug induces T-cells in the body to attack cancerous cells, which has long been a goal of cancer researchers.**

The drug produced results in about 30% of a small group (38) of highly pre-treated, terminally ill NHL patients. It's not clear what the composition was; that is, follicular compared to aggressive sub-type patients. Four patients have been in remission at least six months, one over 13 months.

Clearly, the results, although sufficient to confirm drug "activity", are not overly impressive since only 30% of the patients responded, although they likely are as good as any current approved therapies suitable for this very difficult to treat group of patients.

A major drawback involves blinatumomab's mechanism of targeting B cells. Rather than homing in on diseased cells in particular**, the drug targets ALL (normal) B cells**. As a result, it leads to rapid depletion of B-cell pools. The researchers have not yet determined the total significance of that on the human body. However, it's important to note that the popular, common drug rituximab also targets ALL B-cells in the body, and although this certainly can be a problem for some patients, most are able to tolerate it until they become resistant at about the 3 year point.

Thus, in review, this is an interesting, potential new drug in the pipeline that at least has something in common with the body's own regulatory immunity. But it will be many years yet until such a drug would receive approval. In the meantime, something to watch. See http://www2.healthtalk.com/index.cfm?objectid=C296BB8C-1AA0-177D-4838BB71D0456BE6

We may also see approval of **bendamustine (Treanda)** before long. See previous coverage from December 2004, May 2006 and March and April 2008.

7. *Misdiagnosis*...Getting Better...but Higher With Grade 3

Receiving an accurate diagnosis of follicular lymphoma has historically been a widely acknowledged problem. Part of the reason for this, and part of the solution as well, has been the many changes in classification systems used over the last 20 years.

The current World Health Organization (WHO) grading system, using grades 1, 2, 3a and 3b, has been in effect for nearly 10 years. Grade 3 was sub-divided into a and b about 5 years ago.

Over the years, it has not been uncommon to hear that pathologists differ as often as 30% of the time in their diagnoses…a rather scary thought. Part of the reason for this is a frequent variation of histology (cell size/arrangement) within the node surgically removed for examination…called **composite histology**. In addition, the histology can vary from one node to another, known as **discordant histology**. Furthermore, (very) seldom is more than one node removed for analysis. Therefore, one can see the possible "fuzziness" in the whole thing and how easily it is to get off on the wrong track in choosing initial treatment. Thus the need for additional data such as biomarkers outlined in item #2 above.

Since undisturbed tissue is required, needle biopsies for fNHL are considered unsuitable for a basic diagnosis as to grade, but may be useful in identification of aggressive cells.

See the article *"Factors in Diagnosis"* for additional detail.

With this as background, it was encouraging to see research from early September 2008 indicating a much improved concordance rate between pathologists, in the range of error of only 5~6%, however as high as 12% error for the grade 3's. Overall, as noted here in previous newsletters, grade 3 cases are very challenging to both assess initially and manage long-term.

See
http://www.ncbi.nlm.nih.gov/pubmed/18768434?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

8. Inflammation Activates fNHL…Now With Research on Sleep

Inflammation fuels cancer. That premise is now universally accepted, and has been discussed here in past newsletters.

Infection always creates inflammation. That's why the management of **hidden infection** (see article on the natural strategies), as difficult as it is both in identification and frequently in treatment, is so important for long-term success.

But inflammation does not always have to stem from infection. Surgery (without infection) generates inflammation in the region. Chronic internal conditions such as rheumatoid arthritis (and many others of a similar nature), gluten intolerance, bowel leakage (from excessive impact such as distance running), even a pulled muscle can all lead to cancer progression.

The latter, in the case of a pulled muscle, was something I experienced personally a month ago while carrying a heavy object. I pulled a muscle under my left arm which quickly "excited" a small adjacent fNHL node such that it doubled in size. I didn't over-react because I saw the same thing happen earlier with hip surgery when inflammation (no infection) resulted in the rapid enlargement of a follicular node in the nearby groin.

After a few weeks, these nodes…thankfully…go into natural regression and often shrink to a size even smaller than before the incident, in the case of the one in the groin, disappearing altogether after about 7 years of only modest regression. Perhaps this happens with the infiltration of additional new T-cells into the region in keeping with the NCI research showing this to be the key feature governing long-term survival.

Of course, I don't suggest this as a self-imposed "treatment modality", but it's an eye opener for sure to see the effect inflammation has on fNHL in the immediate region.

Part of the reason for this may be the development of **"fibrocytes"** which in healthy humans travel through the bloodstream to injured areas, where they produce changes that are good for wounds. The researchers suspect these changes may help cancer grow. See http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=9383&news_iv_ctrl=1001

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Here we have additional, rather surprising, research from early September 2008 showing how **sleep deprivation for just one night leads to inflammation and hence increased activation of NF-kB, a key cell signaling pathway well known to influence cancer progression.**

Ponder for a minute the well known fact that sleep deprivation is recognized as a major problem in most developed countries.

"America's sleep habits are simply not healthy. Our findings suggest even modest sleep loss may play a role in common disorders that affect sweeping segments of the population." Dr. Michael R. Irwin, Director of the UCLA Cousins Center for Psychoneuroimmunology .

Quality sleep has always been a top player on the "A-Team" of natural strategies. In hundreds of communications from members, both by phone and email, it comes up…after questioning…as a big issue of concern more commonly than any other matter. (Yet everyone wants to talk about supplements!)

See http://www.sciencedaily.com/releases/2008/09/080902075211.htm

(Thanks for the "heads-up on this one, Peter).

9. Treatment Hopes When Standard Therapies Are Exhausted

Back to the clinic!

It's common these days re fNHL to hear about improved survival times, even the odd mention of cure. Yet, the data is either forecasted or somehow fuzzy; long on conjecture, short on certainty. Part of the reason for this is that it takes so long to prove anything re fNHL…probably at least 15 years. Almost all the long-term survivors I know…15+ years and beyond, don't fit the bill as far as the new treatments are concerned. When you come right down to it, for this generally incurable disorder, there's still only about 5 or 6 established treatments…all of which develop resistance… less for those starting off with CHOP, whether needed or not.

At any rate, it's very important to be able to offer some realistic hope for those whose options appear to be running out.

Here, from France, we have research from July 2008 suggesting positive outcomes for patients having already been heavily pre-treated and relapsed after an autologous stem cell transplant, followed by Zevalin, an widely approved radioactive immunotherapy (RIT).

http://www.ncbi.nlm.nih.gov/pubmed/18661403?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

The study is very small, yet encouraging, considering the circumstances…quote: *"Responses included five CR, two PR, one SD and one PD. Median DFS was 12 months with median follow-up of 17 months and 1-year OS was 83%."*

Note: CR=complete response, PR=partial response, SD=stable disease, PD=progressive disease, DFS=disease free survival (before relapse), OS= overall survival (for the period being studied).

It's probable that the other approved RIT, Bexxar, would produce similar results in suitable patients. The current financial health of the companies producing and marketing both Bexxar and Zevalin remains uncertain.

10. Coffee…Two Pros, One Con

For decades, health "advocates" have tried to find reasons why regular, coffee with caffeine could be dangerous. They failed!

This marvelous herbal preparation is by far the most popular beverage the world over, and will likely remain in that position indefinitely.

Coffee, like most beverages derived from plants contains numerous beneficial phyto (plant) compounds. These chemicals, characteristically, are laden with antioxidants, and as it turns out, **coffee is the principal source of antioxidants** for the American/Canadian public who has yet to pick up on the merits of the mixed fruits at breakfast time and whose dinners are more white and brown than colorful.

A second benefit of coffee is that it "revs up" systems governing both mental and physical performance, while also acting **synergistically** to improve the absorption and effectiveness of a variety of nutrients, including ant-inflammatory supplements.

Of course, anything with this much potency, must be "managed" correctly…thus, the well known two cups a day max. is a good guideline. After that, resistance sets in for many people and the benefits are lost.

Everything in this world is a balance of one sort or another, so on the flip side, it's important to note that coffee may have detrimental effects on **diabetics,** of whom there is a high percentage in our (aging) population.

Apparently, caffeine in coffee causes blood sugar and insulin levels to rise even higher after meals where sugar sticks to cells. Once sugar is stuck on a cell membrane, it cannot be released and is converted to a poison called sorbitol which destroys that cell (disrupting the DNA) which may be why insulin is believed to be a cancer promoter.

Moral of the story…regular coffee is a health food drink, taken in moderation by non-diabetics.

11. The Latest From (Vaccine) Dr. Bendandi

Dr. Bendandi is a prominent doctor in Spain specializing in vaccine therapy for fNHL. He has been covered here in several past newsletters. Some of our members have traveled to his clinic. One of these members has written details describing his experience on our discussion board, although there's been no update to the posting since last February.

Dr. Bendandi states, quote: *"One clear fact is that no patients will ever be cured by adopting a palliative treatment approach. The assumption that patients with follicular lymphoma are incurable is certain to be a self-fulfilling prophecy."*

He has suggested in the past that whereas other vaccines in formal trials (Genitope and Favrille) have failed to be effective for fNHL, his approach is superior because with repeated vaccinations, the time to relapse does not follow the typical pattern whereby patients relapse faster and faster (at shorter intervals) as time goes on.

All of this has some merit, but in balance there is a need for at least some tangible results with real patients (preferably members here) that would inspire a recommendation to pursue his procedures. Almost all his premises can be easily refuted, including the premise that long-term fNHL survivors relapse at shorter intervals as time goes on, and, perhaps more importantly, acceptance of the fact that fNHL can *very* often be managed as a chronic condition for decades, generating active, health survival, utilizing in an integrative manner, scientifically-based lifestyle strategies that we now know, thanks to the Ornish research (July 2008 newsletter), inactivate cancer genes. Perhaps Dr. Bendandi should check the latest research on this.

Nevertheless, (reasonable) thinking outside the box is welcome with fNHL, and so we'll follow with interest Dr. Bendandi's activities. See http://www.ncbi.nlm.nih.gov/pubmed/18755938?ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

The full text can be read at http://caonline.amcancersoc.org/cgi/content/full/58/5/305

12. Last Casts

(a) Suggestions re Curcumin and Yogurt

Normally, I don't make specific recommendations re supplements or commercial products. The exception is when there is an ongoing problem raised by members.

In the case of curcumin, many brands are "grainy", which impedes absorption, a key challenge with curcumin. One product that seems to stand out as superior is Organika, with whom I have no affiliation whatsoever. Google the two words **organika curcumin** and several potential suppliers will pop up. Many will ship internationally. Contact them first.

Most people are using high fat yogurt to dissolve the curcumin as suggested in the natural strategies article. Look for **plain organic yogurt from Jersey cows** in a health food store in your area. It will likely have about 5% milk fat. Apparently there is an enzyme from Jersey cows that aids in human digestion. This is a great product if you can find it.

(b) Updated Link for Transformation Webcast

A very informative webcast by prominent lymphoma specialist Dr. Zelenetz re transformation was listed in item #5 in the January 2008 newsletter. The link has now changed to http://www.lymphoma.org/site/pp.asp?c=chKOI6PEImE&b=1574367 Scroll about half way down the page.

(c) Why is Heart Cancer So Rare?

No one knows for sure, but it probably has to do with the multitude of mitochondria cells in heart tissue. These are the "energy centers" of the cell, and in the case of the heart, from birth to death, they never cease working. In other cells, it's known that exercise helps to keep the mitochondria from producing many free radicals. Free radicals, produced when mitochondria convert food to energy, can attach to the DNA and damage it to cause uncontrolled cell growth. **More than 50 studies associate regular exercise with lowered cancer risk.** Thus, the heart, which is constantly "exercising" whether we put on a pair or running/walking shoes or not, produces few free radicals.

(d) Folic Acid Danger?

"Folic acid is a cell growth promoter. When taken in high doses in pills, or by being added to the diet without a balancing dose of other vitamins, it could cause increased cell growth, which may be a precursor to cancer."

See http://www.drmirkin.com/public/ezine083108.html from August 31, 2008.

(e) Chef Kevin's Morning Smoothie

Makes 2 1/2 cups

Ingredients:

1/2 cup diced fresh pineapple
1/2 cup diced banana
1/2 cup blueberries, frozen (or other)
3 curcumin capsules
1/4 cup plain organic yogurt (3% BF or higher)
1/4 cup ground flax meal (or a bit of flax oil)
1/2 cup plain rice or almond milk
1-2 tbsp honey to sweeten (if desired)

Method:

Add the pineapple, banana and berries to a blender. Carefully open the curcumin capsules and sprinkle over the berries. (Immediately wash the yellow from your fingers!)

Add the yogurt, flax meal and rice/almond milk. If you want to sweeten use a bit of honey or Sucanet (organic sugar).

Puree and enjoy this healthy quick brekkie!

Thanks, Kevin!

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Best in health and special best wishes to those in treatment,

Robert G. Miller

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http://www.LymphomaSurvival.com

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September 7, 2008.

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