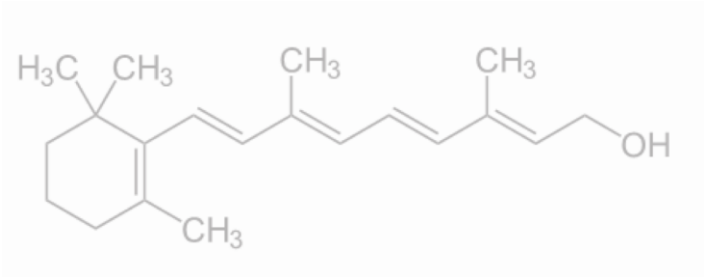
Breast Cancer

What's destroying women worldwide?



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BREAST CANCER

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It's about getting to the Truth, and nothing else.

I have one goal in publishing this e-book: to get to the root cause of breast cancer.

This book is not about opinion or endless debates; it is about the facts. It is not intended to entertain you; it is to inform you and move you to action. It is not about making money; you may freely share this e-book under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

Contents

List of Figures

Preface

This book is a follow-on to my previous two e-books, both free. The first is **Extinguishing the Fires of Hell**:

https://ggenereux.blog/2016/04/22/ending-the-mystery-of-auto-immune/

The second is **Poisoning for Profits**:

https://ggenereux.blog/2017/04/29/vitamin-a-oh-no-its-not/

In those two e-books, I built up a pretty strong case for my theory that the autoimmune diseases, and some of the other major chronic diseases of our time, are caused by subclinical vitamin-A poisoning. Even though I've had supportive feedback from a few academics on the theory, it's been almost complete silence from the medical community. That's not surprising because those two e-books were not published in a medical journal, and of course nor were they "peer reviewed" either.

If I had really tried hard, I might have been able to get some of it published in a medical journal as a hypothesis. However, even after just a few days of reading some of the so-called medical research papers, it became completely clear to me that medical science is not only broken, it's riddled with frauds and corruption too. So much so, that it's not too much of a stretch to claim that a significant segment of supposed-to-be medical research in North America is just there to support what I see as institutionalized corruption. I wish that were hyperbole, but it's not. Therefore, I wanted no part of that game.

Additionally, medical science is also deeply steeped in professional arrogance, prejudices, and above all else; it's about making money. Obviously, medical science has also been a colossal failure in protecting the public health and preventing disease in North America and around the world too. The epiphany for me was that nearly all the drugs produced, promoted, and prescribed to treat the chronic diseases are almost

completely useless. These drugs are completely useless because we don't have drug deficiencies. Rather, it's because the root cause of the chronic diseases is indeed chronic poisonings. It would be one thing if that understanding was some profound new discovery, but it's not. It was well known, published and documented to be so even back in the early 1920s, and even much before then. I mean seriously, this is not exactly a hard concept to comprehend. So, why aren't all the smart "drug" prescribing doctors in North America figuring that one out? Firstly, it's difficult to learn new things in a culture of elitism, and arrogance that almost never admits to doing anything wrong. Secondly, I think there is almost a sub-culture of corruption going on. It appears that the pharmaceutical industry has institutionalized this corruption to maintain what is effectively a giant scam of foisting a never-ending stream of new drugs on us for our new never-ending chronic diseases. So, the very last thing the medical establishments want us to realize is that chronic disease is a chronic poisoning. Because of that simple truth, nearly all of their drugs are wholly useless. What we need to do most of all to regain our health is to simply stop poisoning ourselves. All too sadly, breast cancer is one of the worst of the chronic diseases induced by that poisoning. At least now you'll get to understand what's causing it; from there, it is up to you to act.

Introduction

What first prompted me to think about breast cancer was that at about the same time that my hands were highly inflamed and burning red with eczema, a young woman had posted some pictures of her newly diagnosed "inflammatory breast cancer." She was only 29 years old. To see such a young person with breast cancer was quite shocking in itself. But, what truly shocked me was that her pictures looked remarkably like the inflamed skin on the backs of my hands. Her breast was so highly inflamed it was virtually glowing. It almost appeared that there was a light source embedded deep under the skin. Right away, I recognized that inflammation condition and knew how brutally painful it must have been. However, there are some hugely important differences between these two conditions too. Firstly, with eczema on my hands, the red and inflamed skin was at least exposed to the outside world. Although a massive amount of skin cells was shedding-off the backs of my hands, it was at least shedding-off to the outside world. With that shedding-off of these damaged cells to the outside, the body is thereby expelling the toxin that has caused the inflammation and rapid cell mitosis. Whereas, in this young woman's breast cancer, the inflammation was much deeper, and under the skin. Therefore, the rapidly replicating cancer cells were trapped, and the potentially causal toxin does not shed-off to the outside world with them. Rather, it just recirculates. The second big difference between eczema and breast cancer is that eczema is only cancer-like, not cancer.

Or is it? We'll revisit the potential connection with eczema a bit later.

The Annual Numbers

The incidence rates of breast cancer and the total number of women afflicted by the disease are just staggering. Here are some basic numbers to put it into context:

USA

The number of new cases diagnosed each year is about 330,000, resulting in about 41,000 deaths. There are currently about 3.1 million women who have a history of breast cancer.

Canada

The number of new cases diagnosed each year is about 25,000, resulting in about 5,000 deaths.

Worldwide

The number of new cases diagnosed each year is about 1.7 million, and ultimately killing about 1 in 7 women around the world. Even more disturbing is the forecasted explosion in rates over the next ten years. It is just unbelievable.

> *"These numbers are expected to increase to 9.9 million cases and 5.5 million deaths among females annually by 2030."*

Source: Reports Warn of Explosion In Cancer Deaths Among Women
https://www.huffingtonpost.ca/2016/11/02/cancer-women-death_n_12769502.html

To understand the magnitude of this epidemic, by 2030 breast cancer alone will be killing the equivalent of the entire population of Denmark every year. Every three years, it is equivalent to the entire population of Canada getting the disease. Obviously, something has gone drastically wrong in the human environment to be causing this.

Chapter 1

The skyrocketing incidence rates

As with so many of the other chronic diseases, the Canadian incidence rates of breast cancer are some of the highest in the world too. Obviously, there is an environmental component to the etiology of this horrible disease. From there, I went looking for historical data regarding the incidence rates, and geographical incidence patterns for breast cancer in Canada. But right away I was surprised by how difficult it was to get reliable data for this basic number. Rather than incidence rates, what's often pushed out to the public is this obfuscating "*lives saved*" number and of course rates for the ridiculous term of "*5-year survival*" rates. That's correct, the various government cancer agencies what us to focus on how wonderfully successful the treatment options are at "*saving*" lives. But, that "*lives saved*" number was not the number that I was looking for. I wanted real numbers, the raw non-age-adjusted numbers for incidence rates. After a while, I mostly gave up and settled for the generally published number. It's almost the same in both Canada, and the U.S.A.

> *About 1 in 8 U.S. women (about 12.4%) will develop invasive breast cancer over the course of her lifetime.*

Source: U.S. Breast Cancer Statistics
https://www.breastcancer.org/symptoms/understand_bc/statistics

No doubt, 1 in 8 is rather disturbing. But, coincidentally, a few years earlier, I met with an executive level person who worked closely with one of the large breast cancer research funding organizations. Privately, she told me that the real incidence rate number was probably much higher, and probably closer to 1 in 5. She said that the real numbers were likely being manipulated to not cause a "public panic." Then, did you notice the

qualifying term of "*invasive"* breast cancer in the published USA rate number I cited on the previous page? What does that term mean?

> *Invasive ductal carcinoma (IDC), sometimes called infiltrating ductal carcinoma, is the most common type of breast cancer. About 80% of all breast cancers are invasive ductal carcinomas.*

Source: breastcancer.org
Invasive Ductal Carcinoma (IDC)
https://www.breastcancer.org/symptoms/types/idc

Okay, so, what about the other forms of "*non-invasive"* breast cancers? Clearly then, that "*About 1 in 8 U.S. women*" stat isn't telling the full story either. When all forms of female breast cancers are included, it's likely a lot closer to:

> *About 1 in 6 U.S. women (about 16.6%) will develop breast cancer over the course of her lifetime.*

Although nothing really surprised me about that information, nor did the manipulation of that most basic statistic. Regardless of what the real incidence rates numbers are, I knew that for many of these afflicted women their "*lives were not saved*" and that thousands of them did die every year from this disease. Additionally, I knew that the so-called treatments that were resulting in the "*lives saved*" are brutally horrible, and often devastate the quality of life post "*treatment*." After digging a little deeper, it turns out that the incidence rate of breast cancer back in 1960 was around 1 in 20. Thus, in just 60 short years, the incidence rate in North America has almost tripled. Then going back to 1920, the incidence rate was 1/10th that of today. So, in 100 years, the incidence rate of breast cancer has jumped 10x. That's not 10%, that's a whopping 1,000%. This rapidly escalating incidence rate pattern was all too familiar to me. It's very similar to the rapidly escalating incidence rate pattern I'd seen in most of the autoimmune diseases. Of course, this incidence rate pattern is not unique to Canada. The worldwide geographic pattern for breast cancer

incidence rates is remarkably similar to those of the worldwide autoimmune disease rates.

The Money and Profits in Breast Cancer

Even though billions and billions of public, and tax-payer funded, dollars have been spent on researching breast cancer, it appears that an extraordinarily small amount of that money has been spent on researching the root cause of the disease. And, somewhere around only 2% of the funding is spent on preventions. Not surprisingly, where the bulk of the supposed research funding has been spent is on the so-called treatment options. However, this sounds incredibly dubious and problematic too. That's because of who really profits from providing all the "*treatments*" versus curing the disease.

It's also particularly troubling because the treatment options have not advanced a whole lot in the last 80 years either. The treatment options are almost the same as they were in the 1930's. They are the standard triad of chemotherapy, radiation, and surgery. So, where exactly did all those billions of research dollars really go to?

Then, if you honestly investigate this treatment triad, you'll discover that it is astonishingly ineffective too. You'll also find doctors who openly admit and fully acknowledge that virtually no real progress has been made over the last 80 years too in effectively treating most other cancers, and not just that of breast cancer. Additionally, the two great pillars of the treatment triad, that of chemotherapy and radiation are so inhumane and toxic that if they were used on the battlefield in a war, those using it would be charged with a war crime. Moreover, it might surprise you to learn that these so-called *medical* treatments actually originated from the battlefield weapons of mass destruction too.

> *The treatment of cancer is still largely based on the use of chemotherapeutic drugs to eliminate cancer cells, reduce tumor growth, and alleviate pain. The first widely used cancer drugs were discovered in the 1940s as a result of studying victims of chemical warfare during World Wars I and II (for review, see Chabner and Roberts, 2005). Soldiers exposed to sulfur mustard gas were found to have depleted bone marrow and reduced lymph nodes (Krumbhaar and Krumbhaar, 1919). Alfred Gilman and Louis Goodman began testing more stable nitrogen mustard compounds, such as bis and tris b-chloroethyl amines, and found that they caused tumor regressions in mice with transplanted lymphoid tumors (Gilman, 1963; Gilman and Philips, 1946). Next, they treated a patient with latestage non-Hodgkin's lymphoma with tris b-chloroethyl amine*

Source: DNA-Damaging Agents in Cancer Chemotherapy:
Serendipity and Chemical Biology
Kahlin Cheung-Ong, Guri Giaever, and Corey Nislow
Department of Molecular Genetics and the Donnelly Centre, University of Toronto
Department of Pharmaceutical Sciences, University of British Columbia

Incredibly, what were once chemical weapons of mass destruction are now used on our sickest, most vulnerable citizens as a *medical* treatment. Added to that madness, let's not forget that they are ridiculously ineffective. Not only are they ineffective, in many cases they are worse than being ineffective. Medical science fully acknowledges that they often induce follow-on "secondary cancers" and often cause a patient to die sooner than if they had done nothing.

Let's think about this a little bit more. By attempting to treat breast cancer, they very often simply create more cancers in other organs (and even in the breast too). These so-called medical treatments also devastate the overall health of the body, often causing brain damage and other organ destruction too. How can anyone have accepted this triad of burning, poisoning, and butchery as valid forms of "*medicine*?" Whatever

happened to that quaint little notion of "*first, do no harm?"* Yes, I know, doing nothing is just not profitable.

I directly asked a medical professional who has spent her career in oncology about the ineffectiveness of chemotherapy and radiation treatments. She acknowledged this fact and explained that they are actually trained to not talk about it and to evade the questions from patients asking about the real odds of chemotherapy and radiation working for them. Technically speaking, you see, it's not lying, it's just not telling the truth. She told me the reason for not giving patients the straight up goods on it is that they are hoping to induce the placebo effect.

In the end, it pretty much boils down to wishful thinking. If a patient believes the treatments might work, well then their odds improve. But, the kicker here is revealed when you investigate it just a bit more. You'll find out that the chemotherapy and radiation treatments are generally no more effective than even placebo. That's right; they'll shamelessly charge the patient, or their healthcare insurance provider, an absolute fortune for chemotherapy and radiation treatments hoping to induce the placebo effect. But, why not just give them the harmless placebo pills in the first place to accomplish that same goal? Obviously, that's a rhetorical question.

The absurdity of the situation becomes even clearer once you fully appreciate that breast cancer is the result of a poisoning. Additionally, the current consensus in medical science is that cancer is the result of some DNA damage and gene mutations. Yet, here we have chemotherapy drugs, such as the fancy DNA chain terminators, whose very functional mechanism is to cause DNA damage. Oh, I know, they claim that these drugs magically target just the cancer cells. Except, that is just another big lie. The DNA chain terminators slowly decimate the *entire* body. Of course, there's more to it. The functional mechanism is not to just cause

DNA damage. It's to destroy the cell's basic machinery of life, and the cell can no longer reproduce itself. It's almost diabolically evil to suggest that these treatments are a "medicine" at all. That's because in most cases they are far worse than if a patient did nothing at all. What makes them worse than doing nothing is that the chemotherapy drugs block and prevent the body from repairing and healing itself, and that damage is often permanent too.

> *DNA-damaging agents have a long history of use in cancer chemotherapy. The full extent of their cellular mechanisms, which is essential to balance efficacy and toxicity, is often unclear.*

Source: DNA-Damaging Agents in Cancer Chemotherapy: Serendipity and Chemical Biology

Isn't that brilliant? Even though they don't have a clear understanding as to what they are doing with the chemotherapy treatments, but knowing full well that they are destroying the most fundamental basis of life in the human body, they continue with it. So, here we have doctors using incredibly toxic chemicals they don't understand on a disease they don't understand. They simply have no idea what they are doing. How is that not illegal?

There's another chemotherapy drug on the market that really caught my attention. That "*drug*" is called arsenic trioxide. Amazingly, arsenic is used on kids with cancer. And, I know, I'm just not smart enough to appreciate the brilliance of needing to poison sick kids with arsenic. But, the thing is that arsenic trioxide has commercial applications too. There are about 50,000 metric tons produced per year. One of the biggest markets for it is as a wood preservative to make pressure treated lumber. Now, here's the kicker, when bought commercially, the same arsenic trioxide costs about $450 per metric ton (1,000 kg or 2,200 lbs). Except, when divided up into microgram doses and put into tiny vials, that same 1,000 kgs of the wonder chemo "drug" is then worth billions of dollars. What a

racket! At best, these drugs are just the work of greedy madmen. Only madmen would think of poising sick kids with cancer using arsenic. Arsenic is not medicine. It's a poison. How is the use of arsenic on people not illegal? Of course, it is illegal, except not for "*doctors*".

Naturally, there are two more chemotherapy "*drugs*" that I take great exception too. Those two are vitamin A, and retinoic acid. Yes, vitamin A is used as a chemotherapy drug too. It is believed to be beneficial because it induces a significant increase in immune cells. Just by seeing more immune cells they infer that the magic "drug" is somehow "working." Except, that's not the case at all, and it just goes to show you how profoundly foolish this field of "medicine" truly is. The increase in immune cells is not a good thing because: a) cancer is not an infection, and b) it's a clear indication that more cellular damage is *being caused* by the treatment. The body is simply responding to that additional damage by building more immune cells to hunt down a phantom pathogen. Of course, the hunt is futile, because there is no pathogen to be found. Instead, it's a toxin that "*doctors*" are directly feeding to the patients. It should be awfully clear that we are simply living in the stone-age of *medicine* when it comes to cancer.

Of course, retinoic acid is the most over-the-top idiotic drug of them all. Firstly, it is well proven to ***kill*** patients faster than if they did nothing. It also quickly destroys the quality of life patients have remaining, and it has been proven to be worse than placebo in increasing longer term survival rates too. As with the other "drugs" it cost pennies to manufacture and is sold for thousands of dollars. Why on earth would any sane physician continue to apply such "treatment?" Once again, that's a rhetorical question. But the real clincher detail here is that what you are about to learn is that it is the same chemical that has *caused* many of the cancers to develop in the first place.

Of course, chemotherapy and radiation don't work in many cases. And, of course, they decimate the human body that physicians are supposedly trying to heal. Rather bizarrely, physicians are attempting to treat cancer by poisoning it, as if it were a bacterial infection. But cancer is not an infection, and attempting to poison people with cancer back into health is beyond being bizarre. Therefore, and very strangely, oncologists around the world are attempting to treat one poisoning with more poisons. I think it's total insanity. Even though it is completely ineffective in most cases, and it has proven to be so millions of times over, and proven to almost always fail for about 80 years now, and it's proved to be completely devastating for millions of patients now too, why is chemotherapy and radiation pushed so aggressively as a "*treatment*" option? Of course, it's for the money it rakes in. Massive amounts of money are being made from what can be very honestly and accurately described as a torture! Radiation treatment is just so beyond stupid, and so destructive, we are not even going to discuss it.

Okay, so what about the third option of surgery (of course very often combined with chemotherapy and radiation) too? Well, this is the one treatment option where great progress has been made. With early detection, many "*lives are saved*" by aggressively using lumpectomy or mastectomy. Roughly speaking, about 50% of women with breast cancer end up getting a mastectomy. And, for many women, their cancer is removed, and they do survive the disease.

Except, to "treat" breast cancer, physicians have simply resorted to cutting off the breasts. How isn't that not regarded as the most primitive and barbaric "*medical treatment*" in the world? Maybe they think the breasts are like spare parts? What if this incredibly crude, and barbaric "*treatment*" option was deemed to be completely unacceptable to the public? What then? What would physicians do? Well, of course, most of them would quickly conclude that the cancer will spread, and the patient

will die. They'd argue that although the surgery is barbaric, it's the best that they can do. But, there is another, and totally obvious, treatment option. That option is simply to get to the root cause of the cancer (a poisoning), prevent and remove that poisoning, and then let the body heal itself. What a concept!

Of course, the problem with that concept is that it is probably considered too unrealistic, too futuristic, and most of all highly unprofitable. But, it is not unrealistic. And it is not futuristic, because the poisoning underlying the root cause of breast cancer can be discovered in an unbelievably short amount of time. As in, a few days.

Of course, to the pharmaceutical and cancer industry, this concept of getting to the root cause of the disease is not very attractive, to say the least. Learning just how much money is being made in treating breast cancer alone is rather surprising. Although it's a bit hard to really nail down the numbers, we can come up with a pretty good estimate of it. In the U.S.A., the average cost of the first year of being "*given the treatment*" varies from around $50,000 to $300,000. Of course, it varies greatly with the stage that the cancer is diagnosed at. But, even just the cost for the so-called chemotherapy can top $100,000 per year. From there, when you discover that the actual research and development costs of some of the chemotherapy drugs have been next to zilch. And, the production cost is probably on the order of about 50 cents per patient too. Thus, the charging of say $50,000 to $100,000 for these so-called "drugs" starts to look like nothing more than criminal extortion. Of course, these are just the direct medical costs, and they do not include the costs of lost employment and all the other associated in-home costs of coping with the disease.

None-the-less, if we use the $100,000 figure, the North America revenue stream to the medical establishments and the pharmaceuticals is on the order of about $35 billion per year. Next, if we extrapolate this to a

worldwide scale, the number jumps to about $500 billion per year. That's right, worldwide the breast cancer industry has been raking in about a half a trillion dollars per year, and it's been going on for decades now. How is it with this enormous revenue stream there's been so little progress made in uncovering the root cause of the disease, or its prevention? Of course, with that overflowing cash cow, the very last thing they want is for anyone to discover the root cause of breast cancer. I mean, after all, who knows what other cures that discovery might lead to.

With the rate of breast cancer projected to double by 2030 a smart investor should consider buying the pharmaceutical stocks. However, an especially smart investor should read the remainder of this document, and should then consider short-selling these stocks. I think the reign of terror inflicted upon the women of the world might just be coming to an end.

Of course, once we can understand the root cause, then most of the cases of breast cancer can be completely prevented. With that critically important information, then more than likely an effective, safe, non-destructive, and reliable treatment can be developed too. So, with that, let's get to the bottom of what's really causing so many women to have their lives destroyed.

Chapter 2

Breast cancer is a poisoning

Just based on the skyrocketing and exponential growth rate in the incidence rates of breast cancer in North America it should be easy for anyone to conclude that at its root cause is a poisoning. However, there will always be the cynics and naysayers who will argue for some other excuse. So, in this chapter and the next, we'll add a lot more evidence to prove that breast cancer is indeed a poisoning.

In **Poisoning for Profits,** I created a list of criteria we can apply in determining if a chronic disease is, in actuality, a chronic poisoning. Here's that list:

1. *The disease is clearly not caused by an infection.*

2. *It has significant variations in worldwide incidence rates. Or, in other words, it presents in significant geographic or even regional clusters.*

3. *It has had a dramatic increase in incidence rates over the last few decades.*

4. *It has moved significantly lower in the average age of onset over the last few decades.*

5. *Small children, and/or teenagers are now getting the disease at rates never seen before in their age groups.*

Breast cancer does indeed match all the above criteria. Even though the criteria of small children getting breast cancer might appear to be a bit questionable, you'll see that it is true.

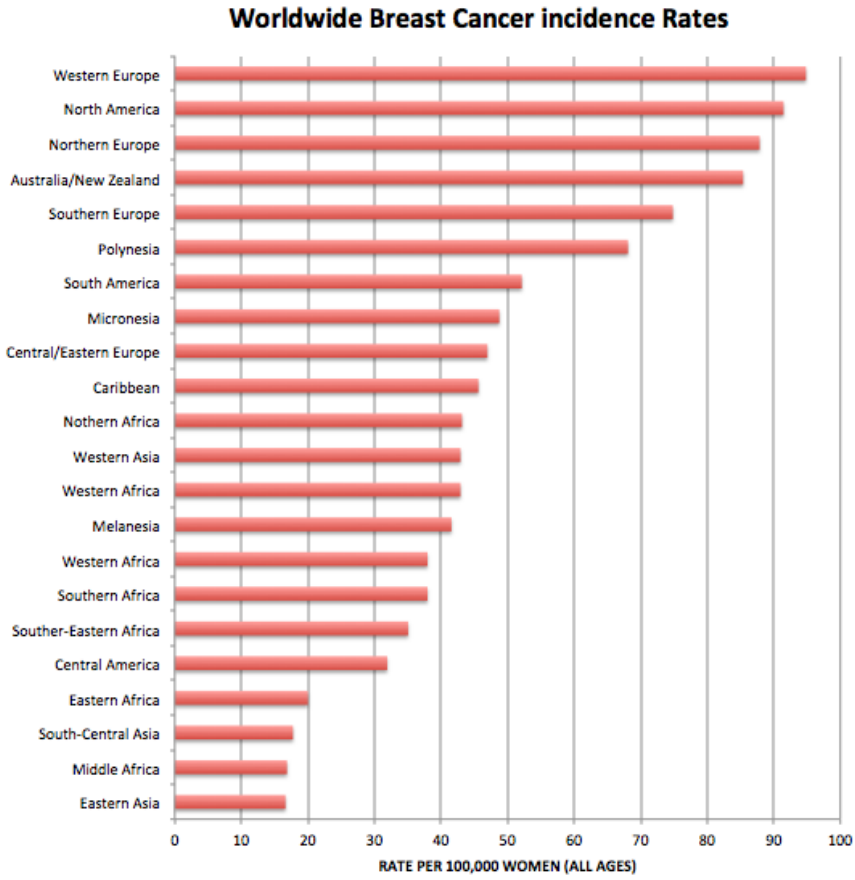
Let's move along here and analyze these criteria in the context of breast cancer.

Criteria #1: It is not an infection.

Breast cancer is not an infection. Hopefully, no one is going to argue that point.

Criteria #2: Significant variations in worldwide incidence rates.

Figure 1 Worldwide Breast Cancer Incidence Rates

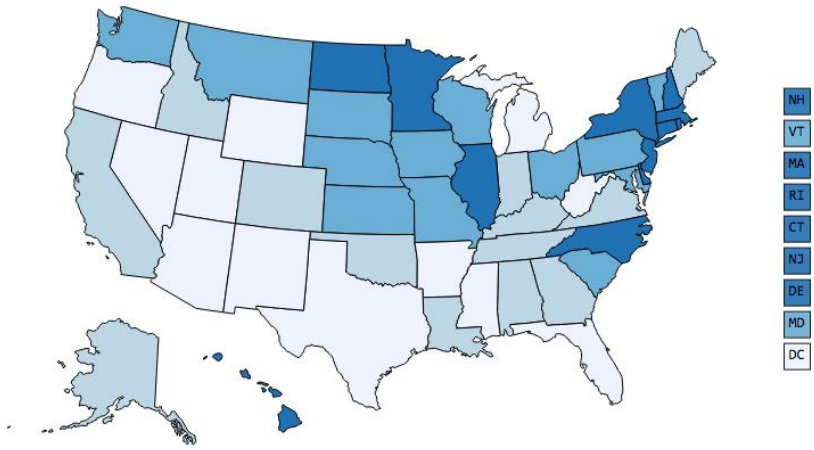


Source: International Agency for Research on Cancer (IARC) and World Health Organization (WHO)

Would you look at that? For the women living here in the so-called civilized countries of the Western world, with the best health care services, the best doctors, the best surgeons, the best nutrition, the best sanitation services, the most vaccinations, etc. they have the highest rates of breast

cancer in the world, and by far. Of course, this pattern is not limited to just national boundaries either. There's the same peculiar incidence pattern showing up *within* individual nations too. In the USA, it looks like this.

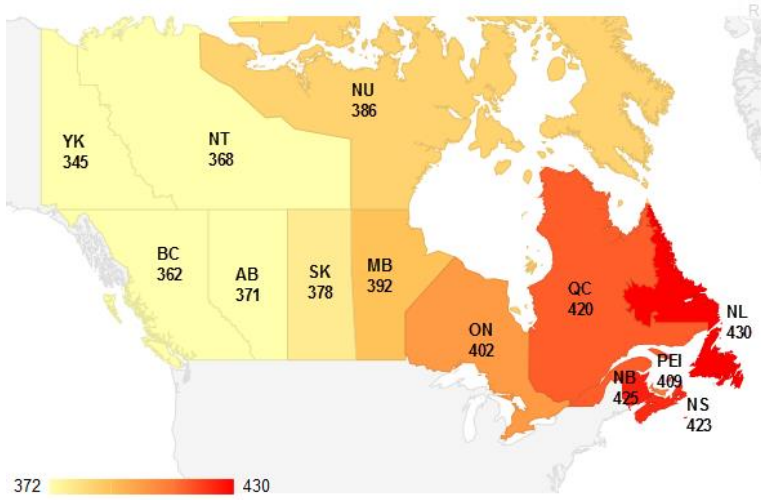
Figure 2 Female breast cancer incidence rates across the USA



Source: Female Breast Cancer, All Ages, All Races/Ethnicities, Female Rate per 100,000 women
https://gis.cdc.gov/cancer/USCS/DataViz.html

The same mysterious East to West coast gradient most certainly applies in Canada also.

Figure 3 Estimated new cancer cases by province or territory, both sexes, Canada, 2013



Data source: Canadian Cancer Registry database at Statistics Canada 2013

As in the USA, Canada also has a significantly higher prevalence of all forms of cancer in the Atlantic coast region. The Canadian breast cancer and melanoma incidence rates show up in a similar pattern. Therefore, something in our environment, something that has a significant regional variation in its consumption, is, in fact, causing the disease. Since breast cancer is environmentally caused, then the chances of developing this form of cancer are not exactly random, and it's not just bad luck either. It depends on *where* you live, and more importantly what regional foods you

consume[1]. To be succinct about it, you don't just "get" cancer, rather you eat your way into getting cancer.

We need to take the very important next step in the analysis and drop this obfuscating and vague "*environmentally caused*" term. We need to tighten up the language and call it for what it really is. It's a poisoning. After that, the only slightly difficult concept to then grasp is that it is a poisoning that usually takes decades to accumulate and then to ultimately cause the disease condition.

Criteria #3: A dramatic increase in incidence rates over the last few decades.

Breast cancer incidence rates in North America have jumped 10x since the 1920s, and at least 3x in just the last 60 years. The same has happened in the UK and the Nordic countries.

Criteria #4: Moved significantly lower in the average age of onset over the last few decades.

Historically, breast cancer was most prevalent in women about 60 years of age and older. Not only has the incidence rate increased in that age group, but it has also increased in the younger age groups at the same time. Therefore, what was once thought to be a disease of aging, it is clearly not. It is just a disease that historically took ages to develop. Now, what's happening is that the time it takes to develop the disease has just gotten shorter. Even more astonishingly, men are now also getting breast cancers

[1] http://www.cbc.ca/news/health/mastectomy-rates-vary-greatly-across-canada-1.2678272

at record rates too. Therefore, the disease has almost nothing to do with aging. We've simply confused aging with accumulation time.

Criteria #5: Small children, and/or teenagers are now getting the disease at rates never seen before in their age groups.

Even though historically, breast cancer was most commonly seen in women about 60 years of age and older; now its average age of onset is getting younger. But, the most troubling information is that young girls, and of course, teenagers, are now getting breast cancer too. This early onset of the disease was almost completely unheard of just a few decades ago. This very disturbing information is bad enough, but the response from the medical community is even more disturbing.

> *10-Year-Old California Girl Battles Breast Cancer*
>
> *Young children and adolescents have just a 0.1 percent chance of developing breast cancer, said Dr. Cynara Coomer, a breast surgeon at Mount Sinai Hospital in New York City and FOX News Health contributor. It's even rarer for a child to develop invasive ductal carcinoma, which is considered to be an adult cancer.*

Source: http://www.foxnews.com/story/2009/05/14/10-year-old-california-girl-battles-breast-cancer.html

That's correct; breast cancer is now showing up in 5th-grade girls! Naturally, this information completely resonated with me as matching the incidence rate pattern we are now seeing with MS in Canada. Just thirty years ago MS was almost non-existent in women under 50, and now it is showing up in our two-year-old kids. But, what's with this claim of "*Young children and adolescents have just a 0.1 percent chance of developing breast cancer*" and thus it being rare?

Wow! What in the hell is going on here? How can anyone think that 0.1% is rare? Are they completely nuts? With there being about 20 million

teenage girls in the USA that thought-to-be mere just 0.1% of them equates to about 20,000 developing breast cancer over their teenage years. Maybe, since the overall adult incidence rate is now so gigantically huge those 20,000 *girls* developing the disease is deemed to be not "*statistically significant*"? Or, maybe they think that the treatment option of cutting off young women's breasts has been such a great success that it's no big deal? I don't know, but how can they not be profoundly ashamed and embarrassed by such statements? How can they not be profoundly ashamed and embarrassed by letting this disease get so out of control? How can they not be profoundly ashamed of having completely failed us, and to now need to "*simply*" cut off the breasts of young girls?

> *On May 7, Hannah had a "simple left breast mastectomy,"*

And, of course, without having the evidence, they foist the blame for it on genetics:

> *"Usually there is a genetic disposition," Coomer said. "That's usually the case for young women who develop breast cancer. She may carry the breast cancer gene."*

Since when did it become normal for 10-year-old girls to develop breast cancer? Obviously, it has ***never*** been normal, even with or without the so-called "*breast cancer gene"*.

Not to ramble on too much here, but I just hope that the above quoted 0.1% is misstated or in error. The number is so gigantically huge, I just can't believe it can't be accurate. I hope the real number is more like 0.0001%. Regardless, whatever the real number is, even a single 10-year-old girl getting breast cancer is one too many.

Breast Cancer is a poisoning, and that is not a new concept

Well, I hope by now it's extremely obvious: breast cancer is simply a vicious poisoning. How is it not also completely clear to anyone and everyone in medical "science" too? I would not be so snarky about it if we were talking about a disease such as a toe fungus. But, we are talking about millions of women having their lives destroyed by this disease. More importantly, I would not be so snarky about it if this knowledge had not been published back in the 1920s.

> *Every so-called disease is a crisis of Toxemia; which means that toxin has accumulated in the blood above the toleration-point, and the crisis, the so-called disease—is a vicarious elimination. Nature is endeavoring to rid the body of toxin. Any treatment that obstructs this effort at elimination baffles nature in her effort at self-curing.*

Source: Toxemia explained - The true Interpretation of the Cause of Disease
by Tilden, John
https://archive.org/stream/ToxemiaExplained-TheTrueInterpretationOfTheCauseOfDisease1/TildenJohn-ToxemiaExplained-TheTrueInterpretationOfTheCauseOfDisease1926152P_djvu.txt

Naturally, there's now been mountains of additional evidence built up over the last eight decades and available to medical "science" that confirms this concept. But, the medical establishments are not really interested in the science of medicine. Rather, they appear to be only interested in the business of medicine. Therefore, any notions of *toxemia* are a huge threat to that business, and they thus must be quickly attacked. Any doctor who dares defy the orthodoxy and the entrenched dogma of the pharmaceutical "drug it" or "cut it out" approach to "medicine" is immediately attacked, branded as a "quack", and usually run out of town, if not the country.

However, the fundamental concept of toxemia is very correct.

> *If wrong eating is persisted in, the acid fermentation first irritates the mucous membrane of the stomach; the irritation becomes inflammation, then ulceration, then thickening and hardening, which ends in cancer at last. The medical world is struggling to find the cause of cancer. It is the distal end of an inflammatory process whose proximal beginning may be any irritation.*

Hippocrates knew this to be true even 2,500 years ago too. However, what these great early thinkers did not know was what exact toxins could accumulate in the body and blood to cause the toxemia condition, culminating in cancer. Fortunately, now we do know.

Chapter 3

The mysterious gene mutations

Although eczema is not cancer, it is most certainly very cancer-like. As the skin on the backs of my hands and fingers disintegrated due to my eczema, it was quickly followed on by a very persistent infection. The infection was just inevitable. It also lasted for about six months. It was obvious to me that no amount of antibiotics, and most certainly no amount of vaccinations, was going to prevent it. That's because the skin had completely lost its natural structure and no longer provided its crucial function of being a barrier to the outside world. The broken-down structure of skin also was somehow preventing the immune system from doing its regular job of clearing the infections too. That seemed strange to me because that's not normally the case when you get a small wound or cut on the skin. So, I was a bit intrigued by this process, and I wanted to get to know my new near neighbors who had set up shop in my skin. For that, it was time to set aside my trusty old 30X geology microscope and move up to a nice new 400X unit. Getting blood samples to inspect was no problem at all, I just squeezed a few drops of blood from the backs of my weeping fingers onto the slide. Not at all surprisingly, there they were, tens of thousands of new residents in a single drop. No staining required, and I didn't even bother trying to identify the species.

However, what did surprise me a bit was that the macrophages in that same sample appeared to be stalled out and not moving. What also surprised me was that the macrophages were outnumbered by at least 1,000 to 1 by the bacteria. Even if they weren't stalled out, it seemed like the macrophages were in a battle with nearly impossible odds. But, why were they stalled out?

Mobile macrophages are magnificently remarkable cells. What's just somewhat remarkable about these marvels of nature is that they are super effective hunter – killers. They are normally constantly swimming around searching for and quickly annihilating any foreign intruders that dare threaten us. But, what's astoundingly remarkable to realize about the macrophages it that they are *autonomous* hunter – killers and they therefore clearly have their own *independent intelligence*. They are not under the control of the central nervous system when doing their complex jobs. So, why were these very clever macrophages stalled out? It probably wasn't just because their normal environment of the skin's structure was messed up. There had to be more too it. Here's an interesting report on the phenomenon.

Vitamin A supplementation may cause immune system to 'forget' past infections

New research suggests that vitamin A inhibits trained immunity, leading to tolerance of the innate immune cells upon stimulation with mitogens, antigens

> *new evidence is emerging to show that vitamin A supplementation above and beyond normal levels may have negative health consequences. A new research report published in the July 2015 issue of the Journal of Leukocyte Biology may help to explain why too much vitamin A can be harmful.* ***Too much vitamin A shuts down the body's trained immunity, opening the door to infections to which we would otherwise be immune****. This study adds to the arguments that vitamin A supplementation should only be done with clear biological and clinical arguments. Furthermore, it also suggests that low vitamin A concentrations in certain situations may even be "normal.*

and

> *To make this discovery, Netea and colleagues stimulated immune cells, isolated from volunteers, with Vitamin A and saw that the cells produced fewer cytokines, key proteins that help ward off microbes, upon stimulation with various mitogens and antigens. Furthermore, the cells were also stimulated with various microbial structures, which resulted in long-term activation or training of the cells.* ***When the same experiments were performed in the presence of vitamin A, the microbial structures were no longer able to activate the immune cells****.*

Source: https://www.sciencedaily.com/releases/2015/06/150630121406.htm

By far, this is one of the most disturbing things to have learned about so-called vitamin-A. That's right; it's a *vitamin* that can cause the immune cells to back off and stall out too. I mean seriously, how is that not one of the most stunning and scariest things you've ever read? But, I digress, let's continue to move along here.

Could it be that the macrophages are so intelligent that they are smart enough to stay away from the now highly toxic retinoid environments? It sure appears to be the case. As I've stated before, with eczema on the surface of my skin the rapidly replicating stem cells could migrate to the top layers of the epidermis and eventually slough off to the outside world, and with that take some of the toxic retinoids with them. So, with time, and due to my completely vitamin-A free diet, the structure of the skin was slowly repaired and rebuilt. As that rebuilding process progressed, the macrophages could move back in once more and perform their magic of clearing the persistent infection too. That's all fine and dandy. But, what do we call rapidly replicating cells, accompanied by massive amounts of inflammation, resulting in deformed tissue structures, newly growing in blood vessels, and the entire mess apparently not being responded to properly by the immune system? It's called cancer! Yes, here we have a so-called *vitamin*, a vitamin that has absolutely been proven to cause cancer in the stem cell of the epitheliums, and proven to cause eczema,

and proven to cause massive inflammation, and it's also now proven to cause the immune system to back-off and stall out too. I mean seriously, how much more incriminating evidence does a person need?

A poison vitamin that's proven to cause 300 gene mutations

I believe that I've proven that vitamin-A is not a vitamin at all. In no way should anyone just blindly continue to believe that this toxic molecule is a *vitamin*. The only supporting evidence to make that claim is the botched science experiments from the early 1920s. What's so remarkable about these experiments is that at the very same time they were being conducted, other researchers were seeing the exact opposite results in separate experiments, except they were doing so by using vitamin-A free diets of their own design. So, although there was something tremendously wrong with the determination of vitamin-A being a vitamin in the first place, the pro-vitamin group stubbornly just forged ahead with their bogus claim. Even more troublingly, these botched, or perhaps deliberately rigged, experiments formed the basis of all the vitamin-A science since then. With that flawed foundation laid down, today vitamin-A toxicity is now completely confused, and massively misdiagnosed, as being vitamin-A deficiency. Even more extraordinarily, this foundation of botched science has persisted and metastasized its way into the molecular biology aspects of the so-called vitamin's function too. The great microbiology claim made is that vitamin-A is used to regulate the "*stem cell differentiation*" process.

For modern medical science, there's no mistaking it; retinoids are crucial for maintaining and even enabling life.

> *Retinoids are ubiquitous signaling molecules that influence nearly every cell type, exert profound effects on development, and complement cancer chemotherapeutic regimens. All-trans retinoic acid (RA) and other active retinoids are generated from vitamin-A (retinol), but key aspects of the signaling pathways required to produce active retinoids remain unclear. Retinoids generated by one cell type can affect nearby cells, so retinoids also function in intercellular communication. RA induces differentiation primarily by binding to RARs, transcription factors that associate with RXRs and bind RAREs in the nucleus.*

Source: Gudas LJ, Wagner JA. RETINOIDS REGULATE STEM CELL DIFFERENTIATION. Journal of Cellular Physiology. 2011;226(2):322-330. doi:10.1002/jcp.22417.

That's right; they want us to believe that God, or nature, totally screwed up and was so foolish that we have this crucial, and absolutely life-ending dependency on this highly toxic molecule. However, it's simply not true. Vitamin-A, nor its metabolite of retinoic acid, is in no way *needed* to regulate our stem cell differentiation. That's either just a grand confusion or just more botched science. Either way, one of the huge red flags here on that theory is that retinoic acid is also proven to cause more than 300 possible different gene *"expressions."* Huh? Wait a second. Didn't anyone not stop and question that little ditty? How is it that a single molecule can cause so many ***different*** gene expressions? If the retinoids were being used to magically regulate stem cell differentiation, would you not expect there to be a far more predictable, if not a precise and limited range of gene *"expressions?"* Why would this crucial function be so wildly unpredictable? Why would the body be using the absolutely most toxic form of the molecule to regulate gene expressions?

Of course, the answer is obvious. The retinoids, and retinoic acid more specifically are not exerting magical gene *"expressions"* at all. They are simply a cytotoxic molecule that's *randomly* slipping its way into and substituting itself onto the cells RNA and DNA molecules. Therefore, and it's blatantly obvious, these damaged RNA, and DNA molecules are **not** gene *"expressions,"* at all. Rather clearly, they are random gene and chromosomal *mutations*. That's correct, a so-called vitamin is known to damage RNA, and DNA, and thus cause over 300 different gene *mutations*! So, what's the key distinguishing feature of cancer cells in the first place? It's gene mutations!

In *Poisoning for Profits,* I go into a lot of detail on the completely confused stem cell differentiation concept. However, if you still have any doubts that a so-called vitamin is *needed* for our stem cell differentiation, then here are just a few more quick facts to consider.

Firstly, there are many small children from the developing countries who are, very perplexingly, perfectly healthy and they have *zero* vitamin-A in their blood serum. Additionally, there are also, and even more perplexingly, perfectly healthy children that have apparently zero vitamin-A stored in their liver's too.

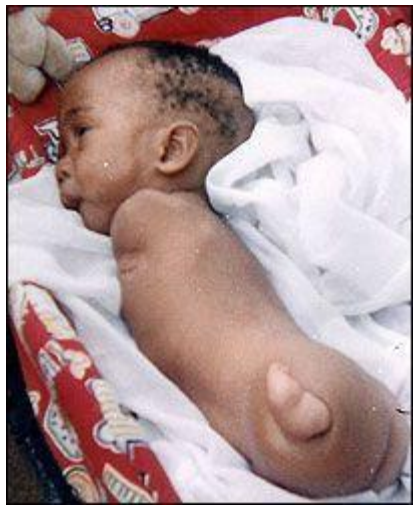
> *The mean liver stores of vitamin A in children (1 to 10 years of age) have been reported to range from 171 to 723 µg/g (Flores and de Araujo, 1984; Mitchell et al., 1973; Money, 1978; Raica et al., 1972; Underwood et al., 1970), whereas the mean liver vitamin A stores in apparently healthy infants is lower, ranging from 0 to 320 µg/g of liver (Flores and deAraujo, 1984; Huque, 1982; Olson et al., 1979; Raica et al., 1972;Schindler et al., 1988).*

Source: Dietary reference intakes for vitamin A, vitamin K, arsenic, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium, and zinc : a report of the Panel on Micronutrients ... [et al.], Standing Committee on the Scientific Evaluation of Dietary Reference Intakes, Food and Nutrition Board, Institute of Medicine. National Academy of Sciences. ISBN 0-309-07279-4

How is that possible? What's being used to regulate their stem cells?

Then in my own experience, I've maintained a super strict diet, with not one speck of vitamin A, nor any of the carotenoid precursors, for four years now. Just one of the results of that has been that my skin is now smoother and nicer than it has been in decades. That's right, the biggest organ in the body, and the one that has a massive need for maintaining constant and correct stem cell differentiation, Yet, as I get older, and at age 58, my skin is as about as nice and as smooth as it was when I was around ten years old. How is that possible? Likewise, the same goes for the intestinal tract, which replaces its lining every few weeks or so. According to the grand theory of stem cell differentiation regulated by retinoids, my intestinal tract should have completely disintegrated by now. Instead, it's completely the opposite too. All facets of that system are working great for me, and like never better too. Additionally, my vision remains excellent, and even far above average for men of my age. Most importantly, I've fully recovered from doctor diagnosed multiple autoimmune diseases too. Therefore, the entire concept of vitamin-A, or its metabolite of retinoic acid, being *needed* to regulate stem cell differentiation is complete rubbish. This is the great thing about science. In science, you usually need hundreds of repeated experiments to prove a theory. But, you need just one experiment to disprove a theory. And, it has now been completely disproven. So, what's going on here? Obviously, the theory of stem cell differentiation being *regulated* by retinoids is a steaming pile of scientific junk! Rather, the retinoids are simply poisoning the stem cells, and the stem cell's response to that poisoning has been confused with "*differentiation*."

Still have doubts? Then please consider this. The teratogenic toxicity of vitamin-A is well known, and it's very well-documented. It has repeatedly been proven in many animal experiments and widely recognized in humans, and often inadvertently proven too. You need to remember that retinoic acid is the "*active form*" of vitamin-A. But, it was interesting for me to learn just how toxic it really is. Out of the about 800 known toxic substances to humans, only 20 of them are proven to be teratogenic. In other words, a substance must be extremely toxic to make it into this exclusive group of the top 2.5% of human toxins. Amazingly, vitamin-A is in that elite group, and of course retinoic acid is even more so. Retinoic acid is even on par with thalidomide. That's correct, retinoic acid is as toxic to human health, and infants, as is that of thalidomide. If a woman taking retinoic acid as a "*medication*" happens to become pregnant, then the recommendation is to immediately get an abortion.



How can anyone (in science or not) continue to believe that we humans have a critical dependency in needing this equivalently extremely toxic molecule to "*regulate*" our stem cells? I'm sorry, but it is just ridiculous. Of course, it's not just a "toxic" molecule either. It is a toxic molecule that has now been completely proven to cause cancers too! Therefore, no one should be so naïve to continue to believe in this absurd fairy tale that all humans, including infants, yes including all infants that will be quickly and easily destroyed by it, somehow *need* retinoic acid to manage their stem cells.

At best, this entire concept of retinoids being needed for regulating our stem cell differentiation process is just more botched science. At worst, it is part of a giant scam, and a massive scientific fraud to foist a toxic molecule on us under the guise of it being a vitamin. Either way, the grand "*vitamin*" label has allowed the drug companies to rake in more billions; and maybe even trillions. Except, it's all based on science fiction or even a lie!

Lastly, the very important bottom line here is that we now have a known toxin that's proven to cause more than 300 different gene *mutations* in stem cells. It just happens to be the same toxin that accumulates at high concentrations in the mammary glands of the breasts too. Don't you think there's a connection between that and breast cancers?

Chapter 4

The great genetic predisposition nonsense

The same points I've raised in one of my prior e-books regarding the excuse of there being a genetic predisposition to developing the autoimmune diseases can be applied to breast cancer too. By applying less than two minutes of logical thinking, anyone can rule out genetics as being the primary root cause. As in so many other diseases, since medical science has been unable to even begin to explain the root cause of breast cancer, they've resorted to this completely nonsensical and rubbish "*science*" blaming genetics or some mysterious "*genetic predisposition*." I have such a big problem with that position because it disgracefully attempts to blame the patient. It is also not only distracting, and a diversionary copout, it is incredibly dangerous too. On an individual basis, it is very dangerous because it leads people to believe that the cause of the disease is out of their control. If the cause of the disease is out of their control, then they will believe that there is no hope of them curing it either. Neither of which is true. Astonishingly, so terrified are some women of having a "*genetic predisposition*" that they are pre-emptively having their breasts cut off to prevent the disease. Not too surprisingly, the so-called science news media hypes the "genetics" connection with breast cancer, scaring the hell out of women.

Here's a recent example. Just look at this bewilderingly oxymoronic headline:

> ***Genetic Breast Cancer Diagnosed Years Earlier in Younger Generations***
>
> *Women with mutations in the breast cancer genes, nicknamed BRCA1 and BRCA2, are being diagnosed with breast cancer six to eight years earlier than their mothers and aunts who also had such mutations, a new study says. The 106 women in the study with BRCA mutations were diagnosed with breast cancer at age 42, on average, whereas their family members of the previous generation also believed to have BRCA mutations had been diagnosed at age 48.*

Source: Live Science
Rachael Rettner, Senior Writer
Bachelor of Science in molecular biology and a Master of Science in biology
https://www.livescience.com/16009-genetic-breast-cancer-diagnosed-earlier-younger-generations.html

That's right, based on the brilliant "*studies*" and with a Masters of Science in biology under her belt, Rettner states that *Genetic* Breast Cancer, due to the BRCA mutations, is now showing up earlier within just one human generation. Huh? Moreover, after hundreds of millions of years of progressive evolutionary perfection how can anyone believe that suddenly that same natural system is now running backwards, and we are rapidly de-evolving? Seriously, anyone pushing the "it's genetics" excuse has no business being in medicine.

Then consider this doozy of a stat:

> *About 85% of breast cancers occur in women who have no family history of breast cancer.*

Source: U.S. Breast Cancer Statistics
https://www.breastcancer.org/symptoms/understand_bc/statistics

I mean seriously now, that one statement alone pretty much completely rules out genetics from the equation.

On a bigger scale, the general blaming of disease on some "*genetic predisposition*" is hugely dangerous because the state has a long history of rounding up and sterilizing or even executing specific groups of people based on this "*bad genetics*" excuse. Moreover, the medical establishment has been completely complicit and facilitated the state in conducting this mass murder.

It seems that many people in the medical establishment have absolutely zero respect for nature and the human body. They just can't seem to help themselves in shamefully, and completely illogically foisting the blame on "*genetics*." The scant little evidence they claim to have to support the supposed "*genetic predisposition*" is based upon the disease being somewhat more prevalent in families with a history of it. But, that's no evidence at all because what's also common to families is the communities they live in and in the cultural diets they've inherited. And, oh yes, I know about the so-called BRCA1 (BReast CAncer gene one) and BRCA2 (BReast CAncer gene two) genes. But, everyone has the BRCA1 and BRCA2 genes. Thus, the theory then becomes that you need the *mutated* BRCA genes to develop cancer. But, that's flawed logic too because only about 5% of the breast cancer patients appear to even have the so-called *mutated* BRCA genes. So, how do they explain the other 95% of breast cancers? Clearly then, just like the presence of the gene is not at all the cause of the cancer, even the so-called mutated gene is clearly not the cause of the cancer either. If anything, we need to ask what causes the *mutated* genes in the first place? That's the real root cause of the disease. We've already discussed what causes these *mutated* genes.

Next, let's now completely rule out this "*it's genetics*" bullshit right here and right now! Here are just some of the reasons we know, and we know it with 100% certainty, that breast cancer is not caused by genetics.

The age of onset is getting younger and younger, and even within one generation too – therefore, it's not genetics. Genetic changes take thousands of years to develop and propagate through a population. But, the incidence rate of breast cancer has jumped almost 3x in just the last 60 years, and almost 10x in the last 100 years. Therefore, it is simply and absolutely scientifically impossible for this disease to be genetically caused.

Maybe you've heard about it; there's been another giant breakthrough in genetic research. It's called the YLINA gene. What researchers are discovering it that this gene is the same in many of the chronic diseases. It's highly expressed in Alzheimer's, Crohn's, diabetes, breast and prostate cancer, kidney disease, most of the autoimmune diseases, and even with autism too. The remarkable finding is that people with this gene are anywhere between 1,000% and 10,000% more likely to deveop the diseases. What's the YLINA gene? It's the **Y**ou **L**ive **I**n **N**orth **A**merica gene!

That's correct, many of the highest incidence rates are in the USA and Canada. Yet, these two countries have the *most genetically diverse populations* on the planet, and by far. Ironically, the best evidence imaginable to prove that breast cancer is not caused by genetics is right here in plain sight. I simply could not ask for more compelling evidence that that. Thus, once again, breast cancer is not caused by genetics. Not even close to it, rather it's caused by ***where*** you live.

> *Rate of new cases of breast cancer in Northern America was more than double that in Africa in 2012. The highest rate was observed in Northern America – about 92 per 100,000 population for US and 80 per 100,000 population for Canada*

Source: World Cancer Research Fund International.
Breast cancer statistics
Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012
https://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers/breast-cancer-statistics

New immigrants coming here have much lower rates of breast cancer than natively born Canadian and American women. Then, once here for fifteen or more years, they start getting the disease at about the same rate. And therefore, clearly again, it's not genetics. Rather obviously too, it's the slow accumulation of a toxin.

> *Internationally, breast cancer rates vary substantially, with the highest rates found in the United States, Canada, and Northern Europe, and the lowest rates found among Asian and African women. Evidence that factors in early life influence risk is suggested by migration studies. Breast cancer incidence and death rates among migrant populations appear to increase substantially <u>after</u> arrival in the United States.*

Source: Long-Term Trends in Cancer Mortality in the United States, 1930–1998
Published 2003 by the American Cancer Society*

Then, even within North America, there are regions of significantly higher incidence rates (geographical clusters). Clearly, again it's not genetics! I could go on and on, but my two minutes are up.

As shown above, breast cancer is clearly an *environmentally* caused disease. When the environment causes someone to get a disease, then the "*disease*" is called a poisoning. Since we now know that breast cancer is a poisoning, we are not too concerned about any one person's susceptibility to that poisoning. After all, if they weren't poisoned in the

first place, then their supposed susceptibility to the "~~*disease*~~" poisoning is almost a complete non-factor. Moreover, all of us are susceptible to the poisoning. It's just a matter of dose and time.

Of course, the very last thing the state and the medical establishment want people to figure out is that breast cancer is indeed a poisoning. Once we figure that out, then the next logical and a rather simple step is to figure out what specific toxin(s) are causing it. And, if we can figure out that final detail, then it's game over for the extremely lucrative breast-cancer industry.

Chapter 5

The cancer-causing "vitamin"

As hard as it might be to believe, we now have rather solid scientific evidence that proves retinoids are a major cause of cancers. This evidence comes from the following ten year long – 350-page study:

NTP TECHNICAL REPORT
ON THE

PHOTOCOCARCINOGENESIS STUDY OF RETINOIC ACID AND RETINYL PALMITATE

[CAS Nos. 302-79-4 (All-*trans*-retinoic acid) and 79-81-2 (All-*trans*-retinyl palmitate)]

IN SKH-1 MICE
(SIMULATED SOLAR LIGHT AND TOPICAL APPLICATION STUDY)
NATIONAL TOXICOLOGY PROGRAM

P.O. Box 12233
Research Triangle Park, NC 27709

August 2012
NTP TR 568
NIH Publication No. 12-5910
National Institutes of Health
Public Health Service

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

In Poisoning for Profits, I had spent a considerable amount of time analyzing this report. In that analysis, I highlight what I see as very serious scientific fraud. Nonetheless, even with the frauds, lies, and attempted cover-ups, it is clear that retinoids are causing cancers. There's no getting around it; the results are sitting there in black and white, plain as day.

> *Squamous Cell Papilloma, Squamous Cell Carcinoma in situ, and/or Squamous Cell Carcinoma*
>
> *No Cream @ 6.85 mJ•CIE/cm2 - 7/35 (20.0%)*
>
> *0.5% RP Cream @ 6.85 mJ•CIE/cm2 - 35/35 (100.0%)*
>
> *0.5% RP Cream @ 13.7 mJ•CIE/cm2 - 36/36 (100.0%)*

From these numbers, the cancer rates are at least five times higher in the animals treated with retinol palmitate (RP). The reason I say *at least* five times higher, is because you can't get higher than 100% in the cancer incidence rates as seen in the two RP groups. Even more astonishing is that the numbers shown above exclude the early presenting animals that were prematurely culled from the study. Therefore, the true rate increase will be much higher than five times. Who knows what the real number is? It's abundantly clear that these investigators were in no hurry to find out either.

Even more important is what these researchers don't say in their report. They don't say one word about the North American milk supply being supplemented with this very same retinol palmitate (RP). Of course, so are many of the baby formulas and many of our other foods too. Next, what's incredibly important to realize is that the retinol palmitate (RP) being supplemented into these food sources is a man-made molecule. What they've done is taken the somewhat low to moderately toxic vitamin-A molecule, that was normally a fat-soluble molecule, and has been a fat-soluble molecule for over the last 10 million years of human evolution,

and bonded it with palmitic acid. In doing so, they’ve converted it into a water-soluble molecule. This conversion was needed so that the molecule could be suspended in the new low-fat milk. But, in doing so what they’ve obviously done is bypassed the body’s normal defense mechanisms for dealing with vitamin-A as a fat-soluble molecule. And they did so even having had clear warnings in advance as to what those consequences could be. The consequences of that action have now been just staggering.

For example, just one the major consequences is the new epidemic of kidney disease. In 1970, there was a grand total of fewer than 1000 people with kidney disease (needing dialysis) in the USA. Now, today, there are 660,000 with full-blown CKD, (needing dialysis) and another whopping 30,000,000 with CKD in lesser stages of severity and progression. It is completely impossible for this rate increase to not be a poisoning.

From 1937

> *Several investigators have described a pathological condition which they called hypervitaminosis A. Von Drigalski and Laubman ('33) fed six rats 1 cc. of an oil concentrate of vitamin A. These rats died in from 5 to 14 days, and post mortem examination showed glomerular nephritis with calcification to which the death of the animals was attributed.*

Then from 1947

> *Recently experiments by Johnson & Baumann (1947a, b), however, have indicated that, in rats given doses of about 30 i.u. vitamin A or carotene daily, the amounts of vitamin A present in the kidneys exceed those in the liver. Eden & Moore (19 jo) have confirmed this surprising observation, and have drawn attention to the failure of the concentration of vitamin A in the kidneys to increase parallel with that in the liver when large doses of vitamin A were given. With liberal intakes of vitamin A substantial amounts appear in the lungs, adrenal glands and fat deposits*

And then from the 1950’s

> *Flattened curves are observed in diseases such as sprue, coeliac disease and infective hepatitis, in which the absorption of fat is affected. On the other hand, greatly elevated curves have been observed in nephrosis. Thus, Kagan, Thomas, Jordon & Abt (1950) found that children suffering from this disease not only had a very high resting level of vitamin A, but showed a much greater increase after dosing.*

So, here we are, nearly eighty years later, and no one appears to be asking too many questions as to why? Why aren't the experts in medical science not asking what the new man-made water-soluble retinol palmitate could be doing to the kidneys? Does anyone want to talk about the skyrocketing increases in kidney cancers over this same timeframe too? What’s it going to take for the experts to see the obvious; that chronic kidney disease is indeed a chronic poisoning?

Maybe when there are 300 million people with kidney disease in North America? No, probably not. Because there are now already about 350 million people worldwide with diabetes too, and that’s still not enough for them to recognize it as a food-sourced poisoning. The numbers are just so gigantically abnormal, and so completely off the charts, it’s just nuts to me that people don’t recognize that many of today’s chronic diseases simply

must be the result of chronic poisonings. Then, with that, the next question is simply what known toxins could even possibly cause all of this, and on this scale? The answer is dead simple and was clearly known way back in 1937, 1947, and 1950.

So now, let’s get back on track here and think about the equally outrageous rates of breast cancer we have in North America. Could it also be caused by women consuming the same now water-soluble toxic molecule, one that’s proven to cause cancer in the skin’s epitheliums, and one that’s known and proven to accumulate in the epitheliums of the mammary glands of the breasts too? I hope you see the potential causal connection here?

Chapter 6

Breast cancer and the autoimmune diseases

When I first started to investigate the so-called autoimmune diseases, it only took me about four hours to determine that they were quite likely just auto-poisonings. At the end of that intense four-hour investigation, I also had a prime suspect too as to what the exact toxin was that was responsible for it. Of course, I've spent hundreds of more hours gathering the supporting evidence to back up and confirm that theory. Now, after just a few more hours of analyzing the incidence rate pattern of breast cancer, I know that it too is a result of a chronic poisoning.

I dedicated multiple chapters of Extinguishing the Fires of Hell to proving that the so-called autoimmune diseases are first, and above all else, auto-poisonings. I also claim that *all* the autoimmune diseases are really all one-in-the-same. The named organ, or anatomical location, that they primarily present themselves in is a distraction. These diseases are all fundamentally just poisonings of the epitheliums/endothelium of the associated organs.

Unlike the infectious diseases, which are named based upon their root cause microorganisms, the autoimmune diseases are given very vague and distracting names. Some are named after the person who first identified the once extremely rare and somewhat unique clustering of symptoms. Some others are given nice Latin-derived names, you know, to somehow impress us. However, as with the infectious diseases, all the autoimmune diseases should be renamed based on their cause. They should all simply be named "epithelial disease." To be more specific, and more exact, they could all be named epithelial poisonings.

Now, what's become clear to me is that we can extend that thinking just a bit more and include breast cancer, and some other cancers too under this same umbrella of root cause disease definition. That's because the autoimmune diseases are not occurring in isolation from the cancers. And the cancers are not occurring in isolation from the autoimmune diseases either. When you look at the incidence patterns from around the world, these two broad disease categorizations are in near lockstep with each other. Not only is it abundantly clear in the context of breast cancer, and prostate cancer too, it is also happening with the brain diseases and psychiatric disorders. That's correct, over the last 100 years there's been a massive explosion of almost all chronic disease rates, and most of them are literally following exponential growth curves. As alarming as that is, the critical point here is that most of them are all following the *same* exponential growth curve. Therefore, something dramatic has occurred, and it has occurred around the world too, to cause this to happen. A good metaphor for what's going on is that of a tide coming into a harbor and raising all the boats floating in that harbor. Each boat in the harbor has a named disease on the side of it. Let's say that of Crohn's, eczema, breast cancer, Lupus, arthritis, Alzheimer's, prostate cancer, dementia, diabetes, pancreatic cancer, ADHD, depression, chronic pain, obesity, and on and on. What's important to realize is that all the boats, regardless of their size, appearance, or shape, are being lifted up by the tide at the *same time*, and they are following strikingly similar growth rates. The Western countries have been most seriously affected so far. So much so, that many people in medical science term these modern-day plagues as being the "diseases of civilization." But, for many of the developing countries of Southeast Asia, they are also now in the early stages of the same exponential growth curves. Therefore, on a global scale, the rising tide we've seen in North America is nothing yet. The worldwide tidal wave of disease is about to start washing ashore around the world. Clearly then, it is paramount for us to understand what's driving the tide in and causing these new

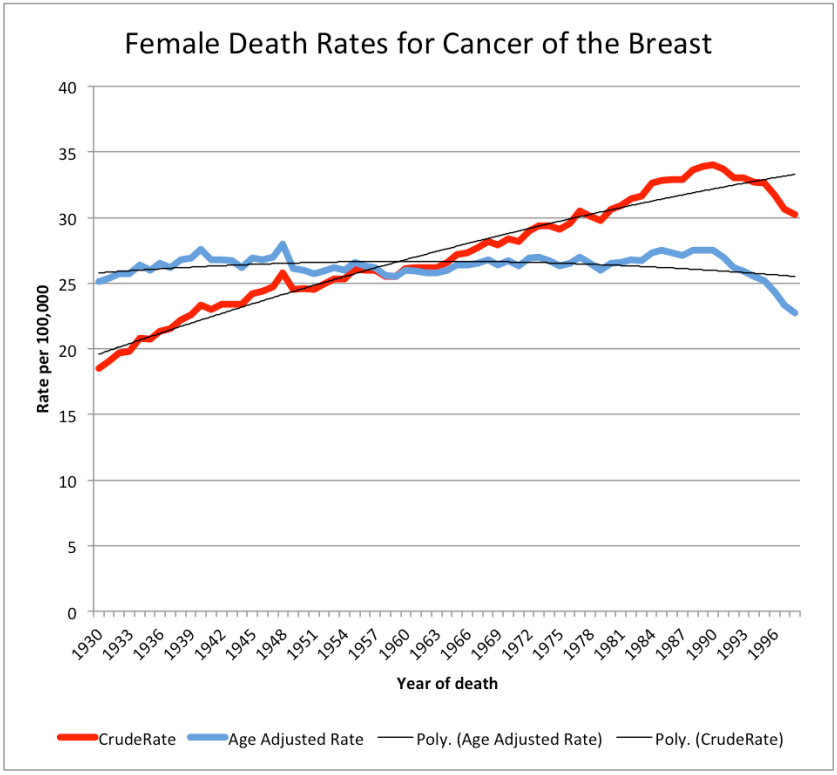
extraordinary rates of disease. Just as clearly, the same driving force behind one of these diseases is hugely likely to be causing most of them. But, just in case you think I'm trying to blame all chronic diseases on just one cause; no I am not. There are clearly some exceptions, and I believe the leukemia's are one of them.

Next, please keep in mind that the situation is very likely much worse than what's showing up in the published incidence rate numbers. Medical science has generally assumed that these diseases are primarily ***due*** to aging and often categorizes them as being the diseases of aging. With that categorization, there's a fancy mathematical algorithm that's applied to the incidence numbers to "*standardize*" them to a baseline year to eliminate the assumed age effect.

$$m = \frac{n\sum_{j=1}^{n}[x_j \ln(r_j)] - (\sum_{j=1}^{n} x_j)(\sum_{j=1}^{n} \ln(r_j))}{n\sum_{j=1}^{n}[x_j^2] - (\sum_{j=1}^{n} x_j)^2}$$

The thinking is that since the disease is substantially due to aging, and on-average with the populations in the West getting older, we need to take this age effect out of the data. Therefore, the age-standardized incidence numbers that are routinely published in studies significantly dilute the real numbers. In doing so, they hide the true magnitude of what's going on. The reality in the trend lines is more like a night and day difference. The chart on the following page highlights what the real difference looks like. The increasing red line shows the crude rates, whereas the far flatter blue line shows the age-adjusted rate to the 1970 U.S. standard population.

Figure 4 Age-Adjusted vs. Crude incidence rates



Source: Female Deaths and Death Rates for Cancer of the Breast
1930-1998, United States
Vital Statistics of the United States

Of course, anyone, and everyone in medical science should have now woken up and seen the obvious mistake in thinking that these diseases are *due* to aging. They are most certainly not. That's because we now have one and two-year-old kids getting exactly the same diseases. We have two-year-olds with MS and diabetes, 300,000 young kids with arthritis, ten-year-old young girls with breast cancer, and on and on. Therefore, these diseases have absolutely nothing to do with aging. Rather, they are simply due to the extended exposure time. The required exposure time is now

dramatically reduced by a higher concentration of the causal toxins in the human environment. Unfortunately, here in North America, we've been hit with the worst of it because governments have legislated the addition of one of the toxins potentially responsible for all these chronic diseases right into our dairy supply!

Of course, I am most certainly not alone in this determination of linking the autoimmune diseases with various forms of cancer. Many researchers from around the world have made the same determinations. In a nutshell, it's that cancers and the autoimmune diseases are just evil twin sisters. They are evil twin sisters because they share the same sinister toxic parent. There's tons of existing research to back up this claim. I've included references to several supporting studies in my prior two e-books. However, I'd like to discuss another one here because the authors focus specifically on the amazing trends and correlations between some various cancers and autoimmune diseases over the last 100 years or so in Sweden.

Cancer Trends During the 20th Century

Journal of Australian College of Nutritional & Environmental Medicine
Vol. 21 No. 1; April 2002
Örjan Hallberg M.Sc. e.e., consultant and Olle Johansson Assoc. Professor

> ***Conclusions:*** *There is a common environmental stress that accelerates several cancer forms such, as colon cancer, lung cancer, breast cancer, bladder cancer and malignant melanoma. Every effort should be taken to identify and eliminate this stress.*

Overall, this is an excellent report. It is completely clear to the authors that something has changed in the environment to cause all these diseases to climb at exponential rates, and all at the same time too. Additionally, the disease incidence rates even present with small fluctuations and inflection points on their growth curves at the same time too. Whatever is responsible for causing one of them, it's very likely that it's responsible for all of them.

I've just reproduced a few charts from this report to highlight the connection.

Figure 5 General asthma prevalence in the Swedish population

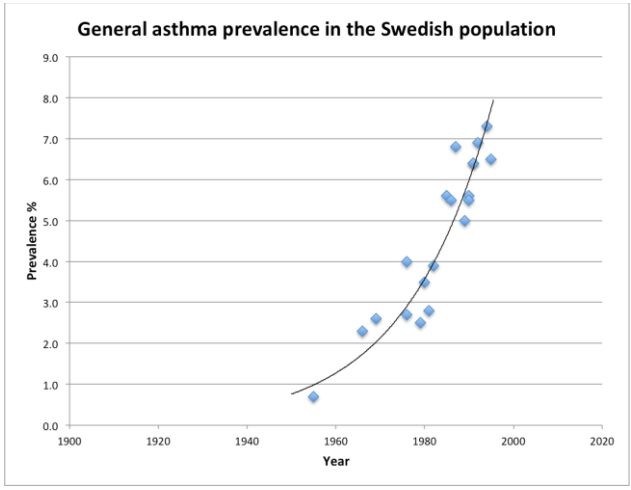
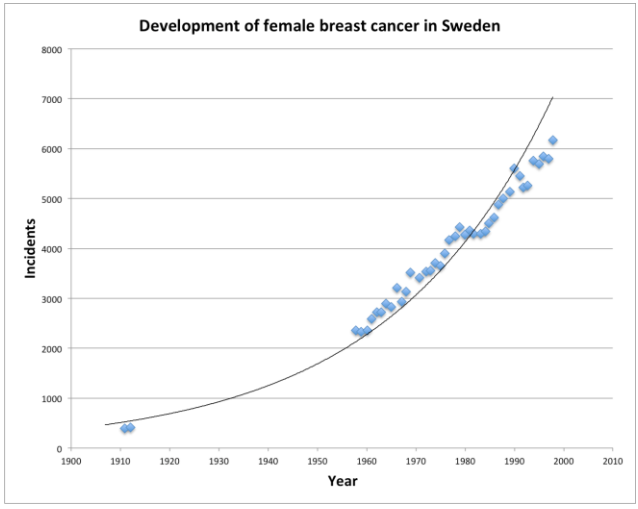
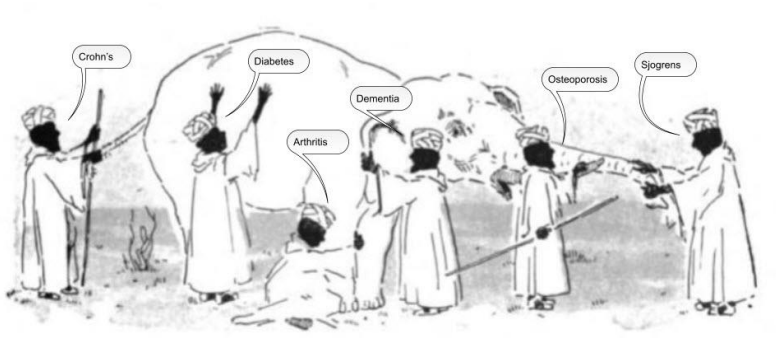


Figure 6 Development of female breast cancer in Sweden



I spent a lot of time in *Extinguishing the Fires of Hell* showing that a huge number of people don't get just one of the autoimmune diseases at one time. Rather, it's far more common for people to get *multiple* autoimmune diseases at the same time. Thus, the autoimmune diseases are not lone wolves; they appear to hunt in packs. In reality, they are not distinct and different *diseases* at all. They are all *symptoms* of one bigger external driver. Medical science has just not yet recognized this fact. So, the situation is the modern-day version of the tale of the six blind men examining an elephant and can't see it for what it really is.

Figure 7 The six blind men and an elephant



Original image source: "Blind men and elephant3" by Illustrator unknown - From Charles Maurice Stebbins & Mary H. Coolidge, Golden Treasury Readers: Primer, American Book Co. (New York), p. 89

I also spent a quite a bit of time debunking the garbage science and complete speculation that one of the autoimmune diseases might be causing the others. And then, consider this rather telling information shown in the chart on the next page:

Figure 8 The autoimmune disease symptoms and those of vitamin A toxicity

Common Vitamin A Toxicity Symptom	Type 2 diabetes	Eczema	Lupus	Juvenile Arthritis	Crohn's	Celiac	Sjögren's
abdominal pain	✓	✓	✓	✓	✓	✓	✓
anxiety	✓	✓	✓	✓	✓	✓	✓
blurry vision or visual changes	✓	✓	✓	✓	✓	✓	✓
bone pain, swelling in joints	✓	✓	✓	✓	✓	✓	✓
confusion	✓	✓	✓	✓	✓	✓	✓
cracked fingernails	✓	✓	✓	✓	✓	✓	✓
depression	✓	✓	✓	✓	✓	✓	✓
dizziness	✓	✓	✓	✓	✓	✓	✓
dry, rough, flaky skin, inflamed skin	✓	✓	✓	✓	✓	✓	✓
fatigue	✓	✓	✓	✓	✓	✓	✓
hair loss	✓	✓	✓	✓	✓	✓	✓
headache	✓	✓	✓	✓	✓	✓	✓
increased pressure on the brain	✓	✓	✓	✓	✓	✓	✓
itchy or peeling skin	✓	✓	✓	✓	✓	✓	✓
gingivitis	✓	✓	✓	✓	✓	✓	✓
mental dullness	✓	✓	✓	✓	✓	✓	✓
mouth ulcers	✓	✓	✓	✓	✓	✓	✓
muscle and joint pain	✓	✓	✓	✓	✓	✓	✓
nausea and vomiting	✓	✓	✓	✓	✓	✓	✓
poor appetite	✓	✓	✓	✓	✓	✓	✓
respiratory infection	✓	✓	✓	✓	✓	✓	✓
sensitivity to sunlight	✓	✓	✓	✓	✓	✓	✓
skin cracks at the corners of the mouth	✓	✓	✓	✓	✓	✓	✓
swelling of the bones	✓	✓	✓	✓	✓	✓	✓
swelling of the eyes	✓	✓	✓	✓	✓	✓	✓
yellowed skin (jaundice)	✓	✓	✓		✓	✓	✓
increased infections	✓	✓	✓	✓	✓	✓	✓
dry mouth	✓	✓	✓	✓	✓	✓	✓
swollen lymph nodes	✓	✓	✓	✓	✓	✓	✓
fever	✓	✓	✓	✓	✓	✓	✓
osteoporosis	✓	✓	✓	✓	✓	✓	✓

Likewise, the same clustering and multiplicities apply when developing cancer. Many people don't just get one form of cancer. They often get multiple cancers at the same time too.

From this Swedish report, and from many similar reports from around the world too, we can clearly see that the autoimmune disease wolf pack is running with the cancer disease wolf pack. But, what was quite clear to Hallberg and Johansson back in 2002 is that there is just ***one*** giant wolf pack hunting us. It's called our chronic diseases. There may be no causal distinction between the autoimmune diseases and that of many cancers. It is clear to Hallberg and Johansson that what's causing the autoimmune disease epidemic is also causing the cancer epidemic too. It is also clear to them that this is a *man-made* pack of disease epidemics.

So, it does not take a giant leap of extrapolation to consider the possibility that whatever is causing the autoimmune diseases is also responsible for causing many of the cancers. Naturally, this comorbidity pattern is certainly well known in the context of breast cancer. Many women are not getting *just* breast cancer, they are getting one of more of the supposed autoimmune diseases to go along with it. Here's just an example source to back up this observation.

> *The most prevalent comorbidities associated with breast cancer are hypertension (21.8%), chronic obstructive pulmonary disease (COPD) (19.9%), rheumatologic disease (18.6%), and diabetes mellitus (16.7%), all four conditions have been reported in around 75% of the cases.*

Source: Sharma N, Narayan S, Sharma R, Kapoor A, Kumar N, Nirban R. Association of comorbidities with breast cancer: An observational study. Trop J Med Res http://www.tjmrjournal.org/text.asp?2016/19/2/168/185449

The Eczema-breast cancer comorbidities

As I've briefly discussed in an earlier chapter, I noticed a similarity between the inflamed skin of eczema and that of inflammatory breast cancer. However, in some situations, they are more than being just similar. The two diseases can also show up at about the same time in and on the breasts. In these cases, the women can have eczema on the surface of the skin, often around the nipple, and then have cancer developing deeper with in the mammary glands at the same time too. With that, it should be rather clear that whatever has caused the eczema, it has very likely caused the breast cancer too. And, no, it's not just extra "bad luck" either. Whatever has poisoned the skin to cause the eczema, it has also poisoned the glands of the breast in a very similar way to cause cancer.

However, for many oncologists, they completely ignore these comorbidities and focus exclusively on the cancer. After all, it's what they get paid for. And, it's another medical specialist's job to deal with the patient's autoimmune diseases. Except, we are not going to be so myopic in our analysis. We need to ask the most obvious question here: could it be that whatever is causing the autoimmune disease comorbidities that it also is responsible for causing the breast cancer?

If you've read my two e-books, then I think you should have little doubt as to what's causing the so-called autoimmune diseases. Of course, it's one thing for me to have a theory about the cause of the autoimmune diseases, and quite another to have it be proven out in the real world. However, I have proven it out in the real world. I have now completely recovered from my doctor diagnosed: *"you'll have it to the end of your life"* eczema. I've also recovered from doctor diagnosed chronic kidney disease, and that is no small accomplishment. I've also recovered from self-diagnosed diabetes. I made these recoveries by being on my vitamin A free diet. Moreover, this was not some anomaly. I'm not alone. There

are now other people who have likewise recovered from their autoimmune diseases by being on low vitamin A diets. Although n in this study is still very small, we need to start somewhere.

Now you might be thinking, *oh wait a second, recovering from adult eczema is no big deal*. *After all, eczema is not cancer*. Except, sometimes adult eczema is indeed cancer. And it is a brutally horrible form of cancer.

> *Paget disease of the breast (also known as Paget disease of the nipple and mammary Paget disease) is a rare type of cancer involving the skin of the nipple and, usually, the darker circle of skin around it, which is called the areola. Most people with Paget disease of the breast also have one or more tumors inside the same breast. These breast tumors are either ductal carcinoma in situ or invasive breast cancer (1–3).*

and

> *Paget disease of the breast is named after the 19th century British doctor Sir James Paget, who, in 1874, noted a relationship between changes in the nipple and breast cancer.*

Source: Paget Disease of the Breast. Association of comorbidities with breast cancer: https://www.cancer.gov/types/breast/paget-breast-fact-sheet

Here's one woman's account of the lead-up and transformation from eczema on the breast developing into breast cancer.

The 'Eczema' That Turned Out to Be Breast Cancer

> *"You have something called DCIS (ductal carcinoma in situ)," he told me, "which is the presence of abnormal cells inside a milk duct in the breast. It's the earliest form of breast cancer.*

Source: https://www.everydayhealth.com/columns/my-cancer-story/eczema-that-turned-out-to-be-pagets-disease/

Chapter 7

The new toxic breast milk

Some people defend the claim of vitamin-A being a vitamin simply because it is found in human breast milk. Their argument is that since vitamin-A is found in breast milk, and colostrum, then it surely must be not only beneficial to the baby but also essential too. Although it's a nice thought that the mother's breast milk should be pure nutritional gold, and could not possibly contain harmful toxins, very sadly, that's not at all the case today.

> *But read down the label, and the fine print, at least for some women, sounds considerably less appetizing: DDT (the banned but stubbornly persistent pesticide famous for nearly wiping out the bald eagle), PCB's, dioxin, trichloroethylene, perchlorate, mercury, lead, benzene, arsenic. When we nurse our babies, we feed them not only the fats, sugars and proteins that fire their immune systems, metabolisms and cerebral synapses. We also feed them, albeit in minuscule amounts, paint thinners, dry-cleaning fluids, wood preservatives, toilet deodorizers, cosmetic additives, gasoline byproducts, rocket fuel, termite poisons, fungicides and flame retardants.*

Source: Toxic Breast Milk?
https://www.nytimes.com/2005/01/09/magazine/toxic-breast-milk.html

And here's a study specifically focusing on lead in human breast milk.

> ***Effect of Breast Milk Lead on Infant Blood Lead Levels at 1 Month of Age***
>
> *Nursing infants may be exposed to lead from breast milk, but relatively few data exist with which to evaluate and quantify this relationship. This route of exposure constitutes a potential infant hazard from mothers with current ongoing exposure to lead ...*

Source: Ettinger AS, Téllez-Rojo MM, Amarasiriwardena C, et al. Effect of Breast Milk Lead on Infant Blood Lead Levels at 1 Month of Age. Environmental Health Perspectives. 2004;112(14):1381-1385. doi:10.1289 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1247564/

Therefore, I don't see vitamin-A any differently than these other highly toxic molecules. I think vitamin-A is only inadvertently showing up in breast milk simply because of its fat-soluble nature. It is simply another fat-soluble stole-away molecule, just like these other toxins are. Thus, we should not believe for one second that it's evidence of so-called vitamin-A being essential or even a good thing. I'm sure no one is going to claim that lead is a vitamin. And just as with lead readily showing up in breast milk, and being transported from mother to baby, vitamin-A is potentially a very nasty and toxic molecule too. It is also well established that retinoic acid can also collect in and transfer via breast milk too[2]. Very surprisingly, the baby consuming that vitamin-A is now inadvertently somewhat sacrificing their own health to protect their mother from developing breast cancer later in her life.

[2] How Dangerous Is Accutane (Isotretinoin) During Breastfeeding?

> *Life events are important risk factors for breast cancer including early menarche (before the age of 12), late natural menopause (after the age of 55),* ***not bearing children and first pregnancy over the age of 30,*** *as they all increase lifetime exposure to oestrogen and progesterone and the risk of breast cancer.*

Source: World Cancer Research Fund International.
Breast cancer statistics
Breast cancer is the most common cancer in women worldwide, with nearly 1.7 million new cases diagnosed in 2012
https://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers/breast-cancer-statistics

Offloading to infants via breastfeeding

One of the great mantras of causation theory is that you can't claim causation without manipulation. This declaration means to prove that input variable X is the cause of an increasing outcome Y, you need to show that manipulating X in one direction causes Y to increase. Then you need to show that manipulating X in the other direction causes Y to decrease. For all kinds of complicated confounding reasons, this type of direct manipulation can be rather difficult to do in disease research. Fortunately, this type of manipulation study has already taken place. First, with the Western nations supplementing their dairy supplies with vitamin A since around the 1970s, we've seen a dramatic rise in the incidence rates of breast cancers, right along with so many other chronic diseases.

Now, in the opposite direction, and specifically in the context of breast cancers, we have the off-loading of vitamin A to infants via breastfeeding.

Here's the outcome of that practice:

> ***Number of childbirths***
>
> *In general, the more childbirths a woman has had the lower her risk of breast cancer. After the first child, each childbirth lowers risk.*
>
> ***Spacing of births***
>
> *Women whose childbirths are spaced close together may get more benefit than women whose childbirths are spaced far apart [10]. The exact reasons for this are unclear, but may be related to changes in breast cells that occur during pregnancy.*
>
> ***Never giving birth***
>
> *Women who never give birth have a slightly higher risk of breast cancer compared to women who have had more than one birth.*

Source: Age at First Childbirth and Number of Childbirths
https://ww5.komen.org/BreastCancer/NotHavingChildrenorHavingFirstAfterAge35.html

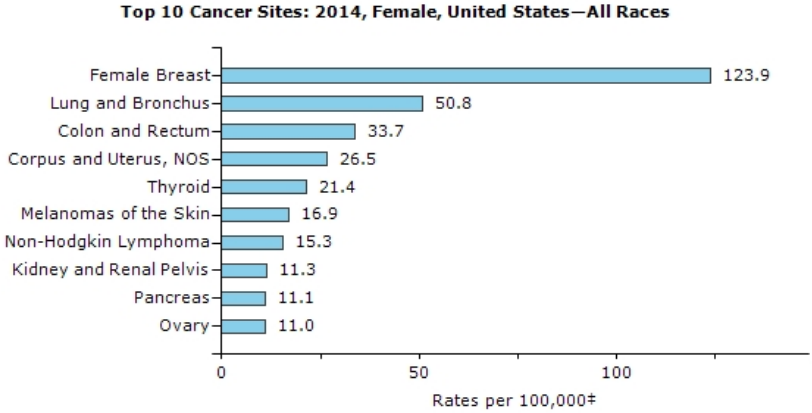
Except, if infants get too much of a toxic load from that breast milk (or from infant formulas too) they will suffer for it. On the mild end of the spectrum is cradle cap, and jaundice (jaundice is probably a protective action taken to emulsify circulating retinoids with bilirubin). The middle ground diseases of the overload are eczema, asthma, and diabetes. On the more severe end of the infant-disease spectrum are cancers, brain damage, and maybe even SIDS.

Breast cancer – why in the mammary glands?

Do you remember this chart from chapter 3 showing the worldwide breast cancer incidence rates?

Of course, that global incidence pattern might have initially appeared to be rather peculiar. But, let's now scale back our worldwide view of incidence patterns for breast cancer, and focus on the incidence pattern of the disease just within the human body. It's rather peculiar too. Of all the

incidences of cancer occurring in women, the majority of it occurs as breast cancer. Why is that?



Source: https://nccd.cdc.gov/uscs/toptencancers.aspx

Next, let's zoom in a little closer, and get a little bit more specific. Most incidences of breast cancer is located in the mammary glands.

> *Most breast cancers develop in the upper outer quadrant of the breast, closest to the armpit. This is because this area has a lot of glandular tissue.*

Source: http://www.cancer.ca/en/cancer-information/cancer-type/breast/breast-cancer/the-breasts/

Why is that? Well, let's consider two pieces of information here. First, in North America, human breast milk contains a very high concentration of vitamin-A. It is about 250 IUs per 100 ml. Whereas, on average, in developing countries it is about half that value. Second, the mammary glands, the structure that accumulates the highest concentrations of vitamin A in the female body is also the structure that has the highest concentration of cancers. Additionally, the rate of breast cancer in the

developed Western countries is at least two times that of the developing countries too. So, once again, don't you just think there's a likely connection between them? I think it's because the tissue with the highest accumulation of vitamin-A in the female body is responding with the highest incidence rates of cancer too.

Good news, and bad news

Okay, it's great news to learn that mothers that breastfeed babies have a significantly reduced risk of developing breast cancers later in life. But, the converse scenario is a rather bad news story. Let's expand our causation theory investigation a bit more and consider the inadvertent manipulation of the causal factor in the other direction.

If we are on the right track here with our theory, then we should expect that women who have had terminated pregnancies, either because of abortion, miscarriage, stillbirth, etc. to subsequently also have higher incidence rates of breast cancers in later life too. Our reasoning for this is that when a woman is pregnant her breasts will enlarge, the mammary glands grow bigger in preparation for the baby. This is especially so for the first pregnancy. As the pregnancy progresses, the enlarged mammary glands begin to fill with breast milk.

But, what happens if that pregnancy is prematurely terminated? In that scenario, then that accumulated breast milk will not be passed on to the infant. It will then have to be self-consumed by the mother's mammary tissues. Of course, in that process, the breakdown of the vitamin-A in the breast milk will result in the formation of more retinoic acid too. Although the abortion-breast cancer connection is somewhat of a taboo topic for Western researchers, this theory is indeed still supported by multiple studies from around the world.

> *In the retrospective cohort study by Hadjmichael et al, breast cancer risk was assessed among 33,115 women who had given their first birth between 1946 and 1965 in Connecticut. Reproductive histories of these women were obtained from their obstetric records, and breast cancer incidence in the cohort was followed up to the year 1980 through the Connecticut cancer registry. It was found that spontaneous abortion before the first full term pregnancy was associated with a 3.5-fold increase in breast cancer risk in comparison with women without history of spontaneous abortion, irrespective of the number of such abortions and other known breast cancer risk factors. Risk increased with time elapsed since the date of spontaneous abortion, so that over a 20 year period the overall breast cancer risk increased more rapidly in women who had had a spontaneous abortion.*

Source: Induced abortion as cancer risk factor: a review of epidemiological evidence
Larissa I Remennick
Journal of Epidemiology and Community Health 1990; 44: 259-264

and

> *A cohort study of 49,000 women with a history of first trimester induced abortion in Sweden followed up in the cancer registry produced a relative risk estimate of 0-8 (95% CI 0-58-0 99). However, in a number of studies from all over the world (in the USA, Canada, France, Denmark, Japan, and Israel) abortions, either multiple or occurring before the first full term pregnancy, have been shown to be significantly associated with increased breast cancer risk.*

Source: as above

and

> *A recent population based case-control study in Denmark, including almost all the new breast cancer cases in the country for one year, has shown that induced abortion in the first and second trimesters of the first pregnancy was significantly associated with breast cancer risk (RR 1-43 with 95% CI 1-101-84). This relative risk value closely approximated that for nulligravid women (147; 1 14-190). Women with two or more induced abortions before their first full term pregnancy had a breast cancer risk of 1 73 (0-76-391) relative to those without induced abortions, all relative risk values adjusted for age, residence, and age at first birth.*

Source: as above

Naturally, other studies are documenting the same effect. But, quite remarkably, there's even more too it. Not only is there a correlation with breast cancers and terminated pregnancies, but it also correlates with increased rates of ovarian, uterine and cervical cancers.

> *Thus a case-control study in Paris and seven other French cities has shown an almost fivefold increase in relative risk for women reporting two or more terminations (after adjustment for sexual and other significant variables). In the case-control study in Chile, the country with endemic cervical cancer rates, women with both induced and spontaneous abortion had significantly increased risk, although for spontaneous abortion it was somewhat higher.*

Source: as above

Here's more from another report:

Why are reproductive cancers more common in nulliparous women?

> ***Abstract***
> *It has been known for decades that nulliparity is associated with an increased risk for certain reproductive malignancies, including breast, ovarian and uterine cancers.*

Source: Reprod Biomed Online. 2013 May;26(5):416-9.
doi: 10.1016/j.rbmo.2013.01.007. Epub 2013 Jan 29.
https://www.ncbi.nlm.nih.gov/pubmed/23518034

Therefore, the answer to the above asked *Why*? It's because cancer is a poisoning. Regardless of how unbelievable it may sound; it's caused by a poison vitamin found in the now toxic human breast milk.

> *In the case-control study in Chile, the country with endemic cervical cancer rates, women with both induced and spontaneous abortion had significantly increased risk, although for spontaneous abortion it was somewhat higher*

Source: Induced abortion as cancer risk factor: a review of epidemiological evidence
Larissa I Remennick
Journal of Epidemiology and Community Health 1990; 44: 259-264

This information sure casts a lot of doubt on the ridiculous theory of cervical cancers being caused by the human papilloma virus too.

A diet pill that causes breast cancer

Of course, there will still be the cynics and naysayers who will claim that the above information, even with the study sizes of some 33,000, and 50,000, is just not enough to make the call on it. Therefore, let's consider yet another direct manipulation once again inadvertently making the causation completely clear. In the 1990's there was a new man-made fat

substitute developed called Olestra (it's also known by some other brand names such as Olean, and Orlistat). It sounds like the ideal fat substitute because it adds no fat, calories, or cholesterol and still retains the fat like texture. Due to the shape of the molecule, little to none of it passes through the intestinal wall. In testing, it was determined that it was just pretty much a pass-through and inert substance. Thus, for someone wanting to reduce their fat intake, and potentially lose weight this should be an interesting product. Early testing of the product even showed that it reduced blood cholesterol levels too. Damn, that's great, right? Well, not quite so fast. As with most great new ideas, there are a few glitches with consuming Olestra. Some of the little glitches, a.k.a. *side effects* are abdominal cramping and loose stools and anal leakage. Obviously, no one is going to want to deal with anal leakage. One more glitch is that Olestra is highly absorbent of the fat-soluble vitamins, including vitamin A, E, D, and K.

But, there are other even more serious *side effects*, and one of the big ones was an increased risk of developing *breast cancers*! Except, aren't you curious as to how? How can an inert, pass-through, substance cause an increased risk for getting *breast cancers*? That just does not make sense. What's really happening here?

Well, the answer is partially found in the fact that Olestra is highly absorbent of the fat-soluble vitamins. The second half of the answer, in being as such, to counteract this loss dietary uptake of vitamins, foods made with Olestra are usually supplemented with extra vitamins, including vitamin-A of course. Likewise, when Olestra is taken directly as a diet "drug," patients are told to supplement with extra fat-soluble vitamins to compensate for the loss in the normal uptake from their other foods. Therefore, the do-nothing, pass-through, Olestra is probably not at all to blame for the observed increased rates in breast cancers. Instead, it's quite likely directly attributable to just the extra vitamin-A supplementation people are taking! Next, and, quite conversely, could Olestra be the big

breakthrough cancer drug? After all, since we now know that breast cancer is caused by the overload in vitamin-A, and Olestra binds to and absorbs it, it might be possible to use it as an antidote, or treatment for cancers, and for even the autoimmune diseases too. I'd be very interested to see what happens to tumors directly injected with Olestra (without the added vitamin-A of course).

For people dealing with obesity, the irony in supplementing with vitamin-A while taking Olestra couldn't be greater. That's because obesity is primarily caused by overloading on vitamin-A in the first place. Yes, the adipose stem cells are affected by vitamin-A toxicity much like the stem cells of the epitheliums. They too are driven into the perverse and unnatural state of accelerated mitosis and overgrowth. Except, they are much simpler cells, and they do not react in the same highly inflammatory manner.

> *From the sample menus he provided, one can estimate that on a typical day, a subject [person] would consume 80–160 IU of carotene. Thiamin was estimated to be adequate and ascorbic acid was given as a supplement. Energy density was kept high, to prevent weight loss due to lack of appetite and "for psychological reasons." Indeed, for the first 3.5 mo, all subjects [persons] gained weight.* ***After that time, for the following 2.5 mo, all 10 people simultaneously lost amazingly large amounts of weight, e.g., two persons lost 10 kg of their maximal weights (79 kg and 59 kg).*** *The author interprets this weight loss to be a consequence of the exhaustion of the subjects' vitamin A reserves, and compares it to the weight loss observable in vitamin A–deficient rats.*

Source: The Experimental Induction of Vitamin A Deficiency in Humans
George Wolf Department of Nutritional Sciences and Toxicology,
University of California, Berkeley, CA 94720-3104

This report is not unique, as the same observations have been made in other research studies. When vitamin-A is restricted in the diet or even when on just low vitamin A diets, people just seem to spontaneously lose weight. Whereas, when the vitamin A is added back, they gain weight. Astonishingly, these other researchers have concluded that the weight loss was an indication of vitamin A *deficiency*.

Nonetheless, you can think of obesity as being a nonlethal form of cancer within the fat layers of the adipose tissues. Additionally, did you know that one of the reaction pathways for the breakdown of vitamin-A is for it to convert into cholesterol? Therefore, adopting a vitamin-A free diet is ideal for both losing weight and reducing cholesterol too. And, that is not just a theory, because it has now been proven too.

Chapter 8

The role of retinoic acid

If you've read my prior two e-books, then you'll have a very good understanding of the extreme toxicity of retinoic acid in humans. It is so extremely toxic that it has been used as a chemotherapy drug, and used for chemotherapy for decades now too. There are hundreds of different listed adverse health consequences due to its exposure, either topically applied or when taken internally. It can easily cause the head to toe destruction of the human body and even death. It has the same toxicity as that of thalidomide in causing birth defects. When proven in many animal experiments the usual end-result was the total devastation of the health of the animals and quickly killing most of them too.

In humans, it's the same. Retinoic acid causes massive amounts of tissue destruction, disease, and many times even death too. We are not talking about scant amounts of evidence either. It is completely indisputable, and the volume of evidence is gigantic. In addition to retinoic acid having been proven millions of times over to devastate the human body with its use in chemotherapy, it has also devastated the health of thousands of young people who have used it for an acne treatment. There is now something like 40,000 cases of adverse reactions reported against it with the FDA. These cases of "adverse reactions" includes thousands of suicides, spontaneous abortions, and birth defects. I could write an entire book about just how horrible and destructive this chemical is to human health. Yet, it is still on the market as a "***medicine***." Go figure?

Incomprehensibly, in the face of all of this, modern medical science almost completely ignores these realities, and blindly clings to the belief that it has a critical metabolic role in the human body. Huh? Well, I hope you're

not buying that myth. And, yes, I've now proven that idiotic notion to be a myth. So too have the kids with zero serum levels of retinol.

Next, let's look at the role that retinoic acid plays in the development of breast cancer. Here's just one paper we'll use for our analysis:

Class I Alcohol Dehydrogenase Is Highly Expressed in Normal Human Mammary Epithelium but not in Invasive Breast Cancer: Implications for Breast Carcinogenesis

> *ABSTRACT*
>
> *Detoxification of ethanol can contribute to oxidative cellular and DNA damage and, thereby, to carcinogenesis. The potential relevance of this to breast carcinogenesis is suggested by evidence that alcohol consumption is a risk factor for breast cancer. It is, however, not known whether ethanol can be metabolized in breast parenchyma. The goal of this study was to determine whether class I and/or IV alcohol dehydrogenase (ADH), medium chain ADHs that can catalyze oxidation of ethanol, are expressed in human breast parenchyma.*

Source: Class I alcohol dehydrogenase is highly expressed in normal human mammary epithelium but not in invasive breast cancer: implications for breast carcinogenesis.
Triano EA, Slusher LB, Atkins TA, Beneski JT, Gestl SA, Zolfaghari R, Polavarapu R, Frauenhoffer E, Weisz J.
Cancer Res. 2003 Jun 15;63(12):3092-100.
PMID: 12810634

The authors of the report are investigating the possible role and biological mechanisms by which ethanol might play in the development of breast cancer. Even though we are not at all looking at, or even speculating about the role of ethanol, we can use the information in this report to investigate a possible role of retinoic acid in causing breast cancers. Their report provides us with some important insights as to what's really going on.

> *Here, we present molecular biological, immunochemical, and bio Chemical evidence that class I ADH (alcohol dehydrogenase) is the ADH with a potential to metabolize EtOH (ethanol) that is expressed in the normal human mammary epithelium, and that its expression is suppressed in invasive breast cancers.*

What we are really interested in here is their findings regarding the alcohol dehydrogenase enzyme.

> *The latter unexpected finding suggests some additional function(s) for class I ADH in the mammary epithelium, one that is linked to "tumor suppression." Of the many reactions that class I ADH has the potential to catalyze, the one that fits this designation is the oxidation of retinol to retinal, the first step in the biosynthesis of RA (retinoic acid), the retinoid that plays an essential role in the maintenance of epithelia in a differentiated state.*

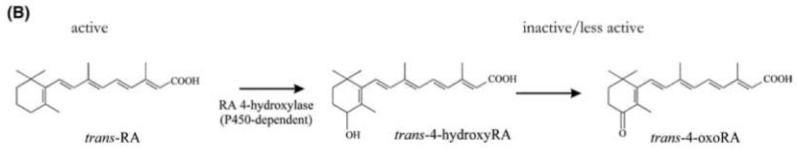
The critical piece of information here is the finding of the presence of ADH (alcohol dehydrogenase) in non-cancerous tissues, whereas in the cancerous tissues it is absent. So, what's happened to it? Where did it go to?

Secondly, the authors note that ADH somehow plays an essential role in the maintenance of epithelial tissues in a differentiated state (meaning in a normal, non-cancerous, state).

> *In all of the tissue sections from cancers, immunoreactivity overall was markedly reduced as compared with normal mammary epithelium (Fig. 3). The reduction of immunostaining was especially striking in invasive components of the cancers (Fig. 3, D, E, F, and H). The heterogeneity in histology characteristic of breast cancers was paralleled by heterogeneity of immunostaining; an occasional immunopositive histologically normal ductal element was seen in the midst of immunonegative cancer cells and some clusters of immunonegative cancer cells were seen the midst of more immunopositive ones.*

The next critical piece of information here is their finding of the overall immunoreactivity being markedly reduced in correlation with the absence of ADH (alcohol dehydrogenase). So, that's all very interesting, and we just need to look at it from a new perspective to really understand it.

First, what you need to know is that ADH (alcohol dehydrogenase) has an important function in the detoxification of not just ethanol, but that of the retinoids too, and specifically that of retinoic acid[3]. It is well documented in other studies and textbooks. Therefore, ADH is not really used for the "*biosynthesis*" of RA as stated in the above report.



[3] RETINOIC ACID SYNTHESIS AND DEGRADATION
Natalia Y. Kedishvili
Department of Biochemistry and Molecular Genetics, University of Alabama at Birmingham

Rather, what they are actually seeing here is the ***depletion*** of ADH due to the prolonged detoxification of localized high levels of retinoic acid. What causes localized high levels of retinoic acid? The prolonged high levels of vitamin-A and subsequently damaged cellular membranes do. Once that happens, the tissues need to move into high gear and attempt to neutralize and remove the extremely toxic retinoic acid as fast as possible. In doing so, it uses ADH. However, once the local availability of ADH is depleted, the battle is lost, retinoic acid accumulates, destroys the tissues, causes metaplasia, and then the cancer develops.

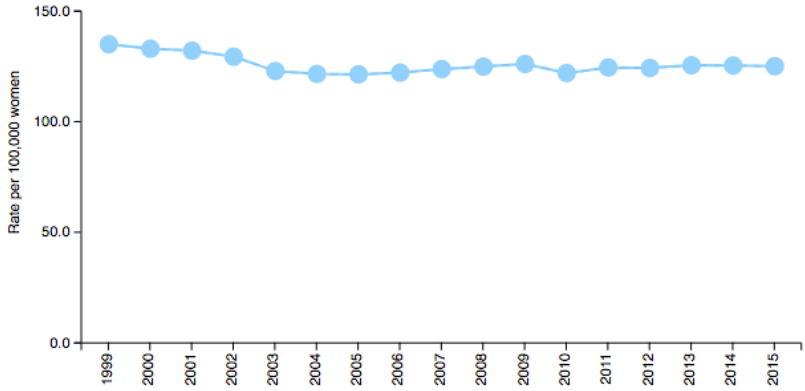
Second, we need to ask what chemical can even possibly cause the immune system to stall out, and not respond as they have observed in this report. Just as importantly, why is it only stalled out within the cancerous tissues? That chemical is vitamin-A and retinoic acid of course.

Thirdly, and finally, and what everyone should have clearly realized by now, is that there is no role, like none what so ever, for the extremely toxic retinoic acid molecule in the human body in the first place. That's not just a theory; it's now a fact. Thus, there's no need for the regular "*biosynthesis of RA*" other than breaking it down and detoxifying it. Therefore, what's the retinoic acid really doing in the tissues of breast cancers? It's causing them!

Chapter 9

The peculiar incidence rate numbers

If you've been tuned into the health news lately, you'll know that something seemingly peculiar is happening with the incidence rates for most of the chronic diseases. After decades of repeated increases, they are now slightly declining! Or, at least they've now stabilized, and the growth rates have started to taper off. The numbers are not huge, say on the order of just 1 or 2 percent. Nonetheless, they are important.



Source: Changes Over Time: Female Breast
New Cancers, All Ages, All Races/Ethnicities, Both Sexes
https://gis.cdc.gov/cancer/USCS/DataViz.html

And this change in incidence rates includes the deadliest diseases such as Alzheimer's, and some cancers, including breast cancer too. So, on the surface of it, that appears to be great news. The propaganda type messages from the government agencies are something like: "*Great news, we're making good progress in combatting the diseases, and their rates are now dropping*." Here's an example in the context of cancer rates.

> ***CONCLUSIONS***. *The trends of decreasing cancer death rates for the leading cancer sites in the 1990s are encouraging. However, surveillance researchers must continue to monitor these declines to assess whether the progress seen in this decade persists. Efforts also must be made to study the sites with increasing trends and identify potential underlying causes.*

Source: Cancer 2003;97(11 Suppl):3133–3275.
Published 2003 by the American Cancer Society.*
DOI 10.1002/cncr.11380

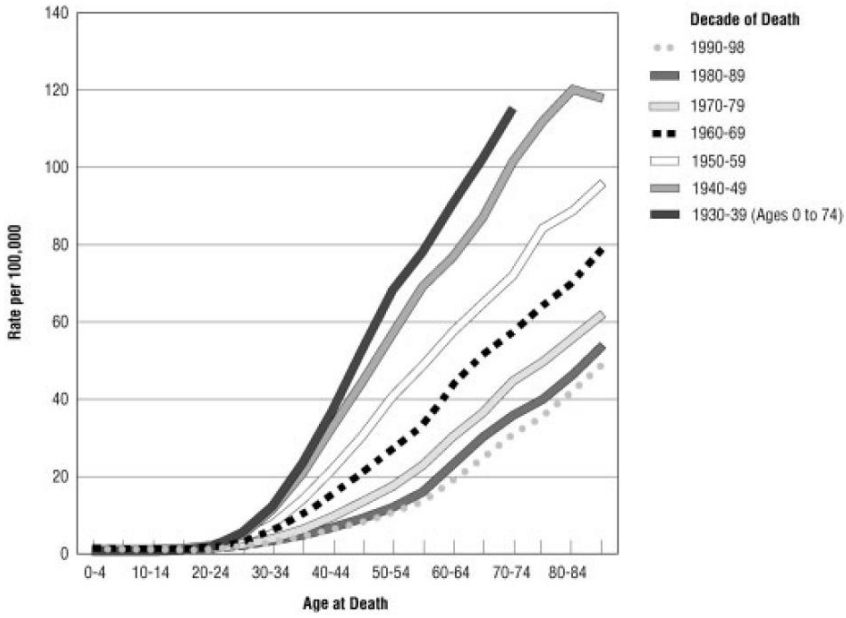
But, if you dig into this even the slightest little bit, you'll realize that it's a fabrication, and not true at all. Just as importantly, although they want to take credit for it, the supposed dropping rates have absolutely nothing to do with *them* combatting the diseases.

First, the cited drop in incidence rates applies to adults, and mostly seniors. What they don't say much at all about is that it's completely the opposite for our children. The rate of chronic diseases in our children has experienced no such drop and is still skyrocketing. North America now has, and by far, the sickest and most diseased child population in the world. The current numbers are staggering. It's something like 50% of North American children now has a chronic disease, and many of them have been diagnosed with multiple autoimmune diseases too. There's been a huge increase in the rates of eczema, asthma, and diabetes. But, it's much more than that. The rate of depression, anxiety, obesity, ADHD, autism and other brain disorders are now off the charts and continue to climb. The same applies to childhood cancers too. Additionally, for the first time in our history, the life expectancy is now ***dropping*** in North America. There is something drastically wrong then. To help put this into perspective, consider that among the 35 richest countries in the world, the USA now has the highest infant mortality rate and the lowest life expectancy. That's right, under the care and stewardship of our health care by the experts, North American children will now have shorter lives than that of their

parents. Not surprisingly, you don't hear anybody from the medical establishment jumping up and taking credit for them having *caused* these increases either.

No, we are not doing great, and things are not fine. That's just a big fat lie. But, the kicker here is that the claimed drop in disease rates in our seniors has just shifted down on its average age of onset into the younger age groups. That's right, our younger people, and our young children are now getting the *exact same diseases*, including breast cancer, which was once almost restricted to the older age groups. Therefore, it only *appears* that the rates in the older age groups have declined. Of course, it hasn't. The rate increases have just shifted down age, and by an awful lot too.

There's still even more to this propaganda fairy tale of declining rates. The age standardization adjustment applied to the incidence rates is also wrongly diluting the numbers. It's wrong, because even though we do have an aging population, these diseases are not due to aging, at all. Rather, they are due to exposure time and accumulation. Therefore, never again look at a chart such as the following and think that it reflects aging.



Source: Cancer 2003;97(11 Suppl):3133–3275.
Published 2003 by the American Cancer Society.*
DOI 10.1002/cncr.11380
FIGURE 76. Female age-specific death rates for cancer of the uterus, by age at and decade of death, 1930–1998, United States.

That chart does not reflect aging. Rather, it simply reflects exposure time and toxin accumulation. However, there's still an even bigger reason to explain why the declining cancer incidence rates are bogus. Here's the biggest reason:

> *Internationally, breast cancer rates vary substantially, with the highest rates found in the United States, Canada, and Northern Europe, and the lowest rates found among Asian and African women. Evidence that factors in early life influence risk is suggested by migration studies. Breast cancer incidence and death rates among migrant populations appear to increase substantially after arrival in the United States.*

Source: Cancer 2003;97(11 Suppl):3133–3275.
Published 2003 by the American Cancer Society.*
DOI 10.1002/cncr.11380

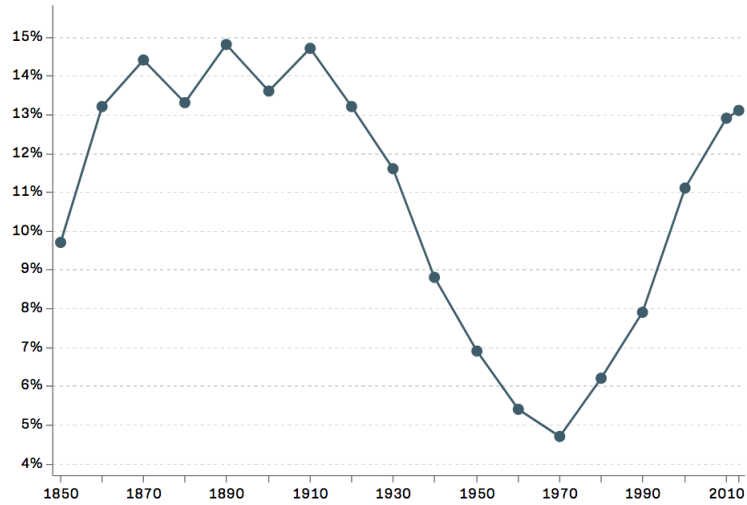
And then a bit later:

> *Colorectal cancer rates vary widely internationally. Incidence and death rates are highest in the developed regions of the world—Australia, New Zealand, North America, Northern and Western Europe, and Japan—and lowest in Asia and Africa. Geographic variation in colorectal cancer rates may be related to environmental factors, particularly diet. Studies in migrant populations also support diet as a contributing factor, cancer rates in migrant populations rapidly approach those in the host country populations, frequently during the migrants' generation.*

Source: as above

Do you see it? If not, there's just one more piece needed to complete the puzzle.

Foreign-born persons as a percentage of total US population (1850-2013)



Source: The US Census Bureau "uses the term foreign born to refer to anyone who is not a U.S. citizen at birth. This includes naturalized citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants, and persons illegally present in the US."

So, there it is. Look at the huge increases in the rate of immigration starting in 1970. Therefore, the supposed 1 or 2 % declines in some of the disease incidence rates they are reporting are simply because the ongoing increases are now outpaced by the influx of new, and naturally much healthier, migrant populations. With the immigration rate being so high over the last five decades it has been diluting the true incidence rates for the chronic diseases in long-time Americans.

Chapter 10

The sixty-four-billion-dollar question

The sixty-four-billion-dollar question here is: *can a person recover from breast cancer by simply adopting a vitamin-A free diet*? Although I don't know the answer to that question, I do think it is quite possible. That is not just speculation either, because, a bit amazingly, even 2500 years ago the ancient Greeks had documented it to happen. I also have a ton of respect for the awesome healing power of the human body.

However, it's going to be a very risky and long race against time. And, if it is possible, that race against time is not going to be very pleasant. As with the lead up to my eczema, I realized that it had taken decades to accumulate the toxic levels of the retinoids in my skin. With that realization, I knew that it was going to take a long time to draw those levels back down to being non-toxic again. Additionally, I knew that it was going to be only half the battle because it was then going to take even more time for my skin to repair the damage. So, even if cancer recovery is possible by just applying a diet change, it's most certainly not going to be quick.

Although attempting to treat cancer with a diet change alone would be risky the conventional alternatives are not very attractive either. Of course, what's needed is an antidote. If I were a medical researcher, I'd be looking very seriously into ADH (alcohol dehydrogenase) combined with zinc. However, I'm not at all expecting that medical science is going to move very fast in developing such an antidote. Because developing an effective antidote will devastate the cancer and pharmaceutical industries. With that understanding, it's probably going to be up to us to figure out the best recovery strategy and possible antidotes. Although I can no longer experiment on myself (because I no longer have autoimmune diseases), I

do have a few thoughts on what I'd do differently if I had to do it over again.

Intercepting the Recycling of Bile Retinoids

As the liver releases bile to aid digestion, that bile includes stored and emulsified vitamin-A. However; the small intestine reabsorbs almost all the bile. It is almost a closed loop cycle. So, it would be ideal if we could safely tap into that cycle and capture some of the bile's vitamin-A content, and then have it expelled with waste. If successful, then that would significantly accelerate in the drawdown of the liver's stores. I think a safe way to accomplish this task would be to use activated charcoal. After all, activated charcoal has been consumed for hundreds of years now in Okinawa (the land of the immortals). To make it most effective the timing and dose would have to be right. I think that a ½ teaspoon dissolved in a glass of water and taken just before breakfast each day might be a good starting point.

Using Natural Emulsifiers

Ever since I'd read the 1904 report by S. Mori of Japan, I've been quite intrigued by his use of butter fats as a disease treatment. As Mori correctly explained, it was the role that higher density lipids played in preventing disease and in the rapid healing it facilitated. I think the higher density fats may provide a multifaceted protective function. Firstly, the butter fats are going to emulsify circulating retinoids, and that's going to prevent them from immediately causing inflammation and cellular damage. Those fats will also facilitate the accelerated storage of retinoids into the liver. Secondly, the butter fats are going to helps cells to build up and maintain their crucial fatty membranes. So, all-in-all, butter should be very good. But, since butter in North America has quite a high concentration of vitamin-A too, I never dared to experiment with it. Rather, I used olive oil

as my primary source of fats. Although I found olive oil to be safe, I was never really convinced that it was ideal either. Thus, we should not rule out butter too quickly because the emulsifying power of that fat might outweigh the harmful aspects of its vitamin-A content.

Additionally, I think that the Indian ghee, the clarified butter, would be even better. Although ghee still contains vitamin-A, it has had much of the milk proteins removed. Ghee has a very long history of use in India and for promoting good health. Naturally, what would be ideal is ghee that has had all its vitamin-A contents safely removed. Even without its vitamin-A contents being removed, consuming ghee might be a great help, and especially so if a woman has been following a low-fat diet in the past.

Make Blood Donations

Our overarching goal is to remove as much of the retinoids from the body as quickly as possible. Unfortunately, with most of the retinoids trapped within stored lipids, it is going to be very difficult to accomplish. At least with the skin lipids, you can slowly grow it off over time. But, there's almost always some retinoids in circulation too. These are usually wrapped up in the retinol binding proteins. Therefore, if you were to make regular blood donations, you'd be drawing down on those retinoids from circulation. It might be only small amounts each time, but every tiny bit adds up and counts.

Moderate exercise and maintaining low stress

There's been a huge amount of both scientific and anecdotal evidence that indicates that stress is playing a big role in cancer development. Likewise, the same is true for the autoimmune diseases. Many people have reported that it was a period of prolonged high stress that directly preceded their autoimmune disease condition. To the casual observer, this might not appear to be very logical. But, now that we understand the causal

mechanism, it's perfectly logical and understandable. It's because periods of prolonged high stress cause the body to chronically release higher concentrations of glycogen from the liver into the serum. Along with that extra glycogen comes extra amounts of vitamin-A being released into serum. Thus, it's the prolonged exposure to the higher concentrations of vitamin-A that has caused the autoimmune diseases and cancers to develop. Therefore, to recover from the diseases, it would be very important to maintain a low-stress environment. It would also be very prudent to get moderate amounts of exercise to allow the muscles to consume that glycogen and along with it the extra vitamin-A.

Have you ever heard of someone with muscle cancer? No, you haven't. That's because the structure of the muscle tissue is very different from the epitheliums. The muscle tissue does not have a basal membrane with the vitamin-A vulnerable stem cells. So, by getting your muscles to consume the glycogen, you are also protecting the epitheliums from being overexposed to extra circulating vitamin-A too.

Chapter 11

Wrap up and Conclusion

We know that breast cancer is a poisoning. Since it is a poisoning, we need to move on to the next steps and determine what potential toxins could be responsible for causing it. Fortunately, we can leverage some of the work and criteria I've outlined in my previous e-books regarding the autoimmune diseases. Let's go through some of that criteria and see if we can isolate it down to just one toxin.

1) Firstly, we know that the toxin must be amazingly ubiquitous around the world. We know that because breast cancer is found in all nations of the world. What varies is just the wide-ranging geographic and national incidence rates.

2) Next, we can assume that it's not sourced from the air or water because there is still only a fraction ($1/8^{th}$) of the women who get the disease within their lifetimes. Except, most women are going to be breathing about the same amount of air and drinking about the same amount of water.

3) Since the developed Western countries are experiencing incidence rates at about 5x of the underdeveloped countries, there must be more of it in our foods. Additionally, immigrants start to develop the same rate of the disease after being here for fifteen or so years.

4) It's likely that women are consuming more of it since the 1970s because we've experienced a big jump in the incidence rates since then too.

5) It's likely that both men and women are consuming it because both men and women are now getting the disease.

6) It accumulates in the body over time. This is an indisputable fact.

7) It must commonly accumulate in the mammary glands of the breast as this is the most prevalent site of breast cancer development.

8) It's probably not thought of as being a toxin. This supposition is made because if it were a well-known toxin, like say like lead, PCB's, dioxins, etc., then medical science would have surely found it by now. But, there should be little doubt that these other well-known toxins are indeed causing many cancers too.

9) It's probably a toxin that's proven to cause gene mutations.

10) It's probably a toxin that can destroy the skin epithelium.

11) Quite possibly, it is a toxin already known to medical science as being quite capable of causing cancer in the epithelium.

12) Lastly, let's seriously raise the bar here and add the criteria of it being a toxin that is known to cause *all* of the symptoms of *all* of the autoimmune diseases combined and *all* of the symptoms of Alzheimer's, dementia, anxiety, and depression all combined too.

What food-based toxins do you know of that can meet *all* the above criteria, and do so easily? It's not mercury, it's not lead, nor PCB's.

What potential matching toxin do we know of with absolute certainty to accumulate in the human adipose tissues and within the mammary glands too? What potential matching toxin is so ubiquitous, and yet so underrated, and so misunderstood that it's almost always right under our noses and

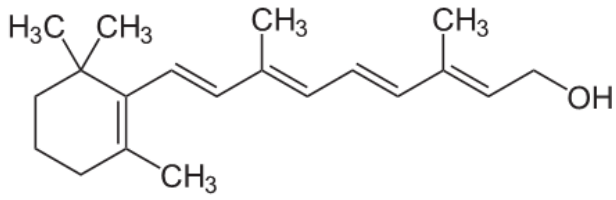
nobody takes much notice of it? And lastly, what food-based toxin has been proven, and proven with absolute certainty to cause cancer in the epitheliums? It is a vitamin, and a poison vitamin to boot. It's vitamin-A.

Unlike some medical researchers who want to perpetually spin the hamster wheel of writing more studies, and almost never come to a meaningful conclusion about a damn thing, we are not going to fall for their standard claim that "it needs more study." No, it's crystal clear, completely obvious, and conclusive. Breast cancer is not caused by genetics. Breast cancer is not due to ageing. Breast cancer is not caused by poor life-styles. Breast cancer is caused by where you live and what you eat. Clearly then, breast cancer is a poisoning. The primary toxin responsible for that poisoning is vitamin-A. I challenge anyone to disprove it.

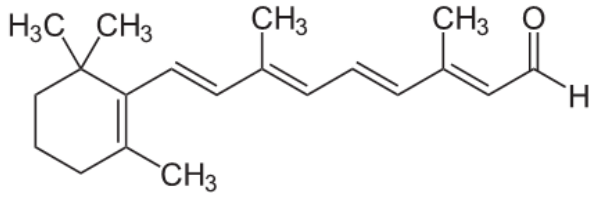
Thank you

Appendix

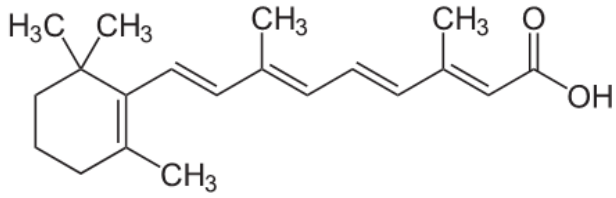
Retinol



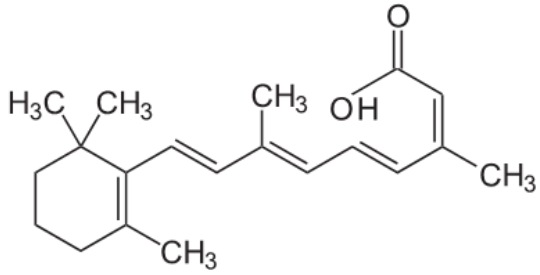
Retinal



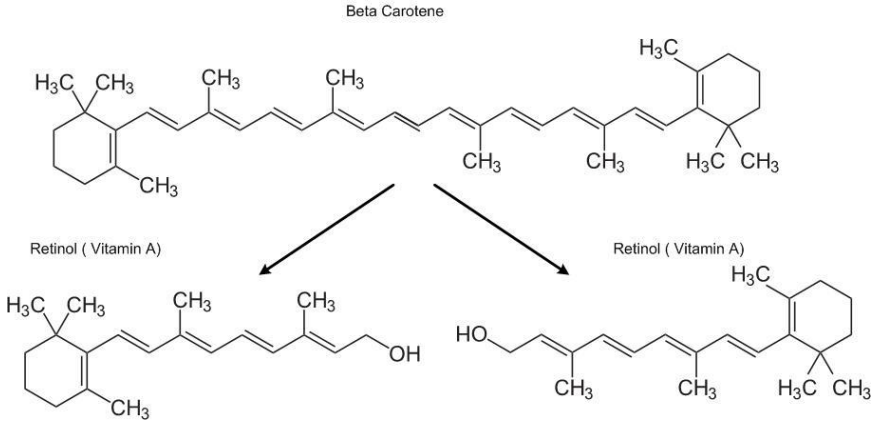
Retinoic Acid



Isotretinoin also known as 13-cis retinoic acid



The cleaving of beta-carotene into two vitamin-A molecules.



Vitamin-A Palmitate

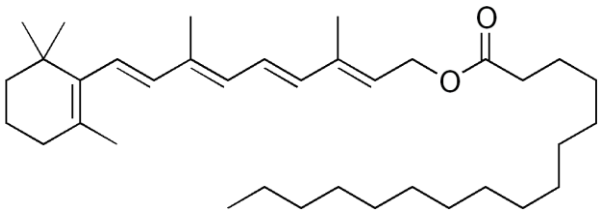


Image source: https://commons.wikimedia.org/w/index.php?curid=3960011

Urushiol (poison ivy)