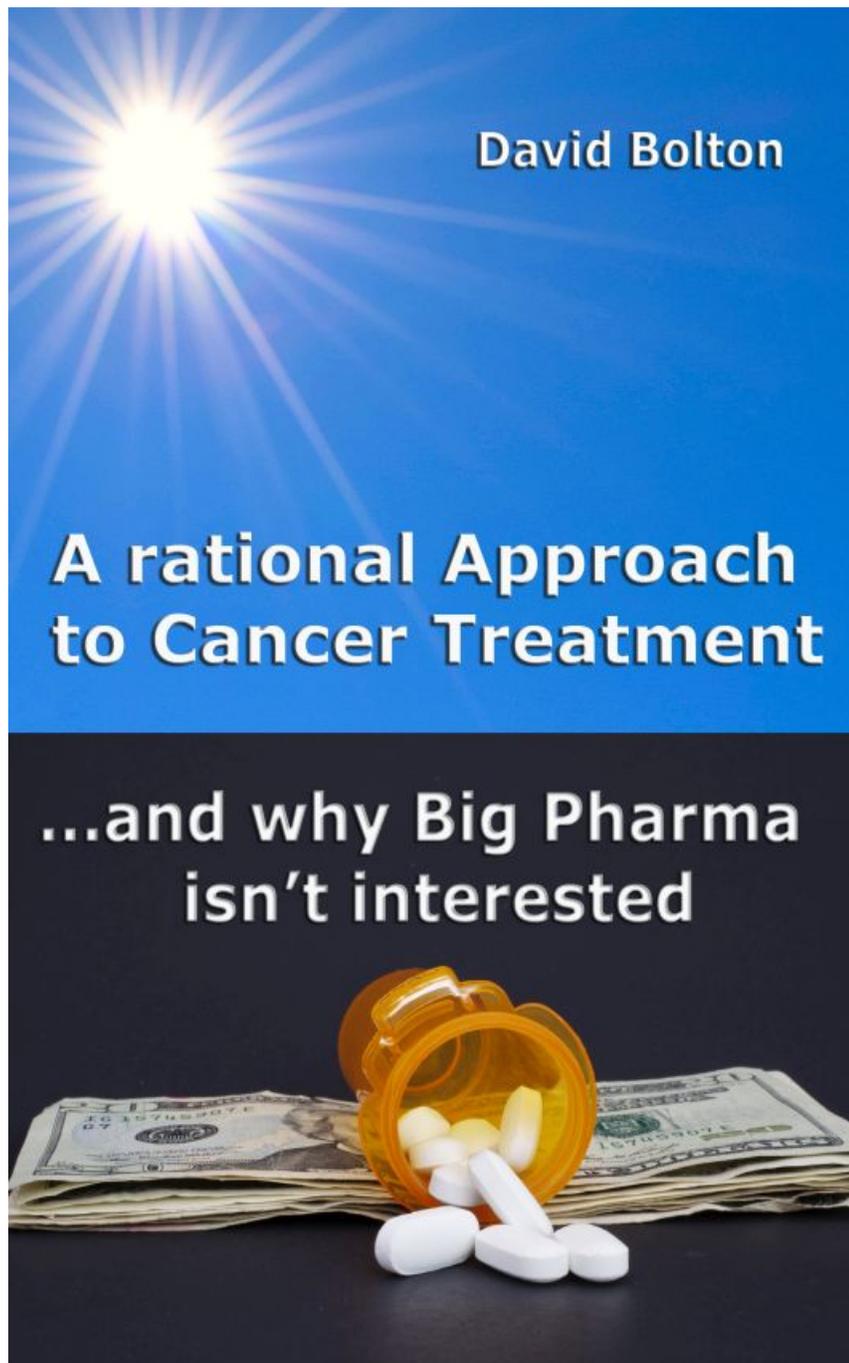


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– David Bolton, Saginuma, Japan, January 30, 2020



**A rational Approach to Cancer Treatment –
... and why Big Pharma isn't interested**

by

David Bolton

* * * * *

PUBLISHED BY:

David Bolton

**A rational Approach to Cancer Treatment – and why Big Pharma isn't
interested**

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You can see all of my works at my Amazon page:

[David Bolton's Amazon author page](#)

or at my website:

www.dboltoncreations.com

A triple Dedication:

To my mother, Nancy Bolton

To my father-in-law, Nobuo Kiyama

To Eloisa

– for it was their experiences with cancer, and their ultimate passing, that motivated me to write this book

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Preface

Suppose you were speaking with a medical doctor, and you asked her the following question: “Doctor, do you think it would be a good idea for me to do everything I can to strengthen my immune system?”

Can you even *imagine* that she would respond: “No, I don’t think that’s such a good idea at all.” Would she not rather say something like: “That would be a great idea. The stronger your immune system, the healthier you’re going to be!”

No matter whether you are now healthy, or are suffering from an illness, either minor (e.g., the common cold) or extremely serious in nature (such as cancer) – *everyone* would be better off if he did all he could to fortify his immune system.

Before you criticize me for stating the obvious here, consider the fact that many of the “treatments” offered by the Medical-Pharmaceutical Industry are not only **not** designed to help your immune system; quite the contrary, many, if not most, of the prescription drugs given to patients actually weaken their bodies’ defenses. Even worse: for illnesses that clearly signal that a patient’s immune system is **already** in a weakened state – cancer is here a prime example – “treatments” like chemotherapy are routinely employed **even though it is well-known to just about every physician on the planet that chemotherapy not only further weakens, but can eventually totally destroy even a healthy immune system.**

This tragic irony is due to two misconceptions, in addition to what is, in my view, an ethical crime.

The first misconception, held by a surprisingly large number of medical personnel, is that the human being is merely a sort of highly developed machine: if something isn’t working right, you have to “fix the parts”, and hope that the body will soon be “working” again. This misconception has led to excesses such as prescribing antibiotics liberally, even for things such as the common cold (that is almost always viral in nature, and thus will not respond at all to antibiotics). Note

well: these antibiotics, in addition to having other side effects, will kill necessary bacteria in the body, and this will *weaken* your body instead of strengthening it. (Read [this article](#) from the site of the Mayo Clinic).

The second misconception is that if there are “bad cells” present in the body, the best we can do is try to “kill them off” in order for the patient to be able to recover. This is the reigning medical paradigm as far as present-day mainstream cancer treatment is concerned, and has led to techniques such as radiation therapy, and chemotherapy.

Yet even in cases where, after chemo treatment, the cancerous cells have “disappeared”, it happens very often that some months, or a few years later, the cancer returns, either in its original location, or somewhere else in the body. In all-too-many cases, chemo doesn’t “kill all those bad cells” at all. Quite the contrary: during the months of chemo treatment, it can often be seen that the patient’s condition worsens even more quickly than it had been doing before treatment. We tend to chalk this up to the cancer itself, although practically anyone who is informed about the dangers of chemo would reasonably have to conclude that the rapid deterioration of the patient’s condition was not the result of cancer alone, but was largely the fault of chemotherapy.

That chemotherapy can well be deadly – even for healthy people – was amply demonstrated by the criminal activity of an oncologist in the Detroit area, who in 2015 was sentenced to 45 years in prison for diagnosing even completely healthy patients with cancer, so that he could make a fortune by treating them with chemotherapy. As a result, many of these patients suffered irreparable damage to their health; others died. (Read the CNN article: “[Patients give horror stories as cancer doctor gets 45 years](#)”; also [this one](#)).

As horrifyingly tragic and outrageous as this case is, it does serve to show very plainly that chemo drugs will permanently injure, and even kill, people whose health

is not bad at all. Imagine then, what they will do to those whose immune systems are already severely weakened by cancer!

For this reason, I feel that even when doctors are not criminals (and fortunately, the great majority of them are not), they are nonetheless engaging in what could be called – ethically speaking – a crime when they recommend, and administer chemotherapy to people whose types of cancer have been proven to **not** be helped through chemo treatments.

I can hear some of you now: “What? How can you dare to say such a thing, David? Where’s the proof of such a bold statement?” I urge you to read on, because the proof exists, in the form of a scientific study: a systematic review of the medical literature, that took into account *tens of thousands* of patients in the U.S. and Australia, and which showed plainly that for nine common types of cancer, **chemo contributes nothing whatsoever even to five-year survival rates** (let alone to achieving a cure).

That’s right: every day, chemo drugs are being given to patients who have types of cancer that will not respond to chemo – which means that those patients are going to be **much** more harmed than helped by such an invasive “treatment”. Later, I will not only quote from this study, but will provide download links to it: this is necessary because “mainstream” cancer sites will **not** give you this information. Why not? Well, that’s another part of the “criminal” element present in our topic. The Medical-Pharmaceutical Industry rakes in literally billions of dollars per year thanks to chemotherapy. So is it reasonable to expect that they will give you the truth, the whole truth, and nothing but the truth as far as chemo is concerned?

By this point, you may be thinking that I am merely some sort of “prophet of doom”, and that reading this book will only take away any hope that you might have – whether you be a cancer patient, or a family member of someone stricken with the illness.

But don't despair, for nothing could be farther from the truth. If my only message to you were that chemo should almost always be avoided like the plague, I probably would not have written this book, for I know the importance of hope. Yet you will find on these pages many reasons why you can, and truly *should* have hope, for I will show you a path that has sometimes led to complete cures for cancer. I myself know two people who achieved a complete, and real cure, through totally natural means. And it will cost you next to nothing!

Now: I am not a doctor, nor do I work in the health-care industry. But I do have a pretty good head on my shoulders, and have spent quite a bit of time looking for the truth as far as cancer treatment is concerned. You will find many links in this book, to articles, scholarly studies, etc. For you see, the truth **is** out there – though don't expect to always get it from the Medical-Pharmaceutical Industry, for their main concern is not your health and welfare, but rather, their exorbitant profits.

I defy anyone – doctor, or layman – to challenge the main message I am giving my readers in this volume. It is a message I have already stated, and which I will state again and again throughout the book, in the hope that even the most superficial of readers will absorb it.

Here it is:

“If you have cancer, you should do anything and everything you can to strengthen your immune system”.

Is there really any honest individual in his or her right mind who would deny that? Read on, and feel free to challenge what you find if it doesn't make sense to you.

I am convinced that if you follow my reasoning, you will come to basically the same two main conclusions that I have reached. First, that the best way to treat cancer is seldom chemotherapy. Second, that despite this, there is **definitely** hope for

recovery, if a patient is willing to take charge of the situation and is determined to fortify his immune system.

In some of my books about other subjects, I might, at the end of the introduction, write something like “Enjoy reading about (whatever the topic happens to be)”. I will refrain from wishing you an “enjoyable read” here, though, for I realize that the subject is anything but enjoyable. Nonetheless, it **is** of supreme importance. If you ever (God forbid!) fall ill with cancer, you will only be able to make the right decisions about the proper treatment if you have the facts – and many essential facts are routinely withheld from us by the Medical-Pharmaceutical Industry. Read this book, follow the links to the articles and scientific studies, and above all, **think for yourself**: allow reason to be your guide, instead of blindly trusting the suggestions or recommendations of others.

Introduction

Although I began writing this book on November 17, 2017, it had been in fact well over four years in the making, for certain personal events of 2013 had very often crossed and re-crossed my mind. Ever since that emotionally most trying year, I have known that eventually, I would simply have to share my experiences with the world – not merely to "vent", but rather, to make people aware of certain horrifying abuses on the part of the medical industry, and more importantly: to encourage you, the people, to demand your rights as patients, and as citizens.

It was in 2013 that my mother was diagnosed with cancer (soft tissue sarcoma), and I returned to the States to help care for her (I have been living in Japan since 2009).

At that time, I knew virtually nothing of cancer, chemotherapy, or other possible treatments for this dread disease. Yet faced with the responsibility of caring for my mother, and of finding as much information as possible on what might help, or even cure her, I used almost all my free time to do research into methods of cancer treatment, whether mainstream or alternative.

During the weeks from May 22 (when I arrived in America) to July 6 (when my mother passed away), I accompanied her on many visits to physicians. My sister, who lives in the same town as our mother (Hanover, PA), told me about doctors she and my mother had visited over the course of the previous twelve to fourteen months.

My mother had had a tumor in her lower leg that she first noticed about a year and a half before she died. Being referred to a specialist by her family doctor, she wasn't even examined by that expert, but rather, by his "physician's assistant" (PA). Quite apparently, that man lacked the medical knowledge to recommend that which I later learned was standard procedure in cases of tumors: namely, a biopsy. For *no*, he did not even *mention* doing a biopsy. Instead, he asked her if she would like to have an operation to remove the tumor.

Our mother, Nancy Bolton, had never had an operation in her life, and so was fearful of this prospect. She asked if there were some other alternative. The "physician's assistant" replied by saying that if she didn't want an operation, she could simply come back in a year and they would see how the tumor was developing.

In a perfect world, we would all know enough about medicine that we would immediately recognize when doctors – or as in this case, their assistants – are making an obvious mistake. Yet in 2012, when I talked to Mom on the phone and she told me about the tumor for the first time, I had no idea about standard procedure in such cases, or just about any other medical cases. Therefore, no alarm bells went off in my head when she said she was to return to that doctor the next year.

Of course, now I know that those alarm bells *should* have been ringing at a deafening volume; I should have immediately asked: "But didn't he tell you to get a biopsy?" But as I said, I had no idea of such things, and don't we generally tend to trust what doctors (or even their "assistants") say?

In retrospect, I naturally regret my ignorance. For when my mother returned to that physician a year later, and the assistant took a look at the tumor – that was now much bigger – he immediately called in the specialist for whom he worked. The doctor, upon seeing the state of my mother's leg, looked half panicked, according to my sister. (He was no doubt fearing we would sue him for not following standard procedure and doing a biopsy the year before). He told our mother she would definitely need an operation as soon as possible.

She had the operation in May 2013; all seemed to go well. I got back to the States shortly thereafter and began helping her as much as I could, for she naturally had difficulty walking. The surgeon who did the operation (who was one of the few truly competent physicians I dealt with during those trying months) had told me that they would do some tests sometime after the operation to see whether cancer cells from the tumor had spread to the lungs, for this was the greatest danger.

In the time before that visit, my first doubts as to the competency of certain physicians arose. My sister Ellen had been reading up on tumors, and had discovered that the expert our mother had visited the year before should definitely have insisted on doing a biopsy. In fact, his assistant *didn't even mention* the procedure, and as I said, the specialist for whom he worked did not even examine our mother, although I'm sure that the bill he sent to the insurance company was every bit as high as if he himself had done the examination.

How could it be, I thought, that such things are going on? If someone goes to an expert, whose fee is even much higher than that of a family doctor, should not that physician him/herself examine the patient, instead of relegating that task to an "assistant"?

Sure, assistants do play an important role in many contexts. Why, as any child can tell you, Santa Claus has a bunch of assistants, called "little helpers", so that he can be sure to have enough toys prepared for every single child in the country once Christmas rolls around. But in that case, all they are doing is making and distributing toys; they are not giving you advice concerning life-threatening diseases.

The world of medicine is hardly a child's fantasy, is it? When you have a serious medical condition, your life could be on the line. And why do "specialists" exist? Is it not because they have a higher level of knowledge specific to the patient's illness? Why, then, would a specialist not examine the patient himself, and instead give this task to an assistant, whose level of medical expertise is in no way comparable to that of the expert?

In my mother's case, the fact that it was an assistant, and not the specialist, who first examined her, led clearly to her death, since that assistant did not have either the knowledge or the professional presence of mind to mention the necessity of doing a biopsy. But since I myself was not there at that session, how can I be sure that he didn't recommend that procedure? Because not only did both my mother and my

sister assure me that he did not do so, but after my mother's death, I carefully studied the hand-written report of that assistant, and saw clearly that all he recommended was that she return in a year.

If *only* I myself had not been so ignorant, and had known enough to tell our mother to get a biopsy as soon as she told me about the tumor in 2012!

Returning to May 2013: it struck me that that specialist wasn't the only doctor who had erred. In the year between the appearance of the tumor and the operation over a year later, my mother had visited her family doctor a number of times (the one who had recommended the specialist). So why hadn't *he* ask her: "What did the biopsy on that tumor show, Nancy? Is it benign?" By so doing, he would have learned that a biopsy had not been done; he then could have phoned the specialist and asked *why* it hadn't been done, upon which the specialist, realizing that his assistant had made a mistake, could have immediately contacted my mother and told her to get a biopsy well before the tumor had grown very much.

But no. Her family doctor seemed to have put the whole thing out of his mind. Not once did he ask about any biopsy results. This, to my mind, is akin to malpractice, is it not? Once the operation had finally been done in May, 2013, the family doctor did highly recommend an oncologist specializing in chemotherapy. My mother, who was the gentlest person I have ever known, was unfortunately all-too complacent where "authority figures" were concerned. Therefore, not wanting to reject her physician's recommendation, she agreed to pay a visit to the oncologist.

As it turned out, that doctor was by far the worst of the lot, as you will see in the next chapter.

After experiencing so much incompetence on the part of physicians whose elevated fees might suggest that they would at the very least prove more useful than harmful, I thought of writing of our experiences just after our mother died. However, I must confess that I was unable to do so. Witnessing our beloved mother's physical

decline, great suffering, and eventual death had left me emotionally devastated. I was depressed for months following that extended trip home, though I realized that that was a natural part of the grieving process. No, I did not take any medication for depression, for I already knew of some of the horrible effects of such drugs. More than anything else, my philosophy of life – and death – got me through that time of grief drug-free.

Although I am an author who has written many books on a variety of topics, I nonetheless could simply not bring myself to begin to write about **this** one, for it would have saddened me even more to have to relive those painful times during the course of writing such a book.

Yet in 2017, an acquaintance of mine in Spain, whose name was Eloisa, fell ill with cancer. I once again took up my internet research, and learned more – not only about cancer, but most significantly of all, about the clear abuses of what I shall call the "Medical-Pharmaceutical Industry".

In particular, I happened across – by what I can only call a fortunate coincidence – a serious mainstream medical study that reveals some shocking facts about chemotherapy as a means of cancer treatment.

Note: In 2013, during my mother's illness, I tried as hard as I could to find just such a study, but to no avail. *I was unable to find a single official study that gave clear statistics on just how much chemotherapy can help patients with certain types of cancer.* At that time, I was dumbfounded: should not such statistics be routinely made available – nay, should they not be regularly *given* – to patients who have cancer? And yet the numbers were nowhere to be found. I *did* read that there was an agreement between the government and the Pharmaceutical Industry, which allows that industry to **not** make all their statistics available to the public. Don't be alarmed if that last sentence makes you angry; we should all be completely outraged that truths concerning our very lives are being constantly hidden from us.

Clearly, something was, and still is, "rotten in Denmark". (Just a saying: in fact, there is more transparency in Denmark than in the U.S. where cancer statistics are concerned.) How could it be that the companies that produce drugs, many if not most of which have ominous side effects – how could it be that they are allowed to **not** tell the people *everything* they know about the efficacy and usefulness of those drugs?

I was soon to discover that the situation was even worse than that. Namely, that even when asked directly, an oncologist may well **not** tell you the truth, but will instead brush off your very serious questions as to the usefulness of chemotherapy, all in a despicable effort to convince you to resort to that therapy. And why? Because they simply want to profit from your loved one's sad plight for as long as they can before death ensues, even if they *know for a fact* that the treatment they are recommending does *no good whatsoever*, and thus can only be harmful to the patient.

I know that this is a brutal-sounding accusation. And yet, the medical study that I recently discovered very clearly shows that my conclusion is the only one that can be reached.

Further research revealed that the problem is much greater still, as you will see over the course of this volume.

In other books of mine, at this point in the introduction, I might wish you a "happy read", but I shall refrain from doing so here. For I can assure you that by the time you are finished with this book, you will not be happy at all. Quite the opposite: I believe you will be saddened, and above all, **angered**; and that your anger will have assumed the form of a most justified righteous indignation. And this is good, because as unpleasant as such feelings may be, in this life-and-death context, the outrage you feel will hopefully motivate you to take a few simple, yet concrete steps to contribute to rectifying some of the shameful abuses of the "Medical-Pharmaceutical Industry"

– abuses that, if left in place, could easily put you or a loved one in a premature grave.

As far as book topics go, you can't get much more serious than that, can you? So brace yourself, and read on...

A few words about the structure, and the tone of this book:

Although the sections of this volume do form an entirety as far as the main themes are concerned, you will find that the individual chapters can also be read as separate essays. For this reason, there is a relatively high frequency of repetition of essential points. That indeed was my intention. Being well aware of the degree to which the average person has been "indoctrinated" by the Medical/Pharmaceutical Industry to believe that this industry has "only your best interests" in mind, I felt it necessary to use repetition in order to impress upon the reader the supreme importance of a number of main points, and of the inevitability of several logical conclusions which show that all-too often, it is money, and not your welfare, that is the main motivator for many people in the field of medicine.

It is also for this reason that I have purposely chosen to avoid a tone that is always moderate and "objective". Yes, I will give you **facts**: some of them indisputable scientific facts that prove my points eminently well. Yet when dealing with a subject that touches upon the suffering of millions of people – cancer patients, their family, friends, colleagues – I feel it is nothing but appropriate to express the emotions that the present state of things naturally evokes in anyone who has a sense of what is right and what is wrong. As you will see, there is a *lot* wrong with our health care system, more than enough to anger even peace-loving individuals; more than enough to motivate all of us to join together in protest, and *demand* the changes that are so desperately needed.

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