

LifeSpan Mission: Live Well.

Greetings!

We have been to too many funerals this summer, and find ourselves on an introspective binge of meditation on the subject of Mortality. You can't know enough about how your body works and the reasons that it doesn't. We are all destined to die. Why do some of us go gently into that good night while some of us leave kicking and screaming? How can we make the process better, easier, faster (or slower), less scary, more conventional?

Hastening our demise, why does even the certain knowledge that certain things are not good for us fail to prevent us from doing those things? How is it possible that we might consider indulging in behaviors such as eating red meat, smoking, drinking and driving fast cars worth the consequences when those consequences involve a pine box – and why do even people who have never stepped out of line pay the same ultimate price? Perhaps because we're only human, but if you have any other ideas we'd like to hear them.

Comedian George Carlin said, "Death is caused by swallowing small amounts of saliva over a long period of time." This seems a sensible theory, as from birth we are dealt a terminal blow, so we might as well find as much joy, learning and love as the years we are destined to claim will allow. As author Charles Bukowski said, "We are here to laugh at the odds and live our lives so well that Death will tremble to take us."

Our Advice: Live Well.

You would be hard pressed to think of a single person whose life hasn't been touched by cancer. The American Cancer Society estimates that there will be 1,444,920 new cancer cases in 2007, 559,650 of which will result in death. The most commonly diagnosed cancer is non-melanoma skin cancer, followed closely by lung and breast cancers.

*Cancer, Old English, from Latin "a crab," later, "malignant tumor." Greek physician Galen, among others, noted similarity of crabs to some tumors with swollen veins. From Greek karkinos, which, like the Modern English word, has three meanings: crab, tumor, and the zodiac constellation (1391), from Proto-Indo-European base *qarq- "to be hard" (like the shell of a crab); cf. Sanskrit. karkatah "crab," karkarah "hard;" and probably cognate with Proto-Indo-European base *qar-tu- "hard, strong," source of English hard. Meaning "person born under the zodiac sign of Cancer" is from 1894. Cancer stick "cigarette" is from 1959." (Online Etymology Dictionary)*

Ancient medicine took an immense leap forward when Galen,



**Greek Physician Galen,
129 – 210 AD**

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CANCER UPDATE FROM JOHN HOPKINS UNIVERSITY

Renowned institution of medical learning

1. Every person has cancer cells in the body. These cancer cells do not show up in the standard tests until they have multiplied to a few billion. When doctors tell cancer patients that there are no more cancer cells in their bodies after treatment, it just means the tests are unable to detect the cancer cells because they have not reached the detectable size.
2. Cancer cells occur between 6 to more than 10 times in a person's lifetime.
3. When the person's immune system is strong the cancer cells will be destroyed and prevented from multiplying and forming tumors.
4. When a person has cancer it indicates the person has multiple nutritional deficiencies. These could be due to genetic, environmental, food and lifestyle factors.
5. To overcome the multiple nutritional deficiencies, changing diet and including supplements will strengthen the immune system.
6. Chemotherapy involves poisoning the rapidly-growing cancer cells and also destroys rapidly-growing healthy cells in the bone marrow, gastro-intestinal tract etc, and can cause organ damage,

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influenced by Hippocrates and his theory of the “humors,” began to see illness as an organic physical process and not as a supernatural or religious one. They thought that a balance of the four humors made for good health, and that a deficiency or excess caused illness. Galen declared cancer incurable. Until incredibly recently, surgery was primitive and often worse than the disease. Not until anesthesia became available in 1846 did major advances take place in cancer surgery, followed 50 years later by the invention of the X-Ray, and in 1956, chemotherapy was successfully employed to treat a cancerous tumor. Since then, there has been an explosion of therapies and advances in cancer research and treatment. According to the American Cancer Society, “Scientists have learned more about cancer in the last decade of the 20th century than has been learned in all the centuries preceding.”

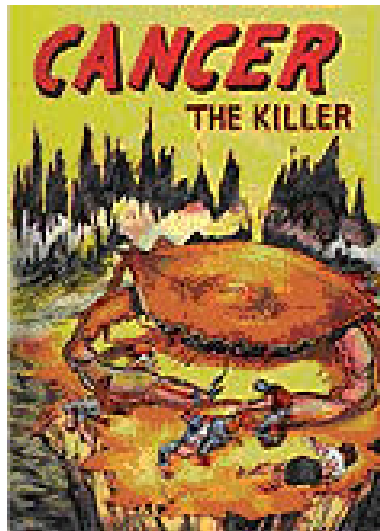
In simple terms, “the human immune system often fights off stray cancer cells just as it does bacteria and viruses. However, when cancer cells establish themselves in the body with their own blood supply and begin replicating out of control, cancer becomes a threatening *neoplasm*, or tumor. It takes a minimum of one billion cancer cells for a neoplasm to be detectable by conventional radiology and physical examinations. *Cancer*, which represents more than 100 separate diseases, destroys tissues and organs through invasive growth in a particular part of the body and by metastasizing to distant tissues and organs through the bloodstream or lymph system. Heredity, lifestyle habits (such as smoking), and a person's exposure to certain viruses, toxic chemicals, and excessive radiation can trigger genetic changes that affect cell growth. The altered genes, or *oncogenes*, direct cells to multiply abnormally, thereby taking on the aggressive and destructive characteristics of cancer. Treatments such as surgery, chemotherapy, and radiation are effective with many cancers, but they also end up killing healthy cells. Gene therapy attempts to correct the faulty DNA that causes the uncontrolled growth of cancer cells. Researchers are investigating other treatments, such as immunotherapy (the stimulation of the body's natural defenses), vectorization (aiming chemicals specifically at cancer cells), and nanotechnology (targeting cancer cells with minute objects the size of atoms).” ([The American Heritage Science Dictionary](#))

American soldiers who fought in World War I were issued cigarette rations, creating a generation of smokers that became a generation of lung cancer victims. By the early 1930s, medical scholars first recognized a link between smoking and cancer. This led to a new focus on the disease, which had largely been viewed in light of the knowledge assembled by

Galen almost 2000 years before. On August 5, 1937, Congress passed an act creating the National Cancer Institute to “reduce the worldwide burden of cancer through innovative research and the development of ever better interventions to prevent and treat cancer.” (www.cancer.gov)

Interestingly, cancer deaths in the United States have modestly declined - for the first time since 1930, when the U.S. began to compile cancer statistics. In 2003, 369 fewer people died from cancer than in 2002.

It would seem that everything from household mold to HPVs to barbecued chicken has been identified as causing



cancer – the media hypes a new trigger every day. The good news is that a sensible and balanced approach to life can cut the risk of cancer dramatically. Moreover, advances in medical technologies are enabling improved screening for early detection. Early detection and appropriate treatment fosters dramatically improved survival rates.

New treatment technologies hold amazing promise. Example: invasive radiologists can choke off a tumor in the liver by a technique called “chemo-ablation.” This involves threading a catheter via a blood vessel into the area proximate to the tumor, then instilling chemicals (various ones from hypertonic salt water to various drugs used in chemotherapy) that choke off blood circulation to the tumor. The tumor dies; the body slowly takes away the dead tissue. The patient doesn't even have to be cut open.

Also, radiation treatments are much improved. While radiation burns and gross destruction of non-involved (surrounding) tissue were once common, the combination of computerized tomography and precise delivery of radiation doses now result in better tumor shrinkage with fewer side effects. These techniques involve coming to the hospital/facility daily for about 20 minutes per day for about 40 days, but the overall outcome is better with fewer side effects than alternative radiation therapies. Caveat: make sure the treatment facility has the latest technology, and the radiation oncologist is up to speed on the specific type of cancer to be treated.

Recent findings of chemotherapy treatments include the fact that many chemo drugs can impair heart function over time. Also, many patients get “chemo fog” described as an inability to think straight. This is an actual cognitive impairment that diminishes a person's ability to remember, communicate and solve routine problems. They have a diminished affect, and are often depressed. The fatigue that accompanies treatment compounds this problem.

Once diagnosed, essential decisions need to be made. Depending upon the type and stage of the cancer in question, is a cure the best goal or should quality of life be the goal? Do the potential benefits of the treatment proposed outweigh the potential harm? What are the best hospitals and doctors

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for each particular kind of cancer? What other questions should I be asking?

An observed characteristic of cancer doctors, or Oncologists, is that (sorry guys) they are not always totally forthcoming to the patient and family with regard to prognosis, treatment choices, expected side effects, and expected quality of life during treatment. Treatments take time, many doctor visits, fatigue and loss of appetite while undergoing chemotherapy and radiation usually preclude being able to work or attend school. Doctors don't like to give bad news, so they parcel it out in small doses, using code words and euphemisms that cloud the issues at hand, often obstructing truly informed consent.

Doctors who are not affiliated with major medical centers tend to stick with treatments that they know about, not ones which may be emerging and that are shown to be more effective. The patient and family may elect to seek out treatments that are undergoing "clinical trials". These treatments are by definition experimental, so there is no guarantee that they will be the most effective in every circumstance. However, there are several advantages to being involved in clinical trials, such as:

- They are held at tertiary care medical centers (university hospitals) and conducted by the smartest guys on the block. The treatment protocols are reviewed by experts in the specialized area of that particular cancer.
- The therapy itself represents the latest thinking regarding treatment of the specific type of cancer involved.
- The patient gets more thorough attention, because there is precise data collection process and a comprehensive team that is working together on the project.

Second opinions regarding proposed treatments can be helpful in sorting out what questions to ask and getting answers that make sense. Often, internet searches by those who have little medical background are not that helpful. Cancer is such a complex disease (in fact, each type of cancer has its own profile, pathology, and set of treatment modalities), and there are so many new treatment approaches coming into play, it is difficult even for a professional to know what to do.

A LifeSpan Care Manager may not know everything, but we know the right questions, and where to go for the answers. This helps design a plan of care and a support system for the patient and the family. The right treatment plan and a support system to cope with the extended therapies and unforeseen circumstances can assist optimizing the outcome. ♥

We're Looking for a few GREAT Nurses.

The Opportunity of a LifeSpan

This new model of independent nursing practice is your opportunity to get out of the hospital or private-practice workplace and set your own schedule, use your experience and talents, and make \$50-\$60/hour working from home!

CLINICAL PARTNER POSITION DESCRIPTION

The LifeSpan Clinical Partner is responsible for the facilitation of clients gaining access to needed services, and contributes to the coordination and integration of health care services. She/he is responsible for ensuring effective and efficient utilization of health services vis-à-vis care plan development. Manages and serves as a resource for cases involving complex medical or social needs. The Clinical Partner will provide creative solutions to care needs while assuring quality of outcomes from the perspective of the client and family.

For more information, visit our website:

www.lifespancam.com/about/partners.aspx

Email your resume, qualifications and CV to mnewell@LifeSpanCM.com, and call Michael Newell at

1-800-808-9844

For previous issues of this newsletter, visit:
www.lifespancam.com/news.aspx

Websites We Love

www.cancer.gov

This is the National Cancer Institute's website, replete with info, links, support, advice, and in-depth investigation of a pervasive topic.

www.cdc.gov

The National Center for Health Statistics monitors the health of the United States population, and their mission is to, "promote health and quality of life by preventing and controlling disease, injury, and disability." Here you will find exhaustive intelligence on any health issue you wish to research.

www.realage.com

Are you older, younger, or right on track with your chronological age? Take the RealAge Test and find out where you stand and how to grow younger!

www.nccn.org

a not-for-profit alliance of 21 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer.

And, on the lighter side, we thoroughly enjoy the wacky website www.Woot.com which is a delightfully witty, jocular and whimsical confabulation of syntax, grammar, and linguistics.

Cancer Update

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like liver, kidneys, heart, lungs, etc.

7. Radiation while destroying cancer cells also burns, scars and damages healthy cells, tissues and organs.

8. Initial treatment with chemotherapy and radiation will often reduce tumor size. However prolonged use of chemotherapy and radiation do not result in more tumor destruction.

9. When the body has too much toxic burden from chemotherapy and radiation the immune system is either compromised or destroyed, hence the person can succumb to various kinds of infections and complications.

10. Chemotherapy and radiation can cause cancer cells to mutate and become resistant and difficult to destroy. Surgery can also cause cancer cells to spread to other sites.

11. An effective way to battle cancer is to starve the cancer cells by not feeding it with the foods it needs to multiply.

12. Meat protein is difficult to digest and requires a lot of digestive enzymes. Undigested meat remaining in the intestines become putrefied and leads to more toxic buildup.

13. Cancer cell walls have a tough protein covering. By refraining from or eating less meat it frees more enzymes to attack the protein walls of cancer cells and allows the body's killer cells to destroy the cancer cells.

14. Some supplements build up the immune system (IP6, Florsence, Essiac, anti-oxidants, vitamins, minerals, EFAs etc.) to enable the body's own killer cells to destroy cancer cells. Other supplements like vitamin E are known to cause apoptosis, or programmed cell death, the body's normal method

of disposing of damaged, unwanted, or unneeded cells.

15. Cancer is a disease of the mind, body, and spirit. A proactive and positive spirit will help the cancer warrior be a survivor. Anger, unforgiveness and bitterness put the body into a stressful and acidic environment. Learn to have a loving and forgiving spirit. Learn to relax and enjoy life.

16. Cancer cells cannot thrive in an oxygenated environment. Exercising daily and deep breathing help to get more oxygen down to the cellular level. Oxygen therapy is another means employed to destroy cancer cells.

WHAT CANCER CELLS FEED ON:

a. Sugar is a cancer-feeder. By cutting off sugar it cuts off one important food supply to the cancer cells. Sugar substitutes like NutraSweet, Equal, Spoonful, etc are made with Aspartame and it is harmful. A better natural substitute would be Manuka honey or

molasses but only in very small amounts. Table salt has a chemical added to make it white in color. Better alternative is Bragg's amino acids or sea salt.

b. Milk causes the body to produce mucus, especially in the gastrointestinal tract. Cancer feeds on mucus. By cutting off milk and substituting with unsweetened soy milk cancer cells are being starved.

c. Cancer cells thrive in an acid environment. A meat-based diet is acidic and it is best to eat fish, and a little chicken rather than beef or pork. Meat also contains livestock antibiotics, growth hormones and parasites, which are all harmful, especially to people with cancer.

d. A diet made of 80% fresh vegetables and juice, whole grains, seeds, nuts and a little fruits help put the body into an alkaline environment. About 20% can be from cooked food including beans. Fresh vegetable juices provide live enzymes that are easily absorbed and reach down to cellular levels within 15 minutes to nourish and enhance growth of healthy cells. To obtain live enzymes for building healthy cells try and drink fresh vegetable juice (most vegetables including bean sprouts) and eat some raw vegetables 2 or 3 times a day. Enzymes are destroyed at temperatures of 104 degrees F (40 degrees C).

e. Avoid coffee, tea, and chocolate, which have high caffeine. Green tea is a better alternative and has cancer-fighting properties. Water - best to drink purified water, or filtered, to avoid known toxins and heavy metals in tap water. Distilled water is acidic, avoid it.

f. Don't freeze your plastic bottles with water in them as this releases dioxins from the plastic. Recently, Dr. Edward Fujimoto, Wellness Program Manager at Castle Hospital, was on a TV program to explain this health hazard. He talked about dioxins and how bad they are for us. He said that we should not be heating our food in the microwave using plastic containers. This especially applies to foods that contain fat. He said that the combination of fat, high heat, and plastics releases dioxin into the food and ultimately into the cells of the body. Instead, he recommends using glass, such as Corning Ware, Pyrex or ceramic containers for heating food. You get the same results, only without the dioxin. So such things as TV dinners, instant ramen and soups, etc., should be removed from the container and heated in something else. Paper isn't bad but you don't know what is in the paper. It's just safer to use tempered glass, Corning Ware, etc. He reminded us that a while ago some of the fast food restaurants moved away from the foam containers to paper. The dioxin problem is one of the reasons.

g. Finally, he pointed out that plastic wrap, such as Saran, is just as dangerous when placed over foods to be cooked in the microwave. As the food is nuked, the high heat causes poisonous toxins to actually melt out of the plastic wrap and drip into the food. ♥

Board of Advisors Profile:

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Mr. Samas is presently the Director of Clinical Services for All Metro Health Care, a provider of skilled nursing services and Home Health Aide services for approximately 250 patients in the Camden, Gloucester and Burlington county areas. Before his Home Health experience, he worked both in the ER and ICU. ♥

Healthcare Coordination and Advocacy

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