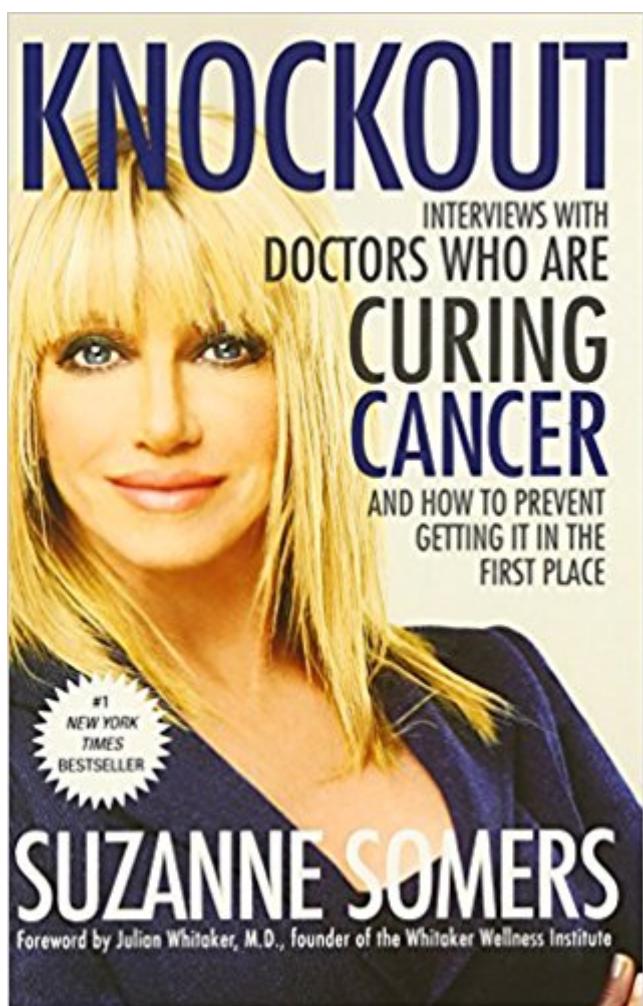


The book was found

Knockout: Interviews With Doctors Who Are Curing Cancer--And How To Prevent Getting It In The First Place



Synopsis

In Knockout, Suzanne Somers interviews doctors who are successfully using the most innovative cancer treatments—treatments that build up the body rather than tear it down. Somers herself has stared cancer in the face, and a decade later she has conquered her fear and has emerged confident with the path she's chosen. Now she shares her personal choices and outlines an array of options from doctors across the country:

- Effective alternate treatments without chemotherapy
- without radiation
- sometimes, even without surgery
- Integrative Protocols
- combining standard treatments with therapies that build up the immune system
- Methods for managing cancer
- outlining ways to truly live with the disease

Since prevention is the best course, Somers' experts provide nutrition, lifestyle, and dietary supplementation options to help protect you from getting the disease in the first place. Whichever path you choose, Knockout is a must-have resource to navigate the life-and-death world of cancer and increase your odds of survival.

After reading stunning testimonials from inspirational survivors using alternative treatments, you'll be left with a feeling of empowerment and something every person who is touched by this disease needs—hope.

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Customer Reviews

SUZANNE SOMERS is the author of twenty-two books, including the #1 New York Times bestsellers *Sexy Forever*, *Knockout* and *Ageless*, and the Times bestsellers *Breakthrough*; *Keeping Secrets*, *Eat Great, Lose Weight*; *Get Skinny on Fabulous Food*; *Eat, Cheat and Melt the Fat Away*;

Suzanne Somers' Fast and Easy; and The Sexy Years.Â Somers can be seen in her weekly talk show, The SUZANNE Show, on the Lifetime Network and in Suzanne Somers Breaking Through, her YouTube internet talk show hosted by CafeMom. Visit www.suzannesomers.com for more information on her shows, products, and her phenomenally successful weight loss plan, Sexy Forever. From the Hardcover edition.

Preface As I finished the final edits to this book, the New York Times featured an in-depth article about the failure of conventional medicine to cure more cancers. According to the New York Times, adjusting for the size and age of the population, cancer death rates dropped only 5 percent from 1950 to 2005. What other technology has performed so miserably over this fifty-five year period? Would you accept a medical therapy that has not improved much since 1950? In contrast, the death rate from heart disease dropped 64 percent in that time, and for flu and pneumonia it fell 58 percent. The New York Times was especially critical of expensive conventional treatments that subject patients to much mutilation and suffering, yet yield survival improvements of only a few months. Clearly, as the Times states, "we are not winning the war against cancer." This book is written to show another side of cancer treatment and what you can do now to prevent getting this dreaded disease. As a reader, you must know there are no guarantees. Cancer kills and continues to kill. Yet there are some who beat it. Some beat it with traditional methods, and some with alternative methods. No one can tell you what will work for sure. You need to gather as much information as you can and make your own decisions. But there is hope, and this book offers new choices. It is important you know that there are more methods than traditional chemotherapy and radiation available, and these are what this book attempts to bring to you, my faithful readers.

Although I have always leaned toward alternative medicine, the testimonials of the "cured" patients made a believer out of me. It is a very brave choice to go against traditional medicine and embrace the alternative route. It's easier to try the traditional route and then, if it fails, go to the alternatives, but often it can be too late. My friend FarrahÃ¢â€šâ• would she have made it if she had gone alternative first? There is no way of knowing. When you receive a cancer diagnosis, you're more vulnerable than at any other time in your life. I've personally had the experience twice, as you will read in this book, and my only hope for survival was alternatives. But that was my decision, what I thought best for me. I cannot make up your mind for you. I can only offer you these incredible professionals who have chosen to go another way. Some are completely alternative, while some are more integrated, but all are having success, great success. Does everyone survive, though? The sad answer is no. Having cancer is a lonely experience. It is the one time in your life that you cannot

ask those closest to you, "What should I do?" It's too heavy a burden to place on another person. This is your life, your decision, and cancer kills. Read this book carefully. See and feel if the information resonates. I know that for myself, after having interviewed all of these incredible doctors, scientists, professionals, and patients, my choice overwhelmingly would be to use only alternative treatments regardless of what kind of cancer I contracted. I am not a doctor or a scientist, but merely a passionate layperson, a filter, a messenger. I spoke with so many patients who are living normal, happy, fulfilled lives, and their enthusiasm and great quality of life convinced me that indeed you can live with cancer. You can manage cancer. You don't have to be degraded by humiliating treatments and protocols. And in some cases, you can be cured of cancer. It is with great humility I ask you to read these pages and then listen to your heart and choose what is best for you. Writing this book has taken away my fear of cancer. I hope reading it does the same for you.

Chapter 1A CANCER STORY

•MINE • November 2008, 4:00 a.m. I wake up. I can't breathe. I am choking, being strangled to death; it feels like there are two hands around my neck squeezing tighter and tighter. My body is covered head to toe with welts and a horrible rash: the itching and burning is unbearable. The rash is in my ears, in my nose, in my vagina, on the bottoms of my feet, everywhere •under my arms, my scalp, the back of my neck. Every single inch of my body is covered with welts except my face. I don't know why. I struggle to the telephone and call one of the doctors I trust. I start to tell him what is happening, and he stops me: "You are in danger. Go to the hospital right now." • I knew it. I could feel that my breath was running out. • No time to wait for an ambulance. We race to the emergency room. I am gasping, begging for yet one more breath. I am suffocating. I am running out of time. I don't have time to think or be frightened; I can only concentrate on getting one last breath. I am dizzy . . . the world is spinning. Breathing is all I can think about. • We arrive. My husband has called the hospital in advance. They are waiting for me. The emergency room workers •nurses, doctors, and other professionals •are wonderful people. They have dealt with this before. They are reassuring: "Okay, we'll take care of her." • As soon as I am in the emergency room they inject me with Decadron, a powerful steroid. • "Why can't you breathe?" • the ER doc seems to be yelling in my ear, but I can't answer. I am unable to get words out. They inject me with Benadryl for the welts and the rash. Now I'm inside the ER, but I still can't breathe. I can't even sit up. I am bent over trying to find oxygen anywhere . . . • They put me on oxygen and albuterol to get me breathing, and slowly, slowly, life returns. I am still grabbing for each breath, and there are spasms in my lungs, like someone is turning a knob that pulls my lungs inside out, but unlike before, the breath is there . . .

labored butthere. "We have to do a CAT scan," he says. I already know that there arelarge amounts of radiation inherent in CAT scans, and it bothers me tothink of doing that to my body. This is the first time I have had any pharmaceuticaldrugs in me in eight years. I always say, "I am not anti-pharmaceutical, but they should be saved asthe last tool in the practitioner's back pocket." My life was just saved bypharmaceuticals. Maybe this is one of those times that radiation is justifiedto find out what is wrong? Because something is seriously wrong. Iam healthy. I don't know anyone who does more for her health than I doon a daily basis. CAT scan . . . I don't know. I say to the doctor, "It seems to me that I've either been poisoned or amhaving some kind of serious allergic reaction to something. I mean,doesn't that make sense? The rash, the strangling, the asphyxiation.Sounds classic, doesn't it?" "We don't know. A CAT scan will tell us. I really recommend you dothis," the doctor says. "Next time you might not be so lucky" •you mightnot get here in time. You were almost out. "I know that. I could feel the life going out of me in the car ride over." "Okay," I answer meekly. I am concerned and wary. My husband is withme, holding my hands, rubbing them. His face is twisted with fear, concern.Nothing is making sense. A week ago, I was the picture of health. I hosted a beautiful evening atmy home for all the wonderful doctors who had participated in my bestsellerBreakthrough. It was a beautiful, warm evening, and together we allcelebrated health and wellness. The stars were out that night in full force, and while the air was filled with the sounds of live musicians playing mysoft jazz favorites, the forty people at the table were enthusiastically conversingabout the possibilities of aging without illness; aging with bones,brain, and health intact; dying healthy at a very old age. We were allturned on. We had all realized it was attainable, and we were excited toknow that we had jumped on this incredible bandwagon in time. This was an amazing group of people. These doctors were the courageousones who stepped out of the Western "standard of care" box to declarethat the present template of medicine is not working. Drugs are notthe answer. Drugs and chemicals are degrading the brains of our eldersand sneaking up on the unsuspecting young ones. I looked around at this group of healthy-looking, vibrant people andwas excited to bring them all together. We were all living this new approachto wellness. And before our delicious organic meal was served,everyone pulled out their little bags of supplements. We all got a laughover that one. It was so exciting to talk about true health enthusiastically instead of inthe hushed tones that accompany talk of a loved one in a diseased state. Ifelt there always seemed to be a hopelessness that accompanied so manyof today's approaches to health. Even when they worked, there seemedto be an undesired

reaction in the body. Somehow you weren't the same person anymore; you became slowed down, aging faster, fragile. Socially, in most groups I tempered my conversations on my approach to health because those who entrusted their lives to allopathic, "standard of care" Western doctors might not want to entertain the idea that they might have made the wrong choice or that their way wasn't the best way. I respected that. Life and health are about choices. There is the old way and the new way, and each of us has to do what makes us most comfortable. I chose the new way and I have never felt better, happier, more energetic, more hormonally balanced, and more sexually vibrant in my life. So why am I here, in this hospital? What happened? It's surreal, being wheeled into the CAT scan room. I'm immediately brought back to my radiation treatments for breast cancer years earlier. I know I wouldn't make that same choice today. The only health problems I've had until tonight have been related to radiation exposure, but thanks to the incredible doctors I had the privilege of interviewing and knowing, I was able to rectify what had been damaged using "nature's tools," as Dr. Jonathan Wright says. I am now dressed in a blue hospital gown, and so far I've been reinforced by three rounds of oxygen and albuterol. I'm starting to feel normal again. Drugs have been my lifesaver this time. This is what they are for. Knowing the toxicity of all chemical drugs, I've already started thinking about the supplement regime and detox treatments I'll have when I get out of here, to get all the residue of pharmaceuticals out of me. I'm hopeful this will be the one and only time I have to resort to Western drugs. "We're going to inject you with a harmless dye," says the radiologist. "It will make you feel warm, and like you have to pee your pants, but the feeling will pass. It won't take long, maybe fifteen minutes, so just relax." I'm already on an IV of glucose, so she injects the dye into my IV. I immediately feel the warmth, a rather uncomfortable warmth, and then indeed I feel like I will pee right on the table. Click, click, click, like something mechanical that's going wonky. Click, click, click. Again and again. I lie there still so they can get the best pictures. "Okay, that's it," she says, then pauses. There is something in the radiologist's face, but I can't pinpoint it. It lasts only a nanosecond, but there was definitely something in her face, her tone. "Have you had breast cancer?" she asks, seeming concerned. "Yes," I answer. "Right," she says. I am wheeled back to the ER, and Alan and I wait. I want to get out of here. I want to go home. The door opens and the doctor and the nurse come in and close the door behind them. The doctor stands and looks at me for a moment and then says, "I have brought her with me

for courage because I hate what I have to say. " The moment feels frozen, still. " We have very bad news, " he continued. My heart started pounding, like it was jumping out of my chest. " You have a mass in your lung; it looks like the cancer has metastasized to your liver. We don't know what is wrong with your liver, but it is so enlarged that it is filling your entire abdomen. You have so many tumors in your chest we can't count them, and they all have masses in them, and you have a blood clot, and you have pneumonia. So we are going to check you into the hospital and start treating the blood clot because that will kill you first. " The air has been sucked out of the room. I look at my husband's face and see that it is contorted with fear, pain, and confusion. My heart is pounding so hard that for the first time in my life I say, " I . . . I think you need to give me something to calm me down. I am afraid I am going to have a heart attack. " Absolutely, " the doctor says. My blood pressure is at 191. I am usually 110 over 80. Pounding, pounding, pounding. Disbelief! I look at Alan; there are no words. We hold hands. His eyes are liquid, as are mine. What can we even say? We have just been coldcocked. Surreal again. I am being wheeled upstairs, checked into a hospital room. There is a flurry of activity, IVs being hooked up. I hear my weak voice asking, " What are you putting in these IVs? " " Heparin, " a nurse says, " a blood thinner for your blood clot, and in the other one is Levaquin, an antibiotic for your pneumonia, plus Ativan to calm you down. " I am grateful for the Ativan. Drugs! Me, the non-drug advocate. I have had so many drugs this morning, my head is spinning. What is happening to my life? To our life? " Call Bruce, " my son, I say to Alan, trying to keep the panic from my voice. " He is shooting in Atlanta; call him on his cell phone. " Then I tell him to call Leslie, Stephen, my sister Maureen, and my brother Danny. Both Alan and I are numb. The oncologist comes into my room. He has the bedside manner of a moose: no compassion, no tenderness, no cautious approach. He sits in the chair with his arms folded defensively. " You have got cancer. I just looked at your CAT scan and it is everywhere, " he says matter-of-factly. " Everywhere? " I ask, stunned. " Everywhere? " " Everywhere, " he states, like he is telling me he got tickets to the Lakers game. " Your lungs, your liver, tumors around your heart . . . I have never seen so much cancer. " He leaves the room and the sound of the machinery I am hooked up to fills the silence left by the shock and awe of this death sentence I have just been given. Alan lies down on the little bed with me and holds me like he will never let go. There are no tears from either of us. We are too stunned to cry.

Nurses come and go, adjusting my equipment; we just continue to hold each other for what seems like hours. A Our embrace is broken by Alan's cell phone. It's Bruce. A "Ma . . . His voice is cracking. A "You are the rock of this family; you are what keeps us together. A "I know, Bruce. I'm going to figure this out. There's a doctor in Italy . . . I trail off. A Bruce's voice is emotional. A "I can't imagine being in a world without you, Ma. A "I have never felt so sad. I have never felt so out of control and helpless. I am trying to be convincing, I am trying to be upbeat, but the words aren't coming out of me. A Caroline, my daughter-in-law, calls. Her mother died of breast cancer when she was thirteen, then her surrogate mother (her mother's sister) died of ovarian cancer, and then her stepmother died of ovarian cancer. Now me. This is just too much for her. I can hear it in her voice. I love her; I am her earth mother in spirit, the designate for her mother. A "Bruce is flying home tonight, A she says shakily, A "and we will be at the hospital in the morning. I'll bring you some fresh chicken soup. A "That is her way, that is how she dealt with her mother's death; she takes charge, she handles things. She knows soup will comfort me. The concern in her voice is palpable. I am trying to make things okay, but they aren't, and we both know it. I don't have any spark in me. I've just been hit by an atom bomb. A One by one my children call, then the grandchildren, telling me they love me. That's when I start to cry. I will never see them grow up. Will they remember me? I love them all so much. A My stepdaughter, Leslie, doesn't call; she just gets in her car and drives to the hospital. She walks into the room, takes one look at her father, usually a take-charge kind of guy, and sees that he is not able to function. He can't talk. Leslie and I have been through a lot, and we have come out of it so unbelievably close, so loving, and such great friends. It is a parent/daughter/friend/business partnership that is sacred to me. A The oncologist is just leaving the room again as Leslie arrives, and I can tell her mood is anxious but fierce. She dislikes Dr. Oncology immediately. She says, A "What an asshole. How does he know you have cancer? How can he be sure? You just had your stem cells banked in August with the NeoStem company. You had to do a complete cancer workup before they would bank your stem cells. You were clear. Your blood work was perfect. A "Yes, I think. How could I have cancer? A Then the lung cancer doctor enters the room. Maybe he has better news. But no. A he says, A "I just looked at your CAT scan, and you have lung cancer that has metastasized. A "He is nicer, more thoughtful. A "I mean, I'm going to think about this, A he says. A "Maybe it's something else, but this sure doesn't look good. I'll be back tomorrow. A •

Leslie takes out pen and paper and is making notes. She will continue to do this the entire week, writing down everything everyone is saying. Thank God, because when you are stunned and on medication, things get foggy. A Day one is almost over. The most shocking, devastating day of my life, our life! I know the facts: when you have lung cancer and it has metastasized to your liver, heart, abdomen, and all over your body, you have at most two months — maybe only two weeks or less. A I look at Alan and the sadness is overwhelming. I am in that “valley of fear” — I have often heard about, and I see my death. A As night envelops the room, the nurse comes in and puts something dreamy in my IV — more drugs, but I can’t resist. I want to sleep. I want this nightmare to be over. Alan climbs into my little bed under the covers and holds me tight. When I wake the next morning he is still holding me. He hasn’t moved. The idea of leaving him . . . oh my God, that thought is overwhelming. A Day 2. The morning is nurses, blood pressure, routines. They have done this a thousand times before. They can’t get involved, not really. It would make their job too difficult. Every patient has a story. Mine is no different. Every day, people are diagnosed with cancer, bad cancer . . . this is just another case. A I hoped in the morning we would awake to find that this is a bad dream, but reality is all around us. Bruce, Caroline, and Leslie are sitting vigil at the foot of my bed. The tone is shock and fear, coupled with Leslie’s fierce insistence that this just can’t be. A Bruce holds me and cries, tells me he loves me. He holds me in a way that speaks volumes. Touches my hand. Connecting. Showing that life is fleeting, and that no day should be wasted. As a teenager I gave birth to him and the connection between us has always been profound. Caroline has me dead in her head. It is all sense memory for her. Her mother’s breast cancer spread to her liver and she died a month later. Caroline, hearing that I have cancer in my liver, knows the inevitable. A My stepson, Stephen, calls. He is awkward with emotions. It’s because he feels it so much that he is uncomfortable with expressing it. I know that. I hear it in his voice. A The surgeon walks into my room. A “I just looked at your CAT scan, and it has cancer.” Again. The same doom. Each time I hear it, my soul accepts the injury. I feel deep, profound grief and disbelief that I am being forced to leave all those I love. So soon, so unfinished. It just doesn’t feel possible. A Dr. Oncologist enters. A “What do you want to do? We could prescribe full-body chemo.” A “Excuse me,” I say. Even in my drugged state I know this is not the answer for me. A “Just so you know, I would rather die; I would never take any of your treatments.” A Dr. Oncologist just shrugs and leaves the room. A “Asshole,” Leslie says. A Caroline says, A “What an arrogant prick!” A Being an oncologist involves constantly delivering bad news, very bad news.

Maybe Dr. Oncologist uses his arrogance to protect himself.Â Caroline says, Â“I looked up your symptoms and it could be something called valley fever. You get a rash, you get pneumonia. And it comes from the top two layers of soil in the desert of the Southwest. You work in your organic garden all the time, and you dig regularly in the ruins in New Mexico. It makes sense.Â“ Dr. Lung Cancer comes in. Â“Could it be valley fever?Â“ I ask him.Â Well,Â he says slowly, Â“it could possibly be, but I doubt it. But let me think about it. Most likely itÂs not. It really looks like itÂs cancer.Â That night, Alan, who still hasnÂt shaved or showered, again climbs into my little bed with me, and the nurse puts the dreamy stuff into my IV. Alan holds me tight under the covers. The next morning, we are still tangled in each otherÂs arms.Â Caroline, Bruce, and Leslie are sitting there, Leslie with her notepad and her sleeves rolled up. Caroline is angry with all the doctors. Â“Idiots!Â she says. Â“Except the internist.Â We all like him. He is open. He is managing all the doctors and reporting to me.Â Dr. Internist says, Â“They want you to take Coumadin, a blood thinner, for your blood clot.Â“ I donÂt want to take Coumadin,Â I tell him. Â“I know that drug; itÂs got terrible side effects. IÂm not going to take it. There is a natural blood thinner called nattokinase; IÂll take that. But I wonÂt take Coumadin.Â Dr. Internist laughs. Â“Well, you know what you want.Â I tell him, Â“Listen, I havenÂt taken a drug in nine years. IÂm taking only life-saving drugs for the moment, just until I can figure out what I am going to do.Â The stress is unbelievable. I feel crazyÂ• trying to figure out if IÂm going to die soon, trying to avoid unnecessary pharmaceutical drugs, as IÂm on so many drugs already at the moment. I realize how easy it is to become pharmaceuticalized. I am now on at least six drugs and fighting to resist more.Â The nurse walks in. Â“I have your blood pressure medicines.Â“ Since when have I been on blood pressure medicine?Â I ask, feeling upset.Â“ Oh, itÂs been in your IV all along,Â she says.Â Who ordered that?Â I ask incredulously.Â Your doctor ordered it,Â she says flatly.Â No, I donÂt want blood pressure medicine.Â My voice is rising, Â“I donÂt have high blood pressure. I am upset. I am very upset! WouldnÂt you be?Â Day 3. Dr. Lung Cancer and Dr. Surgeon come in, along with Dr. Oncologist.Â“ WeÂve been talking,Â says Dr. Lung Cancer, Â“and we think you should be biopsied. That way we can rule out anything else, and then you can decide how you want to deal with your cancer.Â“ What does a

biopsy entail?Ã¢â€”Ã• I ask.Ã Dr. Surgeon says, Ã¢â€”Well, we will cut open your throat, put a tube down your chest, and go into your lung and take a piece of tissue. And then we will take a piece from a couple of the tumors in your chest. The complications are that we will be working around your vocal cords, and there is a possibility that we could damage them. So itÃ¢â€”Ã„¢s up to you.Ã¢â€”Ã•Ã I look at Alan. I look at Bruce, then Caroline and Leslie. Leslie says, Ã¢â€”Do it. Then youÃ¢â€”Ã„¢ll know. I know you donÃ¢â€”Ã„¢t have cancer. You are too healthy. You do everything you are supposed to do to not get cancer. You eat organic, you take supplements, you take antioxidants, you exercise, you sleep. You are happy. You donÃ¢â€”Ã„¢t have cancer.Ã¢â€”Ã•Ã Bruce is a mess. HeÃ¢â€”Ã„¢s so vulnerable, and Alan is shutting down. I can tell he is choosing to die with me if I am going to die.Ã Ã¢â€”IÃ¢â€”Ã„¢m going to have the surgery,Ã¢â€”Ã• I tell everyone later that day. We all agree that it is necessary. We need the information.Ã Ã Barry Manilow walks into my hospital room. HeÃ¢â€”Ã„¢s my best friend.Ã Ã Ã¢â€”What is going on?Ã¢â€”Ã• he asks, very concerned.Ã Ã I tell him IÃ¢â€”Ã„¢ve been diagnosed with full-body cancer but that it just seems impossible. How could it be? He canÃ¢â€”Ã„¢t believe it either. He calls me several times that day.Ã Ã That night, linked up to this IV, which I am now referring to as Ã¢â€”my buddy,Ã¢â€”Ã• I am sure feeling the drugs; I get out of bed and start dancing with my rolling IV, singing, Ã¢â€”Wherever we go, whatever we do, weÃ¢â€”Ã„¢re gonna go through it, together.Ã¢â€”Ã• We all crack up. ItÃ¢â€”Ã„¢s a needed relief from all the doom.Ã Ã My family around me, Barry calling, Alan never leaving my side, my sister, like Bruce, telling me she canÃ¢â€”Ã„¢t live in a world without me. And it hits me. Like a loudspeaker is in my head, I hear it; so real that I look around to see if anyone else hears it, but they canÃ¢â€”Ã„¢t. It is only for me to hear. It was an epiphany. In the face of seeing my death, while in the space of this valley of fear, the words ring through my head: ItÃ¢â€”Ã„¢s not who you are, itÃ¢â€”Ã„¢s not what you have, itÃ¢â€”Ã„¢s not where you live, itÃ¢â€”Ã„¢s not what you do, itÃ¢â€”Ã„¢s only, only about who you love, and who loves you. And the more you love, the better!Ã Ã A moment of complete and utter clarity. And I know that no matter what happens I will never be the same. I feel only gratitude that I have such deep and profound love in my life.Ã Ã Once again Alan climbs into my little bed with me; the nurse puts the dreamy stuff in my IV. Tomorrow I will be going into surgery to find out if I am going to live or die. Most probably die, because four doctors plus the emergency room doctor and the radiologist have diagnosed me with full-body cancer. Yet I feel grateful. Even in this moment when I want more life, when I want to live with every fiber of my being, I know that I have more love in my life than many people ever experience. And I fall into my dreamy, drugged sleep holding my husband, who never lets me go.Ã Ã Day 4. This morning is different. Nurses very busy,

lots of tests, bloodpressure, then two nurses (men) in white coats come to get me to wheel me downstairs into surgery. I hold Alan’s hand and look at him with a longing that hurts my heart. My aching, pained heart. The feeling is indescribable. “I love you,” I whisper. He kisses me on my face and forehead and tells me I will be okay. Dr. Surgeon comes up to me right before I go out. We’re all wearing shower caps, which makes me laugh, but I’m nervous. “Look, Doc,” I say groggily, “I’m a songbird.” I have a need to sing every day of my life. Please, please be careful and save my vocal cords. And then I am in space. Where do we go in that space? It’s like time lost. How long am I there? Where is there? But I’m waking up. I can sort of hear that Alan is talking to me. I’m trying my best to hear, struggling. What is he saying? I’m sogroggy. “You don’t have cancer. You don’t have cancer,” he whispers to me. He strokes my hair. I cry. My eyes open. I can’t believe it. I don’t have cancer . . . I’m going to live. I’m out of the ICU and back in my hospital room. Bruce, Leslie, and Caroline are around me. Bruce is speechless. Caroline is simultaneously happy and pissed off at what they put us all through, and Leslie keeps saying, “I knew you didn’t have cancer. I knew it!” You would think I’d be ecstatic. I want to be, but I am experiencing post-traumatic stress, I guess. Sadness gets into your cells. My body, my cells, accepted the death sentence of inoperable cancer as fact, and now they are shut down. My soul has been injured. How do you heal an injured soul? I can’t find my happiness. Yet I am relieved. Day 5. Dr. Oncologist comes into my room. Now, you would think he’d say, “Well, sometimes it’s good to be wrong.” Or “Isn’t it great that you don’t have cancer?” But no. He walks in, doesn’t sit down, just looks at me and says angrily, “Well, you should have told me you were on steroids.” I am flabbergasted. I don’t know what to say to him; I am so stunned by his lack of compassion that I just stare at him. I am not on steroids. I would never take steroids. But because he is stuck in old thinking and out of touch with new medicine, he has no clue and doesn’t understand cortisol replacement as part of the menopausal experience. I don’t know where to begin with him. He’s too arrogant to listen to a stupid actress, anyway. So much of his attitude with me has been the unsaid but definite. “So you think all your alternatives are going to help you now, missy?” Why steroids would have anything to do with being misdiagnosed with full-body cancer, I can’t guess. But we still don’t know what has gone wrong in my body. We still have to find out what caused me to end up in the ER. I think

Dr. Oncologist is embarrassed that he so horribly misdiagnosed me. That he put me and my family through a trauma no one should have to endure. (I hear later that my personal oncologist called him and said, "Don't tell her she has cancer until you do a biopsy," and he arrogantly replied, "Look, this is bad; the cancer is everywhere. You can't give this woman false hopes.") I think for all these reasons he is embarrassed . . . and mad. Would he rather I have cancer than be wrong? A simple "I'm sorry" from any of the doctors would go a long way, and would help in healing. How hard is it to make an apology? Are doctors so concerned with lawsuits that they can't be human anymore? What happened to the Hippocratic oath that all doctors take: "First do no harm"? Ego. Arrogance. So he has to find a reason to have made such a stupid, arrogant mistake. Man, is he searching for something, anything. What am I going to say to this guy? He isn't worth it. I just want him to go, to get out of my room. I never want to see him again. He turns abruptly and leaves. Later that day, just as I'm beginning to see some light, hope, and a future with my loved ones, the infectious disease doctors march into my room, four of them, in white coats. One of them, whom we'll nickname "Nurse Ratched" after she leaves the room, is the head of infectious diseases for the hospital. She says, "Now that we've ruled out cancer, we all think you have a serious infectious disease." "Oh God, I thought. It's beginning again!" A begins Nurse Ratched, "we believe you have either tuberculosis, leprosy, or coccidiomycosis, which is valley fever, which can bring with it meningitis and brain damage." Caroline jumped in. "That's what I thought it was, valley fever. Everything I read about it describes her symptoms." "Well, says Nurse Ratched, dismissing Caroline, "it's most likely tuberculosis. After looking at her CAT scan, this is what we all believe. Now, Suzanne, I know you understand our job is to protect the community, so we are going to move you to an isolation room so your germs cannot escape into the hospital community." I am once again in shock. TB? Leprosy? Really? My kids and Alan pack my things up; I am covered with a blanket, a shower cap, and a face mask and wheeled upstairs to what turns out to be a closetlike room, obviously rarely used, with a huge motor that supposedly takes my germs out into cyberspace or somewhere. All the nurses and doctors who come and go from my room are now in full protective clothing, covered head to toe in what looks like beekeepersuits. I can't tell if they are men or women, and I feel like a living human germ. I am contaminated. I am a danger to the community. When the door opens I see that

a police guard has been placed outside my room for security reasons, but I misunderstand. I think it's to keep me from escaping. Don't let HER out. She will harm you. My children are no longer allowed to be in contact with me. No visitors. They either don't care about Alan or realize that he will get crazy if they try to keep him out. That's when I lose it. I break down in sobs. It's all been too much. So much stress and craziness. I sob and sob. Alan still does not leave my side. He still has not showered or shaved, and he climbs into my little bed in this horrible noisy room and gets under the covers with me and all my germs to go to sleep. Another day gone. What will tomorrow bring? By now I am beginning to be able to think. I am still stunned, but the fight is coming back. I e-mail a couple of the doctors I know from my books Breakthrough and Ageless. Each of them has suggestions for building back up, for detoxing the drugs out of me, for finding natural approaches to what is being diagnosed as either TB, valley fever, or •God of gods! •leprosy. Just crazy! Dr. Jonathan Wright says, "You gotta get out of there." "I know," I say. "But they won't let me go, I am evidently a threat to the community." "Listen, I have your blood work from a month ago and it is all stellar. There is no way you could have these diseases. TB would have presented itself long before this, and leprosy is a joke. It doesn't look like that on a CAT scan." Dr. Infectious is back in my hospital room again. "I want to go home," I say firmly. Dr. Infectious answers, "Well, that is not possible. We have to wait for your cultures to come back." "How long will that take?" I ask. "At least a couple of weeks, maybe six weeks," she says matter-of-factly. It's no problem for her to have me sit idly waiting for test results. "No, no, no!" I say loudly. I have the urge to start pounding on the bedsidetable violently. "No, I am not staying here! I want to go home. I want to go home!" I say murderously. (Shades of Shirley MacLaine in Terms of Endearment.) "I WANT TO GO HOME. I AM GOING HOME!" Dr. Infectious begins anxiously. (Good, I thought. My fight is coming back. I think she's nervous that I am going to make a scene, and I am. I've had it.) "I will release you, but you must sign a paper agreeing to be quarantined to your property for six weeks. You may not go to any public place. If you do not sign this paper, I will report you to the Department of Health, and you do not want that publicity. You must take the medicines for TB, leprosy, coccidiomycosis, and meningitis. We also want you to take Coumadin and the antibiotic Levaquin for your pneumonia. And by the way the leprosy medicine may make you sweat blood." Really, truly, I am a nice person, I am always polite, but I am

having thoughts of saying terrible things to her. But I don't, can't. She has the power, and until I get out of here, she is the warden. I am powerless. Patients are rendered powerless. Now I know it firsthand. I e-mail Dr. Wright. "Sign the paper," he says. "Tell her you'll be a good girl. Tell her you will take the medicines. When you get home, send me the names of the medicines and I will research them for you." So four hours later I am being wheeled out of the hospital, with \$5,000 worth of medicines in my hand I know I am not going to take. (I just look at it as my getaway money.) I am covered from head to toe to minimize my exposure to the community, and I am put in my car. As Alan gets into the driver's seat, I feel exhausted. I have never been through such a terrible ordeal and I was an abused child! My childhood was spent hiding and sleeping in a closet to protect us from the violence; but never, never have I experienced anything like this. As we drive home in the beautiful southern California sunshine, I look around the streets of Los Angeles, knowing that the world continues on, and I say to Alan, "I feel like we've both been in a terrible earthquake and a huge building fell down on us, and at the very, very last moment, just as we were running out of air, they were able to pull us out of the rubble. So I am relieved to be out from under, and I am relieved to be going home, but we were buried alive and it is going to take some time to get over the trauma." We drive onto our property, quarantined from the outside world for diseases no one is even sure I have. Immediately I e-mail Dr. Wright with the names of the medicines I have been given. He shoots back an answer within twenty minutes. "First of all," he says, "these drugs will kill you. Seriously, they are so toxic to the body that I don't know what this doctor is thinking. Second, it is mandated by law that these drugs not be given unless there is an absolute diagnosis, which you do not have. It is also mandated by law that you only give these drugs one at a time, to see how the patient tolerates them, because these are all so toxic to the liver. So I am not exaggerating that these drugs have the potential to kill you or seriously injure and debilitate your liver. How long did she say she wanted you to stay on these drugs?" he asks. "Anywhere from two to six weeks," I answer. "Good God," he says. "You have to do what feels comfortable to you, but until these cultures come back, I advise you for your health's sake not to take these drugs." As he is talking I begin dumping thousands of dollars' worth of useless, toxic drugs into the trash can. What a waste. What trauma. What a terrible thing to thrust on me so she can "protect the community," even though she does not have a diagnosis. She would rather destroy my liver and make me sick for life so she can write in her report that she has followed protocol (wrongly, I will later find out). This is dangerous medicine. And once again, I

feel sure that I am experiencing my secondhorrible misdiagnosis in one week. How can this be? How can this behappening to me?Ã While in the hospital I kept repeating to all the doctors that I felt eitherI had been poisoned or was experiencing a severe allergic attack. Justweeks before this episode I had had my killer cells tested to measure thestrength of my immune system; I clearly remember what my doctor hadsaid looking at my results: Ã¢â€”“Wow, your numbers are great, they are at 43.Ã¢â€”“I said, Ã¢â€”“I have no frame of reference.Ã¢â€”“Well, most adults your age have immunesystems at 2 or 3, you are at 43!Ã¢â€”“Ã So how did I go from perfect health and a very strong immune systemto lying in a hospital bed, near death, diagnosed with full-body cancer?No one could answer this question and none of the professionals were allthat interested in finding out. My queries were dismissed as insignificant.Something terrible had happened to me. Something I ate or something Ibreathed, or maybe it was foul play. Who knows? The whole thing wasvery disturbing. All I knew was that I did not have cancer. The biopsyconfirmed this to be true. No cancer anywhere.Ã What if I had taken the full-body chemotherapy as suggested? I shudderto think what might have happened to my health. It would have beenseriously degraded. How often is this happening to innocent, trusting patients?Ã IÃ¢â€”“ll never know what caused the attack, but I do know that being an informedpatient saved my good health. I had enough knowledge to realizethat even if the diagnosis were true, that if I did indeed have cancermetastasized throughout my entire body, I had other options and chemicalpoison was not an option for me.Ã If this horrible misdiagnosis could happen to meÃ¢â€”“a known health advocate,a bestselling author of health books, and a famous personÃ¢â€”“then whatis happening to the rest of the people in this country? What happens tothe average Joe who trusts in the system, the average Joe who when diagnosedsays, Ã¢â€”“Okay, Doc, if thatÃ¢â€”“s what you think, bring on the full-bodychemical poisoning. WeÃ¢â€”“ll figure out how to pay for it somehow.Ã¢â€”“Ã I was lucky, though, because I knew something that the average JoedoesnÃ¢â€”“t: Prior to this episode I had been keeping a file on doctors whowere curing cancer without drugs, surgery, or poisons. I never thought itwould be something I might need to access personally. In my darkest moments,even when it all seemed hopeless, I had one little ray of light tohold on toÃ¢â€”“thatÃ¢â€”“out thereÃ¢â€”“was another way. It gave me hope, and is myreason for writing this book.Ã Now I want to introduce you to these healers, so if ever you find yourselfin a similar horrifying situation, you will know there are options,choices. . . . Information is power, and being informed will always allowyou to make the best choices for yourself or your loved ones.Ã From the Hardcover edition.

A must read for anyone looking to add to their knowledge base concerning cancer. Mrs. Somers is a solid, well respected consumer advocate for good health and physical well being. If you or a loved one has suffered from this disease you must read this one.... I know first hand what it is like to battle this disease, as in 2008 our then 15 year old daughter was diagnosed, and two years later eventually succumbed to this dreaded illness. This after using "conventional therapies (which we all have trusted) that to this day continue to render a high failure rate. I have since been on an emphatic journey to learn all that I can about cancer. To my utter dismay and disgust, I have found (as many others have) that there is a systematic suppression of credible, legitimate known information that CAN without a shadow of a doubt render this cancer epidemic a thing of the past!!! I am sickened beyond words to know that we live in a society who's select medical professionals continue to thrive financially on a nation/world full of sick people. After all, if Gods people across this nation and across the world were to begin beating this awful disease we call cancer, wouldn't they be proud and ecstatic? This book simply confirms truths that I have personally found to be self evident A MUST READ, James ...jamesmith1303@knology.net

Having read this recently (2016) I had a pretty good idea of what would be covered in this book. Interesting, but not very helpful for many w cancer. So many of the treatments in the book are not likely to be covered by insurance and so are pretty much off the table for regular working people.

What an eye opener! EVERYONE should read this book and people who have just been diagnosed with cancer should read it BEFORE they do any conventional protocols --surgery, chemo, radiation. The way that alternative medicine has been ignored and pooh-poohed by the FDA and the AMA is, putting it mildly, criminal! There are proven treatments for cancer that are saving lives, even for cancers that are usually considered untreatable, like pancreatic cancer. If you read this book you may be outraged, but you will know how to protect yourself and your loved ones from ineffective "Western Medicine" and how to possibly prevent cancer. Ms. Somers writes a very readable book about a topic that could have easily become "heavy". I highly recommend this book.

I had a recent scare with ovarian cancer, but was fortunate to have a rare stromal type tumor. However, for 2 weeks prior to that comforting news, I was alarmed by the dismal survival rates for standard treatment of ovarian cancer that I read in a PHARMA-BRANDED (!! book. Determined to refuse chemo and "live" with cancer by focusing on nutrition and exercise, I wanted quality of life more than quantity. I was calm in my decision until I read Suzanne's book. Strangely enough, her

book disturbed me more than the Pharma-branded book. The Pharma-branded material was strictly factual (albeit painted a rosier case for chemo than reality), Suzanne's book targeted my emotions. For the first time, fear seeped in. Fear because I couldn't afford costly alternative treatments, and fear that I didn't have time to take the recommended supplements prior to surgery. This was my reaction, other readers reacted differently. Fear is a cancerous emotion. This book was not for me.

I've been studying the whole cancer industry since watching my father-in-law die of lung cancer back in the early 70s--a protracted, horrible death despite following any & every conventional treatment his doctors suggested. I promised myself I'd never go that route if cancer knocked on my door. The awful truth is cancer's BIG business & the bottom line is profits. Read the cancer expose books by Ralph Moss, a shocking eye-opener. This book should be required reading in high schools, so potential patients will learn how cancer gets a foothold & that treatment alternatives DO exist & will extend life without the horrendous suffering I've seen over & over again for people following conventional routes. Ultimately we are the stewards of our own health, it's a personal decision which therapy to follow if and when cancer strikes. But Suzanne Sommers has done a great service by compiling these interviews with some of the best alternative docs. You owe it to yourself to read this book!

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