Cancer Uncovered
How to Discover Cancer Up to 19 Months Before Your Doctor Knows You’re Sick
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FACT: Cancer kills 7.5 million people a year.

Cancer is an epidemic—one of the worst plagues of our time. And chances are you or someone you love has cancer right now. Your doctor may not even know it... or be able to detect it.

But there’s good news. A simple test could revolutionize cancer treatment. Studies show it’s 95% accurate. The test looks for levels of a certain protein that appears in a cancer patient’s body. When this protein level is high, chances are good that you have cancer... Even if you feel fine.

Dr. Samuel Bogoch is a former professor at Harvard Medical School and Boston University School of Medicine. He’s a Harvard-trained neurochemist. For over 20 years, he’s studied the nervous system. He’s the founder and chairman of Foundation for Research on The Nervous System. He has established three research labs and authored over 150 journal articles and patents.

Cancer is easiest to eradicate if it’s found early. But here’s the problem... Screenings and biopsies usually don’t discover cancer cells until it’s too late.

Dr. Bogoch’s test is able to detect cancer 19 months earlier than traditional methods.

The Journal of Oncology Practice says, “The number of Americans who are diagnosed with cancer—both those in treatment and those who have finished therapy—will grow to 18.2 million, up from 11.7 million in 2005. Today 1 in 26 Americans have had cancer. By 2020, roughly 1 in 19 will have been diagnosed with the disease.”

FACT: Cancer is on the rise. It will kill more than 13.2 million a year by 2030.

Studies show that many people who complete traditional cancer therapies are at risk for relapse – or a new cancer. You’ll understand why in a moment.

Can You Skip the Damaging “Cure”?

Dr. Bogoch’s simple blood test can find malignant cancer cells before the onset of any symptoms.

Early detection can make a big difference in treatment. You can make lifestyle changes and find alternative ways to destroy cancer. Maybe avoid chemo altogether.

Since 1981, Dr. Bogoch’s test has been used on more than 5,000 cancer patients in double-blind studies. For 21 years, this FDA approved study has been saving lives.

The medical community either doesn’t know about it or chooses to ignore it. More on why in a minute. First, you have to hear this story.

AMAS... an Angel on Your Shoulder

Meet Angel... She’s a retired teacher and former vice president of investments for a brokerage firm. Angel was able to cure herself of cancer.
Back in 2000, she was reading a small scientific journal. One article was about a new test for the early detection of cancer. The test was called AMAS.

She decided to research it further. She knew several people her age who had died of cancer. It made her feel like she was at risk too.

She spoke to her doctor about the test. The doctor had never heard of it. He certainly didn’t believe in it... nor could he find any information on it.

But Angel’s doctor also couldn’t find a reason not to do it. So he drew the blood and shipped it to Dr. Bogoch’s lab.

Angel’s test came back positive for cancer.

The "normal" healthy score for the AMAS test is considered to be around 65. Angel's score was 141. Still, that meant her cancer was in early stages. So she felt she could treat herself. Angel researched alternative health solutions. She discovered that a weak immune system can lead to cancer. So she got to work on building her immunity with natural supplements.

Her plan was to bring the AMAS number down to 125. That’s considered borderline. She would then continue natural treatment to get her number down to normal in 2-3 months.

But the results after 3 weeks were stunning. Angel’s number fell from 141 to 34. She was well within the normal range.

Angel had cured her cancer.

Her important message: “Doctors are human. 180,000 Americans die each year as a result of medical mistakes. Most of these mistakes go unreported... Don’t be afraid to make demands.”

More on the Test

AMAS stands for “anti malignin antibody in serum.” What’s an anti malignin antibody? It’s a protein. Your body produces it as a response to the presence of disease. That includes malignant cancer cells.

Anti malignin antibodies (AMA) are elevated in most people with cancer. So it shows up in your blood.

The more antibodies, the more likely you have cancer.

“If there are any cancers that don’t respond to the [AMAS] test, we haven’t found them yet,” says Dr. Bogoch.

According to Dr. Bogoch, the AMAS is 95% accurate on the first try. It’s 99% accurate in follow-up tests. The lab that conducts the test is Oncolab. It’s based in Massachusetts. Lab technicians there report, “AMA is normal in 96% of cancer patients who no longer have evidence of disease.”
Dr. Ron Schmid is a graduate of MIT and the National College of Naturopathic Medicine. He says, “The AMAS test is an excellent way to screen for and detect cancer or recurrences, and to track treatment progress during treatment.”

Why don’t more doctors use it?

Dr. Schmid thinks most doctors are entrenched in their old ways.

The AMAS test is cheap—only $165. By contrast, an MRI can cost upward of $3,500. Essentially, there’s no financial incentive for the medical establishment to make the switch.

We’ll tell you how you can get the AMAS test. First, let’s compare it to traditional cancer treatment.

**The “Accepted” Cancer Treatments**

Conventional methods for fighting cancer include weeks or months of debilitation. Chemo, radiation, and surgery all have negative side effects.

The point of them is to kill as many cells as possible. The hope is to get more cancer cells than healthy cells.

The odds are not in your favor.

According to the National Cancer Institute, “Chemotherapy can also harm healthy cells that divide quickly, such as those that line your mouth and intestines or cause your hair to grow.”

Like chemo, radiation is out to kill cancer cells. But healthy cells will be casualties too. Also like chemo, radiation steals your energy and wears you out. Side effects include hair loss, skin irritation, diarrhea, and infertility.

Surgery can leave you impotent, incontinent, or prone to infection because of damage to major blood vessels.

Overall, traditional treatment can be brutal. It may cause permanent damage and may not even rid your body of cancer. They could possibly kill you!

**It’s not the Tumor!**

Cancer survivor Burton Goldberg is a prominent author, filmmaker, and speaker. He points out that traditional cancer treatments focus on the tumor as if that were the cause of the cancer.

According to Goldberg, the tumor is the least of your problems. The real issue is the tumor cells flowing through your bloodstream.

For starters, cancer cells shed. It’s a natural process.

If you undergo surgery, the tumor is cut out of your body. But some tumor cells are released into your blood and they float around.
Your immune system is already weak... tumor cells multiply fast... and it doesn’t take long for cancer to rear its ugly head again.

It gets worse...

Heavy doses of chemotherapy and radiation can make new cancer cells resistant to treatment. It can turn them into “super cancer cells.”

It can also cause cancer cells to mutate and turn into an entirely different form of cancer.

Burton Goldberg wrote about this in detail in his book *Alternative Medicine: The Definitive Guide to Cancer*. He says chemo has a 2.5% success rate after five years. Cancer either returns after five years or the patient dies.

**Who Should Get AMAS?**

AMAS is a simple blood test. It’s noninvasive and quick to administer.

“I believe that people with high risk in their family of cancer or people over 45 or 50 should definitely take the test,” says one doctor who’s used the test on patients. “People over 45 or 50 should be screened with the AMAS test in the same way people receive routine mammographies and other kinds of tests including the PSA.”

Some doctors recommend the AMAS test to anyone with a family history of cancer. Research shows certain cancers can be genetic. Environment can also play a huge role in the development of cancer.

The AMAS test can give you peace of mind.

The test is also suggested for workers in high-risk industries. Anyone who works with chemicals or toxins has an increased risk of cancer. Painters, maintenance workers, and hairdressers, to name a few.

Early detection can allow for quick and simple treatment. It could mean an easier surgery to remove a tumor before it spreads. Anything to avoid chemotherapy or radiation is a victory.

There are other high-risk groups. One is smokers—even if they’ve already quit. Another is people who are obese. Both should consider the AMAS test.

**Already Had Cancer?**

Regular AMAS testing benefits cancer patients in remission, too. Some doctors recommend it every six months.

According to the American Cancer Society, many cancer survivors will get a secondary cancer. Regular “check-ins” are crucial.

If you’re currently undergoing cancer treatment, the AMAS can be used to monitor your progress.
Who is the AMAS Not For?

While AMAS is successful for early detection, it’s not proven useful in the late stages of cancer.

Studies show that levels of AMA drop significantly in terminal cases. Patients may get a “false negative.”

This could be because chemo treatments kill off the antibodies. It might also be that with the immune system compromised, the body is unable to make antibodies.

What to Do if the AMAS Shows You Have Cancer

The AMAS test is 95%-99% effective at early detection. But it doesn’t pinpoint the type of cancer you have. Plus, there’s the small possibility it’s wrong.

You could have a second AMAS test to double-check. If that test shows positive, you may want to move forward with traditional testing. Your decision will depend on your age, sex, and medical history. You may want to get tested for specific cancers based on your family history or the industry you work in.

There’s also a test from a German lab that you may want to take. We’ll tell you about it in a minute.

Bob Davis is a cancer survivor. Here’s what he says about follow-up testing:

“It is a normal function of a healthy immune system to constantly destroy cancer cells in the body. This action leaves a measurable residue in the blood serum... Low but measurable activity is normal. In a healthy person, high activity is an indication of a greater than normal level of anti-cancer activity in the body. It is believed that one high reading may indicate a healthy action against an isolated flare-up, so a follow-up test is indicated. Consecutive high readings are an indication of a sustained higher than normal activity and other clinical tests such as a PET scan or a CT scan are indicated.”

Getting the AMAS Test

You’ll have to ask your doctor for the AMAS test. (He probably won’t know about it. You’ll have to explain.)

You can call Oncolab directly or order the free lab testing kit online here. After completing the test, have your doctor mail in your blood sample.

The results are sent back two to three days after Oncolab receives the sample. Results go to the doctor only unless you sign a release form.

The only insurance Oncolab accepts is Medicare. If you have Medicare, you simply include a copy of your card and the physician’s NPI number on the form. If you don’t have Medicare, check with your insurance company to see if they’ll reimburse you for the test.

If you test positive with AMAS, you may want to also take this test from a German lab...
Michael Giesing, MD, PhD., a German professor of molecular oncology, developed this innovative test. It’s called pharmacogenomic chemosensitivity testing – or molecular detection. And it’s revolutionizing cancer treatment.

This test looks for “micrometastases”—microscopic tumor cells in the blood stream and bone marrow. These cells indicate the spread of cancer on a molecular level.

Dr. Giesing believes that a cancer patient’s outcome and resistance to relapse has more to do with these tiny cells than the original tumor. So his treatment goes after the “whole cancer.”

Dr. Giesing takes an individualized, rather than “one size fits all,” approach to treatment.

Pharmacogenomic chemosensitivity testing gives him a way to determine the way a patient’s cancer cells will react to chemotherapy. Once he knows that, he can determine which type of chemotherapy will be most useful.

In conventional protocols, the doctor identifies the type of cancer and prescribes a treatment. There’s a recipe. Everyone with that type of cancer receives the same treatment.

But just as a great chef adjusts a recipe to taste, Dr. Giesing’s test gives a doctor an opportunity to come up with the best treatment for each patient.

In general, patients get much lower doses of chemo than what’s typically given in the U.S. That, of course, means fewer side effects. Some don’t experience any nausea, hair loss, or fatigue.

The test also checks for nutritional deficiencies. And supplements are prescribed along with the chemo. That’s nearly unheard of in the U.S. However, nutrition is a cornerstone of most “natural medicine traditions” all over the world.

Dr. Giesing tells of a patient with colon cancer who wasn’t responding well to chemo. Thanks to his blood test, it was found that the cancer would respond well to a drug called Herceptin. And it did.

Herceptin is primarily used to treat breast cancer. Without the test, the doctors would never have considered it.

Ed Van Overloop is another success story. Ed suffered from prostate cancer. When he arrived at Dr. Giesing’s clinic, he had a PSA score of nearly 100. (Normal levels are between 1 and 4.)

Dr. Giesing’s test indicated he would fare better with a type of chemo typically used for ovarian cancer. After two months of treatment, his PSA score plunged—dropping below 15.
The Testing Process

To have the test done, you can get a kit from Cameron Packaging in Lima, Ohio. You have your doctor draw your blood according to their specifications. Then the blood is analyzed at the Biofocus laboratory in Germany.

The blood should be shipped to the lab fresh via Fed Ex on a Monday or a Tuesday. That way, the lab can examine it before the weekend.

They analyze the sample for the presence of cancer cells. They also look for microscopic tumor cells circulating in the blood.

The detection rate is quite good – around 80%.

If the sample is positive, they examine the way the cells react to various chemotherapies. They also look for any nutritional or vitamin deficiencies you may have.

Here’s the one drawback: The test isn’t usually covered by insurance. It runs about 1,800 euros... roughly $2,500-$3,000. It’s expensive. But still something you may want to do after a positive AMAS test.

Cleaning House

Tests merely detect a problem. Then you have to fix it.

Cancer is primarily caused by an unbalanced immune system. So a good place to start is by “cleaning house” with a good detox diet. Then start building yourself up with proper nutrition.

It’s not simply a matter of eating more fruits and vegetables. You have to eat the right ones. You should also cut down your sugar intake. Cancer cells thrive on sugar.

Many health experts recommend a diet of organic raw foods. Dr. Ann Louise Gittleman, for example, is an author and nutritionist for the USDA’s WIC (Women, Infants, Children) program. She’s known as a trendsetter in the natural health world.

She says, “There is an association between the cooking and processing of food and the incidence of cancer. Conversely, it is a fact that cancer patients make the best recoveries on completely raw vegetarian food...”

Burton Goldberg agrees that nutrition is an important part of cancer treatment.

But, he points out, “when you do chemotherapy, the conventional doctors tell you that it’s counterproductive to use nutrition concurrent with chemo, and ladies and gentlemen, nothing could be further from the truth.”

Conventional Cancer Tests Still Failing

The most common tests to detect cancer tests are unreliable. At best.

The Prostate Specific Antigen (PSA) test, for example. Even its developer admits that it was later proven to be less effective than initially thought.
Dr. Thomas Stamey of Stanford University is the man behind the PSA. He says it leads to more unnecessary surgeries than it does to cures. And research shows more men still die with prostate cancer than of it.

As for mammograms, recent studies show they might actually spread cancer. As you know, a mammogram is an X-ray. And, even with the lead sheet they place over you, there is plenty of evidence that X-rays mutate cells. (Why do you suppose the person administering the mammogram hides behind a wall?) Not only that... When the breast is clamped between the vice grips and squeezed, that can rupture a lesion and spew cancer cells into surrounding tissues.

Lung cancer and colon cancer fare no better. Biopsies done to detect them can quickly spread cancer through the body.

Meanwhile, the so called “alternative” tests we introduced to you in this report speak for themselves. Early detection with the AMAS (up to 19 months earlier than with traditional tests) followed by customized treatment determined by pharmacogenomics chemo sensitivity testing can eliminate the damaging effects of “standard operating procedure.” It may also save your life.

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