

Verbal Expression, Extroversion and Appreciation in Cancer Outcomes

Colleen Huber, NMD, FNORI
Fellow of the Naturopathic Oncology Research Institute
NatureWorksBest Cancer Clinic
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Of a survey mailed by US postal service to all surviving current and past cancer patients at our naturopathic clinic, we received responses from 69 individuals, which included, for 9 deceased patients, responses from widowed spouses or other family.

Our goal was to reach and to receive responses from each of our surviving cancer patients who had completed at least two weeks of treatments at our naturopathic clinic. Of the over 534 cancer patients in our clinic's history, we received 69 responses.

The Questionnaire follows:

Confidential Questionnaire for Cancer Patients and Cancer Survivors **2016**
who have been treated at NatureWorksBest Cancer Clinic, Tempe AZ

Name (or initials if you prefer) _____ Age _____ Sex _____

In a few words or sentences, how have you been since you last visited our clinic?

Please help us figure out risk factors for cancer, so we can look into what we can do to reverse them for our present and future patients.

Back when you had cancer (or if you still have it), what was your primary cancer type? _____

Stage (at its worst) _____

Current situation: Active cancer _____ Remission _____ Cure _____ Not sure _____

Please check all that you have had in the past.

Conventional treatments: Chemotherapy _____ Radiation _____ Surgery _____

Naturopathic treatments: IV nutrients _____ 3 months _____ 6 months _____ 7 + months _____

Ozone: _____ Other treatment (please specify) _____

Have you been able to avoid sweeteners in foods and drinks?

Do you physically exercise? _____

How many times per week? _____

How many minutes each time? _____

Optional questions:

Are you:

Extroverted? _____ Introverted? _____

Like to be with others? _____ Prefer to spend time alone? _____

Quick to anger? _____ Slow to anger? _____

Do you express your feelings? _____ Do you suppress your feelings? _____

Glass is half full (appreciative)? _____ Glass is half empty (resentful) ? _____

* * *

We attribute the low response rate to the length and impertinence of the questionnaire. Thought-provoking questions that may be difficult to answer on a full-page questionnaire can invite lengthy reflection and sometimes procrastination. Some questionnaires were returned to us very late, even months after our July mailing. In fact, from a patient several years in remission, one of our stamped, self-addressed envelopes came back in late December containing a Christmas card rather than the completed questionnaire.

Whereas in previous years we gathered very little information on each individual patient, during the last two years we have used page-length questionnaires to ask more questions. This inevitably reduces those who respond to relatively few people who have the patience for answering a long questionnaire.

Survey fatigue is an increasing phenomenon for the American public, now that consumers are frequently asked to rate their shopping experiences. Our clinic sends out a survey annually, and former patients may consider it enough effort that they answered our survey last year.

We have resolved to make next year's questionnaire much shorter and more straightforward to answer, in order to try to gather information from a larger number of our former patients. We may also change to an electronic response system in the future, always hoping that our questionnaires do not get lost in either the daily deluge of electronic or of postal mail that most people have to endure in our time.

Comparison and Contrast of Mainstream Treatments for Cancer

The following table is from the questionnaire that we mailed in mid-2016, showing contrasting outcomes of surgery vs radiation vs chemotherapy for cancer patients across all types and all stages of cancer.

Of the 28 in remission, 7 had chemotherapy at some time in the past. Of the 21 choosing to describe their cancer as cured, only 3 had ever had any chemotherapy. Of the 11 with active cancer, 6 had had chemotherapy. Of the 9 deceased, 5 had had chemotherapy.

Table 1: Outcomes of Conventional Treatments for Cancer

	Total number in group	Recent or previous chemotherapy	Recent or previous radiation	Recent or previous surgery	No conventional treatments
Cure*	21	3	6	15	3
Remission	28	7	4	14	5
Active cancer	11	6	5	6	1
Deceased	9	5	2	5	2
TOTALS**	69	21	17	40	11
(Cure + Remission) / Total	71%	48%	59%	73%	73%
Deceased / Total	13%	24%	12%	13%	18%

*Patients chose to describe their current condition as Cure, Remission or Active Cancer. These were then all verified by our clinic to be correct regarding true status.

**Totals include patients with active cancer who have recently initiated treatment and are still being treated with IV nutrients at the naturopathic clinic. However, most of the active cancer patients had left the naturopathic treatments before completing them, and against medical advice. Financial and insurance considerations usually determined these early departures.

A comparison of the cancer patients who had chemotherapy with those who had no chemotherapy shows that those in remission or “cure” are much less likely to have had chemotherapy. The success of those who do not have chemotherapy is consistent with our findings in previous years.¹ We therefore question whether chemotherapy is a useful intervention in cancer. Also, a higher proportion of the former chemotherapy patients than other patients are deceased (5 of 21). Mortality was approximately twice as high (24%) among chemotherapy patients as among most of the other groups. Having no conventional treatments at all resulted in superior outcomes to having chemotherapy. Mortality among chemotherapy patients was higher than among those having no conventional treatments at all. This is consistent with our findings of earlier years. Therefore, chemotherapy seems to be an imprudent treatment for the majority of cancer patients.

The radiation patients are more proportionately distributed among the various outcomes, showing that radiation may have had less deleterious effect on ultimate outcome.

Surgical results are quite different. Surgery patients were much more likely (73% vs 48%) to be in the Cure or Remission categories than chemotherapy patients. Therefore, it seems that surgery is a very useful treatment in cancer, and is strongly associated with survival and remission.

Exercise and Avoiding Sweeteners

Exercise has been found to be crucial to a cancer patient’s likelihood of survival and remission. However, only those not in the worst physical condition are able to exercise at all.

As in our previous studies, avoidance of sweeteners is also crucial to success.²

Here are the results that we found this year regarding exercise, avoidance of sweeteners and cancer recurrence:

Table 2: Diet, Exercise and Cancer Outcomes

	Total number in group	Exercise	Avoidance of sweeteners	Exercised and avoided sweeteners
Cure*	21	20	19	19
Remission	28	22	20	17
Active cancer	11	4	8	3
Deceased	9	1	4	1
TOTALS**	69	47	51	40
(Cure + Remission) / Total	71%	89%	76%	90%
Deceased / Total	13%	2%	8%	3%
Recurrent cancer	22	6	8	2

The enormous importance of both exercise and avoidance of sweeteners is re-confirmed by this year's data. These two interventions made by far the most difference in cancer outcome, in addition to the naturopathic intravenous nutrient treatments, which are the only parameter for which this clinic's research did not have a control group.

Our clinic's data from previous years shows a 90% success rate for patients who choose naturopathic treatments along with avoidance of sweeteners.¹ This year's data shows the same level of success when these are also combined with exercise, although from a much smaller sample size than in years past when we called every patient by phone.

Cancer patients are well-advised to maintain daily exercise and to avoid sweeteners. Responsible treatments by their health care team will involve discussion of these two principles and any necessary counseling to achieve these health goals.

Optimism and Extroversion

This year we also asked questions of a psychological nature. Due to popular belief about cancer patients' suppression of emotions, we wondered if those who suppressed, rather than expressed, their emotions would suffer worse outcomes. Fewer were in remission or cured; however fewer were deceased. That is because a higher number were in the category of active cancer.

We did see a strong difference in outcome between those who felt appreciative and those who felt not appreciative. However, it is not known if appreciation or lack of it resulted from the patient's health circumstances.

¹Huber C. Defeating cancer requires more than one treatment method: an 8-year retrospective case series using multiple nutritional and herbal agents, 2014 update. Natureworksbest.com. 2014 Dec 28.

Table 3: Verbal Expression, Extroversion, Appreciation and Cancer Outcomes

	Total number in group	Extroverted*	Introverted**	Express emotions*	Suppress emotions**	Appreciative	Not appreciative
Cure*	21	13	3	13	5	19	2
Remission	28	12	10	13	6	25	3
Active cancer	11	7	2	5	5	11	0
Deceased	9	6	1	4	1	5	4
TOTALS**	69	38	16	35	17	60	9
(Cure + Remission) / Total	71%	66%	81%	74%	65%	73%	56%
Deceased / Total	13%	16%	6%	11%	6%	8%	44%

Total of * and ** do not add up to total of 69 patients, because some did not answer this question.

Discussion

Clearly, from these results, exercise and avoidance of sweeteners are far more important to cancer outcome than either extroversion or introversion, expression or suppression of emotions, or feeling or not feeling appreciative.

More research is clearly needed to show all of the best combinations of treatments and lifestyle choices for the optimal success and wellbeing of cancer patients.

1²Huber C. Defeating cancer requires more than one treatment method. December 2016. www.NatureWorksBest.com.

2²Huber C. Glycemic restriction in cancer patients: a 7-year controlled interventional study. Cancer Strategies Journal. Spring 2014. <https://natureworksbest.com/wp-content/uploads/2014/05/Sugar-Cancer-Study.pdf>