

## THE CHINA STUDY AND COMMON CANCERS

BY  
David L. Duffy, MD

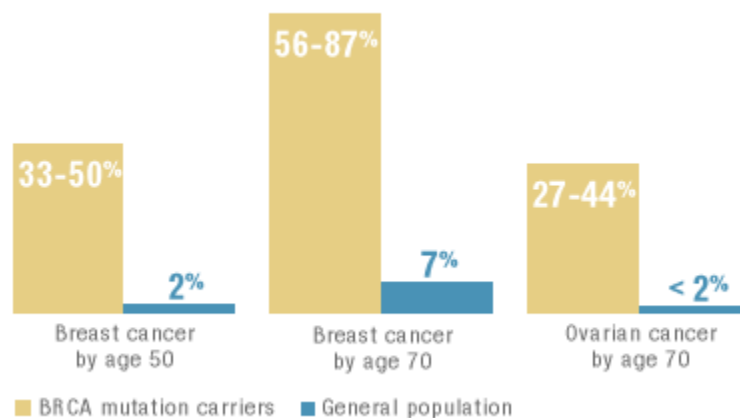
T. Colin Campbell and his son Thomas M. Campbell in their book *The China Study* (2006: Benbella Books, Dallas, Texas) devote a chapter to the discussion of the effects of nutrition on breast, colon, and prostate cancer (Chapter 8, pp. 157-182).



It is known that the risk of breast cancer increases when a woman has her first menstruation at an early age. It also increases when the onset of menopause is at an older age. High levels of female hormones in the blood are correlated with a higher risk of breast cancer. The risk of breast cancer is higher in women with elevated blood cholesterol levels. It is also known that a diet high in animal foods and refined carbohydrates is linked to an early age of puberty, a late age of menopause, an increase in the blood level of female hormones, and a high level of blood cholesterol. Western women have 2.5 to 3 times higher exposure to estrogen than rural Chinese women.

There are two genes which are associated with a high risk of breast cancer. BRCA-1 and BRCA-2. About one in 500 women carry these genes. A woman with BRCA-1 has a 65% chance of having breast cancer by age 70. A woman with BRCA-2 has a 45% chance of having breast cancer by age 70.

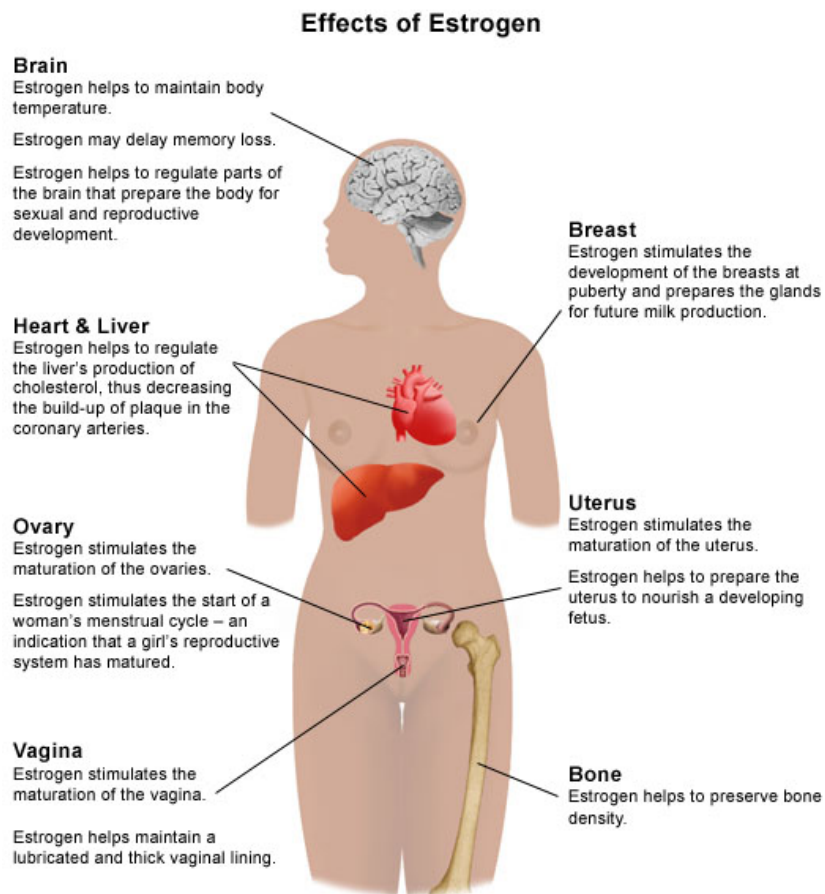
### BRCA Mutation Increases the Risk of Cancer



Modern medicine recommends annual mammography for breast cancer. Early detection and treatment of breast cancer improves the five-year survival rate. There is a medicine called tamoxifen given to high risk women to prevent breast cancer. In one study lasting four years the use of tamoxifen reduced the number of cases of breast cancer by 49%. The drug binds to estrogen receptors in the body and has an antiestrogen effect. Some women with genes BRCA-1 and BRCA-2 choose to undergo bilateral mastectomy to prevent breast cancer.

There is a group of environmental chemicals called Polycyclic Aromatic Hydrocarbons (PAHs) which are found in auto exhaust, factory smoke stacks, petroleum tar products, and tobacco smoke. When they are metabolized in the body they produce intermediate products which bind DNA and can promote breast cancer.

Women going through menopause experience hot flashes which are caused by a drop in the estrogen level. The symptoms are treated by giving women hormone pills such as Premarin. (Preamarin consists of estrogen derived from the urine of pregnant horses.) The drug is prescribed to alleviate the symptoms of menopause, prevent osteoporosis, and prevent heart disease. More recently it has been demonstrated that women taking hormone replacement therapy for 5 years have a 26% increase in breast cancer. The estrogen therapy does reduce the number of bone fractures but does not prevent heart disease.

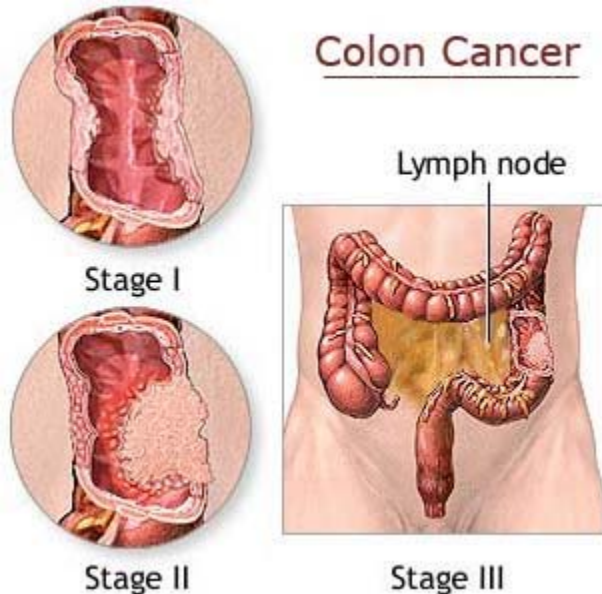


Dr. Campbell recommends a plant-based diet to reduce the risk of breast cancer and reduce the symptoms of menopause. On a plant-based diet women have lower estrogen levels during the reproductive years. During menopause the drop in estrogen is not as severe as in women consuming meat. The elimination of meat also reduces exposure to the hormones fed to the animals.

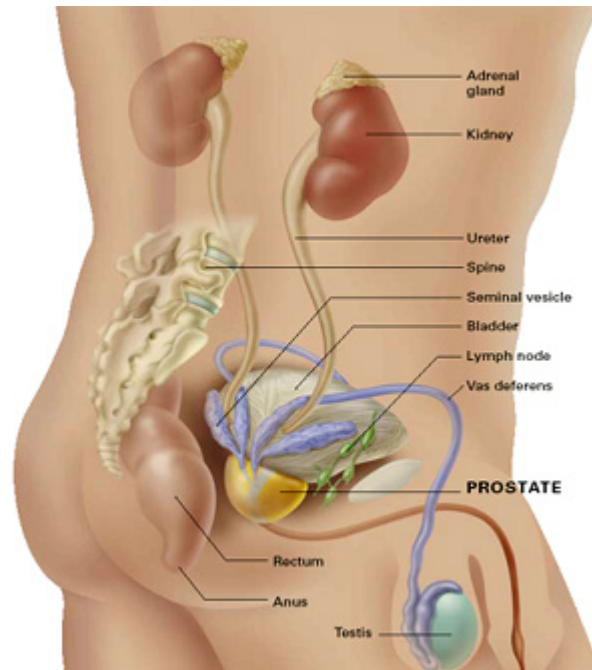
Cancer of the colon and rectum is the fourth most common cancer in the world. It is the second most common cancer in the United States. North America, Europe, Australia, and Japan have very high rates of colorectal cancer. Africa, Asia, and most of Central and South America have low rates of colorectal cancer. When people move from a low risk area to a high risk area their families will have an increased risk within two generations.

Colon cancer has been linked to the consumption of meat. The rate of colon cancer goes up with the per capita daily meat consumption. Also the rate of colon cancer is higher when people eat more sugar and fewer cereal grains. Eating an additional ten grams of dietary fiber a day lowers the long-term risk of colon cancer by 33%. Fiber includes hundreds of substances. The reduction of colon cancer is correlated with dietary fiber found in food, not supplements.

Campbell's conclusion is this: "The data clearly shows that a whole foods, plant-based diet can dramatically lower colorectal cancer rates. We don't need to know which fiber is responsible, what mechanism is involved or even how much of the effect is independently due to fiber" (p. 174).

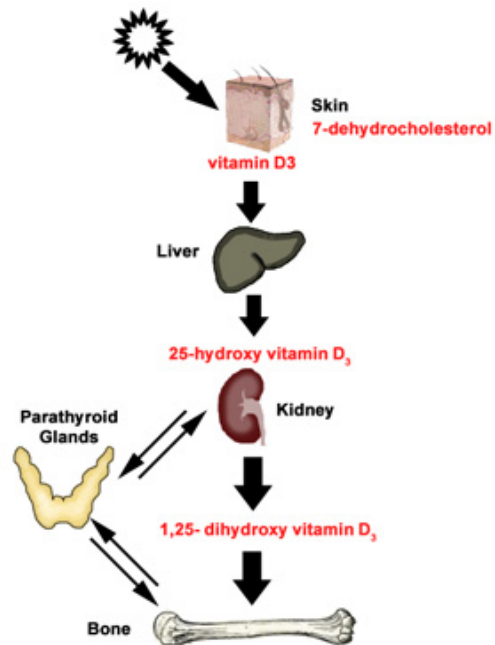


About half of men seventy years of age or older have latent prostate cancer. In the United States prostate cancer represents about 25% of all tumors. Prostate cancer is slow-growing. Only 7% of men with prostate cancer die within five years. Research has shown that high prostate cancer rates primarily exist in societies with "Western" diets and lifestyles. In developing countries, men who adopt Western eating practices or move to Western countries suffer more prostate cancer. One specific link between diet and prostate cancer has been dairy consumption.



One mechanism of how diet influences the development of prostate cancer involves a growth factor. Insulin-like Growth Factor 1 (IGF-1) is a hormone produced by the body to regulate the rate at which cells grow. When people have higher than normal levels of IGF-1, the IGF-1 stimulates the growth of new cells and inhibits the removal of old cells. Men with higher than normal levels of IGF-1 have 5.1 times the risk of advanced state prostate cancer. When men have low blood levels of the protein which binds and inactivates IGF-1 they have 9.5 times the risk of advanced-stage prostate cancer. Humans make more IGF-1 when they consume animal-based foods like meat and dairy.

A second mechanism which affects the development of prostate cancer relates to vitamin D metabolism. Vitamin D<sub>3</sub> (cholecalciferol) is produced in the skin when humans are exposed to sunlight. Calcidiol (25-hydroxycholecalciferol, or "25 D") is the form of vitamin D which is stored in the liver, Calcidiol (25 hydroxylcholecalciferol or "25 D") is the active, most potent form of vitamin D. Storage Vitamin D is transported to the kidneys. There 25 D is converted to 1.25 D. Active Vitamin D is distributed throughout the body. It affects the absorption of calcium from the intestines.



The consumption of animal protein suppresses the production of active Vitamin D. Low levels of active Vitamin D in the body are correlated with a higher incidence of cancer, autoimmune diseases, and osteoporosis.

Arnold Ehret discovered the healing power of fruits and vegetables from his own experience with kidney disease. He demonstrated that through adherence to his Mucusless diet healing system that many diseases could be cured or alleviated. We are currently in a period of history where modern medicine promotes drugs as the solution to most of our physical problems.

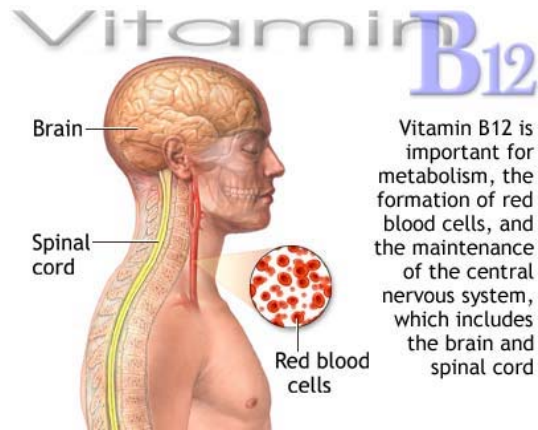
T. Colin Campbell goes against the medical establishment and reminds us that diet really makes a difference between health and disease. If we start with Arnold Ehret's teachings that fruits and vegetables are the cleansers and healers, then each of us can create a diet plan to lose weight, remove waste and move toward our own ideal metabolism.



How much whole grains and legumes should we eat? The answer is that we should eat what we really need. When we deprive ourselves of needed carbohydrate and protein we lose muscle mass and become tired and may lose our concentration. However, if we over eat grains and legumes we may gain excess weight and build up mucus in the body.

Should one eat any meat or dairy products? That is an individual choice. If eaten at all it should be infrequently and in small amounts. I would rather get a minimum amount of vitamin B12 from food rather than pills or shots. Each of us needs to discover how little animal protein in the diet is really needed. Arnold Ehret's Mucusless Diet and T. Colin Campbell's whole food, plant-based diet will not guarantee perfect health.

We are all subject to weaknesses and diseases. However, even if we have genetic susceptibility to diabetes, heart disease or cancer, a diet eaten with prudence and thanksgiving will go a long way in keeping us healthy.



***About the author:***

Dr. David L. Duffy, MD graduated from Harvard Medical School in 1971. He trained in Internal Medicine and Ambulatory Care at Montefiore Medical Center, Bronx, NY, from 1971 - 1975. He continued seeing patients and supervising interns and residents at the Montefiore Medic Clinic until 1980. From 1981-1988 he had a private medical practice in Oceanside, California. In 1988 he returned to New York to work at Metropolitan Hospital Center in Manhattan. From 1996 to 2005 he served as Section Chief of General Internal Medicine. He also served as Chairman of the Patient Education Committee from 1999 to 2005.

His medical office is located at 27-10 30th Avenue, Suite LA, Astoria, NY 11102. Astoria is in a section of Queens County, NY a part of New York City. Dr. Duffy is only available by appointment. Dr. Duffy can be reached by phone at 718-932-9870.

Dr. Duffy will not be available for phone, fax, mail or e-mail consultations.

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