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Nutritional and Preventative Medicine - Chronic Illness Care
Dr. Jane Plant Natural Growth Hormone in Milk and Cancer ©2011

CURE BREAST CANCER BY AVOIDING ALL MILK PRODUCTS

By Prof. Jane Plant, PhD, CBE
<http://www.litopia.com/jplant/bio.htm>
The Daily Mail - UK (5-27-00)

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Why I believe that giving up milk is the key to beating breast cancer...

Professor Jane Plant is a wife, a mother, and widely respected scientist, who was made a CBE for her work in geochemistry. When she was struck by breast cancer in 1987 at the age of 42, her happy and productive existence seemed destined to fall apart. But despite the disease recurring a further four times, Jane refused to give in. As she describes in an inspiring new book, [Your Life In Your Hands] serialized by the Mail this week, she devised a revolutionary diet and lifestyle program that she believes saved her life and can cut the chances of other women falling prey to the disease.

Her theory remains a controversial one -but every woman should read it and make up her own mind. Today, she explains her personal breakthrough...

I had no alternative but to die or to try to find a cure for myself. I am a scientist -surely there was a rational explanation for this cruel illness that affects one in 12 women in the UK?

I had suffered the loss of one breast, and undergone radiotherapy. I was now receiving painful chemotherapy, and had been seen by some of the country's most eminent specialists. But, deep down, I felt certain I was facing death.

I had a loving husband, a beautiful home and two young children to care for. I desperately wanted to live. Fortunately, this desire drove me to unearth the facts, some of which were known only to a handful of scientists at the time.

Anyone who has come into contact with breast cancer will know that certain risk factors - such as increasing age, early onset of womanhood, late onset of menopause and a family history of breast cancer - are completely out of our control. But there are many risk factors, which we can control easily. These 'controllable' risk factors readily translate into simple changes that we can all make in our day-to-day lives to help prevent or treat breast cancer. My message is that even advanced breast cancer can be overcome because I have done it.

The first clue to understanding what was promoting my breast cancer came when my husband Peter, who was also a scientist, arrived back from working in China while I was being plugged in for a chemotherapy session.

He had brought with him cards and letters, as well as some amazing herbal suppositories, sent by my friends and science colleagues in China.

The suppositories were sent to me as a cure for breast cancer. Despite the awfulness of the situation, we both had a good belly laugh, and I remember saying that this was the treatment for breast cancer in China, then it was little wonder that Chinese women avoided getting the disease. Those words echoed in my mind. Why didn't Chinese women get breast cancer? I had collaborated once with Chinese colleagues on a study of links between soil chemistry and disease, and I remembered some of the statistics.

The disease was virtually non-existent throughout the whole country. Only one in 10,000 women in China will die from it, compared to that terrible figure of one in 12 in Britain and the even grimmer average of one in 10 across most Western countries.

It is not just a matter of China being a more rural country, with less urban pollution. In highly urbanized Hong Kong, the rate rises to 34 women in every 10,000 but still puts the West to shame.

The Japanese cities of Hiroshima and Nagasaki have similar rates. And remember, both cities were attacked with nuclear weapons, so in addition to the usual pollution-related cancers, one would also expect to find some radiation-related cases, too. The conclusion we can draw from these statistics strikes you with some force. If a Western woman were to move to industrialized, irradiated Hiroshima, she would stash her risk of

contracting breast cancer by half.

Obviously this is absurd. It seemed obvious to me that some lifestyle factor not related to pollution, urbanization or the environment is seriously increasing the Western woman's chance of contracting breast cancer.

I then discovered that whatever causes the huge differences in breast cancer rates between oriental and Western countries, it isn't genetic. Scientific research showed that when Chinese or Japanese people move to the West, within one or two generations their rates of breast cancer approach those of their host community.

The same thing happens when oriental people adopt a completely Western lifestyle in Hong Kong. In fact, the slang name for breast cancer in China translates as 'Rich Woman's Disease'. This is because, in China, only the better off can afford to eat what is termed 'Hong Kong food'.

The Chinese describe all Western food, including everything from ice cream and chocolate bars to spaghetti and feta cheese, as 'Hong Kong food', because of its availability in the former British colony and its scarcity, in the past, in mainland China.

So it made perfect sense to me that whatever was causing my breast cancer and the shockingly high incidence in this country generally, it was almost certainly something to do with our better-off, middle-class, Western lifestyle.

There is an important point for men here, too. I have observed in my research that much of the data about prostate cancer leads to similar conclusions.

According to figures from the World Health Organization, the number of men contracting prostate cancer in rural China is negligible, only 0.5 men in every 100,000. In England, Scotland and Wales however, this figure is 70 times higher.

Like breast cancer, it is a middle-class disease that primarily attacks the wealthier and higher socioeconomic groups - those that can afford to eat rich foods.

I remember saying to my husband-- 'Come on Peter, you have just come back from China. What is it about the Chinese way of life that is so different. Why don't they get breast cancer?'

We decided to utilize our joint scientific backgrounds and approach it logically. We examined scientific data that pointed us in the general direction of fats in diets.

Researchers had discovered in the 1980s that only 14 % of calories in the average Chinese diet were from fat, compared to almost 36% in the West. But the diet I had been living on for years before I contracted breast cancer was very low in fat and high in fiber.

Besides, I knew as a scientist that fat intake in adults has not been shown to increase risk for breast cancer in most investigations that have followed large groups of women for up to a dozen years.

Then one day something rather special happened. Peter and I have worked together so closely over the years that I am not sure which one of us first said:

'The Chinese don't eat dairy produce!'

It is hard to explain to a non-scientist the sudden mental and emotional 'buzz' you get when you know you have had an important insight.

It's as if you have had a lot of pieces of a jigsaw in your mind, and suddenly, in a few seconds, they all fall into place and the whole picture is clear.

Suddenly I recalled how many Chinese people were physically unable to tolerate milk, how the Chinese people I had worked with had always said that milk was only for babies, and how one of my close friends, who is of Chinese origin, always politely turned down the cheese course at dinner parties.

I knew of no Chinese people who lived a traditional Chinese life who ever used cow or other dairy food to feed their babies. The tradition was to use a wet nurse but never, ever, dairy products.

Culturally, the Chinese find our Western preoccupation with milk and milk products very strange. I remember entertaining a large delegation of Chinese scientists shortly after the ending of the Cultural Revolution in the 1980s.

On advice from the Foreign Office, we had asked the caterer to provide a pudding that contained a lot of ice cream. After inquiring what the pudding consisted of, all of the Chinese, including their interpreter, politely but firmly refused to eat it, and they could not be persuaded to change their minds. At the time we were all delighted and ate extra portions!

Milk, I discovered, is one of the most common causes of food allergies.

Over 70% of the world's population are unable to digest the milk sugar, lactose, which has led nutritionists to believe that this is the normal condition for adults, not some sort of deficiency. Perhaps nature is trying to tell us that we are eating the wrong food.

Before I had breast cancer for the first time, I had eaten a lot of dairy produce, such as skimmed milk, low-fat cheese and yogurt. I had used it as my main source of protein. I also ate cheap but lean minced beef, which I now realized was probably often ground-up dairy cow.

In order to cope with the chemotherapy I received for my fifth case of cancer, I had been eating organic yogurts as a way of helping my digestive tract to recover and repopulate my gut with 'good' bacteria.

Recently, I discovered that way back in 1989 yogurt had been implicated in ovarian cancer. Dr Daniel Cramer of Harvard University studied hundreds of women with ovarian cancer, and had them record in detail what they normally ate. I wish I'd been made aware of his findings when he had first discovered them.

Following Peter's and my insight into the Chinese diet, I decided to give up not just yogurt but all dairy produce immediately. Cheese, butter, milk and yogurt and anything else that contained dairy produce - it went down the sink or in the rubbish.

It is surprising how many products, including commercial soups, biscuits and cakes, contain some form of dairy produce. Even many proprietary brands of margarine marketed as soya, sunflower or olive oil spreads can contain dairy produce. I therefore became an avid reader of the small print on food labels.

Up to this point, I had been steadfastly measuring the progress of my fifth cancerous lump with callipers and plotting the results. Despite all the encouraging comments and positive feedback from my doctors and nurses, my own precise observations told me the bitter truth.

My first chemotherapy sessions had produced no effect - the lump was still the same size.

Then I eliminated dairy products. Within days, the lump started to shrink. About two weeks after my second chemotherapy session and one week after giving up dairy produce, the lump in my neck started to itch. Then it began to soften and to reduce in size. The line on the graph, which had shown no change, was now pointing downwards as the tumor got smaller and smaller.

And, very significantly, I noted that instead of declining exponentially (a graceful curve) as cancer is meant to do, the tumor's decrease in size was plotted on a straight line heading off the bottom of the graph, indicating a cure, not suppression (or remission) of the tumor.

One Saturday afternoon after about six weeks of excluding all dairy produce from my diet, I practiced an hour of meditation then felt for what was left of the lump. I couldn't find it.

Yet I was very experienced at detecting cancerous lumps - I had discovered all five cancers on my own. I went downstairs and asked my husband to feel my neck. He could not find any trace of the lump either.

On the following Thursday I was due to be seen by my cancer specialist at Charing Cross Hospital in London.

He examined me thoroughly, especially my neck where the tumor had been. He was initially bemused and then delighted as he said, "I cannot find it." None of my doctors, it appeared, had expected someone with my type and stage of cancer (which had clearly spread to the lymph system) to survive, let alone be so hale and hearty.

My specialist was as overjoyed as I was. When I first discussed my ideas with him he was understandably skeptical. But I understand that he now uses maps showing cancer mortality in China in his lectures, and recommends a non-dairy diet to his cancer patients.

I now believe that the link between dairy produce and breast cancer is similar to the link between smoking and lung cancer. I believe that identifying the link between breast cancer and dairy produce, and then developing a diet specifically targeted at maintaining the health of my breast and hormone system, cured me.

It was difficult for me, as it may be for you, to accept that a substance as 'natural' as milk might have such ominous health implications. But I am a living proof that it works and, starting from tomorrow, I shall reveal the secrets of my revolutionary action plan.

Extracted from Your Life in Your Hands, by Professor Jane Plant, to be published by Virgin on June 8 at £16.99. © Professor Jane Plant, 2000.

COMMENTARY

Jane Plant's conviction that dairy products can cause cancer arises from the complex chemical makeup of milk. All mature breast milk, from humans or other mammals, is a medium for transporting hundreds of chemical components.

It is a powerful biochemical solution, designed specifically to provide for the individual needs of young mammals of the same species. Jane says: "It is not that cow's milk isn't a good food. It is a great food- for baby cows. It is not intended by nature for consumption by any species other than baby cows. It is nutritionally different from human breast milk, containing three times as much protein and far more calcium."

Breast milk, like cow's milk, contains chemicals designed to play an important role in the development of young cattle. One of these, insulin growth factor IGF-1, causes cells to divide and reproduce.

IGF-1 is biologically active in humans, especially during puberty, when growth is rapid. In young girls it stimulates breast tissue to grow and, while its levels are high during pregnancy, the hormones prolactin and oestrogen are also active, enlarging breast tissue and increasing the production of milk ducts in preparation for breast-feeding.

Though the concentration and secretions of these hormones in the blood are small, they exert a powerful effect on the body. All these hormones are present in cow's milk. IGF-1 is identical in make-up, whether in human or cow's milk, but its levels are naturally higher in cow's milk. It is also found in the meat of cows.

High levels of IGF-1 in humans are thought to be a risk factor for breast and prostate cancer. A 1998 study of pre-menopausal women revealed that those with the highest levels of IGF-1 in their bloodstream ran almost three times the risk of developing breast cancer compared with women who had low levels. Among women younger than 50, the risk was increased seven times.

Other studies have shown that high circulating levels of IGF-1 in men are a strong indicator of prostate cancer. Interestingly, recent measures to improve milk yields have boosted IGF-1 levels in cows. Could IGF-1 from milk and the meat of dairy animals cause a buildup in humans, especially over a lifetime, leading to inappropriate cell division? Though we produce our own IGF-1, could it be that the extra amounts we ingest from dairy produce actually cause cancer?

Jane Plant already knew that one way the high-profile drug tamoxifen, used in the treatment of breast cancer, is thought to work by lowering circulating levels of IGF-1.

IGF-1 is not destroyed by pasteurization, but critics argue that it is destroyed by digestion and rendered harmless. Jane believes the main milk protein, casein, prevents this from happening and that homogenization, which prevents milk from separating into milk and cream, could further increase the risk of cancer-promoting hormones and other chemicals reaching the bloodstream.

She also believes there are other chemicals in cow's milk that may be responsible for sending muddled signals to adult tissue. Could prolactin, released to stimulate milk production in cows, have a similar effect on human breast tissue, effectively triggering the same response and causing cells to become confused, stressed and start making mistakes in replicating their own DNA? Studies have confirmed that prolactin promotes the growth of prostate cancer cells in culture.

Another hormone, estrogen, considered one of the main risk factors for breast cancer, is present in milk in minute quantities. But even low levels of hormones are known to cause severe biological damage. Microscopic quantities of estrogen in our rivers are powerful enough to cause the feminization of many male species of fish. While estrogen in milk may not pose a direct threat to tissues, it may stimulate the expression of IGF-1, resulting in long-term tumour growth.

Jane, who has found growing support for her theories from cancer specialists, stresses that she is not setting out to attack more orthodox approaches. She intends her dietary program to complement the best therapies available from conventional medicine, not to replace them.

PURE BUT DEADLY - IS MILK POTENTIALLY FATAL?

<http://www.ostomyinternational.org/June2000/1124.html>

Dairy-free diet and breast/colon cancer
IOA Archived Discussion Forum May 2000
Posted By Leslie Dungan on June 19,

2000 at 17:40:01:

The following review appeared last week in the Irish Times.

Has anyone out there opinions or experiences relevant to Prof Plant's approach? British scientist Jane Plant, who believes a dairy-free diet helped her recover from breast cancer, talks to Katie Donovan Tempted by a cream bun, you talk yourself out of it with thoughts of all that unhealthy fat clogging up your arteries. You opt for a low-fat yogurt instead, with skimmed milk in your tea, congratulating yourself on your sensible self-control. Think again. According to a ground-breaking new book about breast cancer (which kills over 600 women in Ireland annually), dairy products, whether low-fat or full cream, should be off everyone's menu overnight. (They are also culpable with regard to prostate cancer, so that really means everyone).

Prof Jane Plant CBE, author of *Your Life in Your Hands*, was diagnosed with breast cancer 13 years ago. She was 42, a successful geochemist (she is now chief scientist of the British Geological Survey), and led, she thought, a healthy life. There was no history of breast cancer in her family. She discovered that "only five to 10 per cent of breast cancers are the result of inherited genes, and the disease may not always develop, even in those carrying the mutated gene." Bamboozled by jargon and frozen with panic, she fell back on her scientific training to try and figure out how she had developed the disease, and how best to cure herself.

She went on the Bristol diet, she had a mastectomy, she had radiotherapy, she had her ovaries irradiated (to induce menopause and eliminate estrogen), she asked questions and did lots of research. To no avail.

By the time of the cancer's fifth recurrence (it spread into the lymph), she was given a course of chemotherapy and three months to live. She had an egg-sized tumor on the side of her neck.

Brainstorming one night with her fellow scientist husband about why, in the West, one in 10 women get breast cancer (one in 14 in Ireland), while in China it's only one woman in 10,000, the pair came up with the simple answer: Chinese people don't eat dairy products.

Plant eliminated all dairy products (including goat and sheep) from her diet. Six weeks later, the tumor had disappeared.

When I meet her she is a youthful-looking woman in her mid-fifties, quaffing mint tea and eating a tuna

sandwich (no butter or mayonnaise). She has stayed on her dairy-free diet and has remained clear of cancer. Giving up dairy products was only part of a healthy regimen she had been following throughout her cancer, including taking folic acid and zinc supplements, drinking filtered water and never consuming anything that had been packaged in plastic (phthalates, harmful carcinogenic chemicals, leak from soft plastic into food).

In spite of her best efforts it was only after she gave up all dairy products that the cancer disappeared. Sixty-three other women who had breast cancer and who came to her for advice, also recovered after giving up dairy products.

So how, I ask, can dairy products-- beloved of both the Irish and British alike, not to mention the Americans whose diet is 40 per cent dairy-- have such a lethal effect? "Milk is designed as the perfect food for newborn animals. They can't eat ordinary food, they are dependent on milk to keep development and cell differentiation going. But milk contains a chemical-- insulin-like growth factor, or IGF-1 -- which girls have naturally as teenagers to help their breasts develop. This chemical-- which is designed to stimulate cell growth-- can send the wrong signal to adult breast tissue.

She quotes studies in the US and Canada in 1998 which found that pre-menopausal women with the highest IGF-1 concentration in their blood had a far higher risk of developing breast cancer (similar studies have found a link between IGF-1 and prostate cancer). The drug Tamoxifen, prescribed for women with breast cancer, is thought to work by reducing circulating IGF-1 levels.

"Over 70 per cent of the world's population are unable to digest the milk sugar, lactose," she observes. "Lactose intolerance may be nature's early warning system: perhaps nature is trying to tell us that we're eating the wrong food." Homogenization apparently only enables cancer-producing chemicals to reach the bloodstream quicker.

Plant has done her homework:

"Epidemiological studies have indicated a positive correlation between dairy product consumption and breast cancer risk going back two decades. Studies have found an increase in breast cancer risk among women who consumed milk (especially whole milk) and/or cheese"

In 1977 scientists examining the incidence of breast cancer in Japan found "a significant increase in both the consumption of dairy products and the occurrence of breast cancer in urban areas.

She quotes more research to suggest that "free estrogens" -- found in commercial pasteurized whole cow's milk and in skimmed milk -- may stimulate expression of IGF-1 resulting in "indirect long-term tumor growth".

She lists dioxins and other damaging environmental chemicals, some of them carcinogenic, which are often fat soluble and end up "particularly concentrated" in milk.

As for the argument that we need dairy products because they contain calcium, Plant quotes the World Health Organization's finding that countries which have low intakes of calcium do not have an increased incidence of osteoporosis:

"Scientific studies into calcium absorption have shown that only 18 to 36 per cent of the calcium in milk is taken up by the body."

Now that we're convinced, what should we be eating instead? Dr. Plant recommends soya milk, herbal tea, humous, tofu, nuts and seeds, non-farmed fish, organic eggs and lean meat (not minced beef, which tends to be dairy cow) and plenty of fresh organic fruit and vegetables (in salads, juiced, or lightly steamed).

But how can the average woman afford the time and energy it takes to source and prepare such food? "Your priority should be good food, not glop," she stresses. "Put organic food first. Your health is more important than a new car. Anyway, I don't find it too costly-- after all, I don't buy any processed food, which is very expensive."

Her husband and two children have no problem following her diet. And although she travels a lot for her job,

she finds that she is able to manage-- she includes many tips in her book about what to bring with you on a trip (dried soya milk, herbal tea bags, kelp tablets for iodine, etc.).

She is about to start writing a new book, a guide for busy women who want to stay healthy. She advocates thorough and frequent self-examination of your breasts, and, if you do develop breast cancer, self-empowerment by working with your doctor 'as a partner, not as a victim'. She is not a fan of the Louise Hay You Can Heal Your Life philosophy: "I do believe in positive thinking, but I'm also a scientist and I wanted a rational explanation. I have friends with diseases like MS who have read Hay's books and feel guilty because they can't adapt their mental attitude; or, if they have adapted, and the disease doesn't go away, they become distressed."

Plant, who is an advocate of acupuncture, has varying opinions of alternative therapies. She is suspicious of aromatherapy, found visualization didn't work, but took much comfort from cognitive therapy and hypnotherapy (both of which helped her to reduce the stress and anxiety caused by having cancer).

Overall, however, it was her professional research as a geochemist into the links between disease and trace elements (such as selenium) in the environment in China and Korea that led to her insight about the role of dairy produce in her cancer. She finds the medical profession particularly shortsighted about the influence of environmental factors-- such as pollution and industrialization-- on disease: "I think public health has done a lot for the elimination of infectious diseases, but looking at the environment and nutrition could do the same for a lot of degenerative diseases."

Plant started writing *Your Life in Your Hands* for her daughter Emma (now 25). Emma's teen years were dominated by the fear that her mother was going to die. The book's original title was "What I Want My Daughter to Know," recalls Plant. The 63 women with breast cancer who followed my diet and survived their cancer encouraged me to publish the book. I was reluctant at first-- I knew I'd get flak for it, because science is an adversarial process.

But morally, I felt if I had done the research and I had the information, I should share it with others. Men and women have the right to know what I know, and to draw their own conclusions."

Your Life in Your Hands, by Jane Plant is published by Virgin at £16.99 in UK
Leslie Dungan,
Dublin

<http://www.alkalizeforhealth.net/Lnotmilk6.htm>
<http://members.tripod.co.uk/AllThingsChildren/MilkCancer.Htm>

MILK NOTES

Linked to the fat: 1. Hyperlipidemia (fat in the blood stream), hypercholesterolemia & associated lipid types abnormalities I-V

Linked to non-fat portion of milk: that is, to the protein and the sugar

1. Prostate cancer
2. Lymphoma
3. Ischemic heart disease (link is to lactose specifically) , all age men, and to women over 70.

Linked to the protein:

1. Nasal congestion
2. All systemic allergic symptoms: migraines, arthritis, etc.

Linked to the sugar

1. Lactose intolerance with bowel cramping

NOTE: Dr. Braun had goat milk & same goat's blood tested for lyme in May of 2005 and it had live Lyme organisms in both!