

GoodHealth

Janet says she beat cancer by boosting her adrenaline. Wishful thinking, say the experts. So who's right?

JANET EDWARDS — pianist and voice coach — greets me at the door of her immaculate modern house in North London.

She is slim in black trousers and high heels, carefully made up, with long fair hair flowing down below her shoulders.

The hair colour may get a little help, but the thick tresses are all her own, and they are a very visible, a precious sign of her return to full health after five years of battling with breast cancer.

The way she dealt with it was all her own too, and she has now written a book detailing that unconventional treatment. It's not just another self-help book, for it also raises a number of important questions, particularly the issue of when potential benefits of any treatment are outweighed by its risks.

Until she was diagnosed with breast cancer in 2001, everything was going well for Janet. She had a loving husband, two successful grown-up sons and her career was riding high.

In September, one of her piano tracks reached number one on an internet download chart. She would normally have been thrilled, but she hardly noticed — in the same week she had a mastectomy.

The story starts a few months earlier with a routine mammogram — these are offered to all women between the ages of 50 and 64.

'I hated the process,' she admits, 'When I see my breasts being put under pressure in a translucent plastic press, it reminds me of pre-packed portions of chicken.' She got the all clear, but her left breast remained tender.

A month after the mammogram, her breast still sore, Janet found a lump. She had had cysts in the past and her specialist assured her this was just another one.

However, the lump gradually grew and distorted the sore breast. She returned to the specialist and this time he sent her straight to hospital. A few days later the phone call came — the lump was cancerous.

She immediately went into hospital for a mastectomy, and also had 21 lymph nodes removed — three were found to be cancerous and she was diagnosed with a grade two (moderately fast developing) oestrogen-sensitive tumour.

She was told she would need chemotherapy and radiotherapy followed by the anti-oestrogen drug Tamoxifen, starting as soon as possible. And there were no guarantees of success.

She left hospital with no information, just the instruction to be ready for chemo in two weeks.

At home, with a bit more time to think, Janet began to wonder whether the intense squashing of her breast during the mammogram could have precipitated the appearance of the lump. She now believes that it did.

MOST experts would disagree, but would admit there are questions over the benefit of routine mammogram screening.

The highly respected Cochrane Centre recently concluded, that 'for every 2,000 women invited for screening throughout 10 years, one will have her life prolonged [and] ten healthy women... will be diagnosed as breast cancer patients and treated unnecessarily. It is thus not clear whether screening does more good than harm.'

Janet vowed never to have another mammogram, but in the meantime chemotherapy loomed.

As her 'instincts resurfaced', she says, she became fearful of the treatment. It was not the side-effects of these powerful drugs that scared her, she says, but a feeling that having just undergone surgery, her body might not cope with high doses of toxic chemicals. But what else could she do?

Her appointment with the oncologist was, she says, very impersonal: It was rather like an interview with a college careers advisor deciding on your life's vocation purely on the basis of exam results, with no reference to you as an individual.

Janet asked if there was any alternative to chemotherapy. The answer was a resounding 'no'.

By JULIET RIX

She added that given the oestrogen-sensitive nature of her tumour should she not take Tamoxifen immediately rather than months down the line.

She was told she 'could if she wanted'. She found this response worrying, it seemed hardly scientific.

In fact, as Professor Karol Sikora, one of the leading experts on breast cancer, admits the treatment of cancer is still little understood. Like Edwards doctor, however, he is adamant there is no viable alternative to chemotherapy.

Predicting how an individual patient will respond to chemotherapy, and so if they will benefit, is very difficult, he says, so even the standard treatments are still effectively experimental.

With this message ringing in her ears, Janet arrived for her first chemo session. The day unit had no record of her and when she was finally prepared for treatment they made a simple mistake that was to have dire consequences.

An ice cap — designed to prevent hair loss by narrowing the blood vessels in the scalp — was badly fitted. Janet held the cap on as best she could, but realised only later how much it mattered.

Sitting there with the drugs coursing into her bloodstream

and a strange sensation developing in her chest, Janet suddenly thought of her work with her students.

'I realised that everything that was happening to me went against everything I knew from my life's work. When someone comes to me with a voice problem, I never speak first. I listen, watch, find out how they tick.

'I always take into account the person as a whole. I realised this was not what I was receiving.'

Although the hospital tried to be supportive, Janet felt in treatment terms she was treated 'more like a piece of meat than a person'.

Her instinct was to stop the treatment then and there. Besides the usual side-effects (nausea, exhaustion) Janet suffered others: her period stopped within hours of the treatment (never to return), she developed a throat infection, her immune system struggled, and, terrifyingly, she woke each night unable to open her eyes.

The hospital doctor prescribed antibiotics, said she should go ahead with the next chemo and dismissed the eye problem as conjunctivitis.

After that, 'enough was enough' says Janet, 'I decided it was time for me to take charge of my life.'

She didn't know what she would do, but it would not be this. Her husband Tom was completely supportive, as were her sons. Just as she took her life into her own hands, her hair started falling out.

Janet continued taking Tamoxifen, but started to use a variety of complementary therapies — cranial osteopathy, acupuncture, Medical Neuro-Linguistic programming, Vitamin C infusions — as well as Thai Chi and changing her diet, she also spoke to lots of people in and outside the mainstream.

THESSE included Dr Rosy Daniel, former medical director of the Bristol Cancer Help Centre (now called Penny Brohn Cancer Care, which uses complementary therapies to support cancer patients).

Dr Daniel now runs her own company, Health Creation, which helps people with cancer form their own treatment plans.

Dr Daniel sent Janet to Dr Fritz Schellander in Tunbridge Wells for chelation therapy (a chemical flushing out of excess minerals, more often used in heart patients).

He explained to her a theory that tumours develop when the body is no longer able to produce sufficient adrenaline. Put simply, the theory suggests that cells become overloaded with sugars resulting in fermentation and excessive cell division, creating a tumour.

Schellander recommended a doctor he knew in Germany who had developed a treatment programme based on this theory.

Janet immediately remembered giving a performance about the time of her mammogram, at which she had wondered why she had no nerves, no adrenaline rush.

She decided she must pursue this and within days was in the 'warm and welcoming' surgery of Dr Waltraut Fryda in Bavaria. She started on the initial seven-week course of treatment immediately.

Each morning was spent at the clinic having tests to check her cancer markers (the same tests as used in London) along with vitamin, mineral and hormone levels.

Janet's adrenaline was so low that it did not register. She received daily 'regenerative' injections

intended to help her body produce its own adrenaline again.

The afternoons, she spent walking, listening to music and preparing her organic, low-sugar meals. For the first time, Janet felt sure she would recover.

She returned to London with her cancer markers significantly down, armed with medication for the next few months.

It was hard continuing an unrecognised treatment on her own, on top of which the menopause had set in with the full pantheon of symptoms from energy-depletion to hot flushes.

She used acupuncture and other complimentary treatments. She also gradually came off the Tamoxifen.

Janet returned to Germany every few months for check-ups. Her adrenaline took over a year to return to normal, but return it did and slowly so did her hair and the rest of her health.

She is now completely clear of cancer and back to 'normal', though she says it's a different normal, with a greater awareness of her needs.

So what does the mainstream think of Janet's route? Sikora says adrenaline treatment is 'rubbish' as is anything that discourages patients from using the orthodox route.

Complementary therapies can be very helpful alongside conventional treatment, he says, and he supports the Bristol centre.

He admits too that it is impossible to be sure that some people are not helped by alternative treatments, but he remains highly critical of alternative therapists whom he says, 'nobody takes seriously'.

But when there is no certainty that the standard treatment will help you, and there is certainty that chemo and radiation pose a threat to other aspects of health? Then, says Janet, the medical establishment must open its mind.

Meanwhile, she is gratefully turning her back on the world of breast cancer, and returning to her music.

■ *Choosing To Heal: Surviving the Breast Cancer System*, Watkins Publishing, £10.99; www.healthcreation.co.uk; www.pennybrohncancercare.org.

TRUE OR FALSE? Some babies are born with teeth

TRUE: Babies can be born with 'natal' teeth, although such cases are rare. Natal teeth are often loose. If this is the case, they should be removed by a doctor while the infant is in hospital, as they could cause the baby to choke.

■ From *WHY DO MEN FALL ASLEEP AFTER SEX?* by Mark Leyner and Billy Goldberg (Orion, £6.99). To order (p&p free), call 0870 161 0870.

