

## Do Biopsy Potentiate Cancer?

**"Biopsies are often dangerous -- despite what your doctor might tell you!"**

This excellent piece of research done by Karl Loren, is a must read for all who are faced with this dilemma. Karl's, resource rich, [website](#) goes in much more depth in this specific area (work in progress) is linked on the title below.

See also:

[The Depths of Deceit Mammography](#)

[X-Rays and Cancers](#)

[Politics in Healing : The Suppression & Manipulation of American Medicine](#)

[The Politics of Cancer Therapy](#)

*Chris Gupta*

[http://www.newmediaexplorer.org/chris/2004/08/27/do\\_biopsy\\_potentiate\\_cancer.h  
tm](http://www.newmediaexplorer.org/chris/2004/08/27/do_biopsy_potentiate_cancer.htm)

"First I thought that I could search for "spreading cancer through biopsy" in the search engines. To help you avoid the several days I wasted, you need to know that the special word is "seeding." In other words if you use a search engine and search under "biopsy and cancer" and any of several other phrases, you won't find much, but if you search using the phrase "biopsy and seeding," you will suddenly find lots of medical opinions and studies -- studies and opinions that suggest that it is very dangerous to get a biopsy -- despite what many other doctors might say.

Here is an example:

Additionally, doctors and researchers have noted that biopsy of a cancerous tumor can cause spreading or "seeding" of cancer cells along the path or track made by the biopsy needle. This could cause a cancerous condition which had been confined solely to the prostate capsule to spread into surrounding tissues, making a serious health concern even more problematical. (This quote comes from [this source](#).)

[Note the use of the phrase, "prostate capsule." This is a reference to the fact that the body will try to "encase" or "wall off" a cancer. Here the term is "capsule."]

But, then I found many, many more reports of cancer spreading because of biopsy. [Click here](#), for instance, to look at 47 scientific reports of which many described the spreading, or "seeding" of cancer because of a biopsy.

And, [click here](#) to find another 73 such reports -- most of which describe a real danger of cancer spreading throughout the body just because of a biopsy.

**Final Judgment!**

Then I found several individual doctors, or reports, on the web, describing the dangers of biopsy. These are generally described and linked from my summary page on biopsy -- [click here](#).

**The decision is final! Biopsies are often dangerous -- despite what your doctor might tell you!"**

[Should You Get A Biopsy Of That Lump \(the full article is here\)?](#)

by Karl Loren

Cancer & Biopsy

Many people get "lumps." Woman find them in a breast and sometimes die of worry!

Have You Ever Found A Lump?

The most common cancer for women is breast cancer. ([Note](#))

The most common form of "treatment" is called "self-examination." Virtually every doctor pounds on you that you MUST do a self-examination of your breasts -- you women. They are saying this because they are aware of the growing hostility toward medical fiddling with your health -- not to say your breasts.

[The Wall Street Journal](#) reports that TOO many people get TOO many tests, particularly biopsies.

According to a Harris Interactive poll released last week, nearly 80% of physicians say malpractice fears lead them to order more tests than are medically needed.

More than half said they suggest invasive procedures such as biopsies more often than they would based on their professional judgment alone. ([source](#))....

**....Because if there IS cancer there, the biopsy is likely to cause it to start spreading.**

It just makes sense. The word "biopsy" comes from "bio-" which means "life," and "-psy" which is from the larger Greek word, "opsis" meaning "vision" -- thus, a "biopsy" is a look at life, or an examination of living tissue. One way or another, a "piece" of your flesh, or of some part of your body, is cut out so that it can be examined under a microscope.

Typically the doctor who does the actual biopsy will place a color stain on the sample tissue -- a stain that makes the cells easy to see. Then he treats the sample with paraffin so that the individual cells won't be moving around, or changed. By this time, of course, the cells are no longer alive. He then SLICES the paraffin into thin slices -- about the thickness of a few cells.

THIS is what he looks at. When it is done this way several people can look at the same sample and come to an agreed conclusion.

Different parts of your body will have different rates of cell division. For instance, brain cells never divide. You got what you got! Other cells might divide every three

weeks. Different rates. The biopsy examination looks at the cells of the sample and can detect how many of them are in the process of cell division. If the sample shows that 10% of the cells are in the process of cell division, and that type of cell ought not to show more than 1% of them going through cell division, then that sample shows abnormal growth -- cancer.

**Even though cancer is considered abnormal and rapid growth of cells, the entire mass of a cancer is normally rather slow growing -- because it is "encased." It grows inside a wall, or shell. The body is trying to protect itself from the cancer -- because cancer would otherwise spread throughout the body. So, the body tries to protect itself by building a wall around the cancer to keep any of its cells from "leaking out." (Actually, some cancers are very slow-growing [breast and prostate] while others are very fast [liver cancer].)**

The least dangerous type of cancer is usually considered "[skin cancer](#)," or "basal cell carcinoma." This type of cancer hardly ever spreads through the body. It "spreads" by just affecting the tissue right next to it -- and growing that way. For this reason a biopsy of basal cell carcinoma is not dangerous at all -- but, of course, you don't know it is basal cell carcinoma until you do the biopsy. An experienced doctor can usually tell by inspection and a history from the patient whether or not it is skin cancer. Generally, these are safely removed with simple surgery, and even if some of the cancer cells are "missed" there is no need for radiation or chemotherapy -- just a bit more surgery to get the remaining cancer cells.

When the cancer DOES leak out there is a special word -- the cancer is said to metastasize -- start spreading into other parts of the body. It grows like an octopus - reaching its tentacles throughout the body.

The doctors all know this, but there is a special reason why they don't tell you that a biopsy is likely to cause the cancer to start spreading.

They will tell you that the biopsy is painless, not expensive, and that it can be done during an office visit. They will tell you that it is covered by insurance.

They will tell you that if there is cancer in this lump, it is vital that you know about it so that you can start treating it quickly. They will tell you that if you start treating it quickly the chances of winning the battle over cancer are tremendously improved.

They will explain, in detail, the "fine needle biopsy," where the needle is tiny, and is inserted through the flesh into the lump, a very small amount of material is withdrawn into the needle, and there will be no scar -- no pain.

If there is cancer there, of course, they will then tell you that you should move VERY quickly to start treatment. You may not realize it, but there are only three legal treatments for cancer in most of the US. [The laws of California](#) make it a serious case of "unprofessional conduct" for a doctor to diagnose cancer and then treat it with anything other than the approved methods -- chemotherapy, radiation or surgery. He can lose his license to practice medicine. He could even go to jail.

So, you discover the lump. You go to your doctor. No doctor would ever recommend AGAINST a biopsy -- he must be safe or he can lose his license and perhaps millions of dollars in a malpractice lawsuit. So, he tells you, "You need a biopsy, right away."

They are safe and not painful. I can do it right now." or, he says, "Go see Dr. Smith, dermatologist, he can do a biopsy in his office, immediately."

We are all hoping, at this point, that it is NOT cancer. The doctor may even say, "Well it doesn't look malignant to me, I don't think it's cancer, but it's better to be safe than sorry. Get the biopsy to find out."

Here is what he DOES NOT tell you BEFORE the biopsy: "Once you have had the biopsy, if the doctor finds that there is cancer, then you must start your treatment immediately."

**Even if he tells you before the biopsy that you would have to start treatment immediately, he won't tell you "WHY." The reason, he will admit if you ask, is that the biopsy, itself, can start the spread of the cancer from the inside of the casing it was in. Remember, the body is protecting itself from having the cancer spread -- it builds a wall around the cancer.** Once you penetrate that wall, even with a very tiny needle, the cancer cells (they are certainly smaller than the needle) can leak out through the hole and enter the body. These cancer cells can enter the blood stream and within a few seconds they have been distributed throughout the entire body.

Perhaps your immune system is strong enough to handle these stray cancer cells. Perhaps they just won't find a good place to "live." But, perhaps you have just allowed the doctor to cause the metastasizing of your cancer.

Obviously if the leak continues for only a day or so it is much less dangerous than if the leak of those cancer cells continues for weeks or months. So, the doctor does the biopsy, discovers cancer, and then tells you that you must start treatment immediately. I think it is medical malpractice for a doctor to fail to warn a patient that a biopsy can cause an immediate spreading of the cancer, and that such "spreading" then would appear to greatly limit your choices of treatment.

What had been, possibly, a slow growing cancer with no metastasis, has in one split second become a cancer which might be spreading throughout your body -- calling for urgent and immediate treatment. Before the biopsy it was a suspicious mass and you had time to learn about the many alternatives to chemotherapy, radiation and surgery.

After the doctor's malpractice, you no longer have time to learn.

The minimum a doctor should do, in my opinion, before he does a biopsy, is to lay out the treatment options in great detail IF he finds cancer. You should not expect a doctor to lay out alternative forms of treatment because it would be illegal for him to use those -- but at least he can give you the details of the surgery, the chemotherapy and/or the radiation he would use in the event the biopsy shows cancer....

**...Now I think an HONEST doctor would tell you about the radiation, chemotherapy and surgery BEFORE he does the biopsy.**

He would say something like this: "You have a lump and I think you should have a biopsy. But, I want you to know that the lump does not appear to be growing fast and that if you took another month to think about this it would not be dangerous.

But, if you DO the biopsy, and it's cancer, then you can't afford to wait a month for anything. Oh," he should say, "if it comes up as cancer, here are the only three legal treatments I can offer (radiation, surgery and chemotherapy) and this is what each of them would be like for you."

He would describe how you might lose your hair, lose weight, start vomiting. He would tell you that the "cancer treatment" will destroy your body's natural immunity to cancer. If this is a breast lump, he would tell you that there is a chance that, with the biopsy showing cancer, you might have to lose one or both breasts, even including surgery up into your armpits to remove lymph nodes. (Remember that the lymph nodes are important sources of the manufacture of your immune system.)

Why does the doctor not tell you this before the biopsy? Because he "knows" that the ONLY treatment that is legal, the only treatment that can help you is one or more of these three. Why should he make you worry about these treatments -- perhaps the biopsy will show "no cancer." He thinks, "We'll wait until after the biopsy to give the bad news on treatment, if it is necessary!"

What About Alternative Treatments?....

....What Are The Traditional Treatments?

Well, for one thing, the "[traditional treatments](#)" are what the drug companies decide. Lately they are making those decisions more and more based on marketing and profits than they are based on cure or help for the patient.

An [article in the Wall Street Journal](#) blows the whistle! Drug companies are spending less and less on research and more and more on marketing and advertising to convince you to use their existing drugs for new purposes. When [Prozac](#) can be used, indiscriminately, as a diet drug, you know the drug companies have reached the bottom of the ethics pit!

[Drug Companies Spend More And More On Advertising -- Even To Consumers -- And More and More on Free Samples To Doctors -- Promotion Has Taken The Place Of Research!](#)

Not only are drug companies spending more money on advertising and less money on research, but the "new" drugs they are introduced are more and more really old drugs with new claims -- so they can continue selling them past the normal life of their patents. Here is a quote from a Wall Street Journal article on July 24, 2000:

The report, to be released Monday, also found that, over the past decade, only 36% of new-drug applications approved by the FDA were for compounds never sold on the U.S. market. The rest were for drugs whose active ingredients already were on the market, to be marketed in new dosages and combinations, or by new manufacturers. ([Source](#))

So, "traditional cancer treatment" is what the drug companies decide it should be. You would hope that they are doing research on this subject? They are doing less of that and more money is now being spent to convince you that the old drugs are really useful. **These people are NOT on your side!**

More technically, the most common treatment for serious cancer starts with surgery, followed by chemotherapy, and moves to radiation as deemed necessary.

Here is a simple, and quite conventional, description of how chemotherapy works:

A very important scientific issue that has to be considered in this discussion is the chemosensitivity of a growing tumor. Most chemotherapeutic drugs interfere with cell division processes and are thus most effective on growing tumors and in general the faster tumors grow, the more effective is the drug.

The logic used in chemotherapy of breast cancer patients is intimately tied to growth patterns of breast cancer. According to the 1991 American Cancer Society Textbook of Clinical Oncology (2), Gompertzian growth accurately describe the growth of breast cancer. When cancer is found in a patient, the tumor lies high on the growth phase of the Gompertz curve and is thus relatively slowly growing.

Debulking the tumor by surgical removal and radiation puts any residual tumor in the smaller thus faster growing section of the Gompertz curve and makes it more chemosensitive.

This reasoning is valid in animal models. Since human breast cancer is assumed to grow similarly, intensive chemotherapy is given shortly after surgery with the hope of eradicating all residual breast cancer cells.

Treatment is given until limited by toxicity and then stopped. Then we hope for the best. Compelling though this model is, only modest improvements in survival rates have been made over the years. ([Source](#))

You see the bankruptcy of this position? Your breast lump is "large" and thus not very sensitive to chemotherapy. So, we can't use chemotherapy first! We cut it out, leaving a much smaller amount of cancer (they never get it all). Now that the cancer is "returned" to an earlier size (very small), it returns to the much higher previous growth rate and chemotherapy will NOW work!

**So this treatment deliberately causes the cancer to change from a slow-growing mass to a much faster growing mass! Hurray for drug logic!**

**What else may shock you is that the cells of the immune system grow much more rapidly than do cancer cells -- thus the chemotherapy may kill the fast-growing cancer cells, but it surely, first, kills the very defense mechanism the body has against cancer -- the immune system.**

Dr. Arthur C. Guyton's Book, [Textbook of Medical Physiology](#) is one of the most widely studied books in medical history. It is required reading for almost all first-year medical students. In THAT Book, Dr. Guyton describes how the various different cells of the immune system are among the most rapidly multiplying of all cells.

According to Dr. Guyton, some of the immune system cells live only a few hours -- meaning that the creation and cell division within the immune system is more rapid than virtually any other type of cell:

The life of the granulocytes once released from the bone marrow is normally 4 to 8 hours circulating in the blood and another 4 to 5 days in the tissues. In times of serious tissue infection, this total life span is often shortened to only a few hours because the granulocytes then proceed rapidly to the infected area, perform their

function, and in the process are themselves destroyed. [Page 436]

Is it any wonder that people are upset at chemotherapy -- the drug that kills fast-multiplying cells. **Doctors don't believe in the body's own healing system anyway, and figure you have an inherent deficiency of their drugs.** If the doctor doesn't expect your own body to do anything about cancer, why would HE worry that some of the immune system cells would be killed. After all, they are worthless anyway (they failed to protect you from the cancer, didn't they?) and his job is to kill the cancer cells that are multiplying.

Radiation works the same way -- radiation is most effective on cells during their cell-division stage -- and since the doctors "know" that immune system cells are worthless, they are willing to kill them off, first, just to get a chance to kill off those cancer cells.

I could write more about traditional cancer treatment, about loss of hair, sex drive, life itself, but those horrors are already well-documented in the ample coverage by alternative health authors.

If you want this type of treatment, that is your right. Your insurance will cover it. But I think you have a right to have a full explanation of what it is and how it works.

What Are Some Of The Alternative Treatments?

It's a long reference, but worth glancing through. [Click here](#) for a 200+ page book, all on this web site, on alternative treatments for cancer, and along the way scathing attack on the traditional....

....Also there is a book soon to be published:

Benor, Daniel J., M.D. Healing Research Volume I (Rev. ed), Southfield, MI: Vision Publications (in press - 2000). A comprehensive summary of scientific literature on spiritual healing from around the world. Over 1,500 references are surveyed. Vision Publishers, Southfield, MI. (Daniel J. Benor, MD P.O. Box 502, Medford, NJ 08055, USA. < [danbenor@erols.com](mailto:danbenor@erols.com) > " If we take a broad view, out of 198 controlled experiments of healing, 88 (49.7 per cent) demonstrate effects at statistically significant levels that could occur by chance only one time in a hundred or less ( $p < .01$ ); and another 41 (23.2 per cent) at levels that could occur between two and five times out of a hundred ( $p < .02-.05$ ). In other words, close to three quarters (72.9 percent) of all the experiments demonstrate significant effects. "....

...Here is another type of test for cancer:

Stunning proof of this claim is readily available. All trophoblast cells produce a unique hormone called the chorionic gonadotrophic (CGH) which is easily detected in urine. Thus if a person is either pregnant or has cancer, a simple CGH pregnancy test should confirm either or both. It does, with an accuracy of better than 92% in all cases. If the urine sample shows positive it means either normal pregnancy or abnormal malignant cancer. Griffin notes: "If the patient is a woman, she either is pregnant or has cancer. If he is a man, cancer can be the only cause." So why all of the expensive, dangerous biopsies carried to 'detect' cancerous growths? One can only assume that medicare pays doctors a larger fee for biopsies than pregnancy tests. [[Source](#)]"....

Sincerely,

Karl Loren

Reference Links

[Mammastatin For Detecting And Treating Breast Cancer](#)

[Cancer Study: Radical Surgery On Breast Isn't Key to Survival](#)

<http://www.newmediaexplorer.org/chris/>

List information is at: <http://tinyurl.com/2xohw>