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[music playing]

Tara Gatewood:

Welcome to Native America Calling from Studio 49 in Albuquerque. I'm Tara Gatewood.

Early detection of any cancer is important so treatment can begin as soon as possible. Holistic treatments for cancer are still being researched, but the findings are proving that there is more than one way to battle the disease. Is the holistic approach the alternative to western medicine when it comes to treating cancer? How has this type of treatment helped to save lives? We invite you join us as we talk about a holistic approach to cancer, next on Native America Calling right after National Native News.

[music playing]

Male Speaker:

Native Voice One, the Native American Radio Service.

Antonia Gonzalez:

This is National Native News. I'm Antonia Gonzalez.

Alaska native leaders from across the state were in Anchorage recently for a conference to address fetal-alcohol spectrum disorder. They heard from birth mothers, young adults affected with FASD, and a number of people working to end the preventable birth defect. Callie Gass is with the Federal Substance Abuse and Mental Health Administration.

Callie Gass:

There's no amount of alcohol that's ever safe during pregnancy at any point in pregnancy. A lot of people don't know that. They don't understand that, and binge drinking is just as bad as if you drink every single day. It's actually worse. So you really want doctors and everyone to understand that no woman who's not contracepting and can get pregnant, should be drinking period, end of it. And the second part is that FASD is a lifelong brain-based disorder. The brain is actually damaged, and people who have an FASD can't always behave differently from how they behave. And what they need is early intervention, and accommodations, and modification so that they can lead a productive healthy life.

Antonia Gonzalez:

In 2000 late Alaska Senator Ted Stevens garnered an appropriation of \$29 million to address FASD in Alaska. Prevention manager, Diane Casto, with the State Department of Health and Human Services says the resulting public education campaign helped cut rates among Alaska

natives by almost half, from 63 to 32 live births per 10,000, and overall rates by a third. But she says FASD rates among Alaska natives are still high and on the rise among non-natives.

Diane Casto:

I think because it's a legal drug that we all assume that it is not as dangerous as other things, and I think that until we as a state get a hold on our use of alcohol, and our overuse of alcohol, that we are never going to make progress, and we have got to really start recognizing that we have got to put some serious resources into ending the -- you know, ending the over drinking and that until we do that, there are many of our social issues, including fetal alcohol syndrome, that are going to continue to grow.

Antonia Gonzalez:

She says people deal with birth mothers harshly and she'd like to see that change.

Diane Casto:

I think there's this attitude that women deliberately drink during pregnancy, and they're deliberately harming their child. That's not the case. If they have the disease of alcoholism, they are struggling for various reasons. We also know that many women drink as a form of self-medication.

Antonia Gonzalez:

The conference was hosted by the Substance Abuse and Mental Health Administration.

New Mexico governor, Susana Martinez, says the state needs more Native Americans willing to serve as foster families. The governor made the appeal Wednesday during an Indian Child Welfare and Protection Conference. There are more than 100 native children in care in Bernalillo and San Juan Counties, but only five native foster homes. In McKinley County there are 70 kids in custody with three licensed foster homes, and another 10 on the Navajo Reservation. Federal law requires native children in state custody to be placed in native homes.

[music playing]

Antonia Gonzalez:

On this day in 1902 Choctaw author, Todd Downing, was born. He's considered to be Oklahoma's first successful writer of detective novels according to the Oklahoma Historical Society. Downing's books include "Murder on Tour," "A Cat Screams," and "Night Over Mexico." He also wrote an introduction to Choctaw grammar which was published by the Bureau of Indian Affairs in 1971 for a Choctaw bilingual education program.

This is National Native News. I'm Antonia Gonzalez.

[music playing]

Male Speaker:

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Male Speaker:

Every Alaskan can support causes and organizations they care about when they file for a permanent fund dividend. Use pick, click, give when filing online for your PFD. With one donation at a time good things will happen all over Alaska.

Male Speaker:

Native Voice One, the Native American Radio Service.

[music playing]

Tara Gatewood:

This is the Thursday, March 29th edition of Native America Calling. I'm your host, Tara Gatewood.

Nothing can scare a person more than hearing the word cancer at an annual checkup, and taking a look at the stats, chances are this is either your or someone in your family's reality. And if, indeed, this is your story, just what went through your mind when you or either your family member got the word? Well, many people refuse to accept the diagnosis and hope the doctor's tests are wrong, but after further study on the body and your loved one's body is done, and tests are confirmed, often western medicine is the way that folks go. And there are a few things that it has to offer, often things like surgery, chemotherapy, and radiation. And these are a couple of accepted treatments that are known to help tackle cancer. Now, given western medicine has saved the lives of many, there's also another set of folks who take a different approach, the ones that seem to start to put their eyes on everything they can come across, and often find the path to alternative, or complementary treatments available in hopes of saving either their life, or the life of a loved one. And we want to know are you this person? Have you sought a different route, or perhaps have incorporated alternative methods to complement your cancer plan? And just what have you found that really works and how did you hear about it? And how did you know it was safe? You know, where did you go to validate this is something that can actually help your

cancer plan? And, were you willing to tell your doctor that you've added these approaches to taking on cancer? I want to hear about it today.

Our phone lines are open. The number is 1-800-996-2848. That's also 1-800-99NATIVE. And I'd like to also bring in our guest today. Joining us on the phone from Bethesda, Maryland is Dr. Jeffrey White, and he is the director of the Office of Cancer Complementary and Alternative Medicine at the National Cancer Institute, and Dr. White oversees research in complementary and alternative medicine as it relates to cancer prevention, diagnosis, treatment, and symptom management, and he is board-certified in internal medicine and medical oncology.

Welcome to Native America Calling, Dr. White.

Jeffrey White:

Yes, hi. Thank you for having me.

Tara Gatewood:

Well, I know this topic is something that has affected many people and more and more, you know, this is a lot of people in Indian country story. They're diagnosed with cancer, and taking on different forms to battle it, you know, which also includes the family. And it seems that any time somebody falls ill of cancer, a lot of times the whole family is in it, and everybody wants to try and figure out exactly what this is, and how it's affecting the body. And a lot of times there's information out there that leads them to bring in more of an alternative route. And, so I'm glad we have you on the line, as you have a bird's eye view of what's going on in alternative approaches to cancer. And I think it's best if we just kind of do a little defining and talk about, you know, what does it mean to incorporate alternative methods?

Jeffrey White:

Yes. [coughs] Excuse me. So, yes, I think this is a very broad and important topic, and for it to start off with definitions, as you suggested, complementary and alternative medicine is a fairly loosely defined term. But -- and it puts together a lot of different things. But with the complementary medicine part of it is things that are thought of that can be used with conventional medical care. So approaches that -- like certain kinds of symptom management approaches of mind-body relaxation therapies, or music therapy, art therapy, even certain kind of nutritional approaches, and exercise therapies, and things like that. And then there is the alternative medicine side of it which is often thought of as approaches that are recommended to be used instead of conventional medicine. And they can be anywhere from whole systems of medicine like either native or traditional medical systems from any culture. Traditional Chinese medicine, and other [unintelligible] medicine, or perhaps Native American medicine. But it also can be various things that are promoted as, you know, other therapies that don't have these whole systems associated with them.

Tara Gatewood:

Now I know sometimes, you know, even a discussion of this can shake up some doctors for different reasons of bringing these alternative quote "methods" into their examining room, and I'd like to spend a little time just kind of talking about that type of relationship with patients and their doctors about how this can kind of shake up an exam, and any thoughts that get us into that, of how this relationship of the works of the patient, alternative medicine, and the doctor who is trained in western medicine.

Jeffrey White:

[affirmative] Yes, I think this is -- it's been a longstanding problem of and an issue that I think has undergone a little evolution, maybe some improvement, in the past few years with there being more open discussion about the use of complementary -- or the even interest in using complementary and alternative approaches by patients. But -- and that's only heard from patients various examples of trying to discuss the use of, for example, certain dietary supplements, and encountering from the physician either kind of a distance, or lack of interest, or sometimes a somewhat hostile reaction of -- that they don't want to discuss these approaches, or that they want to just tell the patient that they simply don't use them. But I think it's -- well, I don't think we have a whole lot of data to indicate that that's improving. We do have some surveys that suggest that, you know, maybe some years ago, 10 years ago, something like that, there's only 40 percent of people were disclosing the use, and maybe now it's more than that. But I think part of it is there's a lack of general education on the topic in medical schools. Another part is that certainly some physicians have their own experiences as their patients they feel being harmed by various approaches, and, so, their reaction is based on that. They are often aware, you know, these approaches don't have a scientific evidence base, many of them. And we're talking about alternative therapies, now, don't have that evidence base to them, and they're afraid that the patient might go off down a road that, you know, would hurt them, as opposed to following a conventional therapy. So, I think it's that whole spectrum of reactions that are being experienced.

Tara Gatewood:

And we hear a lot of that even in commercials talking about different prescriptions, and what does it mean to have something that is evidence based?

Jeffrey White:

Yeah, the term evidence based is thrown around a lot, and it's generally not defined, so it's good to try to define it. And when I use the term, I'm trying to say that it's something that is an approach that has a certain amount of experimental research findings that support the use of it. And -- now that's -- there's a big spectrum of those kinds of experimental findings that could be included in evidence. When you're a physician, and you're talking to patients, and you try to

make decisions about recommendations for patient care, you hope to have clinical trials information that supports your recommendation, and you hope to have what's considered to be the highest level of evidence which would be randomized control clinical trial that's specific to the situation that your patient's in, and the results from that to guide you in your recommendations, and even better than that would be to have multiple such trials that could help you make recommendations. But evidence itself can be anything from a laboratory study, just in a test tube, to an epidemiologic study just looking at what people are doing naturally, like a lot of epidemiologic information about diet and exercise. But -- and then there's clinical trials information in which you actually have an intervention that you -- that one group of patients gets a very specific intervention. So all those things are evidence, but the highest levels of evidence are, we feel in western medicine, anyway, randomized controlled trials

Tara Gatewood:

Okay. Let me give out the number again. Today we are defining what it means to take a holistic approach to cancer, and bringing in certain therapies that maybe are even just complementing the western medicine. And we want to hear what your exposure has been with it, or if you know someone who has taken an alternative approach, you know. How did they find that path, and how did they know that path, I guess, was safe? Give us a call. The number is 1-800-996-2848. That's also 1-800-99NATIVE.

Now, Dr. White, what I'm understanding when we're talking about maybe physicians who may not be so safe in, you know, using some of these approaches, or suggesting it to folks, and I can understand that. They want to have evidence based or facts backing up their decisions in what they're applying to their patients. Are there any other reasons why a doctor might frown on some of these traditional -- on some of these alternative methods, rather than just not having evidence?

Jeffery White:

Sure. There are certain approaches that -- which seem to go -- the theory behind them seems go against what is the general underpinnings, the general scientific structure that western medicine is based on. And, so, for example, I could give you -- the most clear example I can think of that - - well, I'll give you a couple, but one of them is homeopathy. Homeopathy, in that system of medicine what's done is you take a compound. It can be an herbal compound, or it could be a pure chemical, and instead of using it in a -- the regular kind of concentration that we would use as a medicine, a concentration that would be enough for the body to have a physiologic reaction to it, it's diluted many, many, many, many times so that in the final concentration of the solution there's almost none of that compound left, and that is the preparation that's used as the treatment. And so for -- when a physician, a western physician, looks at that they'll say, "Well, that doesn't make any sense. That's -- and there's no way that that could work pharmacologically. There's no way that could work scientifically, chemically. And, so therefore, it must be" -- you know, whatever, it could be either. "It must be the quackery, or it's just nonsense, or something." And,

so, it's that kind of -- that's one example. Another thing would be, for example, energy therapies, whereas in the west we don't think that certain, you know, sort of bodily energies are validated scientifically. Someone may think that some kinds of -- we use here in the west, something like - - I mean, in, sorry, the east, chi or these kinds of energies that the body apparently uses, and acupuncture is built on these kinds of systems. In western medicine we don't have that concept. So if the explanation is that, you know, such and such a therapy changes the chi flow of this energy, then, again, it's -- it can make someone resistant to it.

Tara Gatewood:

And I'm sure physicians -- you know, understanding why a physician would frown on this is also the safety of the patients themselves, you know. If there's nobody helping them figure out what kind of remedies, especially when it comes to herbal alternatives, that a physician might worry that they're using too much of it, or don't know how to use it, and I think one thing is, you know, you can get some kind of herbal remedy that blows your kidney out. I've heard that kind of thing. Is that also what's going on?

Jeffrey White:

Yeah, I think there is some awareness of that in the medical community that there are -- that you can have harm from some of these approaches. Now, many people think well, natural -- something natural can't be harmful, but when you stop and think about that, you obviously -- immediately you realize, well, that's not true, because there are a lot of things that are poisons that are natural, and so, it's only certainly that physicians have experienced that sometimes someone that's on an herb can either change some laboratory findings that they might be doing. And that might confuse them if they didn't know the patient's on that herb. They might think, "Oh, it's the medicine that's causing this." And, you might end up making changes, or it might actually interfere with the way the medicine works. We found, to get more specific, some things like, for example, St. John's Wart, which is an herb, is known to change the way that the body handles certain drugs, and the same drugs that require the body to modify that drug to become active. St. John's Wart can either make that more active or less active. And other -- there's several other things -- herbs like that. So that, if you're talking about a chemotherapy drug, sometimes that can be life threatening, that you -- or, you know, it could interfere with the potential ability to get a good response from treatment.

Tara Gatewood:

And, so that's from the medical side of why some doctors, you know, may not -- we keep saying frown, and I think that's a good one, because not often do you have doctors who are saying, "Don't do that." They just kind of back away, or either, you know, don't want to give too much of an opinion on it, bBut coming from the patient's side, the person who is dealing with the cancer, you know, what would be the reason that they don't want to tell their physician they're using some of this? I'm sure it's not because they don't want to hurt the doctor's feelings.

Jeffrey White:

Well, right. It is generally -- and people have done some investigation of why there's this non-disclosure of this, and it's a lot of different things. It can be sometimes just that it's not brought up in the conversation. No one thinks to discuss it. It's thought to be a side issue, and not important thing. And often, as you know, I mean, sometimes medical encounters are becoming shorter and shorter, and there's less time to talk about various things, and, so, it just doesn't get brought up. But there are -- it is often been identified that some patients are just concerned that they'll get a negative reaction, that they won't -- that the physician will tell them something that will look down upon them, that they have -- that they're either, kind of, thinking of something that's not an intelligent approach. So they are concerned about how the patient -- the physician would view them. But then there is another situation in which patients often don't bring it up because they just don't think the physician knows anything about the topic. And, so, then that's -- don't think they're going to get good advice, and they, you know, they also generally don't think there is going to be a problem interacting with whatever they're taking. So there's a variety of different things that I think make this dialogue somewhat difficult. So we like to push the -- a message of as difficult as it may be, it's important to have this dialogue. And, you know, so that both sides can get somewhat comfortable about it, and if the physician doesn't seem to be as receptive to it, then, perhaps the nurse in the office could be -- would be another person to talk to, or a pharmacist, someone on the healthcare team, you know, should be -- I like it to be the physician to be a part of this, but someone in that whole team needs to be part of this discussion.

Tara Gatewood:

All right. We're going to bring in some callers, here. Again, if you want to join the conversation, the number is 1-800-996-2848. That's also 1-800-99NATIVE. You know, have you been to the doctor and told them that you were incorporating alternative methods to your treatment of cancer? You know, what's the dialogue after that? Or, have you been afraid to even tell you doctor? Our phone lines are open. The number is 1-800-996-2848. Let's bring in Shandra [spelled phonetically], who is in Spokane, Washington, listening to us on KSFC. Welcome to Native America Calling, Shandra.

Female Speaker:

Hi there.

Tara Gatewood:

Hi. You're on air.

Female Speaker:

Well, I was diagnosed with malignant polyps by [unintelligible]. I never went to a doctor, but I did a whole program and flipped them out, and I never did any chemo, or surgery, or radiation, or any of that stuff. And I actually done that twice.

In 1998 we went to Peru and I got a horrible case of parasites which doctors here aren't real good at finding because they're unaccustomed to it, and then, when you get bugs from a different country, the stuff we have here to kill them isn't the right stuff. So it took me about five years to get rid of them. And they left a lot of damage in my intestines. Right where their little nest was where the polyps developed, and what I did essentially was the Optimum Health Institute regime. And [unintelligible] regime. I'm sure your [unintelligible] on line has heard of those two places. And I didn't go away to do it. I did it at home. I grew my own wheat grass. I did wheat grass twice a day. I was on a liquid diet with fresh raw juices. I had to do two enemas a day, one with garlic in it, one with wheat grass in it, and I also did hot and cold therapy in the shower with a shower massager ray [spelled phonetically]. I pulsed it over where the tumor was, and in five weeks I pooped them all out. Since I was on a liquid diet, I was able to see them.

And then some other things happened, and it came back about five years later. And, once again, diagnosed by a naturopath, and at that time I had a four year old child. Because the regime I went the last time took me about five hours a day, all the things I had to do. Well, I didn't have any five hours a day. I really had 15 minutes. So, I did it slightly differently, and I had some more tools in my tool box by then, and instead of drinking wheat grass juice, which I never liked the taste of, I drank about 8 ounces of raw free life goji juice a day, which seems to have the same alkalizing effect as wheat grass, but tastes a whole lot better, and I also drank a lot of kangen water, which is a high Ph water, but also the molecules are so tiny that they can pass the blood-brain barrier and actually get into your cells and wash out toxins. Now, another big portion of this, because cancer is from a toxic state in the body is you have to cleanse your liver. And I used the Dr. Christopher method for that, where you drink fresh apple juice every morning for a week. And, then you do the thing where you drink -- before bed you drink two thirds of a cup of fresh pink grapefruit juice and a third of a cup of olive oil. You lay on your right side. It coats your liver, and -- oh, then there's the drinking the Epsom salts four times -- and don't try to do this from the description I'm giving this isn't detailed --

Tara Gatewood:

Shandra, I want you to hold on. We are close to our break, here. And I'd like you to finish your thought, and also get Dr. White's reaction to your method and just creating more understanding. So, hold on the line, Shandra.

Again, if you'd like to join our conversation, we're talking about a holistic approach to cancer. Have you taken this path? Our phone lines are open. The number is 1-800-996-2848.

[music playing]

One definition of the word resilience is the ability to recover from misfortune or change. It has been one of the reasons we're still here. But just how does it play into our family life? We invite you to join us as we talk about native resilience strengthening families on the next Native America Calling.

[music playing]

Male Speaker:

Every Alaskan can support causes and organizations they care about when they file for a permanent fund dividend. Use pick, click, give when filing on-line for your PFD. With one donation at a time, good things will happen all over Alaska.

Tara Gatewood:

Welcome back to Native America Calling. I'm Tara Gatewood from Isleto Pueblo, and I'd like to take a moment to say hello to a few of our affiliate stations like WOJB in Reserve, Wisconsin, KGHR in Tuba City, Arizona, KLND in Little Eagle, South Dakota, and hello to our listeners who are joining us on the internet on Native Voice One. And today we are talking about a holistic approach to cancer, and I want to know, you know, how it spreads out into Native America. Is the holistic approach the preferred choice? Or, is the western approach the preferred choice, or maybe even a combination of the both. We want to hear your story. Our phone lines are open. The number is 1-800-996-2848. That's also 1-800-99NATIVE. I'd like to welcome back our guest joining us on the phone from Bethesda, Maryland, is Dr. Jeffrey White. And he is the director of the Office of Cancer Complementary and Alternative Medicine at the National Cancer Institute. And he is also board-certified in internal medicine and medical oncology. Welcome back to Native America Calling, Dr. White.

Jeffery White:

Yeah, fine, thank you.

Tara Gatewood:

All right. And before the break we had a caller on the line, Shandra, who is talking about her approach. Shandra are you still there?

Female Speaker:

I am.

Tara Gatewood:

Okay. You were at Epsom salts. So, go ahead and finish your thought.

Female Speaker:

[laughs] -- in the middle of a sentence. Well, what you have -- what that does is it flushes all the gallstones out of your gallbladder and out of the little ducts -- bile ducts in your liver so that your liver can process the toxins and get them free from your body. And I did that over and over until there were no gallstones left. This, also, I think would save someone's gallbladder if they were having a problem with it. So these are just time -- these are kind of time tested naturopathic approaches to this. And what's sad to me is I have had five people, now, come to me. They've heard that I've done this. They've had a diagnosis of cancer, and they've already been through the radiation and the chemo, and the this and the that, and it didn't work. And they go, "Well, can I try this, now?" You can try it, but now your immune system is so weakened that it's, you know, -- what has happened is they've all died. And it's, I believe, that if someone wants to try the natural approach, one should try the natural approach first. And if it doesn't work, then, go for the big guns, because the big guns trash your immune system, and then it can't recover enough to heal yourself naturally. And the other thing that I have experienced through this is that if you're going to go the natural route, it's got to be your number one priority every single day of your life until that stuff is gone. You can't let anything get in your way, and if you are too sick to go out and get wheat grass or whatever, yourself, you've got to have a supportive partner who's going to go do that for you.

Tara Gatewood:

Okay. Well, Shandra, we appreciate your information and sharing your story here today. Thanks for your call, there in Spokane, Washington. Dr. White, anything you want to add?

Jeffrey White:

Well, yeah, I'd like to comment on several things that she said. I -- it's actually such a very detailed and complicated story, I won't get to everything. But, certain things that come to mind that I ought to mention. One is that what we just heard was what would be called a testimonial or an anecdote, so it's a person's personal experience. When we were talking about evidence before, we didn't -- actually I didn't put in where that might fall in the range of evidence. But, it's something that is often included in evidence systems, but it's certainly below clinical trials. So it's not the kind of evidence that we generally use as physicians to make recommendations for patients to follow.

Other things I wanted to pick up in there was the diagnosis. Well, first I should say that naturopathy is something that is an established field that physician -- that there are naturopathic physicians throughout the country that are trained in various universities, here in the United States, and are certified to practice their art -- their medical art in certain, I think it's about 10 states. Some of them do specialize in cancer, but I don't know -- you know, I certainly can't speak to this particular situation.

The last thing, or maybe one other thing to say about this is that the diagnosis of malignant polyps -- I don't know -- we didn't go into how that was made, but I think it's important that, you know, if we're going to look at this in detail, you know, whether or not that was made in a kind of way that would be equivalent to western diagnosis or conventional diagnosis of malignancy or not. And, then, I guess, the last thing to comment, because there was a lot of things, is that the recommendation to go to natural approaches first, and then follow up with conventional approaches. You know, there maybe -- I think, well, I want to caution people about is that it's difficult to make suggestions -- I would not make that kind of suggestion across the board. There are many tumors that -- many kinds of cancers that if they are not if -- for which we have excellent therapies, either surgery, or chemotherapy, or radiation therapy, that can lead to cure. And there are certainly situations in which someone who could be cured, but goes down a route of different treatment approach, and doesn't have a good response. And then comes back to conventional route, and now is at a stage which we don't have an effective therapy for them. So, all of this goes, then, to, you know, talking, bringing these issues up to your, you know, I would hope, you know, conventional physician, and bringing that all out in a dialogue.

Tara Gatewood:

Okay. Let's go back to callers. Phone lines are lighting up. If you want to join the conversation, the number 1-800-99NATIVE. Let's bring in, I believe it's Emma in Anchorage, Alaska, listening to us on KMBA. Welcome to Native America Calling.

Female Speaker:

Hi. Thank you.

Tara Gatewood:

Hi. You're on air.

Female Speaker:

Hi. My name is Emma. I'm an oncology massage therapist, and I was trained in California. There's only a couple of programs around the country that do a significant certification in this process, and there happen to be a few of us up here in Alaska. There's a website called Society for Oncology Massage. And what that does is it offers information both to patients as well as to doctors as well as to massage therapists to get the proper training, or to find a massage therapist who has the proper training to work with you when you're going through treatment, or post-treatment, so that there really is a do no harm element. Most standard massage programs don't offer an in depth look at working with someone going through cancer treatment. So it's a wonderful adjunctive therapy that people can do regardless of which track of treatment they're choosing, and there's a lot of side effects that go with western medical allopathic treatment that massage can help in the process of easing. So people's experience going through chemo if you're

getting a massage on the same day, or several days later, or several days before that you can bring your whole body into a state of more rest, more comfort, more receptivity to the medicine working.

Tara Gatewood:

Okay. Well, Emma we do appreciate your call, calling us from Anchorage, Alaska, and Dr. White, what about bring in massage therapy into this, or maybe even for a massage therapist where somebody is going to them for treatment, and they hear that massage helps in treatment of cancer, but they don't tell the massage therapist. Is there anything you want to add when we think of those things?

Jeffery White:

Yes, well, I'm so glad we've had these two calls back-to-back, because you have an alternative in the first caller, and a complementary in this one. And certainly, I think if you're in -- it's wonderful to have experienced therapists that understand how to work with cancer patients, and it's almost a luxury to be in a situation in which you have access to those kind of people because most of the people that are cancer patients that are getting massage therapy probably are not getting it from someone who's trained in that kind of way. And so I think it's important to -- if you can look around and try to access people who have that kind of background, then it's certainly preferable. Places to look for that kind of person, you know, could be if you are in an environment where you're near a cancer center. NCI has certain NCI-designated cancer centers. Some of them have integrated medicine programs associated with them, or other hospitals -- many hospitals now, community hospitals, have integrated medicine programs, and those are good places to look for this kind of -- someone with this kind of experience.

Tara Gatewood:

Okay, and she also mentioned the fact of being in kind of like a calm state and how that plays into it, but on those lines, you know, is there a thought or a chapter in alternative medicine that speaks to the mental side of it, dealing with stress and getting yourself to a certain place where it's not making the cancer worse. Anything on that, Dr. White?

Jeffrey White:

Yes. There's a lot of research about different types of stress relieving approaches. Some of -- some research that actually goes into really trying to document clearly that you've made an impact on someone's stress either through certain kinds of questionnaires, or through biochemical means, looking at the chemistry of someone's body to see that you've improved the indicators of stress, and -- but there's -- the kinds of results that you get are variable. Sometimes people have looked at support group approaches, which are supposed to decrease stress, and their effect on survival of cancer patients. There've been both positive and negative studies, so some showing a benefit of survival, some showing no benefit. I don't think there are any that show

harm, but there's -- so benefit versus no benefit. But the -- it is, I think, we don't know enough about whether or not if someone is put into a more of a relaxed state, less stressful state, that it might improve their therapy. I'm interested in that topic and there's actually some animal studies that try to look at this question. It's very interesting that in animal studies you can see differences in the effect of chemotherapy on the tumors in animals when an animal is stressed versus not stressed. But we just don't know that in humans.

Tara Gatewood:

And what about hypnosis?

Jeffrey White:

Yeah, hypnosis has been studied in cancer patients for a couple of different situations. It's been studied in breast cancer patients prior to surgery. An interesting recent study that indicated that women who underwent hypnotic suggestion prior to this surgery had improved outcomes with regard to time in the hospital. Exactly why that would be is not clear, but it seemed to be a carefully done study, and actually there were also some parameters about pain, post-surgical pain, being improved. But also people looked at it -- maybe looked at for potential impact on nausea from chemotherapy. I think there're not many studies on that. But at least it is something that has been sporadically studied in cancer patients.

Tara Gatewood:

Okay. Let's go back to the phone lines, and we want to bring in Dr. Chauhan who is in Sioux Falls, South Dakota. Welcome to Native America Calling, Dr. Chauhan.

Subhash Chauhan:

Thank you.

Tara Gatewood:

Hi. What are your thoughts on this?

Subhash Chauhan:

Yeah, I think he's very right. Dr. White is very right. There are a lot of things to which stress management can be done. However, there are no specifically proved in human trials that is stress can either be this or that in cancer patient. Yeah.

Tara Gatewood:

Okay. And I understand, you know, you're there in Sioux Falls, and that's definitely a hub of many different native communities, and anything you want to add on maybe holistic approaches that are being taken by native people there in your area?

Male Speaker:

Sure. So as far as I understand Native American culture, they are very much pro for the natural therapy, and herbal approach for the treatment of diseases. And that's the reason like they prefer all herbal products. So one of my research, which is on cervical cancer and we are trying to treat cervical cancer with the help of this natural drug called curcumin, which is a part of herb called turmeric, and this plant is being very frequently used in Asian food and side effects and toxicity of this product has already been tested for years and years, so there are no side effects or toxicity associated with this. So-- and we took this product further, and we are planning to do a clinical trial this so that we can determine whether this is really effective in prevention and treatment of cervical cancer. You know, cervical cancer is one of the promising disease or very frequent disease in this population here in northern plains.

Tara Gatewood:

Okay. Well, Dr. Chouhan we appreciate your call there from South Dakota in Sioux Falls. Let's bring in another caller. We have Edward who's in Yakima, Washington listening to us on KYNR. Welcome to Native America Calling. Edward.

Hey, Edward, it sounds like you're in a wind tunnel. Get out of it and we'll come back to you. Let's take another caller on. We have Sue who's in Espanola, New Mexico listening to us on KUNM. Welcome to Native America Calling. Sue.

Female Speaker:

Hi. Thank you. I'm a little nervous. My story is a little bit long. I was diagnosed with triple negative breast cancer back in 2005, and I rolled over and did the entire traditional medicine thing with radiation and adriamycin and cytoxan and toxapare [spelled phonetically]. Five and a half years later -- I had a lumpectomy -- five and a half years later the cancer recurred at the -- on the scar where the lumpectomy was, rather than at a distill point. I went down to M.D. Anderson, and they wanted to give me chemotherapy. And while I was there I did research and found out that instead of triple negative, Vanderbilt University found out that it was six causatives, but they didn't have enough money to do a phase three. So the chemotherapies that they could offer were not FDA-approved. However, the head oncologist for breast [unintelligible] at M. D. Anderson wanted me to take chemotherapy, and he showed me the poisons they would give me, and I asked him if they would prolong my life or add to the quality of my life. And he said, "No." But they were sure that they would cause neuropathy -- oh, I asked if there was evidence that they would add to my life. And he said, "No, there was no such evidence," but they were sure that they would cause neuropathy and exacerbate the heart problems that I had gotten as a result of the previous chemotherapy. And, so, I said, you know, why would I take them? And he said he agreed with my position.

And that's the kind of thing that oncologists are doing. They're offering -- I mean, it's like they don't have anything else, but maybe some drug -- some pharmaceutical company gave them a whole bunch of money, which I found out is actually legal for oncologists to profit. They're the only doctors who can on the drugs that they give their patients. So at this point I had a mastectomy and I'm going the natural route as much as I can locally. And I'm in pretty good shape. I had lost 25 pounds the year before, but I wasn't that fat to begin with. I've eaten well. I've eaten organic foods and all that sort of thing, but what I find -- if I had not known the right questions to ask Dr. Valero, he would not have told me that no, they would've -- there's no evidence they would do me any good.

Tara Gatewood:

Okay.

Female Speaker:

So what does Dr. White have to say about that?

Tara Gatewood:

All right. Thanks for your call Sue. Dr. White?

Jeffery White:

Okay. Yes, I don't know the full situation, but I do know that M.D. Anderson is a research hospital. It's a -- one of NCI-designated cancer centers that runs many clinical trials on a variety of different kinds of cancer including breast cancer. I don't know, but I wouldn't be surprised if this -- what Dr. Valero was suggesting was enrollment on a clinical trial. If that's the situation, then, it is informed consent to tell a patient that the reason that we're doing a clinical trial is in order to gather information about the effectiveness of the therapy. And there is an unknown about how effective it is. So it's not a -- this is not the same situation as going to just any doctor's office and them suggesting to give you something that is not a standard therapy. So that's only for people to be aware with regard to clinical research and I think, and hopefully, we'll get some opportunity to talk about clinical trials. I guess I'll say a word about it now is that this is how we gather information about the potential effectiveness of therapies and when it's appropriate to use a particular approach, and the way we do it is to do clinical controls, clinical trials that let us gather data to -- about how well one group of patients does versus another group.

Tara Gatewood:

All right. Let's go to another caller. We have Peggy who is in Gualala, California, listening on KGUA. Welcome to Native America Calling, Peggy.

Female Speaker:

Hey, Tara. Thank you for letting me talk. I just wanted to let you know I'm 18 months in remission from stage three ovarian cancer, and I am technically considered cured. And I just want to say a couple of things. I think it's an important show you're doing, and I think the most important thing is being a proactive patient and asking questions, you know, really doing -- you know, asking good questions of your doctor. But I did 90 hours of chemo. And in which there was some really interesting lessons to be learned from that, and then -- but I had also had ceremonies done for me all over the United States. There were sun dances. There were other dances done, some Pueblo friends did some dances. And I had people tap dancing, lots of prayer circles. I really believe that all of that helped me make it through that -- basically, a year when I couldn't do anything. And -- but I never thought I was going -- never, ever believed it was going to kill me. It was just there. And then when I got to the point in chemo when you are so sick, you can't do anything but sit, that was a very special time for me that I felt like I'm never going to -- it was okay, I was never going to -- I was a very, very busy person, so I thought I'm never going to have this chance again to just sit still like this, and so I accepted it. And I'm doing great, but I think it's important to ask the questions, and also, even if you -- you know, it's a very personal, personal decision whatever you're going to decide, whether you're going to go through, you know, traditional chemo. For me the choice was chemo or death, you know, one or the other. So I figured okay, let's go for the chemo. But, you know, it's such a personal decision. And whether you do naturopathic -- massages are great. There's a wonderful therapist here that gave me massages. So, I think, you know, having your strong spirit where ever your spirit takes you, and you believe in it, I just think that's so important. And accept all the help you can get.

Tara Gatewood:

All right, Peggy. Thanks for your call, and there in California, and hang in there bringing more native radio to that area. Thanks for your call.

And we've got another caller from that area in Gualala, California listening to us on KGUA. I want to bring in Eva. Eva are you there?

Female Speaker:

I'm here. Can you hear me okay?

Tara Gatewood:

Yeah. You're loud and clear. Go ahead.

Female Speaker:

Right. I just wanted to say that diet is so important. I remember hearing about nitrates a long time ago, and my daughter got switched at her grocery where she works from produce to deli, and so, about two or three years later my son-in-law comes down with abdominal cancer. And he had surgery, and I just knew it was the diet. So, he's had the surgery and the chemo, and so

far he's been in remission. And I think the diet is so important. He's been avoiding the nitrates now, and they've been looking at their diet more carefully. He's half Mexican, so I consider him to be half Native American.

Tara Gatewood:

All right. Well, Eva, we appreciate your call there in California, thanks for sharing. And let's squeeze one more in. Let's bring in Michael who is here in Albuquerque, New Mexico listening on KUNM. And Michael you've got to make it short. Go ahead.

Male Speaker:

All right. Thanks a lot. Native America became aware of alternative medicine with Russell Mink [spelled phonetically]. He's been on this program a couple of times. He really didn't go into his therapy, but, you know, we have medicine men -- quote, unquote "medicine men" in Native America, and then when you talk to other natives they say, "Well, is that a good one. Is this a good one?" You know, they have that [unintelligible]. But, you know, they're there to cure us, and a lot of times they have their herbs, and their prayers, and their medicine to cure us. And, also, you know, people [unintelligible] believe in miracle. You know the Catholic Church has miracles. Every religion has their own miracles, so there -- of course, us Native Americans, we have our own miracles, also, and it's a -- we have to pray, we have eat right, and we have to -- and I think our -- another thing is to stay from meat. You know, we've got the growth hormone. We've got the GMOs. Also, another one is Ph balance, and you've got to learn what Ph balance is all about to be preventative medicine. But if you do have it there's a way like Russell Mink. He has to go around the world. And, also the rain forests are being depleted, and as the saying goes, you know, cancer cures might have been in the depleted parts of the rain forest. So, you know, it's a big topic. And, also, you know, the pharmaceuticals have big money and big lobbying interest, so sometimes doctors, you know, have [unintelligible]. So, you know, it's -- we've got to do the best we can.

Tara Gatewood:

I agree, Michael. Thanks for your call here in Albuquerque, and, Dr. White, we are almost at the end of the hour, and just anything you want to add in terms of maybe any new information on clinical trials that are underway to find out what works in terms of alternative medicine? Got about a minute. Go ahead.

Jeffery White:

Okay. Well, good, I'm -- just want to thank you for the opportunity to do this, because it has been very informative to me. So I wanted to just give a little information about where people can look for good, what I would consider good quality information on the topic, because there's so many different areas that someone might want to have information on. One is our website here at the National Cancer Institute. The main website for the Cancer Institute is cancer.gov.

But, if you go to cancer.gov/cam then you get to my office's website, and you'll find there a lot of resources for information. Another one is that the National Cancer Institute, we have a cancer information service where people can call, so if they don't have computer access, they want to call it's 1-800-4CANCER, the number four and CANCER. And, often you can get information that way. And another one is that here at the National Institutes of Health there's also the National Center for Complementary and Alternative Medicine. They have a website which is nccam.nih.gov, and they also have a call-in clearinghouse. And I'll throw that number out, too. That number is 1-888-644-6226. That's 1-888-644-6226, because I think it's so important for people to be going to reputable resources of information, and, again, talking with their health care practitioner about these issues.

Tara Gatewood:

All right. Dr. Jeffrey White coming to us, director of the Office of Cancer Complementary and Alternative Medicine at the National Cancer Institute. Thanks for joining us here today on Native America Calling.

Jeffery White:

It was my pleasure.

Tara Gatewood:

All right. And I would also like to thank all of our listeners for tuning in here today and the callers. We're going to keep on top of this topic, and learn more about it, and different approaches people are taking when it comes to cancer and its effect on Native America. Thanks for tuning in here today. I'm Tara Gatewood from Islata Pueblo. And if you'd like to learn more information about Native America Calling, you can visit our website, simply nativeamericacalling.com. We'll be back tomorrow with more.

[music playing]

Male Speaker:

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Male Speaker

Native Voice One, the Native American radio service.

[music playing]

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