

Cut, Poison, Burn – Is Radiation Treatment on the Way Out?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

September 19, 2023

STORY AT-A-GLANCE

- › Under the cut, poison, burn model, cancer remains a top killer worldwide; by 2040, it's expected that 29.5 million new cancer cases will occur each year, along with 16.4 million cancer-related deaths
- › Researchers are realizing that in some cases, radiation may be causing more harm than good – and leaving it out of cancer treatment entirely may not change the outcome
- › A 2022 study found no difference in outcomes among those who received radioactive iodine after surgery for thyroid cancer and those who did not after three years
- › In many low-risk cancer cases, omitting radiation from treatment did not have an effect on survival rates
- › Radiation therapy also increases the risk of solid tumors, including lung, thyroid, bone, pancreatic, stomach, liver and colorectal cancers, which often develop 10 years or more after the treatment; recent research also suggests cancer risks from low-dose radiation exposure may be underestimated

Modern medicine's go-to strategies for cancer treatment are archaic, based on the "cut, poison, burn" model – or surgery, chemotherapy and radiation. The idea of using toxic therapies to destroy tumors should represent a last resort, if used at all, not a first-line treatment.

By their very nature, chemotherapy and radiation have devastating effects on the human body and the healing process, leaving providers to walk a fine line between issuing a

dose strong enough to destroy the tumor without killing the patient. Often, basic supportive strategies designed to target cancer's root causes – and boost the body's capacity to heal – are ignored in favor of radiation and all of its significant side effects.

“The conventional approach seems to follow the logic ‘destroy to heal,’ and I just don't know where that really occurs in nature outside conventional cancer treatment. Healing has to be your focus and goal to achieve healing. You have to heal to heal,” Dr. Nathan Goodyear explained in our 2022 interview.¹

Under the cut, poison, burn model, cancer remains a top killer worldwide. By 2040, it's expected that 29.5 million new cancer cases will occur each year, along with 16.4 million cancer-related deaths.² The tide may be slowly turning, however, with some in the field suggesting radiation treatment for cancer may be fading out.³

Radiation for Cancer – A Focus on Omission or De-Escalation

Speaking with STAT, Corey Speers, vice chair of radiation oncology at the University Hospitals Seidman Cancer Center and Case Western Reserve University, stated that radiation may be on the way out in many cases of cancer treatment:⁴

“We are in an era of radiation omission or de-escalation. Radiation is perhaps one of the most precise and most effective cancer therapies we have, so it will always play an important role in cancer management, but there are situations now on an individual patient basis where radiation may not be needed.”

The fact is, using radiation to kill cancer cells without causing extreme side effects in the patient is not an exact science. “The balance has always been the question – is reducing the intensity of treatment going to impact the long-term effectiveness? People didn't know what to do starting off, so they decided to treat people until they had to stop – until they couldn't take it anymore,” Abram Recht, a radiation oncologist at Beth Israel Deaconess Medical Center, told STAT.⁵

Now, however, researchers are realizing that in some cases, radiation may be causing more harm than good – and leaving it out of treatment entirely may not change the

outcome.

“There’s also been this long history of trying to reduce the morbidity of radiation in different ways, and the big thing that people think about is the best way to reduce morbidity is to not give it at all,” Recht said.⁶ For example, in certain low-risk cases involving lymphoma,⁷ thyroid cancer⁸ and others, omitting radiation from treatment did not have an effect on survival rates.⁹

If You Don’t Need It, ‘You Shouldn’t Receive It’

Radiation is often offered as a failsafe to patients after surgery, to catch any cancer cells that may be left behind. But only recently have scientists begun to show that outcomes are often the same whether a patient receives radiation or not. This seems to be the case for low-risk cases of thyroid cancer.

After surgery, “It’s almost a given that once patients have their thyroid taken out, they get radioactive iodine,” David Cooper, an endocrinologist at the Johns Hopkins University School of Medicine, told STAT. “Recently, people have been wondering whether it really does what it’s supposed to, whether its potential harms are worth the potential benefits.”¹⁰

The radioactive iodine is taken in by thyroid cells and thyroid cancer cells alike, resulting in cell death. But a 2022 study published in the *New England Journal of Medicine* found no difference in outcomes among those who received the radioactive iodine and those who did not after three years. In other words, receiving radiation therapy is useless in these cases:¹¹

“In patients with low-risk thyroid cancer undergoing thyroidectomy, a follow-up strategy that did not involve the use of radioiodine was noninferior to an ablation strategy with radioiodine regarding the occurrence of functional, structural, and biologic events at 3 years.”

In 2012, scientist and oncologist Dr. Sophie Leboulleux and colleagues conducted a study that found a much smaller dose of radiation than was the norm at that time could

manage low-risk thyroid cancer, noting, “The administration of the smallest possible amount of radioiodine would improve care.”¹²

This led the team to conduct the 2022 New England Journal of Medicine Study. Leboulleux told STAT, “For low-risk [thyroid cancer] we felt there might not be any need for it. So we decided to do another study to see if radioiodine therapy was even useful.” Indeed, it turned out it was not. “Radiation is just one more worry for a patient. Once you know that you don’t need it, I don’t think you should receive it,” she said.¹³

Radiation Treatment Can Cause Cancer

Radiation treatment should be avoided as much as possible, since it’s toxic by nature. The side effects vary depending on the area of the body being treated. Along with fatigue, which is a near universal side effect of radiation therapy, you may experience any of the following:¹⁴

Hair loss	Memory problems	Nausea and vomiting
Skin changes	Headaches	Blurry vision
Swelling and tenderness	Throat problems, including trouble swallowing	Cough
Shortness of breath	Mouth problems	Taste changes
Less active thyroid gland	Diarrhea	Sexual problems
Fertility problems	Urinary and bladder problems	

There’s also a risk that radiation therapy will lead to the development of a second cancer. Radiation exposure is a risk factor for most types of leukemia, along with myelodysplastic syndrome, a type of bone marrow cancer that may turn into leukemia.

Radiation therapy also increases the risk of solid tumors, including lung, thyroid, bone, pancreatic, stomach, liver and colorectal cancers, which often develop 10 years or more after the treatment. In one study of 52,613 patients who received radiation therapy, an increased risk of second cancer was found even after 40 years compared to the general population.¹⁵

“Radiotherapy has been considered as a double-edged sword as it has a well-established role in the management of solid cancers but unfortunately it is likely to induce cancers years after the treatment,” researchers explained in *Radiation Oncology Journal*.¹⁶ Chemotherapy is also linked with the development of second cancers.¹⁷

Susan Wadia-Ells, Ph.D., was inspired to write "Busting Breast Cancer: Five Simple Steps to Keep Breast Cancer Out of Your Body" after losing several friends to recurrent metastatic breast cancer, meaning cancer that was "successfully treated" at an early stage, only to later return as a terminal stage or metastatic disease.¹⁸

If you are going to submit your body to radiation, it's best to protect your body with molecular hydrogen, probably two tablets twice a day for three days before and after the treatment. It would also be helpful to make sure you are taking 50 mg of niacinamide three times a day and methylene blue 50 mg once a day for a few days before and after the treatment.

Even Low-Dose Radiation Exposure Increases Cancer Deaths

Efforts to eliminate radiation therapy altogether may be necessary to protect cancer patients from subsequent cancers. A study that investigated workers in the nuclear industry in France, the U.K. and the U.S., who are exposed to low doses of ionizing radiation over longer periods of time, found an increased risk of cancer mortality.¹⁹

A linear increase in the relative rate of cancer was found with increasing radiation exposure, and risk of solid cancers increased by 52% for every unit of radiation each worker absorbed.²⁰ The cancer risks from low-dose radiation exposure may, in fact, be underestimated. According to the study:²¹

“For the purposes of radiation protection, people often assume that low dose rate exposures pose less carcinogenic hazard than the high dose rate exposures experienced by the Japanese atomic bomb survivors ... Our study does not find evidence of reduced risk per unit dose for solid cancer among workers typically exposed to radiation at low dose rates.”

Dr. Nasha Winters is a naturopathic physician who specializes in supporting patients with cancer. She also trains clinicians and consults with those treating cancer patients. Winter is the coauthor of [“Mistletoe and the Emerging Future of Integrative Oncology,”](#) and is herself a cancer survivor, so this topic is close to her heart.

Mistletoe Can Be Used as an Adjunct for All Cancers

According to Winters, mistletoe is likely to be useful as an adjunct therapy for all cancers, and she, along with several other doctors, has been training physicians on how to use mistletoe for several years now.

“One of our physicians has been using mistletoe for 45 years in his practice, and what we've seen clinically, and what the research suggests, is that this therapy, it has always been about using it with others. It plays very well with others.

It was never really developed to be a standalone therapy, though believe me, we've seen impact with that as well. And it has virtually no contraindications with any of our standard of care therapies. So, we can literally inject this into a patient the morning before they go into a surgery, or they can start on this therapy the very day they're going to start a round of chemotherapy or radiation.

It bypasses first phase detox pathways of the liver, so it doesn't interact, intervene, speed up or slow down detox processes that could otherwise cause some adverse events, or change the desired effect of a certain medication, herbal intervention or dietary intervention.”

Mistletoe Modulates Immune Function

Your immune system and metabolic function are both integral parts of addressing cancer, and mistletoe works on both. It's important to recognize, however, that it's not a magic bullet. If you're eating a standard American diet and are metabolically dysfunctional, mistletoe is not going to be as effective as for someone who is also eating a healthy whole food diet and supporting their health in other ways.

That said, mistletoe is an immunomodulator. Immune therapies are all the rage right now, with a majority of research dollars being funneled into them. Yet the effectiveness rate for these therapies is less than 20%. In other words, they're hardly a cure.

Sources and References

- ¹ [BitChute, Dr. Nathan Goodyear Discusses Benefits of Vitamin C in Cancer Treatment August 3, 2022](#)
- ² [NIH National Cancer Institute, Cancer Statistics](#)
- ^{3, 4, 5, 6, 9} [STAT News August 15, 2023](#)
- ⁷ [Journal of Clinical Oncology 41, no. 17_suppl \(June 10, 2023\) LBA7505-LBA7505](#)
- ^{8, 11} [N Engl J Med 2022; 386:923-932](#)
- ^{10, 13} [STAT News March 9, 2022](#)
- ¹² [N Engl J Med 2012; 366:1663-1673](#)
- ¹⁴ [NIH National Cancer Institute, Radiation Therapy Side Effects](#)
- ^{15, 16} [Radiat Oncol J. 2018 Jun; 36\(2\): 85–94. 3. Gynecological malignancies](#)
- ¹⁷ [American Cancer Society, Second Cancers Related to Treatment](#)
- ¹⁸ [BitChute, Dr. Mercola Interviews Susan Wadia-Ells May 6, 2021](#)
- ¹⁹ [BMJ 2023;382:e074520](#)
- ²⁰ [Medical Xpress August 16, 2023](#)
- ²¹ [BMJ 2023;382:e074520, Comparison with other studies](#)