



## Are You Concerned About Cancer? Save a A Life With The AMAS Test

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While the medical community appears to be struggling ferociously with the specter of malignant disease, statistics show that in the last few decades cancer rates have been steadily increasing. Alarming, it is now estimated that one of three Americans will have had cancer during his or her lifetime. Should this trend continue, within several years it is likely that one of every two Americans will have the disease. Therefore, as an informed individual, you should be concerned about the high risk of developing cancer even in the absence of family history, significant exposure to carcinogens, or known presence of cancer genes in your body.

Naturally, a discussion of the many causes for the victory and spread of cancer in our population will be appropriate and interesting, but it should be reserved for a lengthy presentation elsewhere (come to our free Tuesday lectures, for example...). The main focus of this article is to provide the reader with valuable diagnostic information of which most patients and health care practitioners are unaware. Specifically, I would like to briefly summarize the benefits of using a laboratory blood test called AMAS (Anti-Malignin Antibody in Serum).

The AMAS test measures blood levels of an antibody that is elevated during active cancer almost regardless of the location or type of malignancy. This antibody is short-lived (unlike the long-lived antibodies assessed for exposure to infectious diseases, such as tuberculosis), and therefore the test is valid even in people with previous cancer diagnosis in both recent and distant past. Clinical studies revealed its accuracy to be greater than 99% (upon repeated test, 95% with a single test) with a wide range of malignancies, including breast, lung, brain, colorectal and skin cancers, lymphomas, leukemia, and cancers of the uterus, cervix, ovary, anus, stomach, esophagus, prostate, bladder, urethra, kidney, testis, thyroid and larynx, as well as a variety of sarcomas and other connective tissue cancers. The fantastic accuracy and versatility of this test is attributed to the fact that all of these cancers have one protein in common, which even in minimal amounts may stimulate the immune system to produce antibodies that are easily detectable in blood. This allows for extremely early detection of cancer activity in the body, months to years before any other evidence of malignancy can be detected clinically. The AMAS test has been utilized in cancer assessments by many clinicians in the past decade and several peer-reviewed scientific publications have validated its high accuracy (far higher, in fact, than biopsies of suspected body tissues or organs). Even the U.S. government, which is usually slow to assess new diagnostic studies, has approved the reimbursement of AMAS by Medicare.

Despite these facts, the vast majority of medical practitioners and oncologists are not aware of the test. Several reasons may account for this phenomenon, including poor marketing, suppression by special interest groups, and typical resistance to change. However, an important reason may be based on the fundamental differences between allopathic and holistic medicine: In scientific holistic medicine, the practitioner focuses on identifying and preventing the underlying causes of disease, by revealing biochemical, physiological, and toxicological dysfunctions (in all phases of disease, even the earliest one), and then providing natural, non-toxic therapy to reverse these trends. Allopathic medicine, on the other hand, must usually wait patiently ("monitor") for an advanced symptomatic disease to develop, before its aggressive, toxic therapies can be justified. Currently, a typical oncologist is armed chiefly with three anti-cancer tools: chemotherapy, radiation and surgery. These approaches, although successful in some forms of cancer, are rife with debilitating, immune-suppressing, at times dehumanizing side effects, and often fail to improve or even elongate the patient's life. Further, these treatments tend to ignore the underlying causes of the disease, whether environmental, genetic, nutritional, immunological, emotional, or electromagnetic, or a combination thereof.

These fundamental differences, while explaining the statistical failure of the medical war against cancer, also provide a clue to the frequent reluctance or apathy of some medical practitioners toward AMAS testing; whenever malignant activity is detected so early that clinical manifestations do not yet exist (the tumor might be extremely small or its location and type yet undefined), the invasive, aggressive, toxic and immune-defeating tools of oncology can not be morally justified, and the medical practitioner is then at a loss as to the proper course of action. A scientifically-minded holistic practitioner, on the other hand, may be able to address this early phase of disease by using natural, proven immune-boosting techniques and other holistic approaches designed to target the underlying cause of disease. Although many such therapies are well researched clinically and proven scientifically, they remain largely untaught at medical schools, hospitals and seminars sponsored by pharmaceutical industries. Despite this, enlightened medical practitioners who have educated themselves in the realm of holistic medicine are increasingly relying upon early cancer detection by utilizing AMAS. More recently, many allopathic (orthodox) medical doctors and oncologists as well as famous medical centers have started trusting the test and its diagnostic significance, upon being informed of new developments in the areas of immunology and cancer immunotherapy.

The AMAS test is very labor-intensive and requires significant expertise and experience in specimen preparation and interpretation of test results. It is recommended that only qualified clinics should be used to avoid erroneous results or misleading interpretation by uninitiated clinicians. As in all clinical laboratory tests, the AMAS test should be ordered as an aid to diagnosis, detection or monitoring of disease, in addition to medical history, signs and symptoms. It is important to consult with cancer specialists whenever cancer is suspected. In certain instances the allopathic approach is necessary and can save lives.

Beyond the uncontested importance of early cancer detection, and notwithstanding any of the medical, economic, psychological, and political consideration associated with it, it would be wise to obtain AMAS results concurrently with any form of therapy, whether natural, holistic-scientific, or allopathic, to monitor the effectiveness of care and to assess the need to continue care. Successful treatment that is accompanied by symptomatic and clinical improvement can be proven by consistently negative AMAS results. Conversely, positive AMAS results indicate that treatment has failed or has been insufficient, or that the patient is no longer in remission.

### Who should obtain the AMAS test?

- Anyone with a family history of cancer. Studies have shown an increased risk with a family history of cancer, due to either environmental or genetic causes (some laboratory tests are available today that can confirm genetic tendencies toward certain cancers, a subject worthy of a separate discussion).
- Anyone who has had cancer in the past and who is concerned about recurrence. People who survived cancer usually have a higher likelihood of a second cancer, yet the tests commonly used to assess the patient's status ("tumor markers") uncover the recurring disease when it's too late or too advanced. AMAS can help monitor patients considered "in remission," giving the treating physician an opportunity to save the patient's life or reduce the patient's suffering.
- Anyone currently being treated for cancer. Usually the treating physician (an oncologist, most likely) is unable to verify the effectiveness of care. AMAS should be used to monitor the patient's progress (and the success of treatment) accurately, in order to reduce the risk associated with excessive toxic treatments.
- Anyone who is under significant toxic, chemical, electromagnetic, and/or emotional stresses and lowered immune resistance. If these or other factors increase your cancer risk, you may benefit from early or pre-clinical detection of cancer, when therapy can be more effective. Successful screenings have already been reported in selected high-risk populations (chemical workers and surgical patients).
- Anyone suffering from significant fear of cancer would benefit from the peace of mind offered by negative test results. After all, the stress of anxiety itself can depress your immune system and such fears should be alleviated.
- Anyone with equivocal (uncertain, ambiguous) clinical findings based on manual tests or imaging studies (mammography, ultrasound, etc.). AMAS can rule out the possibility of malignancy, or confirm it without causing the additional risks, pain, and costs related to biopsies.
- Anyone experiencing vague symptoms or a symptom for which cancer may be a cause will benefit from ruling it out!
- Anyone who is NOT concerned about cancer, yet trying (by scientific laboratory methods) to escape the incessant harassment of excessively protective, anxious, annoying relatives...