Iodine needed for Breast and Prostate cancers by Tessa Jupp RN

I have spoken to a few people recently dealing with cancers, breast and prostate in particular but also other cancers including thyroid, ovarian, uterine, kidney, bladder & bowel. I have written about the value of iodine before in this newsletter but maybe we need to look at this again. There is a lot more info around on it now. Here are comments by 2 doctors who have worked with this. Look up the internet references or I can send the whole article if you can't find it.

Dr Jeffrey Dach MD

As an interventional radiologist for 30 years, my job was to read the mammograms and perform the procedures, the breast biopsies and needle aspirations. Some women had multiple cysts and nodules and returned to the department every year for repeat aspirations and biopsy procedures. They would always corner me in the reading room and ask, ***"Doctor, what can I do to make these cysts and nodules in my breast go away"?*** And for 30 years I would throw up my hands and say ***"We just don't know".***

After I retired from radiology and returned to clinical medicine in 2004, I attended medical meetings and listened to David Brownstein MD and George Flechas MD speaking about the health benefits of Iodine supplementation.

Iodine is the answer to fibrocystic breast disease. Iodine is the answer for breast cancer prevention. Iodine is the answer I should have been giving to all the women over the years I worked in the hospital X-ray department. But didn't. So I am making up for it now. We routinely test for Iodine level, and give Iodine supplements to every woman in my clinic. I consider this extremely important.

I have been using iodine in clinical practice and find it both safe and beneficial. We have used iodine supplementation routinely in our practice for the past five years primarily as a safe and effective agent for prevention of breast cancer. And, in fact we have had virtually no breast cancer in our patient population on bioidentical hormones using iodine supplementation.

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http://www.drdach.com/Iodine_and_Breast_Cancer.html

Dr DERRY on CANCERS
http://thyroid.about.com/library/derry/bl1a.htm

Breast cancer takes around 20-30 years to develop. The discovered lump represents the end stage of slow cancer progression over decades. The longest period is the first phase of cancer development. This phase which is often called pre-cancerous, happens as a normal cell is gradually turned into a cancer cell. These pre-cancerous lesions are known as **fibrocystic disease (lumpy, tender breasts)** of the breast. Most fibrocystic disease is benign, harmless and has no consequences.

On the other hand, some more advanced forms of fibrocystic disease have clearly defined tendencies towards breast cancer. So there are grades of fibrocystic disease with some of the cells looking more abnormal than in the benign forms. The greater the difference in the cells from normal (abnormal), the greater chance of these cells converting to a cancer cell over 10-20 years. There maybe then a significant chance the cells may change into a cancer cell. The good news is that it can be cleared up completely with a daily intake of iodine.

Iodine in adequate doses stops and reverses this stage of the cancer process by causing the natural death of abnormal cells (apoptosis). Iodine circulates throughout the body in the extracellular fluids found between the cells of the body. If cell surface proteins have the amino acid tyrosine on the outside, the passing iodine reacts with this tyrosine. This little reaction denatures the protein and thus kills the cell. It is implied all vertebrate cell membranes do not have tyrosine on the portion of the protein sticking out into the extracellular fluid.

However, the intra-membrane proteins may have tyrosine which is only exposed when the membrane is distorted by abnormal cell development such as we see in the pre-cancerous forms of fibrocystic disease. This would then expose the tyrosine to the iodine passing in the extracellular fluid. Again the iodine would denature the protein by reacting with the tyrosine and thus kill off the cell. So thus we have surveillance system for removing abnormal cells from our bodies. On the other hand low iodine intake allows cells to proceed and develop towards cancer. This is more indirect because the gradual increase in abnormal cells are just not being eliminated from the body because there is inadequate iodine to carry this out.

Once the cell has become a cancer cell then it can take two different turns. It can multiply and just stay where it is or it can multiply and spread. The first phase is called carcinoma in situ (cancer at the site). The second phase (cancer multiplying and spreading) is the part we are all familiar with.

Since on average breast cancer cells double every 100 days, it takes 9 years before mammograms can pick it up and around 11 years before we find it with self-examination. This second clinical part of the cancer phase (the spreading) seems to be arrested by adequate levels of thyroid hormone in all tissues. Thyroid hormone completely controls the connective tissue which forms a strong sieve-like barrier to the passage of cancer cells trying to spread. Low levels of thyroid hormone in the tissues (especially connective tissues) promotes the spread of cancer cells. So the body cancer defence system has two parts; iodine for the first pre-cancer phase, and thyroid hormone and iodine together for the second clinical phase. There is some overlapping of these two defence systems. The excess iodine flows out in the urine. Of course, because the iodine flows out in the urine it is preventing the development of abnormal cells in the bladder and kidney system at the same time. This then prevents cancers developing there.

It also will kill abnormal cells floating around in the body at remote sites from the original cancer. Of course this approach appears to **work for prostate cancer as well** as prostate cancer is similar to breast cancer in many respects. Indeed, it likely will help with most cancers.