



**Julieanna Hever, M.S., R.D., C.P.T.**

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### **Mike Anderson Interview**

**JH:** You have successfully helped many people drastically improve their health with your book, *The RAVE Diet*. Can you please briefly describe the crux of your eating plan?

**MA:** RAVE is an acronym which stands for No Refined foods, No Animal foods, No Vegetable oils, No Exceptions and Exercise. While there is much to explain behind each of these letters, together they form the foundation for restoring the body to its natural state and eliminating the causes of our major diseases. I should point out the diet is based on the work of a group of doctors who reverse a wide spectrum of diseases using diet. The RAVE Diet is simply a summary of their work in an easy-to-read and digest book. What got me into this in the first place was discovering that our major diseases could be reversed with simple changes in diet. And if diet can reverse these diseases – diet must have caused them.

Since everyone wonders about the No Vegetable oils, let me briefly explain. First off, vegetable oils are a refined food and have the lowest nutrient value per calorie of any food on the planet, so you're getting very little bang for the calorie buck. Contrary to what you've read in the press, controlled clinical studies have found oils (e.g., olive oil) actually cause damage to arteries. Now, I'm telling people they can reverse heart disease by following the RAVE diet and if you look at doctors who use diet to reverse heart disease, such as Dean Ornish and Caldwell Esselstyn, they specifically prohibit vegetable oils. There are also many other reasons for prohibiting oils, which I discuss in the book. In addition, it's very easy to use healthier substitutes.

Many people are quite skeptical of the claims I make, so what I do in the book is put it to the hard-core skeptics and say, get some blood work done before you start the diet, then start the diet and follow it to the letter for two to three months. Get another blood panel done. It's usually a shocker for them, as well as their doctor. And that's just after a few months. Unfortunately what the doctor usually says is "I don't know what you're doing, but just keep doing it." I say it's unfortunate because the doctor should be giving the patient dietary advice, not me.

**JH:** Both of your films, *Eating and Healing Cancer from Inside Out*, are provocative and direct. They get people's attention, even if they didn't want you to. How has the response been thus far?



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**MA:** The response to *Eating* has been overwhelming and humbling as we estimate over 40 million people have seen the film worldwide. In addition, doctors, nutritionists, hospitals and health clinics are using it – along with the RAVE Diet book – to motivate their patients and teach them how to eat. The purpose of the film is to convince people to change their diets and it is very effective in achieving that goal. It's been aired and discussed on hundreds of TV and radio stations throughout the world. It even got into the hands of the health minister of Ghana a few years ago and ended up being shown on their national television network. After the presentation, the president of Ghana came on air and said, "We will never adopt the American way of eating!" The reason is because they can't afford it. Ghana, like other Third World countries, knows that if they adopt the America way of eating, the health costs will bankrupt their country – and it's almost bankrupting ours. Experts have estimated that anywhere from 70 to 85 percent of people under a doctor's care are seeing them because they are eating the Standard American Diet. If the population changed to a good plant-based diet, our healthcare expenses would plummet. When the Nazis invaded other countries in Europe, they removed all livestock from these countries in order to feed their war machine. Whole populations had to exist on fruits, vegetables, whole grains, nuts and seeds. Guess what? The health of these populations improved dramatically. This was fully documented in Belgium where heart disease completely vanished just two years after the Nazis removed all animal foods.

With regard to *Healing Cancer From Inside Out*, the response has also been extraordinary. One biochemist compared the film to Upton Sinclair's book *The Jungle* because I do to the cancer industry what Sinclair did to the meatpacking industry – expose the soft underbelly of an industry which profits greatly off treatments that do not work.

The first part of the film examines conventional treatments and reveals why such treatments do not work. The second part of the film looks at dietary and other alternative treatments and shows that when these treatments are compared to conventional treatments – dietary treatments win hands down (based on studies).

In the first part of the film (and book), I focus on a study which came out in 2004 (*Clinical Oncology* (2004) 16: 549-560) that demonstrated chemotherapy was only 2-3% effective in cancer cases over the prior 14 year study. The exceptions are rare cancers in which chemo can be up to 40% effective. But when you're trying to make a treatment decision, that percentage is still less than a flip of a coin. This is just the most recent study of chemo and it agrees with studies that have been published since 1985 which consistently find chemo has an overall effectiveness of only 2-3%.



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Now, readers may be saying, "That simply cannot be true! How can that be?" It can be because all of these studies used "absolute" statistics to present their findings. In terms of percentages, that translates into what everyone knows to be a percentage, that 2 to 3 people out of 100 may be helped by chemo.

This pathetic performance of the main weapon in the cancer war has been known to experts since, well, since the war began. So what happens when you have a drug that's not performing well, but it's your main treatment (and main source of profit). You manipulate numbers to make it look as if the drug is performing well. To do this, the cancer industry has chosen to show treatment success rates in "relative" numbers. Let me give you a few hypothetical examples to illustrate how this works.

If a doctor were to say that by giving you chemotherapy treatments, your chances of survival would increase from three to six percent, you would probably reply, "I'd rather visit a witch doctor!" These are absolute numbers, which are always bad news for conventional cancer treatments. But the doctor's presentation rarely, if ever, uses absolute numbers. Instead, he refers to numbers provided by the cancer industry, which turns the statistic on its head. Instead of a three percent benefit, he exclaims the exact same treatment will increase your chances of survival by a whopping 50 percent!

How can this be? Easy. If a treatment causes survival rates to increase from three percent to six percent, that represents a 50 percent increase in survival rates! These relative or "rubber" numbers are the numbers used universally throughout the cancer industry to mask the massive failure of conventional treatments.

Another example. Say there were 100 people involved in a clinical trial of a new chemotherapy drug. Out of the 100, experts expect two people to get breast cancer. But during the trial, after all 100 people were put on the toxic drug, only one person got breast cancer, meaning the reduction in breast cancer was one person out of 100. Again, this is the absolute benefit, 1 in 100, or, one percent.

This is not good news for the drug company because 1 in 100 could easily – and would probably – happen by chance. But, remember, two people were expected to get breast cancer, and only one got it – and 1 divided by 2 equals a 50 percent reduction. Through the magic of number manipulation, this drug can all of a sudden reduce your chances of getting breast cancer by a whopping 50 percent! Pretty slick, eh?



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In order to understand relative statistics, you have to ask "Relative to what?" Or, compared to what? In the example above, the statistic was relative to the expectation that two people out of 100 would get breast cancer over the course of the clinical trial.

Say a previous study showed no benefit with a particular treatment. Another study comes along and shows that one person out of 100 benefited from that treatment. Compared to the previous study, in which there was zero benefit, the new study would show a 100% benefit! (vs. a one percent absolute benefit) That benefit, in other words, was relative to the old study.

In other words, relative numbers do not stand on their own, as absolute numbers do, but stand on another number. They are derived numbers. They are derived from an expectation, an assumption, the results of a previous study, the differences between two different treatment methods, etc. They are used to show a treatment's effectiveness, relative to something else. They do not show how many people out of 100 would benefit, as do absolute numbers. Relative statistics are great when you are comparing the relative effectiveness of one treatment versus another treatment. They are useless and deceptive – even fraudulent – when presented as the criteria for making a treatment decision. Yet these are the numbers invariably presented to patients by their doctors. And relative numbers are the only numbers used by the American Cancer Society, which claims to be acting in the interests of cancer patients. By using relative numbers exclusively, they are acting in the interests of their main sponsors, primarily radiological and pharmaceutical corporations.

Let's move from the hypothetical to the real world with a few examples. The makers of Tamoxifen cited a 49 percent decrease in the incidence of breast cancer in women who take Tamoxifen for five years. This is a relative number. The real (absolute) number? Only 1.5 percent. In other words, 1.5 women out of 100 would experience a decrease in recurrence. The number is so low, it's more than probable the reductions happened purely by chance. Even worse, it has been demonstrated that women who simply ate flaxseed muffins on a daily basis had a reduction in breast tumors equivalent to those taking Tamoxifen – and without any side effects! (Tamoxifen increases the risk of endometrial cancer, liver cancer, blood clots in the legs, pulmonary embolism and stroke, to name just a few.)

In 2007, headlines screamed that a new drug, Sorafenib, prolonged the relative survival time for liver cancer patients by a whopping 44 percent! What did that translate into, in absolute numbers? Three extra months of living hell with that drug.



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Herceptin proponents claimed clinical trials showed a 46 percent relative decrease in breast cancer recurrence when the drug was prescribed to late-stage breast cancer patients. What's the absolute number? 0.6 percent (less than one percent)!

Using dishonest relative statistics to prop up worthless treatments has now become the standard in medicine and it's happening across the board. Fosamax is a drug that is supposed to reduce the risk of hip bone fractures in women. The maker claims a 44 percent reduction when taking the drug for four years. Again, a relative statistic. The absolute number? Just 1.7 percent. A sugar pill would have been more effective.

The FDA recently approved a new drug from Amgen called "denosumab" for osteoporosis. Depending on the type of fracture, studies of the drug reported relative risk reductions from 20% to 68%. The real, absolute, risk reductions? From 0.5% to 4.9% - hardly worth the costs and the risks of taking a new type of drug which interferes with your immune system.

We don't necessarily want to bad mouth these specific treatments as they are just a few examples. The point is that any current treatment has these kinds of feeble numbers. When you hear someone in the cancer industry citing five-year survival rates above a few percentage points for all but a small handful of cancers, they are deceiving you. They are using manipulated, relative numbers.

I've debated oncologists on this point and guess what? They don't know the effectiveness of the treatments they are administering - in absolute numbers. All they know is the treatment's relative effectiveness because virtually all studies are in done in relative numbers, usually comparing one treatment relative to another treatment. But they do know one thing, according to many surveys. The overwhelming majority of oncologists would not use chemotherapy on themselves or their family. And while they might not know the absolute ineffectiveness of this drug, or adjuvant treatment), they do know they wouldn't use it themselves.

I tell cancer patients to try and get their oncologist to put the treatment's effectiveness in absolute numbers for them, that is, out of 100 people, how many would benefit - and just as important - what exactly is that benefit? This is difficult because many oncologists will not know the absolute benefit. To that end, I have a suggestion. Look up the treatment's effectiveness in the Facts and Figures booklet published by the American Cancer Society (ACS). It's downloadable as a PDF document. If what your oncologist tells you generally agrees with what's in the ACS publication, then it's a relative (rubber) number because all numbers used in that



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publication are relative. At that point, I'd also be seeking a second opinion because if your doctor does not know these numbers, he or she is incompetent.

Unless and until the cancer industry has treatments as effective as pain-killers, up in the 70 percent plus range (absolute numbers), I would advise the public not to use any of them. Placebos generally have around a 30 percent effectiveness rate. Incredibly, for the vast majority of cancer treatments, these treatments are not as good as a sugar pill!

My challenge to the cancer industry is to publish treatment effectiveness in absolute numbers and change the ACS Facts and Figures booklet from relative numbers to absolute numbers because only absolute numbers are meaningful when making a treatment decision (even the ACS admits this!). In effect, what they are doing is hiding the true effectiveness of treatments from the public behind statistical manipulations. And, unfortunately, there's simply too much money to be made from loser treatments for the cancer industry to be honest with the public.

I should point out I don't really blame the doctors because they are the pawns. It's the system and the information being spoon-fed to doctors by the corporations which control the system.

Now, just about everyone knows someone who is a survivor of conventional treatment. I both admire and congratulate those people because they've not only survived the cancer – but the treatment. Sadly, just about everyone knows someone who did not survive conventional treatment. What most people do not realize is that compared to the millions who did not survive, cancer survivors of conventional treatments represent a tiny minority of the whole. And if cancer patients were provided with the absolute, real truth about what their chances are with a particular treatment, only a small number would consent to these treatments. Instead, they would be seeking out alternatives and we would have a much, much larger group of cancer survivors. The cancer industry has known this fact for decades and it is one reason the industry has been so ferocious in its suppression of alternative treatments and why they go so far as to produce bogus studies of alternative treatments, designed to fail, in a shabby effort to show such treatments don't work.

**JH:** Your book with the same title as the film, *Healing Cancer From Inside Out*, provides a powerful argument against current therapies for cancer (chemotherapy, radiation and surgery) and supports nutrition as the most successful option. How do we, as your audience, use this information to encourage cancer patients to take this approach?



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**MA:** First off, arguing against conventional treatments is very difficult. It's like arguing against the church in the Middle Ages. I figure *Healing Cancer*, like *Eating*, is about a decade before its time, before it really blossoms and people stop questioning my arguments and start questioning "the church."

I do not know a single person on the planet who would like to be treated with conventional treatments. If you can show them that an alternative treatment, such as making big changes in their diet and lifestyle, has better success rates than conventional treatments, they may go for it. Mind you, it takes a strong person to turn their back on their doctors (who will tell the patient they will die unless they have a treatment), as well as their family and friends. Most think the person who pursues an alternative treatment, such as diet, is downright nuts. But guess what? Everyone thought Nathan Pritikin was nuts when reversed heart disease with diet. That's why I say the film is way before its time, just as Nathan Pritikin was, and it will take years before public awareness grows to a point where dietary treatments are looked on as a viable option.

Ultimately, show them the film. If that turns their head, they can get the book of the same title, as that has much more detail. Some people will be open-minded. Others will have their minds shut because ultimately theirs is faith-based medicine. They believe in the church.

**JH:** As the *Plant-Based Dietitian*, I educate people to strive to achieve nutritional excellence, which is what you write about in your books. How do you relay to people that they are completely misinformed by the food and drug industries?

**MA:** Again, this is a difficult argument because the public is inundated with advertising. What I find almost comical is that you'll see a round of ads on TV from the food industry, followed by a round of ads by the drug industry – to treat the symptoms of the diseases caused by the food industry ads. It's a vicious but very profitable cycle, usually resulting in premature death by a gullible public.

We have been brainwashed since grade school, starting with the food pyramid and other nutritional information given to schools free of charge by the meat and dairy industries as a part of their marketing campaigns. It's really advertising disguised as "objective" information. The meat and dairy industries also spend millions of dollars sponsoring so-called "scientific" studies which support the consumption of their products.



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We are so brainwashed and misinformed about protein, calcium and other requirements it's a joke. This misinformation is built into nursing schools, medical schools and the entire medical and nutritional establishment. What's really sad is that few professionals in our medical industry know how to treat diseases with diet. Sadder still, most are not even aware our major disease can be reversed with diet.

What I do is try to relay the information I've just given (and more) in a convincing way to show that the foods and drugs in advertisements are all about profit-making, not good nutrition. I also try to show people there is this huge "misinformational" establishment out there trying to herd the flock of public sheep into the pen of bad eating habits which will inevitably be followed by drug regimens that fatten the wallets of corporate executives while leading the public to an early grave. On the positive end, I try to show them that diet works much better than drugs and obviously has no toxic side effects.

**JH:** You self-published your books and self-produced your films. And most of the pages in your books are filled with references from high quality, peer-reviewed medical journals. How did you become interested in nutrition research?

**MA:** Back in another life I was a high-flying executive who got burnt out and decided to take some time off to smell the roses. Because I had time, I was reading a much wider variety of books and happened to stumble across the fact that cardiovascular disease (and other diseases) could be completely reversed by making simple changes in diet. I was simultaneously flabbergasted and pissed because I thought this should be headline news and standard practice in hospitals. But, of course, hospitals are mindless, profit-seeking corporations, so a bypass will bring in \$75,000 to \$100,000+ (and won't do any long-term good because your plumbing will plug up again). How much profit is there in dietary advice? In other words, change is not going to come from the top, but from the bottom.

As a result of spending over two years researching the topic, I decided to produce the film Eating to help inform people of this extraordinarily simple method of treating diseases. Twelve years later, I'm still at it and hopefully making a difference. Because of the work of thousands of people and hundreds of organizations, public awareness is probably 1,000 times higher than what it was just a decade ago. And those who "get it" are so much better off because of it.

There's still a long way to go precisely because there are no big pay days in this effort. It's educational in nature and that takes time. In this case, it will probably

# To Your Health



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take a few generations before we see a large-scale shift in public eating habits. But I'm optimistic and hopeful because I can see the world changing around me.