

Cancer in Women

Before I get too deep into this subject, let me first identify myself. I was a Licensed Chemical Dependency Counselor in Minnesota ever since the licensing came out, and before that a Certified Counselor in over 40-states and 13-countries). I worked in the field for twenty years, in group counseling, individual counseling; with women at the prisons, in clinics for dual disorders, having a degree in psychology as well, and in child development it helped me as I worked on the children's ward. I've written three books on the subject of alcohol and its effects; on the prevention of it; one on the aftercare of it, and on its origin. I do realize we all have our own beliefs where this disease comes from, and just how it relates to women's cancer; which might even be a secret from the public, but if it is, it is because no one has looked very deep into this issue or problem. Sometimes we are too busy with the situation, you know what I mean: too many hands in the pudding, can sour the pie. In any case, this is the first article I'm doing since my retirement in 2001. I should let it be know, I've done a few articles for the ICDP (Drug and alcohol magazine for Minnesota) years ago. Therefore I am going to take a backdoor into the premise of this article, "Cancer in Women."When I used to give lectures to groups, be it women, men or children at schools, clinics, hospitals (Ramsey Hospital, River hills Hospital, Hawthorn Institute, etc; schools in St. Paul, Minnesota) and adolescents, I'd always modify my lecture to fit the group, which is what everyone does I assume (or should do): why? Because we are all different, and our body reacts differently to substances; we have what you call different triggers; resistance capabilities; as groups that is; as individuals we have what I call, hang ups, or self-esteem problems. Also, such things as: depression, anxiety, resentment, fears, inferiority. We are all dealing with a mess of issues at any given time; they are mixed with: faith, egotism, and shame. We relapse, drink more, and take more drugs according to our environment, our social status, or availability of money. And now the group comes into play, and the individual, and her background. Life is never easy is it, especially in recovering, or working with those with dual disorders—or with those drinking in general that can not stop. When I say dual disorders, I mean those crippled with alcoholism and perhaps depression, or anxiety, etc. Alcohol or drugs, in particular alcohol for this article, is a poison. That is why your system rejects it, vomits up. It belongs under the hazard category. We don't need to look at hashish, opium, cocaine, or morphine, let me add heroin in it, alcohol does the job quite well. And like poisons do, they paralyze the body like hemlock (prussic acid). It is clear, people that drink a lot do not live long, and drug addicts do not grow old. And now for the Cancer: and women who drink a lot for some reason get cancer much quicker than their counterpart, males; or women who do not drink a lot. This is not a cleaver put down for women, it is a fact, go check it out. I have seen it in the AA meetings, and clinics and hospitals. For women as they progress in their drinking stages working their way to the chronic stage will acquire cancer quicker than males, or those women who do not rely on it. Women and men are equal in many things, but in this you women are ahead of us, I dare say. Another point is women and men who go into a clinic for treatment, women will heal quicker than men, and leave in the 28-to-30 day program; whereas men will stay much longer, not dealing with the depression, or other issues they may have. Again I say, it is a fact, I've seen it. Thus, we get more suicides from men than women on this issue. But back to the premise, my therapeutic view is: stop drinking, simply as that. You don't need the stuff, or do you? And if you do the only reason I ever gave my clients to use was for suicide. Let me reframe that. If you feel you are going to commit suicide, then use, and get help, because you are committing suicide anyhow—slowly, by drinking, but at least you have a moment longer to think about it, or get help. Note: what I have not brought to light I will in this brief note, for I do not have time to put everything into one article. I have not talked about smoking cigarettes and drinking, or eating disorders while in chemical usage, or anorexia Nervosa, or drugs and alcohol mixed; the causes for relapse, stress factors, a persons workload, shift work, nature of the job, rules, etc. Schizophrenia, as a dual-disorder in usage, and the potential in is affects, such as cancer. Nor weight loss, gain, insomnia, fatigue. Violating our values, and its psychological affects, and the stress-cancer link; I could put most of the above in the category of choices, but all play a roll in our lives, and again I say, alcohol normally is the number one culprit in the rest of this maze. Did you know; out of the two-million convicts we now have in prisons, 90% were chemically related. I worked in the prison, area for seven years; I think the counselors end up needing more help than the inmates should one pass that seven year mark. Dedicated to the editor.

About the Author

Paul recently became the focus of much media attention when he decided to publish infection rates at his hospital, despite the fact that under Massachusetts.

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