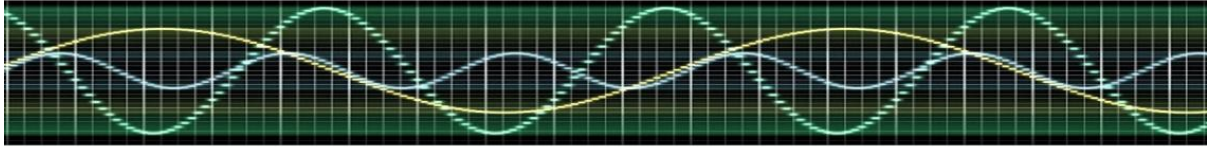




# Redland Reflexology

BODY OPTIMISER - SOUND WAVE TECHNOLOGY



Diminishing Function Risk			Optimal and Balanced			Increasing Inflammation Risk		
1	2	3	4	5	6	7	8	9
Critical	Severe	Moderate	Mild	Normal	Mild	Moderate	Severe	Critical

## CANCER

### Some Associated References re GROK response (to check for imbalances)

To check for imbalances you can use the search function on each of the two spreadsheets of results to search for items mentioned within the GROK response. Note: GROK warns that it's responses to queries may not be correct.

### GROK Query: JAN 2026

What imbalances within the organs and functionality systems of the human body should we look for to identify cancer?

### GROK Response: JAN 2026

Cancer can disrupt the normal functioning of organs and body systems through direct effects, such as tumor growth pressing on or invading tissues, or indirect effects, like releasing substances that alter metabolism, immune responses, or hormone levels. These imbalances often manifest as symptoms or detectable changes in lab tests, imaging, or physical exams, and they vary depending on the cancer's location, size, and spread. Identifying them early can prompt further investigation, but they are not definitive for cancer and require professional medical evaluation, as they may stem from other conditions.

Below, I'll outline key imbalances by major body systems, drawing from common signs, functional disruptions, and chemical changes associated with cancer. This includes paraneoplastic syndromes—rare conditions where tumors trigger immune attacks or hormone-like effects on distant organs—as well as direct organ involvement.

#### General Systemic Imbalances

These affect the body as a whole and often indicate advanced or metastatic cancer:

- Unexplained weight loss or gain: Cancer cells consume excessive energy and nutrients, leading to cachexia (severe wasting) or, less commonly, weight gain from hormonal shifts.

mayoclinic.org +1

Fatigue or extreme tiredness: Resulting from anemia, altered energy metabolism, or immune system strain, where cancer disrupts red blood cell production or oxygen delivery.

mayoclinic.org +1

Fever, night sweats, or loss of appetite: Often due to immune responses to tumor cells or infections from weakened immunity.

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cancer.org +1

Chemical or electrolyte imbalances: Such as hypercalcemia (high calcium levels from bone breakdown), causing excessive thirst, frequent urination, constipation, or confusion; or hyponatremia from inappropriate hormone secretion.

mayoclinic.org +1

**Imbalances by Organ and Functionality Systems**

Here's a breakdown of common imbalances, organized by system. These can arise from primary cancers in those areas or metastasis.

<b>Body System</b>	<b>Key Imbalances and Disruptions</b>	<b>Associated Symptoms or Signs to Look For</b>
Nervous System (Brain, Spinal Cord, Nerves)	Tumors pressing on nerves or brain tissue; paraneoplastic syndromes like encephalitis, peripheral neuropathy, or Lambert-Eaton syndrome, where the immune system attacks healthy neural tissue.	Headaches, seizures, double vision, memory loss, confusion, numbness/tingling in limbs, muscle weakness, coordination problems, or difficulty walking. mayoclinic.org +2
Endocrine System (Hormones and Glands)	Hormone-producing tumors or paraneoplastic effects like Cushing syndrome, SIADH, or hypercalcemia, leading to over- or under-production of hormones.	High blood pressure, unexplained weight gain/loss, excessive thirst/urination, fatigue, nausea, or metabolic disturbances like high blood sugar. mayoclinic.org +1
Hematologic System (Blood and Bone Marrow)	Disruption of blood cell production, such as anemia, thrombocytosis (too many platelets), or erythrocytosis (too many red cells); paraneoplastic clotting issues like DIC.	Unexplained bruising/bleeding, anemia causing pallor and shortness of breath, or abnormal blood counts in lab tests. mayoclinic.org +2
Musculoskeletal/Connective Tissue (Bones, Joints, Muscles)	Bone metastasis causing breakdown; paraneoplastic syndromes like dermatomyositis or hypertrophic osteoarthropathy, leading to inflammation or overgrowth.	Persistent muscle/joint pain, swelling, weakness, or fractures from weakened bones. mayoclinic.org +1
Dermatologic System (Skin)	Direct skin involvement or paraneoplastic effects like acanthosis nigricans or Sweet syndrome, causing immune-mediated skin changes.	Jaundice (yellow skin from liver issues), non-healing sores, new/changing moles, itching, flushing, or benign growths. mayoclinic.org +2
Gastrointestinal System (Digestive Organs)	Tumors obstructing or invading the stomach, intestines, or liver; leading to nutrient malabsorption or enzyme imbalances.	Changes in bowel habits (constipation, diarrhea, blood in stool), abdominal pain, nausea/vomiting, trouble swallowing, or indigestion. mayoclinic.org +1
Respiratory System (Lungs and Airways)	Tumors compressing airways or causing fluid buildup; leading to impaired gas exchange.	Persistent cough, hoarseness, shortness of breath, or blood in sputum. mayoclinic.org +1
Genitourinary System (Kidneys, Bladder, Reproductive Organs)	Obstruction or invasion affecting filtration or hormone balance; electrolyte shifts from kidney involvement.	Blood in urine, pain during urination, frequent urination, or changes in bladder habits. mayoclinic.org +1

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Immune System	Overall suppression from cancer or treatments; or hyperactivation in paraneoplastic syndromes.	Swollen lymph nodes, recurrent infections, or fever from altered immune responses. <a href="http://mayoclinic.org">mayoclinic.org</a> +1
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Paraneoplastic syndromes, in particular, can be early clues to hidden cancers (e.g., lung, breast, or ovarian), as they cause remote effects without direct tumor spread—such as autoantibodies attacking healthy tissues or tumor-secreted hormones disrupting balance. [my.clevelandclinic.org](http://my.clevelandclinic.org)

To detect these imbalances, healthcare providers use blood tests (e.g., for tumor markers, electrolytes, or antibodies), imaging (e.g., CT scans for organ masses), or biopsies. If you notice persistent changes, consult a doctor promptly, as early detection improves outcomes.

### GROK Query: JAN 2026

What functionality imbalances in the body should we look for to identify cancer using the following list? (Body Chemistry Results items)

### GROK RESPONSE: JAN2026

#### Blood-Related Imbalances

Abnormalities in blood tests can indicate cancer, particularly blood cancers like leukemia or lymphoma, or secondary effects from solid tumors (e.g., anemia from bone marrow involvement or inflammation). Elevated or reduced levels often signal systemic issues.

Category	Specific Marker	Imbalance Indicating Cancer Risk/Presence	Rationale
Blood-Lipids	Total Cholesterol, Triglycerides, LDL-C	Elevated levels	Chronic high lipids contribute to inflammation and oxidative stress, linked to increased cancer risk (e.g., colorectal, breast). <a href="http://pubmed.ncbi.nlm.nih.gov">pubmed.ncbi.nlm.nih.gov</a>
Blood-Other	Albumin	Low levels (hypoalbuminemia)	Common in advanced cancers due to malnutrition, liver involvement, or chronic inflammation; low albumin is associated with poor prognosis. <a href="http://mayoclinic.org">mayoclinic.org</a>
Blood-Other	Ferritin	Elevated levels	High ferritin indicates inflammation or iron overload, seen in cancers like liver or lung; also a marker for tumor burden. <a href="http://my.clevelandclinic.org">my.clevelandclinic.org</a>
Blood-Other	Total Protein	Low or abnormal ratios	Reflects malnutrition or liver dysfunction from cancer metastases. <a href="http://hartfordhospital.org">hartfordhospital.org</a>

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CBC	WBC, Neutrophil, Lymphocytes, Monocytes, Eosinophils, Basophils	Elevated WBC (leukocytosis) or abnormal differentials (e.g., high neutrophils, low lymphocytes)	Indicates leukemia, lymphoma, or infection/inflammation from tumors; neutrophil-to-lymphocyte ratio (NLR) is a prognostic marker for many cancers. my.clevelandclinic.org +1
CBC	RBC, Hemoglobin, Hematocrit, MCV, MCH, MCHC	Low levels (anemia)	Common in cancers due to blood loss (e.g., colorectal), bone marrow suppression, or chronic disease. mayoclinic.org
CBC	Platelets	High (thrombocytosis) or low (thrombocytopenia)	Elevated in inflammatory responses to tumors; low in leukemia or chemotherapy effects. my.clevelandclinic.org
CBC	RDW	Elevated	Indicates red cell variability, associated with poor cancer prognosis. hartfordhospital.org

**Gastrointestinal and Inflammatory Imbalances**

Chronic inflammation promotes cancer development (e.g., colorectal cancer from IBD). Insulin resistance and pancreatic dysfunction link to pancreatic and other cancers.

Category	Specific Marker	Imbalance Indicating Cancer Risk/Presence	Rationale
Inflammation/Oxidation	Hs-CRP, Fibrinogen, Homocysteine, Sedimentation Rate	Elevated levels	Markers of systemic inflammation; high hs-CRP and ESR are linked to increased cancer risk and progression (e.g., lung, colorectal). pmc.ncbi.nlm.nih.gov +1
Inflammation/Oxidation	Cortisol Dysfunction	Abnormal (high or low)	Chronic stress elevates cortisol, promoting inflammation and cancer growth. cancerresearchuk.org
Insulin Resistance	HOMA-IR, Ferritin, Free Fatty Acids, Adiponectin (low), Leptin (high)	Elevated insulin resistance scores	Linked to obesity-related cancers (e.g., breast, endometrial) via metabolic dysregulation. cdas.cancer.gov

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Pancreas-Glycemic Control	HbA1c, Blood Glucose, Fructosamine	Elevated	Diabetes and poor glycemic control increase risk for pancreatic, liver, and colorectal cancers. cancerresearchuk.org
Liver and Gall Bladder Function	ALT, AST, ALP, Bilirubin (TBIL, DBIL), Serum Globulin	Elevated enzymes or bilirubin	Indicate liver cancer, metastases, or dysfunction from toxins/carcinogens. my.clevelandclinic.org +1
Kidney Function	Creatinine, BUN, Uric Acid, Cystatin C	Elevated	Markers for renal cell carcinoma or kidney damage from cancer therapies/toxins. my.clevelandclinic.org

**Nutritional Imbalances**

Deficiencies impair DNA repair and immune function, increasing cancer susceptibility.

Category	Specific Marker	Imbalance Indicating Cancer Risk/Presence	Rationale
Vitamins/CoEnzymes	Vitamin D (25-Hydroxy), B9 (Folate), B12 (Cobalamin), B6 (Pyridoxine)	Low levels	Deficiencies cause DNA damage; low vitamin D linked to colorectal, breast, and leukemia risks. pubmed.ncbi.nlm.nih.gov +1
Vitamins/CoEnzymes	Vitamin C, E, Beta Carotene	Low levels	Antioxidants; deficiencies increase oxidative stress and cancer risk. pubmed.ncbi.nlm.nih.gov
Microminerals	Selenium, Zinc, Iron (deficiency or overload), Chromium	Low selenium/zinc or high iron	Selenium/zinc protect against DNA damage; iron overload promotes liver cancer. pubmed.ncbi.nlm.nih.gov
Genetic	MTHFR (C677T, A1298C)	Mutations	Impair folate metabolism, leading to DNA instability and higher cancer risk (e.g., colorectal). pubmed.ncbi.nlm.nih.gov
Fatty Acids, Omega-3	EPA, DHA, Omega-3 Total	Low levels	Anti-inflammatory; deficiencies linked to

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increased cancer risk  
via inflammation.  
aacrjournals.org

**Physical and Endocrine Imbalances**

Hormone imbalances fuel hormone-sensitive cancers; physical declines reflect tumor burden.

Category	Specific Marker	Imbalance Indicating Cancer Risk/Presence	Rationale
Basic Physical	Hypoxia, pH Balance (acidic), Glutathione (low)	Hypoxia or low glutathione	Tumors create hypoxic, acidic environments; low antioxidants promote cancer progression. cancer.org
Bone Mineral Density/Disease	Bone Mineral Density (low), Osteoporosis, Calcification	Abnormal bone metabolism	Bone metastases from cancers (e.g., breast, prostate) cause density changes. cancer.org
Endocrine Glands	Thyroid, Adrenal, Ovaries/Testes, Parathyroid	Dysfunction (e.g., hyper/hypo)	Thyroid cancer or imbalances increase risks for other cancers. cancerresearchuk.org
Hormones: Mood/Sex/Sleep/Stress	Estrogen (high), Testosterone (abnormal), Cortisol (high)	Imbalances	Estrogen dominance linked to breast/endometrial cancer; high cortisol to immune suppression. cancerresearchuk.org +1
Thyroid Function	TSH, T3 (free), T4 (free), Anti-Thyroid Antibodies	Abnormal levels or antibodies	Indicate thyroid cancer or autoimmune issues increasing cancer risk. cancerresearchuk.org
Immune System	Immunoglobulins (IgA, IgG, IgM low), Lymph nodes	Suppressed function	Weakened immunity allows cancer development; low Igs in multiple myeloma. mayoclinic.org

**Toxicity-Related Imbalances**

Exposure to carcinogens directly causes DNA damage and cancer.

Category	Specific Marker	Imbalance Indicating Cancer Risk/Presence	Rationale
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Minerals - Heavy Metals	Arsenic, Cadmium, Mercury, Lead, Nickel	Elevated levels	Known carcinogens; arsenic linked to skin/lung cancer, cadmium to prostate/lung. cancer.org +1
Bacterial Diseases	Helicobacter pylori, Mycobacterium tuberculosis	Presence/infection	H. pylori causes stomach cancer; TB increases lung cancer risk. cancer.org
Fungus	Candida species, Aspergillus	Overgrowth	Aspergillus produces aflatoxins, a liver carcinogen. cancer.gov
Human Toxins	Tobacco/Nicotine, Alcohol, Pesticide toxicity, Smoke/Smog	Exposure/elevated	Direct carcinogens; tobacco causes lung cancer, alcohol liver/esophageal. cancer.org
Parasites	Schistosomiasis, Clonorchis sinensis	Infection	Parasites like Schistosoma cause bladder cancer; liver flukes cause cholangiocarcinoma. monographs.iarc.who.int
Viruses	Epstein Barr Virus (EBV), Hepatitis B/C, Cytomegalovirus	Infection	EBV linked to lymphoma; Hepatitis to liver cancer. cancer.org +1

## GROK Query: JAN 2026

Specific cancer types by marker

## GROK RESPONSE: JAN2026

Here are the most relevant functionality imbalances from your provided list that are commonly associated with specific cancer types, based on established medical and epidemiological evidence. These markers are not definitive diagnostic tools on their own (cancer diagnosis requires imaging, biopsy, etc.), but patterns of abnormalities can raise suspicion, indicate risk, or reflect tumor burden/progression.

I've grouped them by category and focused on the strongest, most consistent associations. Note that many of these are non-specific (e.g., due to inflammation, malnutrition, or paraneoplastic effects) and can occur in advanced disease or as secondary effects.

**Blood-Related Markers (CBC and Chemistry)** Abnormalities here often signal hematologic cancers, bone marrow involvement, or systemic effects from solid tumors.

- **Anemia (low Hemoglobin, Hematocrit, RBC, MCV/MCH/MCHC abnormalities):** Strongly linked to colorectal cancer (chronic blood loss), gastric cancer, esophageal cancer, pancreatic cancer, and advanced/metastatic solid tumors. Also common in leukemia/lymphoma due to marrow infiltration.

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- Leukocytosis (high WBC, especially Neutrophils) or abnormal differentials: Associated with leukemia (e.g., chronic myelogenous leukemia), lymphoma, and paraneoplastic response in solid tumors like lung cancer or pancreatic cancer.
- Thrombocytosis (high Platelets): Linked to lung cancer, gastrointestinal cancers (e.g., colorectal, gastric), ovarian cancer, and advanced solid tumors (inflammatory/paraneoplastic).
- Elevated Ferritin: Indicates liver cancer (hepatocellular carcinoma), lung cancer, breast cancer, pancreatic cancer, hematologic malignancies (e.g., lymphoma, leukemia), and advanced disease with poor prognosis.
- Low Albumin (hypoalbuminemia): Common in colorectal cancer, gastric cancer, pancreatic cancer, liver cancer, breast cancer, and advanced/metastatic cancers (due to malnutrition, inflammation, or liver involvement).

#### Inflammation and Metabolic Markers

Chronic inflammation and metabolic dysregulation promote carcinogenesis.

- Elevated Hs-CRP (and other inflammation markers like Fibrinogen, Sedimentation Rate): Associated with increased risk/progression in colorectal cancer, lung cancer, breast cancer, pancreatic cancer, and overall cancer mortality.
- Insulin Resistance markers (e.g., high HOMA-IR, elevated Ferritin/Free Fatty Acids, low Adiponectin, high Leptin): Strongly linked to pancreatic cancer, liver cancer (hepatocellular), colorectal cancer, breast cancer, endometrial cancer, and obesity-related cancers.
- Poor Glycemic Control (elevated HbA1c, Blood Glucose, Fructosamine): Increases risk for pancreatic cancer, liver cancer, colorectal cancer, and endometrial cancer (via diabetes/insulin resistance pathways).

#### Nutritional and Vitamin Deficiencies

Deficiencies impair immune surveillance and DNA repair.

- Low Vitamin D (25-Hydroxy): Associated with higher risk/progression in colorectal cancer, breast cancer, prostate cancer, pancreatic cancer, and leukemia.
- Low levels of Vitamins B9 (Folate), B12, B6, C, E, Beta Carotene: Linked to colorectal cancer (folate), esophageal/gastric cancer, and general oxidative stress-related cancers.

#### Toxicity and Infectious Markers

Direct carcinogens or oncogenic infections.

- Heavy Metals (elevated Arsenic, Cadmium, Mercury, Lead, Nickel): Arsenic strongly linked to skin cancer, lung cancer, bladder cancer; Cadmium to lung cancer, prostate cancer; Mercury to various (emerging links).
- Infectious agents (e.g., Helicobacter pylori, Epstein-Barr Virus (EBV), Hepatitis B/C, HPV via related toxicities/infections):
  - Helicobacter pylori: Causes gastric cancer (non-cardia) and gastric MALT lymphoma.
  - Hepatitis B/C: Major cause of liver cancer (hepatocellular carcinoma).
  - EBV: Linked to lymphoma (e.g., Burkitt, Hodgkin), nasopharyngeal cancer, and some gastric cancers.
  - HPV (high-risk types): Causes cervical cancer, anal cancer, oropharyngeal cancer, penile/vulvar/vaginal cancers.

#### Other Notable Associations

- Liver Function abnormalities (elevated ALT/AST/ALP, Bilirubin): Indicate liver cancer or metastases.

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- Hormone imbalances (e.g., high Estrogen, abnormal Cortisol/Testosterone): Linked to breast cancer, endometrial cancer, prostate cancer.

These patterns often overlap in advanced disease (e.g., anemia + inflammation + low albumin in cachexia). For screening/risk assessment, focus on high-risk groups (e.g., obesity/diabetes for metabolic markers, family history for genetic/infectious). Always interpret in clinical context—consult a healthcare professional for personalized evaluation.

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