

The TRUTH About CANCER

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Researchers, Cancer Experts
& Survivors Reveal...
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- ✓ Detox Methods
- ✓ Nutrition
- ✓ Alternative Treatments
- ✓ And much more

TRANSCRIPTS



The Quest for The Cures
with host Ty Bollinger

**THE TRUTH ABOUT CANCER
“THE QUEST FOR THE CURES”
EXPERT INTERVIEW TRANSCRIPTS**

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DEDICATION

*This book was created for and is dedicated to
YOU, the courageous person who is seeking to
reverse cancer or prevent cancer while seeking a
natural approach to healing.*

Many blessings to you and your family.

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SPECIAL THANKS

Our entire team at *The Truth About Cancer* would like to recognize all of the doctors, experts, researchers and survivors that took the time to share their valuable knowledge and stories. We couldn't have done this without you ... **thank you!**

Editor's Note: Due to the nature of the interviews, this book is composed differently than most. To keep with the "raw feel" of each interview, we have only made minor edits.



Interview 1



Mike Adams

aka "The Health Ranger"
Food Scientist, Author, & Lecturer
www.NaturalNews.com

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Ty: I'm here today with my good friend Mike Adams, the Health Ranger. Mike I just want to shake your hand. I appreciate you taking the time to talk with us today.

Mike Adams: You're welcome. It's my honor to be part of this incredible event, so I'm all yours for the next hour. Yeah.

Ty: First of all, how did you get the nickname "Health Ranger" because everybody wants to know that?

Mike Adams: We came up with it. We just wanted a nickname that sort of reflected the core values. Believe it or not, we're all about health of course, but the "Ranger" came from. Believe it or not I was thinking that when I grew up I would visit national parks. There would be park rangers. They were cool guys who really respected nature. They would educate people about cycles of nature and the animals and the plants and water, the hydrological cycle on our planet. So, I was inspired by park rangers believe it or not. I know that it sounds corny. So I became the Health Ranger.

Ty: I always thought that it was influenced maybe by the rangers in the Army.

Mike Adams: No, it really wasn't. It wasn't a combat motif. It was really about being naturalist. I grew up ...

Ty: It's the flip side of the coin.

Mike Adams: It's the flip side. I mean. I grew up as someone who was always exploring nature. I would read conservationists' magazines. I was really interested in nature, so that's what's really driven me all of these years.

Ty: Alright man. Just that information alone makes the whole interview worthwhile, how the Health Ranger came about.

Mike Adams: You're the first one to have gotten this information.

Ty: Well, I feel privileged. Now, let me ask you this. Were you always healthy?

Mike Adams: No. Absolutely not! I was not healthy up until about age 30. I'm in my mid-forties now. I mean. I grew up on the standard American diet.

Ty: The SAD diet.

Mike Adams: The SAD diet. I think that I was kept alive by some things that my parents and grandparents did in terms of home gardening. That's where I got my nutrients. I grew up. I was told by doctors that taking antibiotics is good for you. I was told that. My school teachers in grade school, I remember that at the end of the semester. I was always strong academically, and if you got good grades, they would take you to McDonald's. They would literally reward you with a Big Mac and French fries, and cookies and candy. So, I was brought up in a

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culture that put junk food, and what we now know as being cancer-causing processed foods. They positioned these as rewards.

Ty: Rewards, exactly!

Mike Adams: Which is bizarre knowing what we know now.

Ty: It is bizarre in light of the fact that these foods with which the kids are being rewarded, and even today they're still being rewarded with these foods are carcinogenic.

Mike Adams: Right. And so, to continue answering your question, at some point in my late twenties, I began to realize that something was wrong. I wasn't healthy. I was borderline obese at the time. I had chronic pain. I had cholesterol problems, not a good situation. And so, I became a self-taught investigator into Nutritional Science. I used that information to turn around my own diet, turn around my health drastically. And then I began to simply teach that information to others. That became Natural News.

Ty: That was my next question, so you've answered it. How did you lead in NaturalNews because naturalnews.com is one of the top two most visited natural health websites in the news with Mercola.com.

Mike Adams: Yes, absolutely. He and I are the most trafficked websites in the world. In combination, we reach tens of millions of readers every month on topics like: Nutrition and Disease Prevention. We tell people the flipside of the story of what pharmaceutical interests are trying to tell you. I hope that we'll get into this, but there is a system of censorship of nutritional knowledge. There is a system that's trying to extinguish indigenous knowledge of anticancer herbs and medicines, foods, and nutrition. The predominate messages that we are told in society today are that foods cannot be medicine. That's what they claim. There is no such thing as medicinal herbs. The FDA's official position is that there's no such thing as a dietary supplement that has any effect on preventing or treating disease.

Ty: If there are supplements that actually do they're no longer supplements. They're somehow drugs.

Mike Adams: They call them drugs. Right, exactly. Their position is that you are not a complete human being unless you have interventionist chemical medicine or vaccines. You must be injected. You must be dosed with medications to be a complete human being. That message is the antithesis of the natural world. It is the antithesis of natural living and of holistic medicine and holistic healing. Ty, we are spontaneous self-healing being. We're programmed from the day that we're born to heal ourselves if we give ourselves the right nutrients and don't poison ourselves with dangerous toxins.

Ty: That's right. I agree completely. What the system of modern medicine is doing now is that they're taking drugs that will compromise that innate system that we have to self heal, and make it to where we can't

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self heal. We're dependent upon more drugs just to. Does it keep us alive, or does it keep us sick?

Mike Adams: Yes, as a great example of that, you see in the mainstream media, which is very strongly biased towards big pharma interest. You see stories like: Oh, don't eat grapefruit because it might interfere with your medication.

Ty: Yeah. How bizarre.

Mike Adams: Right. So, the assumption of those kinds of messages is that the medication is your nutrition. The grapefruit is a dangerous intervention. How did we get to this situation in society? It's these natural foods, fruits, and vegetables that should be your first primary medicine. It's actually the blood-pressure medication that interferes with your normal human metabolism and not the grapefruit.

Ty: Yeah. It's backwards isn't it?

Mike Adams: It's completely backwards.

Ty: I mean. How often have I gotten emails from people who have cancer? They will tell me that I can't take the super greens that you think I should be healthy because my doctor says that it will interfere with the chemo.

Mike Adams: Right, that's a great example! And then and so, I'll say why? Why will it interfere with the chemo? Because it will stimulate my immune system. Don't you want your immune system to work because isn't that your innate system to protect you? One of the great censored truths about chemotherapy and antioxidants is that your body is trying to eliminate toxic chemicals, which is why it's trying to eliminate the chemotherapy. This is why when you have high levels of glutathione for example or when you take supplements like NAC N-acetyl cysteine it helps to promote glutathione production. Your body becomes more effective at eliminating toxins, so that it becomes more effective at eliminating chemotherapy, which is a poison. Of course, the chemotherapy industry says well, no. You shouldn't take those things because the chemotherapy is your nutrition is really there inherent message, which is bizarre.

Ty: It is bizarre because in light of the fact that many of the chemotherapy drugs that are used are known carcinogens.

Mike Adams: The number one side effect of chemotherapy is cancer.

Ty: Cancer! I mean, yeah. You look Tamoxifen, number-one breast cancer drug. It was declared by the WHO in 1996 as a Class I carcinogen. So, it causes cancer, but we use it to treat cancer. Where's the disconnect mentally that we have been brainwashed into believing that we can cure cancer with substances that cause cancer. I don't get that?

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Mike Adams: Exactly! We live in a culture that has allowed itself to be dominated by truly insane ideas, for example, radiotherapy for cancer. Well, if radiation is so good at treating cancer, then we should turn Fukushima into a global cancer-treatment center.

Ty: We should all travel there.

Mike Adams: Just go there and soak up the radiation. You're cured. They should call it Fukushima oncology. It's what it should be called, radiotherapy.

Ty: That's true. What was that? I think that Mercola a couple of weeks ago released an article that showed that just CAT scans alone each year caused something like 30,000 a year in the United States just from CAT scans.

Mike Adams: Absolutely! And, mammography. Mammography releases ionizing radiation that causes genetic mutations in your body's cells. If you get enough mammograms, eventually they will find cancer because the mammograms cause it.

Ty: Yeah. I think that it was Dr. Russell Blaylock a few years ago who came out with a study that each mammogram increases the woman's risk of cancer by 2%. If you look at the period from the age of 40 to the age of 50, women are now, by the American-Cancer Society, recommended to start getting your mammograms at 40 to the age of 50. That's 10 years times 2%. There risk has increased by 20%. A recent study that just was released last years showed that mammograms from the ages of 40 to 50 do not help to detect cancer. The ACS knows that, but they haven't changed their recommendations.

Mike Adams: No because mammography is the recruitment method for the cancer industry. The cancer industry is a multi-billion dollar for-profit industry. Anyone who thinks that the cancer industry is primarily motivated by compassionate love for women's health is kidding themselves. This is an industry that is insidiously engaged in routine systemic censorship of information about natural cancer cures, treatments, and prevention methodologies that really work. This is an industry that uses mammography as a way to scare women to use fear-based tactic, fear medicine into receiving treatments that most of the time are not necessary and that don't help them. We publish a story on natural news about mammograms harming ten women for every one woman that they may help.

Ty: Yes, I remember the story.

Mike Adams: Yeah, it's 10:1. Most women who undergo chemotherapy or radio therapy following positive findings on mammograms are women who are harmed by the treatment and not helped because they never had cancer was going to get out of control in the first place.

Ty: Right, until they began to detect it and treat it. Those are the two biggies. The detection methods are causing cancers. The treatment

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methods of conventional oncology are causing cancers or they're exacerbating the cancers.

Mike Adams: Well, and if you are a business owner who has no ethics, no values, and no moral philosophy, you are interested primarily in repeat revenues. In the cancer industry, how do you get repeat revenues? You perpetuate the cancer Ty. That's how you do it. They're very good at that.

Ty: They are.

Mike Adams: These runs for the cure and races for the cure, people engage in those things for the right reasons. They want to help what they think is an effort to cure cancer, but it's not. Most of that money goes to guess what, free mammography for low-income women in the inner cities.

Ty: So that they can perpetuate the disease.

Mike Adams: Exactly!

Ty: Being a numbers guy, I checked the financial statements of the ACS. I think that last year in 2013, 16% of their revenues went to research, the other 84%, a good portion of that was administrative overhead, which is the multimillion dollar salaries and bonus packages and all of that for the vice president, the president, the board of directors, and so forth.

Mike Adams: Exactly! If there were a cure for cancer ever discovered by the ACS or by government researchers, it would be the most immediately censored research in the history of civilization.

Ty: Because it would put an end to their gravy train.

Mike Adams: I've been told by people in high places, put it that way, if cancer were cured over night, it would collapse the economy because so much of the U.S. economy because so much of the U.S. economy is dependent on this perpetuation of disease and on the number of jobs that are dependent on that is also huge. Think about it. About one in every five dollars or almost one in every four dollars of the U.S. economy of the GDP is based on sickness and disease.

Ty: It is. And so, is it fair to say that you would consider what you live in today as more of a sickness-perpetuation system as opposed to a healthcare system?

Mike Adams: Absolutely!

Ty: I mean. That's what it appears to me.

Mike Adams: The answers to health are actually very simple, but they have become. Scientists for example who look at real-health solutions are routinely intimidated and black balled by the industry. Activists, journalists like myself are routinely smeared by the industry because we empower people with the kind of

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knowledge that they need to take charge of their own health and to prevent disease and to teach their children how to grow up healthy and not to live on processed junk foods.

Ty: The reason that I'm laughing now is because wasn't it within the last couple of years that you received the honor of being like the number one "quack" - they have a list of all of the suspicious people who are out there in the health realm, and you were listed as the number one guy to watch out for, which is an honor by the way.

Mike Adams: Yeah. I guess that it's an honor. I've been called a titan of the natural health industry. The same author called me the most dangerous man in America.

Ty: I think that was probably the article.

Mike Adams: And so, why would they call me dangerous because the truth is very dangerous to the established interests, which do not want people to be empowered with good information that they can use to never need a doctor and to never need a hospital and to never need a cancer-treatment center. So, if that information is dangerous, then indeed I'm not going to back off from it because my interests are helping the common person, and not in defending or protecting a for-profit industry that preys upon suffering and that preys upon disease. You know that what ultimately drives me is a deep respect for life and compassion for all of the human beings out there who don't deserve to suffer and don't who don't deserve to die from cancer. I've lost people in my own family from cancer. I've watched them die.

Ty: It's horrible.

Mike Adams: It's extremely sad. It is not the way that anybody should have to experience this life. And so, anything that I can do in my lifetime to help to stop that suffering in other people, to me, that's a life well lived and a mission accomplished regardless of what anyone else says about it because at the end of life -- you know that I'm a spiritual person Ty. At the end of my life, I am not judged by the other detractors; I'm judged by a higher spiritual truth. That's all that matters to me.

Ty: Right. Well, you know what. Just from a personal perspective, I really appreciate that about you. I know that just for me, you were one of the first guys when I started getting into what real health is that I was reading. I was reading all of your articles. I was reading NaturalNews. This is a decade ago, a long time ago. And so, I know for me from a personal perspective, you're one of the main reasons that I'm doing what I'm doing. I want to thank you for that.

Mike Adams: Really, wow! That's very inspiring and humbling to hear that. I'm inspired now by what you do. So, I mean. It works both ways.

Ty: Well, the thing is that we're on the same team. What is our mutual goal? It's to help people to be healthy.

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Mike Adams: Exactly! The other thing to realize is that if the medical establishment had been interested in real natural cures, nutritional prevention, nutritional science, and empowering and educating people, then people like you and I would have never risen to the positions of influence that we now occupy in the natural health industry.

Ty: Because there would have been no need for us.

Mike Adams: There would've been no need. I mean. I came from a world of Computer Science. I would have been happy to keep running technology companies the rest of my life [Over-talking] I would have been fine with that.

Ty: I'd forgotten about that you were a computer ...

Mike Adams: Software guy. That's a great and fun career. But, because I realized that I had been lied to and that the whole world had been lied to, I saw that there was an urgent need to share information with people and to help change lives in a positive way. So, you've got to realize that the medical establishment created that vacuum by refusing to acknowledge the truth about nutritional healing. So, they actually, we have to thank them.

Ty: Well, I'm so glad that you're part of this. Let me just keep going here. I'm so glad that your part of this the truth about cancer because you just mentioned it, nutrition. Nutrition is so important. That is something. This is what blows my mind, Mike. You take a typical medical doctor who goes through a decade of school. How many courses do they typically take in nutrition? The answer is at most one. It's not really a course, it's a one-day mini whatever you would call it, a two-hour sit down. They don't even really go into nutrition. They go into the ways that certain vitamins affect your body your enzymes, but that's it. That's it! One of my good friends is a physician in San Antonio. He said that he went to school for 12 years. Twelve years! He had two literal hours on a Wednesday afternoon for nutrition and that's it. So, the reason that your doctor does not tell you about the effects of nutrition on your health or about the effects of nutrition on cancer is that he or she doesn't know it.

Mike Adams: Well, and it's also a great example of the astonishing disconnect that exists in the mainstream medical system. They think that your body is somehow disconnected from what you feed your body, which is astonishing, completely irrational, illogical and unscientific. So, the good news I that it becomes very easy to start waking people up and to start educating people about what's real in terms of nutrition and health. People can understand this. We live in a materialistic type of society, so if you start with a material metaphor or with a material explanation, you can make good progress in this. You can say, well look! What you eat and drink is digested, right? It becomes your blood composition. Your blood is made of what you eat and drink. People say that yeah, I get that. Okay, great! Unless you think that your blood is made magically, which doesn't happen.

So then, your blood circulates throughout your body. Your blood brings the materials that then become your organs, that fuels your brain, your cognitive,

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that fuel the function of all of your organs, and that replenish and rebuild all the cells of your body. As you lose cells, you build new cells. You replace cells. So, clearly what's in your blood becomes your physical body, right. They said, yeah right. I get that. So then, you literally are what you eat physically. It's an inescapable conclusion. So, if you're eating junk, if you're eating toxins, or if you're eating heavy metals, you're body, your brains, your organs, your skin and everything that's in your physical body becomes junk, becomes toxic, and becomes processed and not natural. That idea is not yet recognized by the entire system of modern medicine with all of its claimed advances and with all of the billions of dollars that have gone in the cancer-research industry. They still cannot yet grasp a simple concept that a five year old understands almost automatically. You are what you eat.

Ty: Yeah, and the way that you just explained that, I've not heard it explained in that stair-step fashion, but it's an inescapable conclusion that you are what you eat.

Mike Adams: I'm glad that you agree with that metaphor, but let's take it one step further. If your brain is also powered by what you eat, your brain is a physical organ that is also influenced by a nonphysical mind or spirit or consciousness we might say. So, it's a hybrid system, a computational system, an observational system, and an awareness system. But, if the physical brain is damaged or polluted, then everything that the mind wants to accomplish through the physical body becomes distorted. There are people who are clearly mentally insane. They're actually physically impaired in their cognitive function. Their brain is damaged. The hardware is damaged. Now, a great metaphor for understanding this is a remote-control helicopter. A remote-control helicopter has a radio receiver. It has a motor. It has either electronics or gasoline or whatever it's powered by. The helicopter can move around. It can move in a controlled orderly fashion, but it's controlled by a nonphysical remote control that's broadcasting a signal to it from somewhere else.

Everything works great as long as the nonphysical signal is coming in and controlling the physical hardware of the helicopter with synergy the nonphysical being the mind, and the physical being the brain. But, if you break the helicopter, if you damage the motor, if you bend a piece, or if you unplug the battery, the physical hardware is broken. That's what happens when people are damaged by heavy metals, possibly by GMOs. We don't understand yet exactly how they damage human. People can get damaged by pesticides, damaged acrylamides, damaged by hormone mimickers, BPA and so on. The brain gets damaged. Even though the mind is still in tact, the person's soul is intact, and they want to be conscious and aware, their hardware is broken. And so, they exhibit symptoms of insanity or schizophrenia or psychopathy or whatever the case may be. They are of course then dosed with chemicals, which is not the problem.

Ty: No. Their physical condition did not result from a lack of chemicals.

Mike Adams: Absolutely not! The reason that I put so much emphasis on that Ty is because we have to understand: Why is our world so insane? Why is our culture so insane? Why are so many people completely irrational and emotionally damaged, incapable of carrying on a coherent conversation or

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processing facts? It's because the brains are damaged, and they're damaged by these toxic chemicals that are insidiously put into our food, our water, our environmental products, personal care products and so on.

Ty: Oh, they're everywhere. I'm glad. You brought up a couple of things. You just mentioned heavy metals. You mentioned radiation. You mentioned genetically modified foods. Let's go down that rabbit hole real quick because you're a nutritional expert. So, I want to get your take on the effect that genetically modified foods that radiation and heavy metals would have on an immune system, that it would have on the body, that it would have on the potential to create cancerous cells and then eventually be diagnosed with life-threatening cancer. So, let's go down that rabbit hole.

Mike Adams: Well, let's start with GMOs because that's the easiest to get out of the way. You've got BT toxin of course being engineering into every grain of corn of GMO corn. This is a deadly chemical that's purpose is to kill pests. So, the legitimate scientific question is: What is the long-term implication on humans when they eat this chemical that is a deadly chemical? The GMO biotech industry absolutely does not want you to ask the question. They routinely intimidate and threaten scientists who explore this question. They intimidate and threaten activists. They engage in character assassination and all kinds of things that most of your viewers wouldn't even believe if I told you the truth about what they do behind the scenes. They operate like a mafia. But, it's a mafia to protect the mythology that GMOs are not dangerous. Clearly if you eat poison, you might want to be concerned about what the effects would be. In my view, that's not even the biggest risk of GMOs. The biggest risk comes from the transgenic effects.

There is interesting new research. More needs to be done still, but there's early research now coming out that indicates that the genetic fragments of GMO corn can change the expression of your own physiology, so that that genetic code, somehow combines with your own genetic code perhaps with the microbiology of your intestinal flora, which then alters your entire physiology. It can change your blood pressure. It can change your risk of heart disease. It can alter your gene expression. Some of this may also get into epigenetics, the nonphysical and not DNA factors of gene expression that are now increasingly being recognized by modern scientists. We don't have all of the answers yet, but that's exactly why we should halt GMOs. We don't know how they might harm us. The research hasn't been done. The long-term testing hasn't been done.

The real story in this is that we are the lab rats, we the people. So there is a long-term experiment being conducted now on the entire population. Do people have more tumors now than they used to 20 years ago? Absolutely! Are they getting tumors at younger and younger ages? Absolutely! Is there more infertility now than ever before in human history? Absolutely! More organ damage, more people on dialysis, more people suffering from early and unexplained deaths, stroke, heart attack.

Ty: Yes, everyone seems to be sick.

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Mike Adams: Yeah. The cancer industry is exploding. The GMO industry may in fact turn out to be the single best recruiting tool for the cancer industry. So, it's no wonder that they tend to operate in some of the same ways, oppression of scientists, intimidation, oppression and censorship of scientific information, shutting down anyone who asks questions. I mean. One of the big issues that I hope that we get to discuss is: What is real Science? What is a scientist?

Ty: Let's talk about it. What is "real science"?

Mike Adams: Real science is when you ask questions of nature with an open mind, and you let nature give you the answer, and you don't let your beliefs tilt or slant those answers. A scientist is a person who uses a scientific methodology to ask questions of nature. So, in my lab for example, heavy metals, atomic spectroscopy lab, [Over-talking] I am a scientist. I'm a research scientist. Some people out there mistakenly believe that a scientist is only someone who has academic training and a PhD. That's not true. Albert Einstein was a scientist. He did not have academic degrees early on when he was conducting amazing science.

Ty: The letters after your name don't necessarily mean that you know much.

Mike Adams: No. What matters is your commitment to an investigative process, which is scientific. Now, most of the so-called scientific community is now anti-science because they reject any questions that might challenge their existing narratives and mythologies. There are many mythologies surround cancer, mythology such as: Cancer happens by random chance. There's nothing that you could have done to prevent this. You're going to die in six months if you don't get this chemotherapy. These are mythologies. They are narrative of our modern culture. They are not founded in scientific truth. So there are so many directions that we can take this conversation, but when you get into the cancer, you have to get into, what is the mythology of our modern world, the reductionism, the compartmentalization, the materialism, and these ideas that dominate Western thinking today, which are really unusual in the history of human progress.

Ty: They are. One of the mythologies that I think dominates the cancer world and the cancer industry today is the misconception that our diet has nothing to do with the cancer.

Mike Adams: It's extraordinary!

Ty: I'm friends with a guy who I'm going to be talking to - Chris Wark. He was diagnosed with terminal colon cancer. He asked his doctor what he should be eating. His doctor said that it doesn't matter. It doesn't matter! He said, at that point, I began to question everything that he said because how can terminal colon cancer that obviously had something to do with what I was eating, how can the doctor say that it has nothing to do with it. It was at that point he said that I began to overdose on nutrition. He rejected all of the conventional treatments. He went to juicing and to

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organic foods, and non-GMO foods. Ten years later, he's alive and healthy. So, that right there in and of itself, should be enough to make people question.

Mike Adams: Absolutely! Remember that same cancer expert would probably tell you because this is what they all say. There's no such thing, they say, as a cure for cancer. When someone is spontaneously healed, like the story you just told, they are said to have gone into remission, which is a temporary state, but they're not cured. So there is this stonewalling, this intellectual firewall if you will against the idea, an intellectual Berlin wall, against the idea that cancer can be cured. This drives the cancer industry into saying things like well you can only "manage the disease." You can't eliminate it. It's utterly false. It's physiologically false.

History by the way, this is why it's important that you get this information out and that this stay on the public record because history one day will look back at this era with utter disbelief shaking their heads and saying how could the scientists have been so incredibly uninformed and ignorant. How could they have defended their positions with the medical mafia type of tactics that they used and attacked real scientists and real people raising real questions? How could this have happened? It's almost like the story of scientist against the Roman-Catholic church in the day when let's say that the church was trying to persecute people who said that Earth was a sphere and not flat. What's happened today is that the science of the cancer industry and of the biotech industry has become a church, a dogmatic cult if you will, of believers and of practitioners who attack real scientists who want to question the mythologies.

Ty: Very well put. It's almost like Robert Scott Bell, our mutual friend, calls it, "the church of biological mysticism." It is a religion because the things that the modern cancer industry preaches, they make no sense. So, they must be accepted on faith because they make no logical sense to treat cancer. As we've mentioned before, to treat cancer with drugs that cause cancer or with radiation therapy that causes cancer, you've got to have some huge faith to believe that.

Mike Adams: It's a leap of irrational faith for sure. It doesn't pass the scientific test for example. Most of the so-called success that they would claim in radiotherapy treatments or in chemotherapy treatments is based on shrinking a tumor. But, most of these tumors have cancerous stem cells. So, you shrink the other cells in the tumor. You physically reduce the size of the tumor. This is a symptomatic difference. It doesn't kill the stem cells that are going to grow back and spread the cancer throughout the body. You haven't addressed the systemic problem. What you've even done is that you've weakened the immune system's ability to deal with other cancers. Chemotherapy also damaged the brain. It causes chemo brain. It's a common term. Every oncologist knows that this is the case. It damages the kidneys, and it damages the liver. So what you're doing is that, with chemotherapy, you are creating systemic damage to the body's ability to heal itself and to remove toxins. This is why cancer treatments cause cancer, which feeds into the profit cycle of the cancer industry, which is a for-profit industry.

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Ty: You know what. The treatment of cancer today is a treatment of symptoms, but they don't ever look at the root cause. Why is your body not defending itself against these cancers because we all produce cancerous cells each day, so why is does your immune system fail? We don't look at that. What we want to do is to shrink the tumor, which leads me to my next question. I want to just get a real brief synopsis from you on what made you create the Town of Allopath. The Town of Allopath is a brilliant satire. It talks about. Give us a synopsis of the town of Allopath, and your purpose in writing that to show that the modern disease industry makes its money on treating symptoms instead of the root cause.

Mike Adams: Well, the Town of Allopath is a simple story that I created many years ago to show how society is shifting into a model where everyone's economic activities are focused on disease, the treatment of disease, the proliferation of disease, and all of this. And then when someone comes into the town and wants to prevent disease they are considered crazy by society. The definitions of what are sane and what is insane is decided by consensus. What if that consensus is made up of people who are mentally insane, or cognitively damaged and polluted with heavy metals? One of the names that

I want to mention here, because I want to get back to the causes of cancer, is Dr. Samuel Epstein. Now Epstein is an environmental scientist who understands the environmental causes of cancer. This is an area where I've done a lot of research now too. In my lab, I'm essentially environmental scientist studying foods and other sources of contamination of the body. Many of those lead to cancer when the contamination is high. Dr. Epstein has been battling for many years the cancer industry, which wants you to never know that there are environmental causes of cancer. They do not want you to know that you have any control over what you put into your body and over even things that you put onto your body, perfumes, colognes, antibacterial soaps, for example.

Ty: Sun block.

Mike Adams: Yeah, sun block. They do not want you to understand this connection between the thing with which you come into contact and the physiological results that manifest in your body as a result because cause and effect does work in this universe. So, to believe the American Cancer Society, you have to not believe in cause and effect.

Ty: Good point.

Mike Adams: Yeah, and to believe the cancer industry, you have to not believe in cause and effect, so that's why it is mysticism. That's why it is dogmatic.

Ty: It's "voodoo."

Mike Adams: It's voodoo. That's even a better term.

Ty: Voodoo Science. Yeah, I think that this guy named the Health Ranger wrote about that one time. I copied it from you.

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Mike Adams: Voodoo science, there we go. Better than Voodoo economics.

Ty: I've got a question for you though. You mentioned radiation and heavy metals. You have the NaturalNews forensic food labs now. You're testing foods for radiation and heavy metals. Nobody else that I know of is currently doing that. So, let's talk about the testing for these heavy metals and for radiation in the food. And then, I want to get your perspective on the potential carcinogenic effects, cancer-causing effects of radiation in our food potentially from Fukushima, and/or heavy metals in our food.

Mike Adams: Sure. Alright. As background, we built, and I now run, am the Lab Director of the NaturalNews Forensic Food Lab, which runs atomic spectroscopy analysis instrumentation.

Ty: That's a mouthful.

Mike Adams: Well, I guess, but it's ICPMS inductively coupled plasma mass spectrometry or just mass spec. system for short. This is the same kind of lab that the FDA runs. This is the same kind of lab that you'd find in a university. In fact in many cases, we have better equipment than universities because ours is newer but anyway. I do work with university personnel to validate our laboratory processes and findings. This is something, by the way, that has been met with just complete denial by critics and by skeptics who say that it's impossible for the Health Ranger to be running an atomic spectroscopy laboratory. He must be faking it, they say.

Ty: Because you don't have the right letters after your name?

Mike Adams: I suppose so. They can't believe that someone can be essentially self taught on this process.

Ty: It goes against everything that we're taught today. You can't learn yourself. Somebody else has to tell you what to believe.

Mike Adams: Right, but in truth, the secret is. We talked about brain function, cognitive function. My physical brain is powered by amazingly healing super foods. And so, I have a very strong ability to learn new science and to apply it and to do so very rapidly. The plasticity of my physical brain is very high because of my diet. As a result, I'm able to do things that would normally take a four-year PhD degree to be able to master. I'm able to do. I did that in one year.

Ty: You're not tooting your own horn. I've seen your. It's amazing what you've accomplished!

Mike Adams: I've filed patents. We've done inventions and innovations. We've done world-class research. I was the first food scientist to ever discover Tungsten as a contaminant in rice-protein supplements. I'm the only person to have ever published the metal contamination figures on popular organic rice-protein products.

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Ty: Which is something that. Just because something says that it is organic that doesn't mean that they test if for heavy metals or for radiation.

Mike Adams: That's right. To date Ty, noone has ever questioned the laboratory results that we've released. They've tried, but their own labs tell them that what we've found is accurate. Also so far, we're the only organization NaturalNews to have ever achieved a voluntary heavy metals limit across the protein industry.

Ty: Yeah. I remember when that happened. Actually, you were on, I think that iw as on the Robert Scott Bell Show. You were on live one day. You got a text over a break that said that one of the companies had agreed to do this, to self test.

Mike Adams: Right. Now, think about the scientific suppression out there. If this kind of agreement, the first ever in the history of food, had been done by an academic institution, it would've been front-page news. If it had been achieved by the FDA, it would've been front-page news. Because it was achieved by a scientist activist with views that promote nutrition and self healing, it was utterly ignored by the mainstream media.

Ty: Wow! You're right. I say way because I'm thinking that you're exactly accurate. It was ignored.

Mike Adams: Right. And, they're not interested in real Science. They're not interested in these things. They only want to promote their narrative. So, I just say that as background. If you were a PhD university expert, and ICPMS, and you were to sit there and ask me 100 questions about how to use this instrumentation and how to do this, I could answer every one of those questions right now in front of you. So, I'm not making it up. It's not a green screen. It's not photo shopped. I've probably got the nitric-acid stains on my fingers to prove it because sometimes things blow up doing digestion. We've had like nitric-acid explosions.

Ty: That's part of the fun stuff in a way.

Mike Adams: That's scary. I now wear a full-face shield when I'm doing that.

Ty: Yeah, it's probably a good idea.

Mike Adams: You know what blows up in nitric acid?

Ty: No.

Mike Adams: Fish oil.

Ty: Really?

Mike Adams: Yeah. You should never put fish oil into nitric acid.

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Ty: That's your new axiom. Never put fish oil in nitric acid.

Mike Adams: I'm telling you. If I had been in the university, they would have warned me. That would've been the one benefit but anyway. Getting to heavy metals, many of the foods that people eat today are contaminated with heavy metals.

Ty: Give me an example of a few heavy metals that you would find.

Mike Adams: Okay, so lead, arsenic, cadmium, mercury, tungsten is one at which we've started to look. And then, there are the lighter metals such as aluminum. Lead is so common in the food supply today because for over a century, lead arsenate was used as a pesticide. So you combine lead and arsenic, you make lead arsenate, you spray it on all of the crops, and it kills the bugs! Imagine that.

Ty: But, what does it do to you?

Mike Adams: Exactly! So, in agricultural lands across the world for over 100 years, lead arsenate was sprayed on almost everything. It was the miracle. It was the new science of food production. For a few years, food production goes up. And then, your soils are contaminated. Guess how long they're contaminated for? A thousand years.

Ty: The equivalent of forever.

Mike Adams: Right. So today, the food that's being grown that's feeding much of our population has been grown in soils that we're heavily contaminated with lead and arsenic as spraying. But then, we've got the coal-fired power plants in China and in the U.S. The U.S. plants are much cleaner. The plants in China are spewing out tens of thousands of tons of heavy metals into the air every year with mercury being one of the big ones. The jet stream carries these metals across the Pacific Ocean, deposits them over North America, they fall onto forests of the Pacific Northwest and Northern California. They get into the soil. The tree roots take up the heavy metals into the leaves. The trees growing there now are heavily contaminated with mercury and other heavy metals. When those forests burn, because they do catch fire from time to time, they release mercury back into the air, it goes across North America, falls onto the breadbasket of America, the croplands where our food is grown.

Ty: Yeah, mostly genetically modified now.

Mike Adams: Yeah, right. So, you're getting a little extra mercury dose with that as well with your GMOs. There's good science that has just come out talking about if you eat fish many times a week, and you get mercury in your bloodstream at levels like 14 µg/l or 15 µg/l of your blood, you will experience severe cognitive problem and suppressed problem-solving skills. So, look at our society today? We've got people who can't solve problems. We can't parse information. In many ways, the population today is a shadow of what it was in the pioneering days of America. Sure, we've got better technology. We've got iPhones and things like that, but do you really have people who can be

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innovative and ingenious people. I mean. Look at the physicists of the 1920's, 1930's, 1940's, 1950's, brilliant people who solved extraordinary problems. I don't see that kind of problem solving taking place today in the physics community. We have suffered a systemic cognitive decline in our culture. I believe that much of it is due to the consumption of heavy metals. The heavy metals are in the food.

Ty: The reason that I laughed. I'm not laughing at anyone in particular, but I'm thinking of a personal experience. Within the last month, I went to the store and bought something. The total was like \$9.05. I gave him a \$10. Then they rang it up. I said, hold on let me give you a nickel.

Mike Adams: Uh-oh!

Ty: They could not make the change. I had to tell him, no you need to give me back a dollar. The clerk actually had to think about that. And so, I'm laughing in kind of a sad way because that's indicative of our society. Now our brains are gone. A lot of it could be because it's mercury related despite the fact that I did see a commercial that said that mercury is good for your cognitive function. So, just because they say it on TV might not necessarily be true, but is there a relationship between mercury and cancer of which you know.

Mike Adams: Absolutely! To understand that, you have to understand how heavy metals really operate in the body. Heavy metals replace, they knock out, other healthy minerals and thereby replace them on cell membranes. So mercury, for example, knocks out zinc. Zinc is crucial for immune function. If you look, and if you want to get really scientific about it, if you look at the table of elements, mercury and zinc occupy the same column of the *Table of Elements*. The *Table of Elements* is arranged column-by-column in a way that is indicative of the way the outer electron orbit shell of that element in its monatomic form. So, they have. To put it simply, they have similar biochemical functions or prosperities. They interact with other elements, other metals, other molecules in similar ways, so that when you have mercury, you're not getting the zinc that you need. When mercury is in your diet, it's displacing zinc. Zinc is crucial for immune function.

Zinc helps to prevent cancer in many ways. So, when you're eating mercury, you're not getting the protection of zinc. Something else is interesting in this. Cesium, radioactive cesium isotopes such as cesium-137, one of the most common and most destructive radioisotopes created in nuclear catastrophes and even from nuclear weapons. Cesium-137 occupies the same column on the Table of Elements as potassium. Potassium is in every cell of your body. When cesium pollutes an agricultural area, your food, your diet, and ultimately your body, it displaces potassium. You know. If you know anything about agriculture, you know that every plant takes up potassium through its roots. It's one of the big-three fertilizers, N, P, K. Right. So potassium goes into every plant. Every plant then incorporates potassium into its cell structure, which becomes the food that you eat if you eat the plant, the grain of the corn, the leaf of the herb, the root of the turnip, and whatever the case may be. So if you have cesium falling on that, cesium-137 or cesium-134, cesium-134 is a much shorter lived isotope,

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the normal nonradioactive and most common isotope of cesium is cesium-133. Cesium-134 will decay back into cesium-133 relatively quickly, but cesium-137 has a half-life of about 30 years. Which really pollutes agricultural lands for centuries. Two-hundred to three-hundred years, really, is considered how long it will contaminate land such as around Chernobyl and now Fukushima.

Ty: And Fukushima, yeah.

Mike Adams: Right, so if an agricultural area is contaminated with cesium, then the plant will take it up. If you eat the plant, remember we already talked about it. You are what you eat. So the radioactive cesium elements in the plant go into your body and get taken up into your body's cells as if they were potassium, which means that you now have radioactive cesium bound to the cell membrane of every cell in your body everywhere that the food goes. Where does food go in your body? Everywhere that the blood goes. Where does blood go? Everywhere that you have a living cell.

Ty: Everywhere.

Mike Adams: Everywhere.

Ty: Wow! I have not heard it explained that way. That is amazing!

Mike Adams: So then, you've got cesium. Think about it. You're radiating yourself from the inside. You know the Rule of the Inverse Square of the Distance Rule for radioactive intensity?

Ty: Yes.

Mike Adams: A common physics equation. When you have radioactivity inside of your body, it can be fatal very quickly even at seemingly low levels. So, one of the messages that we're getting right now from governments is that oh, all of this radiation coming from Fukushima, don't worry about it. It's a low level. Well, it may be low if it's three feet away from you.

Ty: But, what happens when you start eating it?

Mike Adams: What happens if you eat it? Exactly! What happens when it's inside of your liver, or when it's inside of your kidneys.

Ty: Man! Wow!

Mike Adams: Exactly!

Ty: So, this could be. This radiation that we're getting from Fukushima that is pelting the Western United States, and that eventually is going to hit the whole Northern Hemisphere and is incorporating these radioactive isotopes into the foods that we're eating. So, this could be an extinction-level event down the road.

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Mike Adams: Well, if Fukushima suffers more structural failures of the containment pool, and has what's called an inadvertent criticality event, the fuel rods going up in smoke so to speak, yeah. It could be an extinction type of event. Really the far greater threat is a power grid failure in North America that is prolonged whereby the backup generators that run the coolant systems of the nuclear-power facilities, hundreds of them in North America ultimately fail.

Ty: Right, they run out of gas or fuel.

Mike Adams: Right. You can't cool fuel rods in just a couple of days. It doesn't work that way. The physics don't support that. If you don't keep those coolant pumps running for 30, 60, or 90 days in some cases, you're going to have very bad meltdowns.

Ty: You're going to have a meltdown, yeah.

Mike Adams: Multiple meltdowns across North America. So for this reason, I've spent a considerable amount of time researching solutions for blocking dietary cesium radioisotopes in digestion.

Ty: Let's talk about some of those solutions because that's what I want to get to. The food supply is broken. Okay. Our foods are not what they used to be. They're tainted with heavy metals, they're tainted with radioactive, and they're being genetically modified. So, in light of research, what you're doing now. You're analyzing these foods for radiations and for heavy metals. What is your ideal diet to be able to prevent cancer in a world that seems to have multitude of cancer-causing agents that we're being pelted with on a daily basis 24-7 with different immune compromising radioactive particles that could cause cancers. It's in our foods. What do we do? What are you doing now to prevent cancer from a dietary perspective?

Mike Adams: You're the first person to have asked me this on camera. A lot of the research that I'm going to cite here has just been completed. I'm willing to spend whatever time that we need to here today to go through this, so don't be worried about time. If you've got the time, I've got the time. This is important stuff.

Ty: Okay, absolutely thank you.

Mike Adams: I've done extensive research on what's called a, "metals-capturing capacity" of different types of foods. I call it the MCC where I test using a synthetic gastric-acid-digestion simulator that I built in the lab. I test foods versus contaminants. I find out how much of the contaminant gets bound to the food, and thereby carried out of your digestive track as insoluble fiber rather than being absorbed through your intestinal walls and going into your blood. This is a key concept to understand to answer your question. Processed foods, very low capturing capacity because the fibers are typically processed out of them. They're also structurally compromised through processing. They're denatured in other words.

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Ty: Which makes them into unfood.

Mike Adams: Un-food. So, if you eat, let's say a processed-food meal or a beverage that is contaminated with let's say 10 ppm mercury, you are likely to absorb the vast majority of that mercury through your intestinal walls that goes into your blood. It could be radioactive cesium-137. Mercury, cesium, lead, cadmium, you name it.

Ty: Whatever it might be.

Mike Adams: Right, but if you are eating a diet of unprocessed fresh foods. This is a whole-plant-based [wholly a plant-based] diet. It doesn't have to be 100% plants, but I mean. You've got to have a lot of plants in your diet. What we have found is that natural plants, fresh produce such as strawberries have very high natural metals-capturing capacity. They're able to bind with the metals, mostly through physical processes of absorption and adsorption as well. Some foods have selective ionic affinity to specific metals such as lead.

Ty: Okay, which means that they?

Mike Adams: That they have a chemical reaction that binds up the metal. It's chemistry taking place in the acidic environment of your stomach technically with your own gastric acid. So, strawberries for example, this was something that I researched. I'm still working on the scientific paper to put this out there, but strawberries will bind with over 90% of your dietary mercury, strawberries. The reason that this is the case is because strawberries are the only common fruit that have seeds on the outside of the fruit. The seeds being on the outside, how are they grown and how are they produced by the strawberry? Well, there are strands, fibers that send nutrients to the seeds from the center of the strawberry. The center is where it gets its nutrition and distributes it through the fibers to the seeds. These fibers, which are transparent practically under a microscope happen to be very tough fibers. They will not be digested by nitric acid in the laboratory.

Ty: Wow!

Mike Adams: I can take strawberries. I can mix nitric acid. We're talking like 70% nitric acid, a very strong oxidizer that would burn the skin right off of your hand. It will not digest the fibers in the strawberry. The fibers survive human digestion, which is far weaker than nitric acid digestion; I mean orders of magnitude weaker. The strawberries then will bind to the dietary mercury with these fibers. That gets pushed out of your system through bowel movements. The mercury is gone, it's out. It never gets pulled into your bloodstream through intestinal walls. So, many different types of fruits and vegetables have very interesting affinities to heavy metals. This is what our research as really uncovered. The only thing that we've found better than strawberries, by the way, is chlorella, which is about 98% to 99% efficacy, but chlorella doesn't work for other things such as uranium. Chlorella doesn't absorb much uranium; Spiro Lena does, but not strawberries. So, one of the things that I've done in the lab is that whether it's radioactive elements such as cesium-137 or customary heavy metals like mercury arsenic and things that cause cancer, arsenic is linked to

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cancer. Oh, and by the way, you know what tends to absorb arsenic? Fruit seeds.

Ty: Fruit seeds, okay.

Mike Adams: Fruit seeds, which is why some fruit seeds contain arsenic naturally. There's arsenic in apple juice. Remember that scare. Apple plants and apple trees tend to take up arsenic in the soil, which came from the lead arsenate pesticides about which we already talked. They tend to concentrate it in the seeds because the seeds have a natural affinity to arsenic. But, if you can get apple seeds, grape seeds, raspberry seeds, blueberry seeds, believe it or not. We've tested all of these things, if you can get your hands on these seeds, which by the way are removed from almost all of the foods that are sold in the grocery store. If you buy grape jam, you don't want seeds in it. If you buy blueberry jelly, you don't want blueberry seeds in it.

Ty: That's where all of the good stuff is.

Mike Adams: It's the seeds that bind with the dietary arsenic and transport it out of your body. I haven't released that information yet. You're the first person to have this conversation.

Ty: Wow!

Mike Adams: Ultimately my goal is to create a chart of foods kind of like a spreadsheet almost. Here are the foods. It could be common foods, it could be super foods, it could be dietary supplements. Here are the toxins that they tend to naturally bind with or to absorb. I've already filed two patents on specific recipes for this. People can learn more about this at ToxinsAway.com if they want to see that. We are going to roll out products. I guess, as a slight plug on this, we are going to roll out products that block heavy metals, supplements that you can take with your meal.

Ty: Mike, I want you to plug this because this is why this is so important. The food supply, as I mentioned is broken. We are being inundated with chemicals and with cancer-causing agents, and it's in our food. So, I want people to know where they can go to get some kind of a product that might be able to help them excrete these heavy metals and radioactive particles.

Mike Adams: I appreciate that. That's part of my goal too. The other thing that I wanted to say about this as part of the plug is that we are building a massive inventory base and a revenue war chest to be able to send millions of dollars of free product to people who are the next victims of the next Fukushima. One of my goals is to actually create a new nonprofit. We already have one nonprofit where I'm the Executive Director, the Consumer-Wellness Center. It's done a lot of good work with nutrition grants, with teaching school children how to grow food, and with things like that. But, we want to have another nonprofit that focuses on sending rescue supplements to people in areas hit by radioactive catastrophes.

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I also am hiding these supplements knowing that if there's a radioactive catastrophe in the U.S. that FEMA might come in and just seize it as they have the legal right to do. Hopefully they put it to good use, but I want to have another supply that I can control and get it out to the people who we want to be able to help. So, I'm thinking ahead many steps in this game so to speak. I know that there's going to be another nuclear catastrophe. I want to be able to help those people block dietary cesium that might contaminate their foods, and at the same time and until that happens, I want to help people block heavy metals, so that someone could go out and have a meal of fish or of sushi, and they could take a supplement with the meal knowing that that supplement was laboratory verified to block up to 99% to 100% of different elements depending on the element, so that they don't absorb it.

Ty: You know what I want? I want some of that supplement, so I can go out and eat some sushi.

Mike Adams: I'd be happy to give you some of the supplement. Yeah. Manufacturing is imminent.

Ty: Great! Well, that's awesome! Well, you know what. It's a noble goal to be able to help the next victims of the next meltdown because there will be one. So, I really admire that. I just admire your overall spirit. Your goal in all of the things that you're doing with the testing of the foods with these supplements is to help people to be healthy.

Mike Adams: That's exactly right yes.

Ty: So, you can't have a nobler goal than that.

Mike Adams: I share that idea with you that what we're doing is just very important spiritual work really. We're talking about the physical body. We talk about the biochemistry, but inside, this is a spiritual calling. Believe me, no one would do what I do for economic reasons alone.

Ty: If you hadn't been called to do it.

Mike Adams: Exactly! It's more lucrative to write software, and it's less controversial. So, if you want to help people, you have to be prepared to stand your ground spiritually, cognitively, and even scientifically. That's really what I do. The last point on this is that the FDA should be doing this. Again, here's another case where it's a federal agency that is not doing this job. They should be testing foods. They should be publishing results. They should be letting the public know what's safe, what's not safe, and what's contaminated, right. That should be the goal of the FDA or at least one of their goals. They don't do that. So, they've created an opportunity for an independent activist scientist like myself to come in and do that instead of them. Believe me! I didn't want to spend \$1-million building a lab and to have to become an expert in atomic spectroscopy and to deal with all of the silly plumbing. There's a lot of plumbing. You have these little tubes that have a 1 mm internal diameter that are running acids all over the place. You have to become a plumber to run these instruments. I have no specific desire to be an atomic-spectroscopy plumber.

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Ty: But, you are.

Mike Adams: But I am by necessity.

Ty: Because you had to be.

Mike Adams: That's the point is that the FDA is not doing this. The USDA is not doing this. They have certified organic program, the organic program, but they don't test for heavy metals. So, you've got farmers in China who have a farm right next to a coal-fired power plant or a metals smelting facility that manufactures tungsten-carbide tools that's releasing tungsten into the air. They grow their organic food on that farm.

Ty: Because they don't use the pesticides.

Mike Adams: They don't use pesticides, so it's organic. The harvest that, ship it to the U.S. It's imported into the U.S. It's imported into the U.S. It's put into our super foods. It's sold as certified organic, and it's contaminated.

Ty: Wow!

Mike Adams: No one else has been willing to stand up and say this.

Ty: Well, the work that you're doing is invaluable Mike for the whole natural health industry. Not just for the whole natural health industry, for everyone because this is going to be something that is going to be essential down the road to have our foods tested for these heavy metals, and for these radioactive particles. This is something that's not being done that we are going to need to do to prevent disease and to prevent cancer.

Mike Adams: Yeah, exactly! The good news is that if you go to the grocery store, and you buy organic or conventional fresh produce, we've tested dozens of different things. Celery, oranges, grapes, watermelons, roots, carrots whatever, they're all really clean in terms of heavy metals.

Ty: Good.

Mike Adams: Potatoes had the highest level of lead that we could find. That was only 50 ppb, 0.05 ppm, which is very low. We found rice protein that had 10 times that level 500 ppb. That was certified organic. So the potatoes had one-tenth of the metal of the rice protein. And then, we found some ginkgo supplements imported from China that had ten times that level of lead and 100 times more lead than the potato.

Ty: They were still certified organic?

Mike Adams: They were certified organic.

Ty: So in other words, one of the questions that people are going to need ask in the future is a question that's nobody's asking now. It's not: Is

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the food organic because everybody wants to know that now who is in to health. They want to know are these food genetically modified. So, a question that they were going to need to start asking because it's going to shift this paradigm is: Are they clean of heavy metals?

Mike Adams: Exactly!

Ty: Are they clean of radiation. If you can get those answered, then you might be on to something.

Mike Adams: That's exactly right. The heavy metals question is pretty easy to address if it's politically acceptable. The USDA for example, we're going to petition the USDA to add a heavy-metals component to the certified organic program. That's a multiyear process. It could take ten years for that to happen, but we're going to start because it's important. Radiation testing is very tricky. You can't just buy a handheld radiation meter.

Ty: You can't do a Geiger counter to the food?

Mike Adams: The Geiger counter, it's not really. It doesn't tell you the density of the radioisotopes in the food. You really need bench top equipment at least \$50,000 to \$100,000 worth of hardware to do it right. We haven't done that yet. That's something that I'm looking at doing later this year. Building out a laboratory is a complex thing. It's not just getting the hardware. You have to then understand the methodologies of how to use them and how to check your accuracy how to have calibration checks, validation, and all of these things, documentation. So, to my knowledge, there's nobody that's actually got good bench-top radiation-detection equipment, right now, that can operate off of the gamma decay, which is really what I think for what I would want to be testing.

Ty: The Geiger counters, what are they measuring? Are they measuring gamma typically?

Mike Adams: Well, typically they're not. Typically they're not, but even if they are, most of them are not, but even if they are there are so many factors such as: the distance of the food, you need to understand the mass of the food that you have, so you have to have an analytical balance in the laboratory that give you the mass, and then you have to understand the distance. And so then the formulas can calculate the density of the radioisotopes that are within the food. But this has to be done scientifically. You can't just wave a thing over the food and say, ah! It's hot. It's radioactive because it's making noise. I've seen video like that on YouTube, and I just laugh at it because, I'm whatever. It might be.

Ty: Not really a scientific method there.

Mike Adams: It's not.

Ty: So, let me ask you this Mike. What would you do if you were diagnosed today with prostate cancer? What would be your protocol that you would? I'm not asking you to recommend this to anybody. We don't

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do that. What would you do personally if your doctor said that you've got prostate cancer?

Mike Adams: Personally? Well, first thing that I would do is to try to understand from where this prostate cancer came. A guy like me who eats very healthy foods and super foods and leads an anticancer lifestyle, this news would be a shock. The most likely culprit would be an environmental cause, probably a hormone disruption chemical. So I would immediately start to think that maybe I'm being exposed to BPA, which is probably true. I'm sure that I have some level of BPA in my blood. It's almost impossible to get rid of.

Ty: Real quickly what is BPA?

Mike Adams: Bisphenol-A hormone mimicker.

Ty: It's a hormone mimicker that's in what?

Mike Adams: It's a plasticizer. It's in receipts. See this is the thing. When I take a receipt from a place of purchase, I'm touching that receipt, and I'm getting BPA from that receipt. So, I try not to maintain high contact with the receipts, but I don't want to be the guy who runs around wearing latex lab gloves everywhere. That would be weird.

Ty: I typically ask the clerk to throw it away for me.

Mike Adams: That's a good idea.

Ty: I just. I don't even want the receipt; just throw it away please.

Mike Adams: Good idea. So, we'd figure BPA, so then in that case, you'd want to get hormone sensitive super foods or super foods that interact with that metabolic pathway, which would be for example, I3C indole 3-carbinole, which is one of the medicinal phytonutrients constituents of broccoli. The cruciferous vegetables, so I would immediately start doing that. If it were prostate cancer, I would also really up my dosage of resveratrol and zinc. Both of those things are very useful for prostate-cancer prevention. You can get zinc in pumpkin seeds. So I would probably increase my intake of pumpkin seeds. There are also pumpkin seed proteins out there that maintain many of the phytonutrients of the pumpkin seed. So, I would start to become a pumpkin-seed-protein smoothie guy with a lot of resveratrol. I would also eat red grapes with their seeds. I would specifically chew on the seeds to release the many beneficial nutrients that the seeds contain.

Ty: I'm glad that you mentioned that because one of the frequent questions that I get from people is if there's all this nutrition in the seeds, should I chew them. Absolutely! Otherwise, they just pass right through you.

Mike Adams: Of course. One of the things that I learned being a lab scientist is that human digestion is very weak. When I built the gastric-acid-digestion simulator, at first I thought that I had made a mistake because most of

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the foods that I ran through the simulator, we're not well digested. It turns out that chewing is the single most important step in the digestion process. We actually now have to prechew with a chewing device before we put foods into the gastric-acid simulation. It's a synthetic gastric acid, I should say. It's not a computer simulation. It's a physical process, yeah. But, if you just take for example, beef jerky, and you put it into the gastric acid that's the same pH as human digestive acid, it barely gets digested at all.

Ty: I'm glad that you mentioned that because chewing is so important. Not only does it help you to digest the food, but it also releases enzymes.

Mike Adams: Yes.

Ty: As you chew the food in your mouth, it releases enzymes that help you to digest the foods as well.

Mike Adams: You're right. As a detox technique, chewing the foods also increases the surface area of the insoluble fibers. Many of the fibers in a chunk of food are locked inside of the food. If you want those fibers to be beneficial to you to bind with all things about which we've been talking [Over-talking] mercury, lead, whatever, arsenic, you need those fibers to be available physically available to the digestion liquids. Chewing is what allows that to happen.

Ty: It's like, my kids have these little sponges that are tiny, but then when you add the water to them, they blow up into these huge. So, it's like that. You unlock these fibers, so that they can bind to the heavy metals, to the radioactive particles, and so forth, and that you can excrete them out of your body.

Mike Adams: That's absolutely true!

Ty: That's why chewing is so important one of the reasons.

Mike Adams: The other big ah-ha in all of this is that it gets us back to the amazing power of a common sense whole-food diet. When you look at hey, there might be toxins in some of these foods, but if you actually eat whole foods, there are natural things in there that will absorb the toxins without you even knowing about it. So, as I have done this research, what it has really done is given me more and more respect for mother nature and more amazement at how nature achieves balance and protects your body from toxins in the environment through things that you never were even aware of. Who ever knew, eating strawberries as a kid, that strawberries were blocking the mercury?

Ty: We just thought that they tasted good.

Mike Adams: Exactly! But, there's a natural balance in there, so even if there's arsenic in apple seeds, if you eat apple seeds, most of the arsenic is going to stay in the apple seeds because they hold onto it.

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Ty: It's amazing isn't it? It really is, which I guess leads us back to where we started. The whole food, the plant-based diet, should be a staple in order to not only stay healthy to prevent disease, but if you have been diagnosed with cancer, specifically this whole interview, this investigative report that I'm doing is focused on preventing cancer. When you look at the statistics of the World-Health Organization 2010, they said of the people who are alive today, one in two men; one in three women are going to face a cancer diagnosis. This information needs to get out there. People need to know how they can eat to prevent this.

Mike Adams: A whole food predominately plant-based diet is an anticancer diet, period. There are more anticancer medicines in a diverse whole-food diet than the cancer industry will ever come up with regardless of how many billions of dollars they spend on research. There are anticancer compounds in celery anticancer compounds in beets, anticancer compounds in the white stuff inside of the orange peel. When you peel the orange peeling off, you should leave that white layer on the oranges on the pieces. Eat as much as that as possible. It's anticancer. Anticancer elements in red wine and red grapes resveratrol about which we talked, anticancer elements in seeds and in nuts. There are so many that modern science it will take us hundreds of years to even begin to understand the anticancer potential that's found in a grocery store right now.

Ty: Yeah. I honestly believe that there are more. It would be harder to list. It would be harder to find the whole foods that don't contain cancer-fighting properties than it would be to just pick one. You could just pick any of them. They all have some kind of different methods by which they would help to prevent cancer or to treat cancer.

Mike Adams: It reminds me of a question that a traditional Chinese medicine master once asked me when we were having discussions in nature about what's healing. He asked me. This is very powerful but simple question. We were in a forest. He said, look around. Find me something around here in the forest. Find me something that is not medicine. I couldn't.

Ty: You couldn't do it.

Mike Adams: I couldn't. Everything around us was medicine in one form or the other even the soil beneath our feet, the microbes in the soil are medicine. They minerals in the stones are medicine. The chemical constituents in the tree bark are traditional Chinese medicine. A lot of those are tree barks. The herbs, the plants, everything had a medicinal component, even the sky, the sunlight was medicinal. The water is the plants medicinal. I couldn't find anything that wasn't medicine. And so when people come up to me and they say things like, I don't know what to do about cancer, I've tried everything. Have you tried nature? Have you? I bet you that on the way to your cancer clinic, you walked by nature, you walked by some plants that probably have anticancer medicines in them.

Ty: I guarantee that they did.

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Mike Adams: I used to live in the desert in Arizona. There were anticancer-treatment centers there where in the parking lots, had anticancer plants, desert plants. They're very potent.

Ty: They probably were better treatments than [what] were inside.

Mike Adams: Absolutely! So people would park their cars, ignoring the medicine right there for free, and they would walk inside of the cancer-treatment center, and get poisoned and pay for it, and wonder why they were still sick. That's how messed up the cancer industry is today.

Ty: That is the insanity that we call the cancer industry today.

Mike Adams: Literally, in many part of Arizona, you can just go out in the wild, and you can harvest masses of anticancer desert plants wild crafted for free.

Ty: Okay. Well Mike that reminds me of the old mantra from Hippocrates: "Let food be thy medicine and medicine be thy food." I think that if we could sum up what we've talked about today, if we can get whole plant-based diet to treat cancer and/or to prevent cancer, that would be the direction that we should go.

Mike Adams: That is a sustainable path for humanity. Let me be very clear in wrapping this up. The path that we're on today as a society the chemical contamination of our bodies, the heavy metals about which we've talked, the destruction of our environment, the loss of diversity of plant life and of ocean life. These are paths that are not sustainable. By definition they must come to an end. We must change. We must mature. We must grow up spiritually, scientifically, agriculturally, and culturally. We have to grow up if we hope to survive as a civilization. I believe that humanity has a good shot at making it, but it's going to be only through efforts of people like you Ty who are willing to go on the record and put the truth out there and have this exploration and seek answers even in the face of extreme oppression, intimidation, criticism, or whatever the case may be. We are the pioneers for the sustainability of human life. We, people like you and I, we take this as our spiritual calling. There's nothing that can take us away from this because there's nothing more important for our world.

Ty: I agree Mike. I just want to thank you for taking the time today to talk to us because some of the things that you've said today are phenomenal. They're actually ground-breaking things that you shared with us today. And so, I really do appreciate you taking the time to share with us. I admire you on your mission. I share your same passion. We share the same mission to educate, to make the world a better place, and to help humanity to be healthy.

Mike Adams: I want to thank you for the invitation, and for what you're doing. You're doing such a great job with this. I also want to thank the viewers because it requires an open mind to be able to hear this and process it. There

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are people who will want to watch this over and over again and some of your other guests over and over again. Some of this is pretty deep.

Ty: **It is.**

Mike Adams: It's not the kind of junk-food diet of information that you get from the mainstream media, so you may have to parse this over time, but I want to thank those viewers because they are also the future of humanity. They're the kinds of people who can question their belief systems, and open their hearts and their minds and their souls to new information that is crucial for the survival of humanity. They are the people who also represent our future, so I want to thank them.

Ty: **Thank you Mike. I appreciate it.**

Mike Adams: Thanks Ty.

Interview 2



Paul Barattiero

Hydration Specialist
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Ty: So, I'm here today in Mt. Dora, Florida with Paul Barattiero. Paul thank you for taking the time to chat with us today.

Paul Barattiero: Absolutely.

Ty: And we are going to pick your brain about water.

Paul Barattiero: Very good.

Ty: We're going to learn all there is about water in the next half hour.

Paul Barattiero: Good. That's awesome.

Ty: Okay. So, tell us to start with Paul a little bit about what you do and then we'll get into why is water important.

Paul Barattiero: Okay. Well, for the last 10 years I've studied water and how structured water and how different properties of water can change people. The way they feel. The way their body chemistry is the way the landscape of their body works and functions from an endocrine system from a number of different places and then just purely from a hydration standpoint and how it helps.

I have become extremely passionate because of what I've seen happen as we have employed the thought processes and techniques and technology is into water to structure it properly form multiple angles. Seeing how that actually translates into people feeling better. It's very easy to become passionate about it and to want to share that with other people. So, that's what we're doing. We've developed technologies that restructure water, change water to be what we believe it is when it rains on the earth and the way it was created to be in the first place. So, that's our focus.

Ty: Fascinating stuff Paul. Now tell me why is water important? We've got water out here. We've got a swimming pool here, you can hear the water flowing. Water's everywhere. Why is it important?

Paul Barattiero: Yeah. Water everywhere right? Well water is important. If we really look at our body three quarters of our body is water if we're properly hydrated. Most people are not. We know that 70-80% of America is chronically dehydrated so that's another whole problem. But why is water important? Water believe it or not functions in every system. From joints to the brain to the blood is 93% water. So people don't think, even down to the bones are 13-22% water. So water is everywhere in our system. And it's critical to health that we are properly hydrated. When we are not properly hydrated our metabolic rate is reduced. Our thought processes are reduced.

The toxins that we are supposed to be removing are not happening. So our bodies are taxed and burdened with having to do that in other ways. So we end up with skin issues. We end up with a lot of different pathology as a result of chronic dehydration because we're not putting water in. I call water our filtration system for our body. So, when we bring water in to our system we want to void out that same amount of water but take some things with it that we didn't want in

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our body in the first place. And that's the way I look at water. And if water is structured properly it will do that. If it's not structured, water's not structured properly we can bring it in into our system and do nothing and void it back out without it doing what it's designed to do.

Ty: I want to talk about structured water in a second. But first of all you mentioned a couple of things that caught my attention.

Paul Barattiero: Okay.

Ty: Blood, 93% water.

Paul Barattiero: Yeah.

Ty: And then you mentioned the fact that water carries that toxin out of our system. So those are two interesting things. Let's talk about that a little bit because in light of the fact that blood is the life of the body and one of the recurring things throughout this mini-series that we're doing is that doctor after doctor has said toxicity and not removing the toxicity from the body, one of the primary causes of cancer. So let's talk about the toxicity factor.

Paul Barattiero: Yeah. So, most of the research all agree that free radicals, having free radicals, or too many free radicals in our system causes the issue. And the reason it causes the issue is because free radicals are missing an electron.

Ty: Okay.

Paul: Our cells function electrically. Our bodies are electric and we have a lot of electricity and electrons that are flowing in our system and ultimately without electrons cells don't function properly. The way free radicals harm us is they go and steal electrons from healthy cells.

Ty: So the free radical is what? It's what is missing electron?

Paul Barattiero: So a free radical is an oxygen missing one of its eight electrons, so it only has seven electrons.

Ty: So typically oxygen has eight electrons?

Paul Barattiero: Yeah.

Ty: Okay and a free radical is oxygen atom is missing one of them?

Paul Barattiero: That's right.

Ty: Okay.

Paul Barattiero: So what it will do is it will go throughout the body and steal electrons from healthy cells that are weaker than the oxygen itself. And take it

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from it. Well, when it does that, that cell no longer functions appropriately or can't function at all depending on what kind of cell it is. So that's why free radicals harm our system. If we take out a percentage of our cells not functioning we lessen the entire effectiveness of our system. It's like taking part of your engine away in the vehicle. It's not going to go.

Ty: Right.

Paul Barattiero: So, in our body being taxed and taxed and taxed, not only toxins but we're actually oxidizing ourselves, or that's what free radicals do. They're stealing electrons and electrons are the fuel. It's got to function electrically. You've got to have those electrons. So, when we have watered that's properly structured with a negative electrical charge for instance there is a net gain or an increase of one electron that can be donated to complete those free radicals. It's basically what an antitoxin does. Any antitoxin that people are choosing has an extra electron and that's how antitoxins function with the cellular system.

Ty: then they donate that extra electron to the oxygen atom that's missing the electron.

Paul Barattiero: To the free radicals. Yeah.

Ty: Okay, then it completes, basically completes the oxygen atom.

Paul Barattiero: That's right. Yeah.

Ty: okay, so then what I'm hearing you say that if you have water that's structured properly it can act the same way as antioxidants which everybody knows antioxidants are good.

Paul Barattiero: That's right.

Ty: So talk about structured water. What is that?

Paul Barattiero: Structured water is water that is mineral rich. So we need water to have minerals, not that we need the minerals in the body because the minerals that are contained in water are inorganic. They're rock they're flowing off mountains, they're glowing wherever, and they pick up minerals as they go throughout the earth's surface or wherever they're going. They're picking up mineral content and those minerals are inorganic.

We don't need those minerals but water needs those minerals so that water can be structured and when we talk about structuring we're talking about the electrical properties and the energy properties of water so that water functions the way it should most people are not aware that tap water for instance has a positive electrical charge. Not a negative electrical charge. Things that have positive electrical charges are oxidized. They'll oxidize other things. Rust is oxidation. So, that metal is being oxidized because electrons are being taken from it not added to it. So you're weakening its structure. And ultimately positive electrical charge is great from a sterilization perspective, but not from an

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antioxidant. It's actually an oxidant and that's great for killing bacteria and viruses because you want to oxidize them or steal their ability to function. But when it comes to our body we don't want to do that to us.

We want to have the oxygen charge the electrical charge so that's we're giving electricity back to us where we're donating electrons to us. So effectively structured water is water that has the proper electrical charge with the proper mineral content and therefore when you think of any structure, a house or what have you it's the foundation. It's the support mechanism to hold up the rest of that. Water needs to be structured. It needs that foundation electrical charge and the mineral content to support the way the water clusters are bonded and functioning together. And that's what structured water is and when we structure water properly it functions now the way it was intended to function instead of us making water that's void of minerals and having a now positive electrical charge it's doing the opposite.

Ty: Oxidizing. Okay.

Paul Barattiero: So, one quick thing Ty, when we look at green tea, when we look at things like that they have a negative electrical charge fresh squeezed tomato juice is around a negative 50 millivolts. If we were to test it with a meter we would see that it's around negative 50 millivolts. Green tea would negative 80 millivolts. Properly structured water that we're talking about is around negative 820 millivolts. So you're talking ten times the antioxidant potential. And it's a potential power. It's different it's available if you need. You automatically get it all if your body needs it you have that much available to it. So in the echo water we're talking about a negative 820-negative 870 millivolts easily ten times more potent than green tea. From an antioxidant perspective. People don't think of water as an antioxidant typically.

Ty: I never have.

Paul Barattiero: Right.

Ty: So, one thing you mentioned in there that was fascinating to me. we won't go into detail on it but you mentioned the fact that we don't need inorganic minerals the water does which leads me to think about all of the supplements that are available out there that are mineral supplements that get their minerals from rock quarries. So, that's maybe not what we need to be looking at?

Paul Barattiero: Well, it's not that I want to create enemies with all the supplement companies. But, my personal opinion is that we need to get our minerals from vegetables. Organic mineral rich vegetables. Those things are going to help us. Minerals that are coming from rock is not in my opinion going to do much for us. That's not what our body needs. And I know that's there's enriched food with iron and all kinds of fun things. That's not what I want to eat.

Ty: Doesn't that make Frosted Flakes healthy? That's enriched.

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Paul Barattiero: I think so, I think it helps if you want to hold on to it. But I firmly believe personally that our minerals should come from our food and organic food at that is going to be the best source for our minerals because then we can rely on no pesticides as well. Have less of a burden toxin wise on our system.

Ty: Talk about the difference between filtered water, alkaline water, structured water, we all heard these terms. What's the distinction? What's the difference between these?

Paul Barattiero: Okay, so trying to put it real simply for everyone to understand, because water can be very confusing. People go out on the internet and they look up things and within 10 minutes they give up because it's extremely confusing to understand what the heck I'm supposed to do with water.

Ty: Right.

Paul Barattiero: And people end up going back to tap water or bottled water which is very unfortunate. Filtered water is simply running water through a filtration media. And there are many different types of media. Carbon, one of my favorite media's is KDF. It's a proprietor media that does some amazing things and we have it in our filtration. For that reason it's got 14 patents and is amazing. Zinc and copper together. That's what creates this media. But, effectively filtration, your removing things out of water. You're removing the chlorine the chloramines, you're removing metals your removing different things out of water that you really don't want to be consuming in your system. Let's get them out before we put it in our body.

Ty: Which seems like a good idea.

Paul Barattiero: Absolutely, 100%. I'm a huge proponent for filtration. That's for sure. Filtration is one aspect. What we're really doing when we talk about structuring is we're using electricity and magnetic field to structure water. We're giving water an electrical charge. We're giving water a magnetic charge which structures water and ultimately after we've already filtered it because we do have a 9 stage filtration then we're going through the process and we're charging the water through electricity. That's where the whole Eco name came from. Is electrically charged H₂O. That's where the word echo came from. For what we're using. But having the dimensional structuring for water to have electric and magnetic fields we're duplicating what the earth provides. People, probably the number one question I ask is well where does this happen in nature. Of course living in Florida I just point to the clouds when it's raining. And you're seeing a lot of lightning. Lightening is electricity. That's how water's being structured before it rains upon the earth. It's lightning in the clouds.

Ty: So rain water is structured?

Paul Barattiero: Yeah. It is structured. Now our issue is once we do something with it we unstructure it. We change it. We put chlorine, we do all kinds of stuff through pressurized pipes and all kinds of things and we change that structuring that nature does. But if you go to high altitude mountain streams or you go to glacier water for instance or you go to protected sources of water where man

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does not go and mess it up it beautiful water. Very similar properties to the ECHO Water. And it will help people tremendously. So that magnetic field which the earth is a big magnet and electricity is the same principles we're using to structure water. We're just doing it in their home where they don't have to go to a high altitude mountain stream, which would be a challenge in Florida. And we're helping it get into their home where they can have access to three liters a minute. And that's what we do.

Ty: So how is that different from, you use the alkaline water. Water alkalizer. How is structured different from alkaline water?

Paul Barattiero: Okay, so alkaline has become a huge buzz word over the last 10 years since water pH has been such a focus.

Ty: What does pH mean?

Paul Barattiero: Potential Hydrogen. So potential hydrogen and potential hydroxyl radical ion. pH and pOH those are the two opposite in spectrums of chemistry. So you have zero to 14 pH anything below seven would be acidic and anything above would be alkaline. That's why they call it alkaline water because the pH of the water is above 7. Now, I will tell you again, I've been doing this for 10 years and my personal opinion is the pH of the water you're drinking is not what's important because it doesn't translate into the pH of your body. Water is taken thorough the stomach wall molecule by molecule. pH doesn't come with it.

The pH of your blood is what matters and pH of urine is great from an assessment perspective to understand what's going on from a toxin burden from some other things. But the pH of the blood is where we actually see the bloods a ability to carry out toxins. If we can keep their blood pH at a 7.45 which is the threshold of blood then we're going to have far more dissolve oxygen in that blood. When we have more oxygen we carry out more toxins. The blood is able to do more because it has a different electrical charge and a different structuring of itself as well. So people can look under microscope at blood to see the health of blood just by watching it and in 8 to 10 minutes of them minutes of them drinking our water the blood will change. Even an 8 ounce glass of water we can take the blood before and after and show them. We've done it.

We've shown doctors and they freak out of course because how did that happen. But the reality is 93% of blood is water so when you take water in to your system your affecting the blood very rapidly. Buccal absorption or sublingual absorption through the mouth you're drinking water you're going through the stomach it's getting into the system. So very fast reaction. So pH is important in the blood but not in the water. But because of Warburg's study that show cancer can exist in an alkaline environment everyone's going you should just drink a high pH water that will make you higher pH. That's not true.

Ty: That doesn't necessarily translate.

Paul Barattiero: No, it's great for marketing, it's great from those perspectives but really helps is the negatively charged hydrogen the negatively charged

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electrons that are in the water that get into the system get into the cells and then are able to hydrate the body with the extra electrons. That translates into improved health in the body. You're increasing oxygen content in the blood you're increasing the blood pH. Because that's where the pH is. Potential hydrogen and its, pH is basically a reading of how much hydrogen and how much oxygen. Or how much hydroxyl radical ion which is oH negative. That's what pH is showing you. And hydrogen negatively charged is the most powerful antioxidant we have on this earth. It's called the primordial antioxidant.

Ty: So what you're saying then is that structured water, not necessarily alkaline water, but structured water is able to raise the bloods pH to 7.45 which is ideal. To help carry oxygen to the blood and also to detoxify the blood.

Paul Barattiero: That's right. To carry toxins out. Exactly. If we can accomplish that. For instance patients that are suffering from significant pathology like cancer. If we can keep their blood pH at a 7.45 and have more oxygen in the blood their energy levels are going to increase. Their metabolic rate is going to increase. They're going to carry out more toxins and then we're accomplishing what Warburg discusses. Which is we're creating an alkaline environment in the body.

Ty: That is something that has surfaced over the course of this mini-series several times from many different people. Warburg's discovery, his Nobel prize in 1932. Same topic. This is fascinating. You're actually giving us steps that we can take to accomplish that. So talk about cancer and structured water. The relationship between not just structured water but water in cancer and have you seen any studies on structured water and cancer.

Paul Barattiero: Absolutely have seen a number of studies. One of my dear friends Victor Marcial-Vega who's an oncologist he is an exceptional doctor from a cancer perspective and he's done tremendous study and amazing man. Going back about 8 years ago I provided him one of our ECHO Water ionizers and he began studying it with patients that were stage IV cancer patients. And what he observed and I'll just say it that way what he observed with his patient is very quickly their blood pH going to a 7.45 and stabilizing. Whereas it was difficult for him to get enough antioxidants and enough umph in his protocol that he was giving them. Their diet regime to get their blood pH to stabilize at a 7.45. he called me up and said to me I have never seen it happen so easy. It stabilizes and it stays and they do really well.

He also indicated which we haven't studied significantly but he said that he had never seen white blood cells so large in the blood as when they began drinking the ECHO Water. That's significant because we need white blood cells for someone with cancer to go and fight. The bigger the army the better right? That's what they say. Or the bigger the tank. But, in cancer there have been tremendous studies where tumor sized, tumor markers are all reducing and effectively we're reducing the burden on the body and again, depending on how you look at cancer and what it is and they're so many studies out there of trying to talk about what cancer is. I myself have always wondered if it just happens in

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the body then there's got to be a significant reason. So if you make changes in the body from a terrain perspective then the cancer sometimes goes away sometimes it doesn't I mean we know it's very individual.

But with people drinking the water what we have observed over the last 10 years, even people who are receiving conventional treatments will be helped because the chemo will not have such a negative effect on their body. Individuals that have chosen to go natural, which people have that right. They can go natural and people that use the ionized or ECHO Water can absolutely increase their systems ability to change itself and to heal. Ultimately by changing terrain. By changing oxygen content in the blood. By changing the electrical content in the blood by changing hydration in general. And of course I always go back to people are chronically dehydrated so diabetes, cancer, chronic joint issues all these issues are all tied back to chronic dehydration, acute chronic dehydration.

Ty: It reminds me of a man Dr. Batmanghelidj who they called “Dr. Batman.” His mantra was that you’re not sick, you’re thirsty and his premise was that most diseases are just chronic dehydration.

Paul Barattiero: And I agree with him. I guess wouldn't have known to agree 10 years ago. Now, after 10 years I absolutely agree that chronic dehydration is a significant causal factor of most if not all pathology. And if we can get someone hydrated, at least I have seen in 10 years. If I can give someone our water and have them start drinking it whining the first day they will feel huge shifts. They'll start to be hydrated they'll start detoxifying and some people have some significant detoxification within the first day or two and they start feeling flu like symptoms. People just don't understand the power of properly structured water.

People think of water as what you bathe in what you wash your car, what you put on your grass. They don't think of it as a modality to detoxify or to improve health, yet they do think of alcohol as a way to change behavior and they do it every day when they want to change their chemistry of their body. But people don't think of water as a way to change their chemistry. I am saying that water absolutely changes the way people feel, people function, the way the brain functions, the way all of it functions and so from a perspective of body terrain or chemistry internally if we put the right type of water which is if it's three quarters of us then it's pretty important to our lymphatic system and I believe that it creates our lymphatic system the water in the interstitial parts of our body that are water along with lymphnodes and other things becomes our lymph system.

Ty: And our lymph system is primarily water as well.

Paul Barattiero: Absolutely so, and when we start to study, I mean we can look at Masaru Emoto we can start to look at all kinds of different studies on water and how water has a memory or water can communicate or there's frequency or what have you, it's pretty interesting how water is a dynamic thing and some people even say that waters living versus dead. And again it can be very confusing at the end of it and to wrap the whole though process up if we properly filter water and get the things out of the water we don't want to be taking into our body and we charge water and structure it properly so that it can

function the way it intended to function it will change us as people. It's three quarters of us. It absolutely has the ability to get everywhere. Even deeper than supplements even deeper than food whatever goes everywhere and so I have found it to be the easiest way to improve health is to change the type of water that people drink.

Ty: Well, you're information today has changed my perspective on water. Paul thank you for spending time with us today.

Paul Barattiero: Thank you. Appreciate it.

Ty: Appreciate it.

Interview 3



Dr. Robert Scott Bell

Author & Lecturer
Host of the "Robert Scott Bell Show"
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Ty: So I'm here today with Robert Scott Bell, we're here in Orlando, Florida and I just wanted to thank you Robert for taking the time today to talk to us.

Dr. Robert Scott Bell: Good to see you my friend. It's always great to get together.

Ty: Yes it is. Tell me a little bit about your background Robert; how did you get to where you're at today with the Robert Scott Bell show?

Dr. Robert Scott Bell: Well I was pharmaceutically grown first, right -- I'd be raised in an allopathic family rather than being raised by wolves in the jungle where I would have been much healthier. I was raised by doctors and pharmaceutical folks and I love them all dearly, don't get me wrong but I was raised in a family that was very much enmeshed embracing modern medicine in all of it's trappings and medicines and having many ailments and suffered many diseases that were always met with another pharmaceutical drug. So for the first 19 years of my life I was a product of modern medicine until one day I walk up when I realized I was tired of being sick and tired; sick and tired of being sick and tired. And that kind of led me to that epiphany but a scary one that the modern medical doctors didn't know what they were doing with me, with every new drug it would lead to five or 10 other ailments or symptoms.

And as a young man who wanted to function and did things that kids did but struggled with allergies and borderline asthma, gastrointestinal issues, skin conditions, musculoskeletal, inflammatory diseases you can imagine it was not as easy but it was the only life I knew, it was the only body I had so you just kind of -- you trudge your way through it. And when I realized the doctors didn't know that was a scary awakening because I thought, you know I have a lot of family members -- my elders die of cancer and I watched them go. And this was before I knew anything about the treatments for cancer except that the doctors were God like, they must know what they're doing but they all died. And I thought if I know from their childhood what I did know from asking them, because I was curious to hear about how my elders, how they lived when they were my age and they all said that they were healthy. They all -- you know none of them had allergies like I had; none of them had musculoskeletal inflammation.

And so I thought if I'm a young man and I've had all of these ailments that they never had as a child yet they're dying of cancer in their 50's, 60's, and 70's honestly I don't think I'm going to make it to my 40's without this kind of diagnosis, maybe not make it at all. So I could kind of see that my future I didn't like the way it looked.

Ty: So being pharmaceutically grown, I liked the way you put that, what was the turning point for you?

Dr. Robert Scott Bell: Well I think the -- going to university I was studying to be a medical doctor. I really always knew from when I was just yay high I would grow up to be a doctor.

Ty: Did you have other doctors in the family?

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Dr. Robert Scott Bell: Yeah my uncle was a medical doctor and my dad was in the pharmaceutical industry and many family members were in that field; so yeah it was a model that I had. It was really the only model that I had. If you wanted to be a healer you were going to grow up to be a doctor. My son the doctor, you know? Good Jewish thing to do, right? And so grew up thinking that track and then when I was at Emory University in Atlanta studying through pre-med I had that awakening. I got so -- I guess fed up with the medical community; I was doing over 10 years of allergy injections at that point, over the counter prescription medicines, inhalers, etc. and I said point blank, "Doc will I ever be well? I've been on this medicine forever and it's all I know and I don't want to do this anymore."

And they admitted to me; however sheepishly that they didn't even know I was sick and at that point I thought, "These guys are the experts, they don't know why I'm sick but they're perfectly willing to give me shots and surgeries and drugs ... I'm leaving", you know I think they could see it on my face. And I think they pulled something out from second year med school, I haven't confirmed this but it's like "Wait a second you can't leave, don't go there's good news for you. There's hope", right I'm thinking "You wait till now? Nineteen years old and you're telling me now there's hope and there's good news? What is it? Spit it out, I'm leaving". And they said, "Well this, maybe one day you'll grow out of it". That was it. Poof. I was like "I'm 19, okay I got some emotional maturing to do but my physical body is that of an adult; growing out of it? No that's not a good answer" and I realized at that point they didn't have an answer. But I didn't know where else to go.

So it was about four or five years before my prayers were answered because that's what I was left with, prayer. "Please heal me, help me to get well." And I thought it might be a lightning bolt from the sky and I would have accepted it, in fact I probably would have been "Hey just send a lightning bolt and heal me". It didn't happen that way. In fact I was sent a healer if you will, a homeopathic doctor who had immigrated from Belgium to America and I studied -- ended up studying about 10 plus years side by side much like you learn to be a doctor in ages past, a master/apprentice relationship and got to learn things that even homeopaths don't get to learn in a kind of a watered down mass education way. And so rather than being miraculously healed, I was given the tools to heal. I was given a guide post so to speak and I was able to integrate the things that I learned and in that way I was able to become empowered to heal myself and therefore was able to do the same for others and have been for a long time.

Ty: Don't give a man a fish; teach him to fish.

Dr. Robert Scott Bell: Exactly. And you know I could have complained about it, "Come on just heal me; I don't want to work at it", but I had suffered enough that I was motivated, you know if you were going to tell me I needed to you know, climb stairs for day after day -- I was going to do it at that point but I needed to see results too. It wasn't that I would do that forever and never see but the things that I would put to the test would show me that indeed these principles that I was learning really worked and they worked not only for me but for my family and for thousands of other folks over the years who we've been able to help.

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Ty: So you're coming from a perspective that you were once very, very sick and now you've seen it actually work in your own life and in the lives of many people?

Dr. Robert Scott Bell: Yeah I like to joke; I've got all my old age diseases out of the way first. And it's reversing now and it's true in many ways, you think about the things that I suffered from including musculoskeletal inflammation it's like "Wait, isn't that a disease of old age?" And yet I had these things as a child and now I didn't know why at the time; I look back now and I know why and I educate others to understand that as well and so I have an opportunity to build a bridge for folks that you know it's likely that some thing that they're suffering with I've suffered with too so it's given me an advantage in being compassionate and being empathetic as well with the experience of suffering and helping you along the road to healing because I've been through the tough times of getting well where I didn't know that I was getting well or I thought I was and I kind of backslid when I wasn't really backsliding. It was part of a healing process, usually the things we were never -- I was never taught in a Western Allopathic Medical culture.

Ty: Speaking of backsliding you know this is the truth about cancer. This is a mini series on treatments for cancer prevention of cancer. And the thing that just rung a bell with me there you talk about backsliding. A lot of times, let me say this again. The thing that struck me there you mentioned backsliding, the truth about cancer series is about cancer treatments, cancer preventions. One of the things that is a common perception -- one of the things that's a common perception about cancer, specifically tumors is that shrinking is a good thing. The reality is that initially if a cancer treatment is working to shrink a tumor or to deal with a cancer that the tumor initially grows and then it shrinks. So it's just the opposite of common information, common misinformation perhaps about cancer. So let's talk about cancer. What exactly is cancer Robert?

Dr. Robert Scott Bell: I look at it as somewhat of a cellular rebellion or it's an abandoned ship scenario. You have maybe inadvertently, you didn't know what was happening environmentally there's been a major degradation within your body or toxic pollution type acquisition that you didn't know and it grew and grew and grew. And you didn't understand that it was happening much less how to undo it and the cells become corrupted, the metabolism of the cell changes to the point where as we know in cancer it doesn't die; there's no apoptosis anymore. But the cells themselves being so toxic they can't survive in a normal way so there's -- let's just say an adaptation, a cellular adaptation for survival. Now the host which you might consider yourself the host and the body might not survive this unlimited growth in this way but the cells themselves are trying to survive and get out. So I look at it as an ultimate deficiency disease also an ultimate toxicological proficiency disease.

You talked about a tumor for instance. When the body has some level of strength and it certainly has the intelligence whether it has the strength or not it can encapsulate these toxic cells in a tumor and I think that as you mobilize the defenses and prove immunity you can actually see as you describe these cells grow, a tumor grow initially but the body is mobilizing and encapsulating and

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protecting the entire body in that mechanism or in that way. And we -- you and I have talked about it on my show as well together about the idea of the success of allopathic cancer treatments when they say "Well look the tumor shrunk, it's so small yet the patient is dead", you know what good is that? Is it really about targeting and killing cancer cells or is it more about how do we re-establish the healthy integrity and the full metabolic functioning as the intelligence, the body and these cells know to do. And if that's the case what do we do to achieve that? We've got to remove the offending elements that get in the way and we got to give the body that which has been lost due to it's having to counter act the offending elements, toxins for instance.

Ty: So it's really a fundamental difference in treating symptoms versus finding the cause?

Dr. Robert Scott Bell: Sure, yeah managing symptoms, managing disease it's very profitable as is the oncological field because of it's monopoly status but healing is a whole different paradigm and that's why sometimes never the twain shall meet when you try to talk to some folks that are programmed in a way I was growing up. It's like a completely different language to learn that the symptoms are actually good; you welcome them even though they may be unpleasant but they're very focused on telling you something about what's happening and if you learn the language and listen you can change your future.

Ty: So Robert you just mentioned the word monopoly and I saw you recently on Fox News you talked about a monopoly of modern medicine and you went into history of modern medicine. If you could for the viewers here go into a brief five minute history of modern medicine. How did we get to where we are today?

Dr. Robert Scott Bell: Yeah this is an interesting thing that -- the history that is not taught and part of my interest in the subject not only because of my own health challenges but once I uncovered the fact that I was lied to about my health and my body and health and medicine in general I began to question just about everything that I was taught and as I uncovered these different areas of inquiry I found out indeed there's an official story about these things, including the official story of modern medicine. We're raised as if it's always been here, it's always been this way and the only doctors you could consult are medical doctors that prescribe patent medicines approved by the federal food and drug administration that I often call the Fear of Death Administration because the promotion of products that are in fact the leading cause of death, not the third, second but the first in fact when you start taking it all into account. So looking back at the history I became intrigued as to how did we get here? How did we get here and that opened up a huge can of worms.

Now as a homeopath eventually I became -- I learned about many things in history that we were not taught including the fact that in the Civil War, the war between the states and some would describe it as the War of Northern Aggression depending on your historical perspective you would go -- even today you'd go to a Civil War museum in the south and it is fascinating that you will find in the medical field kits, the little kits that they have, first aid kits they all had homeopathic medicine in there. I had learned -- I was steeped in the tradition

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growing up a lot of my years in the south and the Civil War never once did we ever acknowledge that there was anything like that in these kits, much less herbal medicine. And so there's a whole history that was hidden from me; now eventually I was introduced to Harris Coulter, he wrote a series of books called Divided Legacy. I mean these are books you can work out with, you can become big like you Ty and it's just incredible the history that was hidden from us about the schism between what we call homeopathic and naturopathic thought forms versus allopathic thought forms where they poison the body using mercury and different things and that's where Dr. Samuel Hanuman (ph) who was a physician in his day in the late 18th and early 19th century determined that the medicine that he was giving his patients was more harmful than the disease and he couldn't stomach that and that's where he was motivated to develop a system that became a broad based worldwide system called homeopathy utilizing small quantities or amounts of naturally occurring substances from the mineral, animal and plant kingdom. And in this way there was a growth around the world out of Germany of this new form of medicine.

Now eventually there was a schism because there was an emerging field of what we call patent petrochemical medicine based on the Rockefeller type oil monopoly that already established in the energy sector that was growing. They started finding out through organic chemistry that they can alter these oil based molecules into all kinds of things and they developed these patented drugs or drug molecules. Now these were very profitable but in order for the public to accept them because they are quite honestly, they are poison, they would have to take control of the education system. And at the time of the late 1800's, early 1900's, 20th century medical schools taught a lot of different things. There were homeopathic medical schools, there were naturopathic schools, there were eclectic herbal type medicine schools and so it was all there.

There was not one way and what happened was that the Rockefeller and Carnegie foundations were interested in establishing the one way. How would they do that, well they would get a hold of the education system and create a medical monopoly by basically eliminating all competition to patent petrochemical, medical education; that's the Flexner Report of 1910 that became known? Abraham and Simon Flexner were hired to do this, it was a pre-ordained commission report and eventually by about 1947, 48, 49 you couldn't find a homeopathic medical school or the curriculum existence. Even at Emory University there was evidence that they taught some homeopathy up until about 1949, that's a major medical school today. Hahnemann College in Pennsylvania, Philadelphia is named after the founder of homeopathic medicine, they don't know that or many don't and in fact the only physician that has been honored with a memorial, a whole statute memorial in Washington, D.C. our nation's capital. The only physician so honored with that is a homeopathic physician and is Dr. Samuel Hahnemann.

Ty: That's fascinating history and that explains why medical schools today, why medical doctors today have trained that is drug intensive and know very little about nutrition, know very little about homeopathy or herbalism or however you want to put it --

Dr. Robert Scott Bell: It's as if it doesn't exist.

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Ty: And could that be why doctors that do teach homeopathy, that do teach herbalism are thought of as being quacks at times?

Dr. Robert Scott Bell: Well yeah you converted the narrative to you know from accepting the natural way of the -- of the natural order of the years -- I mean the Bible, it's the plants that were the gifts of creation and that gave us the medicines that we needed, you know that would nourish us and somehow we abandoned that over the course of the last 100-200 years. For what? For petrochemical ultimately a petrochemical monopoly. Again there was funding associated, federal funding, matching funds with these -- these so called trusts that were very profitable. They found ways that they could convince the public through public relations campaigns to donate for instance the American Cancer Society and that they would be matched by these wealthy elites on that level that were really profiting handsomely on the back end of this and thought of us all as fools; in fact we were. We bought into the myth and the lies that the only way we could survive the plagues and the infectious disease is to embrace a petrochemical reality that yes, could kill things but could also kill all of us in the process and we're seeing now generations into this as the rise of chronic disease in younger and younger children for the point where you're seeing babies born almost in a cancerous state and that's unacceptable to me but I didn't know any different.

And you know the argument can be made only it's a ridiculous argument that the reason this is happening in children is that they're living longer than they used to; that's why there's cancer and more cancer in kids; I mean it's absurd. Why would we have cancer in children? These are not genetic diseases any more than autism is a genetic disease but that's a whole other story but it relates.

Ty: So talk about the effects of environmental toxicity; I think that's kind of where you're going on the cancer epidemic that we have today?

Dr. Robert Scott Bell: Yeah well we have the dawn of the industrial revolution of course brought a lot of toxic pollutants into the air so we had a lot of airborne soot, different things coming down, a lot of mercury in the soot as well and that began to contribute to different diseases of the lungs because that would be our primary mechanism of interaction with these toxins at the early ages of the industrial revolution. We can also see if people were packed into cities and the smog covered there was coal fire plants everywhere and everybody was heating the homes this way that they would also block out a lot of the sun and have vitamin D deficiencies from lack of sun exposure. So there was this combination of the toxins as well as the elimination of certain natural exposures to good foods or even the sunlight that was so helpful.

But these toxins there's a price to pay not only are they obviously pollution, they're dangerous but what do they do in the body metabolically? The only way to counter them is to of course have adequate minerals, vitamins, trace minerals, all of these things. This is what the body uses to bind and ultimately discredit the bad guys so to speak and if you have enough of these toxic pollutants coming in from day one every day, never an escape from it because you don't know a lot of times they're now invisible. They come in through pesticides in food, they come in through other contaminants through the water if

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we're not purifying it and structuring it in a proper way and these things will over time deplete the mineral content of the body, the stores that we have that would normally come from the soils from the food that we eat. And at that point, again these are subclinical, they're not overt deficiencies like scurvy or berry berry but they're subtle over time they are diagnosed as main diseases by modern medical doctors and physicians and treated as if they're a deficiency of some sort of patent medical drug approved by the FDA, which is absurd.

We don't have a drug deficiency, there is no such thing as a drug deficiency disease and every symptom you take away with a drug you add 10 others because you're adding more of the toxic pollutants that your body is then having to give up the minerals to neutralize and bind and excrete and get it out of the body. So as you deplete those minerals you have less of a defense, your immune system becomes more deregulated and now the toxins can proliferate unabated and at that point they impact the metabolic functioning of every cell in the body or specific areas if you have enough strength to mobilize those toxic poisons in those cells you might wall it off in a tumor, but a lot of times now we see a systemic growth of cancer because we no longer have certain minerals like silica which are critical for connective tissue integrity. And that is what keeps a tumor let's say or a cancer, or a cancerous growth from metastasizing because it chews through connective tissue in this way. So there are a lot of aspects to the toxin factor but you can't disconnect it from the nutrient factor, the mineral factor so they go hand in hand.

Ty: Talk about the effect on the immune system of the environmental toxicities because a recurring theme that I'm hearing from doctors that I've interviewed is cancer can't exist if the immune is -- immune system is functioning properly; so talk about that.

Dr. Robert Scott Bell: Well the toxins impact the liver, the liver is your main organ for detoxification that bind and eliminate and excrete through the colon as solid waste or sending to the kidneys as a liquid waste. If the liver is not doing its job, of course what gets to the kidneys is often a form that the kidneys can't handle very well and the toxins then circulate through the system, the body tries to find a way to tuck it away somewhere else. Now a big way that we interact with these toxins is through the gastrointestinal tract, the alimentary canal. And these toxins are going to impact on the microfilaria.

The microfilaria is the seed of the immune system, along with the liver but in the intestines are 70 or so percent of the immune system is there and when we impact our healthy flora, the good guttology (ph). We impact negatively our ability to have a normal interaction with the outside world because technically that gastrointestinal tract, that alimentary canal from your mouth and we did astrological, I love to do this out through the planet Uranus, you have this tube that's technically outside of your body even though it's in. It's the outside environment carried through and there's that barrier, that epithelial barrier that is your -- that epithelial integrity is critical to protect you from things that shouldn't get it including these toxic poisons or even metabolic waste.

And when that barrier is corrupted via toxins, additives, preservatives, colorings, flavorings, pesticides, herbicides, fungicides, plastifiers, GMO's, genetically

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modified ingredients now and heavy metals especially like mercury you pierce that barrier, you impact, you create inflammation and now you have leaky gut and the bacteria themselves are no longer in a hospitable environment and so you have disbiotic organisms growing, you have Candida yeast albicans overgrowth in different forms of Candida and there's so many things that go wrong it's amazing that we survive it all but that's a testament to the creator that we've been created with span so much assault. But we have a limit and that limit of course is when the toxins overwhelm our ability to deal with them, the accumulation can no longer be held in check then we have that deregulation and these cells proliferate and our immune system no longer has the strength and integrity to be that barrier, to fight it off, to keep it in check because of all these other things that occur. The liver toxins, the intestinal toxins, etc. so this is where the immune system is corrupted, the gut primarily along with the liver and that's why I always start my focal point of healing for anybody by working with the liver and the gut. And then we are not even necessarily chasing a symptom, chasing a disease but we're correcting the terrain and the environment at its source.

Ty: You mentioned dysbiotic -- let me say this again. Robert you mentioned dysbiotic organisms --

Dr. Robert Scott Bell: Why are you looking at me when you say that?

Ty: Can you please explain that?

Dr. Robert Scott Bell: Well we have a symbiosis, right? A symbiosis, it means all of these bacteria and we have more bacteria in our gut than we have cells in our body; so it's an extraordinary thing to consider. It's humbling really to think that we rely on these microbes that we're so frightened of, that modern medicine says we have to kill at all costs with antibiotics and things. So in a healthy balanced soil for instance if we talk about our organic farmer friends they know about the healthy bacterial balance in the soil, the humus -- I'm eating, I'm hungry right now.

But we have in organic soil just millions of life forms, bacterial balance that they're doing wonderful work, they're transforming the soil into something that is bio available for the plants that grow in that soil so that when you ingest those plants you actually have the minerals that were made available via these micro organisms. Similarly in our gut that is how we digest our food, those micro organisms make available and actually can produce a lot of the vitamins and make the minerals available for us as well. So in balance they have this function, they know what to do, nothing is getting in the way; it's great. When we lose that balance and this could also happen in a dehydration chronic low level dehydration scenario.

The bacterial balance shifts and what grows there changes because nature abhors a vacuum. If you have one environment certain things grow in that environment, you change that environment, you didn't add or take away the micro organisms -- the micro organisms begin to change. There is something called polymorphism, literally you know my friend Christopher Byrd who wrote *The Secret Life of Plants and Secrets of the Soil* all those years ago. He terms

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this phrase “An insect could become a rose bush”. I mean it’s a concept that a bacteria and a virus and a fungus may no be mutually exclusive. That if you change the environment drastically enough, what grows there changes even if you’re not exposing new things to come into that environment; what grows there shifts. That’s the law of the terrain, that’s Antoine Bashaw, that’s Claude Bernard; that’s the stuff the doctors don’t learn in medical school. This is the cornerstone of the law of the terrain that differs from this concept of the germ theory that says we got to be afraid of the microbes; no we have to nourish the microbes in that healthy balance so it won’t grow out of balance and create that dysbiotic or even infectious state where now our immune system is always on trying to defend ourselves and it depletes and weakens over time to the point where we become immune deficient and we can no longer control the rogue occasional cancer cell, which is a normal part of life.

Ty: So that would explain then the difference, the germ theory versus the law of the terrain as you’re mentioning. Germ theory says beware of the bacteria and the fungi and the viruses, the law of the terrain says change the internal terrain so that when we are exposed to these external pathogens --

Dr. Robert Scott Bell: We have a natural defense. Yeah we have a barrier and the bacterial themselves are that barrier. But if you alter the terrain what grows there is altered and that’s the point. We perceive in the west that it’s what we catch, it’s what we encounter and the reality is when we study Antoine Bashaw and Claude Bernard, that was the French physiologist that you know it’s all about who knows who in history. Pasteur was friends with the Emperor so even if what he said was not true he had the favor of the Emperor so it went. Bashaw maybe not so much, Claude Bernard maybe not so much but even though these were the geniuses they knew what they were talking about and they were right and Pasteur borrowed let’s say -- kindly borrowed, I think he stole a lot from them but then corrupted it in relating this concept of the germ theory which says “We must fear the microbe rather than nourish the terrain so that the pathogenic variety can’t grow there”.

Ty: So the law of the terrain then -- so then Robert the law of the terrain would say -- would explain why you go to an office. On Monday morning you’ve got a sick person hacking up, coughing, got the flu. The next day maybe there’s 20 people in the office, 10 of them are out sick and the other 10 never get sick. That would explain it; they all encountered the same germs --

Dr. Robert Scott Bell: Some don’t get ill and you know that is somewhat our internal environment that we carry with us but let’s say we’re constricted in that same office and we’ve been exposed to certain toxins, environmental toxins within that office, cleaning solutions, you know chlorine based things. That makes us susceptible and we’re all in that same environment. It’s kind of like when they say in a family “Oh my gosh it must be genetic, everybody got cancer in that family”. Well they all grew in the same environment; they all ate the same food, who looks to that? The oncologists don’t because they’re more keyed into this concept that it’s just your genetics, it’s a crap shoot, you got unlucky; let’s give you some chemotherapy and play a game of chemotherapeutic chicken.

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Let's hope that you and your cells survive longer than the cancer cells. It's an absurd notion, it's a dangerous notion and it's a notion not rooted in real science in the science of what I call creation. How does it really work? Polluting the body, polluting a lake to heal it is absurd. It's like you know abandon through the free market to save it; if I can talk about in economic reference in that regard. You don't abandon principle to salvage to salvage principle. And our allopathic friends, if we can call them that have abandoned the principles of natural healing and I understand why they did it but it's time, it's over time to get back and re-embrace the laws that are immutable in all of creation.

Ty: Let's talk about the law of the terrain in relation to cancer. We talked about -- I made the example of the flu, but let's talk about the law of the terrain and how that might impact why someone might be diagnosed with cancer and someone else might not.

Dr. Robert Scott Bell: Yeah well we all have strengths and weaknesses and in homeopathy we talk about miasmas, inherited pre-dispositions so it's not like we ignore genetics completely but the reality is what makes them manifest is an environment. This gets into something called epigenetics. You know one of my favorite interviews a few times I met and befriended him, the cellular biologist Bruce Lipton, talked about -- opened my eyes to this whole field of epigenetics that the environment impacts on genetic expression and that your very belief about life and everything impacts on genetic expression. So you can literally change your genes by what you believe and of course if you talk to any doctors that work with cancer holistically they'll recognize that they can do everything to remove toxins and replenish the soil of the body, give them minerals and things but if the patient doesn't believe he or she will get well there's not a lot you can do ultimately in that regard.

So we talk again about the terrain and the cancer and everything, the terrain is everything. It's not just the physiological playground so to speak but it's our mental thought forms, it's our emotional stay. You know it may even be stress or like economic stress that has got us bummed out or political stressors or I get to the realm of the spiritual concept and our good friend Dr. Buttar talks about spiritual toxicity as well and the *Nine Steps to Keep the Doctor Away* and his practice that's an important part of this. But the law of the terrain is everything and it's nice though that we can use those same principles on all of these levels or layers so that we can say there's not exceptions to the rule. And if there are they're just deeper understandings that we didn't know yet; they always fit into it and that's why I'm so confident in what I speak about on my radio show and what I teach and what we've written about in our book together as well, Unlock the Power to Heal.

Ty: So Robert here's a couple quotes I want you to talk about. First I've heard you say that the most dangerous thing a person can have is good medical insurance. What do you mean by that?

Dr. Robert Scott Bell: Well it's a funny thing to say and some people get offended when I say that because you know the biggest bulk of the American population unfortunately we've been clamoring for affordable health care or affordable health insurance which really nothing about the system supports

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health; it is as you said medical insurance. It is covering management of disease; it's not preventive of disease and if we were to look at the appropriate role for insurance it would be dealing with catastrophic unexpected scenarios. That is a legitimate role for insurance. Not the way it is utilized today as a third party intervener in the doctor, patient relationship. And going back to the monopoly of medicine and the Flexor Report they limit your choice of doctors, any kind you want as long as it's allopathic, right? That's like old Communist, Russian or East Germany; you can have any color car you want as long as it's black. It's not much of a choice but we've been convinced that we have to have a choice within the no choice scenario.

And so when we talk politically about whatever you want to call Obamacare and it could have been Bushcare, it doesn't matter to me, that it embraces exclusivity and a monopoly and mandates your participation and it is a corruption to begin with. So if I say the most dangerous thing you could have is a good medical insurance, it is the reason is this it's because it guarantees the doctors will order every invasive test possible and give you access to every invasive medical procedure, drug, anything and these things are deadly, deadly. And when you find out what really cures cancer and heals cancers I mean heck just read *Cancer, step outside the box* by this guy -- who is this guy? Oh Ty, that's you. You'll see that the reality is more people die of the treatment of that form of monopoly medical oncological treatment and if you did nothing, if you did nothing you would be at the very least survive the same amount of time but with a much higher quality of life and in most cases you may live far longer if you did nothing. Although there are some things, many things in fact that you can do and that's what we're doing here, revealing at least some of those things that you can do. So yes, I believe as it is today the most dangerous thing you can have is good medical insurance.

Ty: Thank you for that. The next quote Robert, I've heard you say that what we have today is a "church of biological mysticism" with the medical doctors being the priests.

Dr. Robert Scott Bell: The high priests and the church; you know I modified that a little bit you know I credit my good friend John Rappaport investigative reporter. He's written a lot and been an inspiration in so many of these things asking all the questions that no other reporter would ask and I now liken it to the "church of pharmaceutical mysticism" really because biological -- they don't even honor the biology that they claim to know but pharmaceutical mysticism, yeah the magic pill, right? And this is something that is greatly concerning because I grew up with these magic pills and they devastated me and I had to work very hard to undo the damage that was caused in me, to my liver, to my digestive system, to every system of my body. So the other aspect of this which is very controversial although they do cover it is vaccination.

They sacrifice children on the altar of this church of pharmaceutical mysticism with the needles of big Pharma as I call it. They argue that the only way we can survive childhood is to somehow elicit an artificial antibody response by injecting toxic poisons that you wouldn't put in the bottle of that same baby to make them drink. In fact if you did you might be charged with a crime, attempted murder but yet they institutionalize this concept of injecting little babies with this. And so this

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is really it's a cult, it's a dangerous death cult, allopathic medicine. Now that's not to say they're not good at putting humpty dumpty back together again; that is where they excel emergency trauma medicine. I don't take anything away from them in that regard in their skill. But when it comes to managing chronic diseases that they create it is an absolute disaster and you want to get out of what we need to get out of it if we're going to not only heal cancer really but prevent it from ever having to happen and it doesn't have to happen.

Ty: Talk about some of the chemicals in the vaccines, some of the additives, the adjuvant and other ingredients that maybe carcinogenic.

Dr. Robert Scott Bell: Sure, I think the biggest one -- well the class of them are heavy metals. Mercury, A number one and if you look in a homeopathic material medica there are pages and pages and pages almost more than any other let's say substance listed in that material medica of potential effects and actual effects at even minute doses, minute exposure to mercury. And this affects every system of the body, the endocrine, the neurological system; you name it, the digestive system, the epithelial tissue. Mercury is the biggest baddy of them all and it -- ultimately I believe facilitates cancer. Now aluminum is their next go to adjuvant because it hyperstimulates and aggravates the immune cells and they want to elicit this antibody you know, artificially is the best way to say it.

And they think that's going to be enough to prevent you from getting a disease but if you've ever had Chicken Pox as a child like I did and I got my kids to Chicken Pox parties when they were kids too to get it early. They now have what we call a natural immunity against the Chicken Pox virus but does it last your whole life? Well apparently not in everybody because there's something called Shingles, which is a manifestation of the Herpes Zoster Varicella or the varicella virus in adulthood in cases where you already had the Chicken Pox so you already have the antibodies and the recognition of that virus; so why is it that even though you have the antibody you still succumb to it in a different manifestation? It's because the antibody is not sufficient to protect you.

I don't speak ill of antibodies, it's not like I protest antibodies; I mean they're good. They're fine, but they're not really the way we primarily interact or protect ourselves. They're way down the list of issues. Primary immunity is gut health, its liver health, its hydration, it's mineralization of the body and you know let's say you've weakened yourself to the point where you're no longer functional in an immune way. You can identify a virus because you have an antibody and have not the energy or the strength or the tools to address it and protect yourself so what good is the antibody then? So it's an immature understanding of immunology and yet they're the ones with the degree, which is why I call them a degree because they're not using the sense God may have given them.

When they understand that and they say "Of course we've got to embrace the natural" -- we've got to restore integrity to the terrain. We've got to look at the floral issues, we got to get rid of the heavy metals and those are just some of the things. We've got foreign RNA and DNA from animals, aborted fetal tissue in these vaccines. You've got formaldehyde, you've got anti-freeze like compounds, there are so many things that if you knew what was in it as I said you added that to a baby's bottle you would be charged with attempted murder.

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Ty: But it's okay to inject it though; that's kind of the disconnect, right?

Dr. Robert Scott Bell: Yeah you can tell I'm for vaccines. We would use homeopathic forms of these things, they're called nosodes, N-O-S-O-D-E-S, nosodes and that's taking -- you can take a vaccine or you can actually take attenuated or tilled forms of these so called pathogens, virological materials and you can convert it by a serialed dilution to the point where it's completely safe and could never cause an ailment or an illness and you could administer it homeopathically and you could sensitize the immune system or you can actually help to detoxify from the negative effects of the vaccinations. We talked about vaccinosis, homeopaths have known about it as long as there's been vaccination and we have solutions to reverse that damage but we'd rather not inflict that damage on any child to begin with.

Ty: And the interesting thing about these vaccines, these drugs is that most of the time they're FDA approved, right?

Dr. Robert Scott Bell: Yeah the FDA says they're perfectly fine to take and give and they're never been any double blind placebo controlled cross over center studies to determine safety or efficacy of any of these vaccines. So for them to claim that they actually work based on what? Anecdote. They claim it and they say "Well it's good enough for us" and you point out that the double blind placebo controlled studies have not been done; they yell at you and scream at you and call you names and say "That would be unscientific; that would be unethical to do that". In the meantime there are thousands of families around the country that would be happy to volunteer information about the health of their children who have not been vaccinated so they could do cross comparative studies looking back; that's how they do these studies. Yet they claim they can't do it. They don't want to do it because they'd find that the children who have not been assaulted in this way by a syringe are much healthier and they have fewer and fewer chronic diseases.

Ty: Speaking of the FDA I've often heard that we have the fox guarding the hen house with the FDA. Speak about that.

Dr. Robert Scott Bell: Well you have a regulatory agency that on the surface you would think would be a good thing. Let's protect the public from dangerous foods that have been adulterated or drugs that might be dangerous. Now in the early years of what became known as the FDA you had Harvey Riley who promoted the Pure Food and Drug Act; this is the early part of the twentieth century. This guy would be turning over in his grave right now if he knew what the FDA was doing because instead of protecting the public from dangerous food and drugs it's protecting the food and drug manufacturers who are producing dangerous food and drugs from the people that they're harming. So we have an industry that is now being regulated by folks that are in and out of the industry and the regulators. In other words the higher ups in government know that as long as they're very kind to the industry or the specific corporations that they're supposed to regulate once they leave government they can be guaranteed very profitable well paying cushy jobs for life and retirement that they would never have to concern themselves for. And so it's this what we call incestual relationship between government and industry that has devolved from

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a legitimate role of protecting the public to one where the regulators are protecting the industry from the public. so it's a very dangerous situation, we see that with the EPA and pollution scenarios as well. It's a concept that we might support in theory but in practice today it's not working.

Ty: Speaking of protectin what are the most -- the best protective steps that you can implement in your own life to prevent cancer?

Dr. Robert Scott Bell: Sending your kid to school wrapped in Saran Wrap; no I'm just kidding of course. I've always laughed at that scenario and when you brought up the issue of infectious disease how some kids or some adults don't get sick when they're exposed and of course the parents aren't sending them wrapped in plastic.

Ty: Boy in the plastic bubble.

Dr. Robert Scott Bell: Yeah exactly. The reality is that their strength is such that it protects them. So how do we protect ourselves from cancer? You know we've got to live differently; we got to think differently, we've got to believe differently, we've got to find our mission and our passion in life. When we talk about the spiritual reason for being here you can develop cancer from having that spiritual toxicity where you don't know who you are or why you're here could create such depression and misery and disconnect that that alone can create corruption to your physiology; that's the connection we have. The body, mind, spirit concept.

But if we talk about the simplest things because sometimes it's harder honestly to be spiritually disciplined than it is to be disciplined in your physical body; like to exercise which is vitally important. But how do we exercise choices that benefit our physical body that means choosing food that is not corrupted. Food that has not bee poisoned or intoxicated by the additives, preservatives, colorings, flavorings, pesticides, herbicides, fungicides and beyond. We've got to go with not organic, we've got to go beyond it and really clean up what's coming in. Get to know your local farmers, even if they're not certified organic, they might be cleaner than organic but the process of dealing with the federal bureaucracy may be such that it's untenable to do so I won't say only organic. I will find out that is the farmer growing things the way that I would grow something, that I would feed my own children and grow your own food, bring that back in.

We've all got to do like after World War II, we had victory gardens. We now have to declare liberty, liberty gardens. Everybody should plant even one thing, if it's just an herb, it not a bed of lettuce something that can change and transform our lives because we don't have enough control over the food supply and it is contaminated around the world even the organic food is not as clean as it once was. So for me it's very important what goes in, that means also purifying, cleaning the water, talk about structuring the water as well because there's an energy to water, that's why homeopathy is so amazing. That goes beyond merely filtering it and cleaning it; so there are other nuances to protecting ourselves from cancer .There's always something more to do but at the proverbial end of the day just do what you have genuine control over, right? You can do that which you can -- that you can turn over to God, pray on it. But that

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which you have control over, we are asked to do. We can't slack off on that which we have genuine control over to choose cleaner foods, to choose cleaner waters; to not do certain things that we know are self destructive. These are within our power, we're asked to do that. We can't abuse the privilege of life and say "Well nah, I don't want to do that one". Ultimately we have to take control over that which we have been granted and given control over.

Ty: So let's go into a practical application of that. So you -- Robert Scott Bell goes into the grocery store and you're going to take control over the foods that you buy. What foods are you going to buy that prevent cancer; give me six foods?

Dr. Robert Scott Bell: You know I go into a grocery store today, I go catatonic. I'm not good at that. My wife has to do it or I have to have a very clear list.

Ty: Let's say you're not in a grocery store; you're just thinking of the best foods. What are six foods that you have control over, that you have control over what you put in your mouth. You may not be able to have control over the air you breathe but you have control over what you eat. Give me half dozen foods that you believe are some really good foods for preventing cancer.

Dr. Robert Scott Bell: Right. Well you think about the super foods, right? Because a lot of foods may contain high calories and some minerals and vitamins they might not be as densely -- let's say proportionately speaking they're because we've got to counteract so much of our environment. Where it may have been simple enough to grow your own food and eat all of the food as it was growing. I believe right now we are dealing with extraordinary times, maybe catastrophic in the devastation to the environment. And because of that just selecting certain foods that I think would be good. Like I'm not personally a big fan of beets; I had an allergy to it as a child. I believe now looking back that I wasn't allergic to beets but because beets have such a powerful beneficial impact to the liver for instance that it was helping me to detoxify and it was misinterpreted as an allergy for instance. So that's a great food. Super foods and super greens, kale is an excellent food that contains a lot of good things. Sea vegetation; if you can find non-contaminated forms of sea vegetation and there are many strains of this create the most minerally rich, abundant super foods on the planet. We need to look also at the mineral content for the connective tissue; I talked about silica. Most of the foods unfortunately that we eat have been robbed of these trace elements because industry has found it much more profitable to take those minerals and use them for different reasons and they leave us with deficient foods.

So we talk about something like silica you could go to something like the horsetail extract, something that you could grow and make into a tea yourself or concentrate in whole food form from a tea and now you have an abundance of silica which again is one of those trace minerals so critical and the only time you'll find in a health food store is in a little beauty section for women that want to have better nails or hair or skin. And yet we ignore the fact that the integrity of the entire connective tissue of the body, vascular system as well is dependent upon that humble trace element that has been removed from most foods.

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We talk about foods like whole grains that used to contain abundant amounts of chromium and they've been robbed of the chromium because the soils don't contain it or industry refines it out. Chromium, why do we need that? The form that I talk about is grown as food because it manages what? Sugar, blood sugar; it helps to deliver it successfully into the cells and mobilize it out of the cells should we need it if we don't have enough coming in from external sources. And then we see the -- Dr. Buttar calls it the obligate glucose metabolizer cancer really taking advantage of the fact that we are chromium deficient. It has access to the sugar very readily because we don't have the chromium necessary to bind it and help deliver it so the cancer cells can't get it. So that'd be another aspect.

Other foods like Brazil nuts are rich in Selenium, although we see as well now lower than it was and we need for real metabolic benefit of selenium higher quantities than we're getting just from Brazil nuts and other foods. So concentrating selenium in a food grown source reform is going to be critical, utilizing upwards of 200 micrograms a day bare minimum as preventive maintenance. But upwards of 400, 600, 800 or even 1,000 micrograms of this food grown form of selenium to reverse the cancer like no other trace mineral can do. And rather than believe the FA and their corrupt study of yesteryear that says selenium can be toxic to you. The form that we're talking about is not a synthetic isolate of food grown form, we can take large quantities without concerning ourselves with toxicity and it will greatly benefit the cancer patients almost more than anything else.

Ty: So Robert talk about pesticides and cancer; one of the things that I have heard thus far from other doctors is that pesticides have an estrogenic effect on the body; so can you talk about that?

Dr. Robert Scott Bell: Yeah we talk about disrupting endocrine integrity, endocrine disruptors. Now the hormonal system is a brilliant system; I mean you're talking about substances that can be found in your body at parts per million, parts per billion, parts per 150 billion; I mean there's not a lot compared to everything else in your body. Yet you put these pesticides in there, some of them will outright destroy a hormone for instance on contact. But in many ways some of them are mimicking because that's the way they work in the natural world to disrupt the insect reproductive system and such. So we have that larger effect in the macro environment or in our environment and when we alter the endocrine function and we disrupt you know process, metabolic processes that keep us young and functioning and vital.

And so this also relates to enzymes because these pesticides as well as being endocrine disruptors they destroy the enzymes that are the essential tools of life. That also are found in the body at very minute levels relative the entire content of the body's liquid mineral content; and so at parts per million these pesticides not only disrupt the endocrine integrity but destroy enzymes in our ability to break things down and bind things out. So it's a corruption, a vicious corruption not only of the food supply but our own functional integrity that gives rise to the very cancers that we're trying to prevent, which is again why I say "You've got to clean up what goes into your body". You cannot subsist on pesticide laden foods and overcome cancer ultimately.

Ty: All the more reason to go organic if possible.

Dr. Robert Scott Bell: Yes.

Ty: Last question Robert, Doctor comes to you and says, “Robert Scott Bell your last blood work shows that you have lung cancer”; what do you do?

Dr. Robert Scott Bell: Well I’m going to nebulizer silver. Silver is shown to have profound oncolytic properties. This is something we can do. We talk about Ph issues sometimes; I don’t know if you’ve covered the use of the baking soda in this way. You can actually do a lavage within the lungs to nebulizer that into certain tissue of the lungs; it’s a little more difficult to do. But the silver alone is profound because the cancer cells don’t have any anti-oxidant defense mechanism and the silver brings with it as much as 10 times its atomic weight in with every particle of silver at a micro level; we’re talking a nano scale level. And you can overwhelm and devastate cancer cells in that area; you can inhale that deeply into your lungs.

Ty: And that’s what nebulize means.

Dr. Robert Scott Bell: Yeah to take a liquid into a vaporous state for safe inhalation and so this is one of the most profound most radical and direct ways you can neutralize cancer within the lungs and most people don’t know about it.

Ty: Any other steps that you might take at that point?

Dr. Robert Scott Bell: Well connective tissue integrity and come back to silica, we come back to metabolic sufficiency meaning selenium and chromium and the same ways we talk about it. I would do homeopathic medicines that directly impact on lung tissue and even sarcodes, homeopathic dilutions of cancerous tissue, cancerous cells from the lungs themselves and that also mobilizes the immune system to attack and hold in check those cancer cells; so there’s a number of factors, number of things that you can do in that case.

Ty: Well Robert it’s been fascinating, it’s been very informative. I know that the watchers have really benefited from your lecture today and so have I; so I wanted to thank you for coming and talking with us.

Dr. Robert Scott Bell: Thanks for bringing the power to heal back to the people.

Interview 4



Dr. Rashid Buttar

Author & Lecturer
www.drbuttar.com

THE TRUTH ABOUT CANCER

Ty: So we're here today with Dr. Rashid Buttar in his office in Huntersville, North Carolina the centers for advanced medicine and clinical research. So I want to thank you first of all for being with us today, taking the time. So tell us a little bit about yourself, your background; I know that you were in the Army. So tell us about your background, your medical background and how you got to where you are?

Dr. Rashid Buttar: Well I used to tell people to wait until the book comes out and the book already did come out so if I could just go through that story it's kind of a long involved story, but the short version is essentially I was an athlete in high school and college. I always felt the aspect of exercise was important in maintaining health, preventing health, obviously diet and nutrition plays a role in performance -- performance enhancement and so I always had that kind of an interest. I was training in general surgery and the deterioration that occurs in the human body while you're going through that type of intense training where you're taking call every other night, you're up 36 hours, 40 hours at a time, sleep two or three hours in that time cycle and you take call every other night for a year or two years, three years all the way up to five years for residency it takes it's toll on the body. And I experienced that; I experienced one extreme in having been in Korea with the military being deployed [Indiscernible 00:02:39] and residency getting to that point of extreme fitness and coming back through the Red Sea and deteriorating. Just saw how the body goes through these changes; plus nutrition being a key component in prevention and then when you don't have the nutrition meaning that you're drinking coffee, sprite and eating donuts and that's basically you're nutrition while you're in your surgical residency program. No time to exercise, no time to do anything else, and barely any time to sleep at all the body goes through that transformation and so I got to see both extremes.

And when I took a leave of absence from my general surgery residency I was planning on taking a leave of absence for one year trying to save a marriage and while I was in the medical center where I was doing my residency and left and went to [Indiscernible 00:03:27] Community Hospital in South Carolina, I was Chief of ER there for awhile and it was a lot of things that happened, you know more leisure time now, you're working when you work and when you're not working it's like everybody else that has a job you get time off and start to get back in shape. And the doctors in that particular area in that hospital start to realize after talking with me and my philosophy was a little bit different I believe when something is different. When a patient would come to them in internal medicine and different department family practice and they would say "Well if there's anything else I can do natural" and they'd say, "Well why don't you go talk to Dr. Buttar in the emergency room. So I would have people in the hospital come down to the ER to talk to me about if there's any other ideas and it kind of forced me to start looking at other things, which I had no idea. There's a story about a particular patient, cancer patient that made that transformation for me and I wrote about it in the book.

And it was a brief powerful experience where it was late at night, a woman came in, the head nurse, a major in the US Army, slid the chart to me even though there were other charts in front. And there's a triage process where the nurses will take a person that's an urgent situation, hand it to you because they want

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you to look at that person first because it's something pending. And so I looked at this chart they slid in front of me thinking it was more urgent and it was a lady with constitutional symptoms and swelling in the one extremity and I'm like, "That's not an" -- I slid it back and he slid it back in front of me and said, "I need you to look at it now". And his voice kind of cracked and I turned around and looked at him and he had tears in his eyes so I realized there was something else going on. And this woman happened to be the best friend of his mother and his mother had just died about two months earlier, this major in the Army again, head of the ER department.

So as a favor to him I saw this woman, I go in there and you know she had a history of cancer, pretty standard but I as a side note here I was known for my speed in the ER. National average is 2.3 patients or 2.6 patients per hour and I was like 6.9 patients per hour and I -- you know I also had the lowest what they call "fly back rate" meaning that I had less patients that would come back to the ER because their problem wasn't solved. So they always look at what your bounce back rate is and I had the lowest which was what you want. But I also had the highest rate of seeing patients and so my reputation was I never sat down in the ER. I mean I went from patient to patient and took care of what was needed and so with this woman it was pretty clear to me that she had a recurrence for cancer -- I ordered a CT scan, 20 minutes later came back, read the report showing she had mass effect from a tumor that was growing and the reason her leg was swelling up was because she had lymphatic obstruction. So it's pretty clear, it's pretty obvious and so I told her I said, "Ma'am, you have recurrence of your cancer, you need to follow up with your oncologist and start getting treatment" and as I turned to walk out she said something that you know in retrospect you can go back and you can see how your entire life flipped at that very instant. At that moment I didn't realize how much of an impact that would have but she said these words that I'll never forget and those words were, "I'd rather die then let you bastards touch me again". Those were the words she used.

Ty: Wow.

Dr. Rashid Buttar: And all I can tell you was that the impact that had on me was the first thing that went through my head was "I'm not one of those bastards"; I never put myself in the same categories of those doctors and I was desperate to get across to her that I wasn't one of those bastards and I did something I've never done in the ER to that point; I actually sat down. I didn't know what to say, I didn't know what to do. I just sat down and I was looking for something to you know, give her. You could tell that she literally meant she would rather die than to have anybody touch her again. And she kind of softened too because she could tell that I was trying. And it just so happened that I had watched a show on TV about a month before on 60 minutes Bill Lane, the shark cartilage (ph). And so I didn't know anything about it; I just know what I've seen of the show so I suggested that to her.

So I called her oncologist and basically told him what was going on but I also told the patient that, you know you need to fall up with your oncologist but this is something you may want to try, she ended up trying it and pretty much you know I didn't think about it again. About three and a half months later this

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woman comes into the back door of the ER, she's waving some kind of report. She kind of looks familiar, I don't really remember but I kind of can see the face, resemblance of someone I may have seen before. And she comes up and she's got this big fruit basket and she hands me the fruit basket and she hugs me and then I realize this was the same lady. And she's waving this report at me and I looked at the report and it showed 75% reduction in her tumor and she didn't do any chemo/radiation; she just followed that suggestion of the shark cartilage. And of course it was filtered and etc., etc. there's a whole bunch of different things. I'm not saying shark cartilage fixes everything; I'm just saying that that was one thing that this lady tried and it really helped her and that was basically how it all started for me where more doctors heard about this and whenever they had a patient that wanted to look at out of the box option they would say "Go see Dr. Buttar in the ER" so between my trauma patients and it just kind of extended from there.

And it's really, on a side note also interesting that Bill Lane who actually the show was about years later interviewed me and it was before he died -- I don't know if you knew who Bill Lane was but before he died he had an interview with me and he didn't realize the story how his show on 60 minutes had such an impact on me you know, 17 years earlier whatever it was; so it's kind of a cool thing for him too and I think he died a few years later but it was really nice to know that here was a guy that I just heard about and watched and then over the next 10, 15, 20 years as I evolved and as my reputation became more known Bill wanted to interview me; so it was kind of a cool thing. I told him that story and it really moved him because he said that was his introduction to actually dealing with cancer from a non-conventional stand and I told him that was exactly -- that was my first introduction. Now shark cartilage -- actually use a derivative of shark cartilage but that's a side note -- I was just giving you an example of how this all started for me.

Ty: That's a fascinating story; so many things to hit upon there. Number one shark cartilage as you know my father died of cancer in 1996, that was actually one of the treatments that we were looking at for him but he died from the surgery. He was operated on July 1, 1996 and he died the 25th of July. He bled to death in 25 days he had 19 blood transfusions and they never could sew it up properly. But that was one of the options that we were looking at; you're actually the first person in the last probably 15 years that I talked to that has explored that potential and shark cartilage I have researched and pretty decent adjunct therapy.

Dr. Rashid Buttar: Actually the fact -- since we're talking about shark cartilage it's actually -- the research is done on bovine cartilage and the thing is that the shark cartilage with property extracted -- it has to be cold extracted because if it's heat extracted all the benefits -- all the beneficial components basically the nature --

Ty: Which happens with almost everything --

Dr. Rashid Buttar: You're absolutely right, you're absolutely right so it can't be chemical extracted, it can't be heat extracted; it's cold extracted and we use a derivative off shark cartilage -- actually it's like a shark cartilage but shark oil

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component. It's from sharks and sharks don't develop cancer; essentially what it comes down to is the anti androgens factor that's key there. So anti, meaning against androgenesis is mute formation of blood. So you want -- the reason that's an important component with cancer because cancer creates its own blood supply and leads itself. So an ant androgenic factor prevents the blood supply to form to the cancer; so that's one of the reasons that we use it.

Now in somebody that's had surgery you've got to be very careful because then that new tissue that needs to be profuse for the blood vessels to reestablish growth into that area where that was just undergoing surgery is important to have a vascular supply so it's actually contraindicated in somebody whose had a surgery recently or would be contraindicated if somebody is pregnant for example because you have to prevent the blood supply from forming to the fetus so those are the types of things you have to kind of understand. But you know there's no one -- you obviously already know this Ty but the problem is people thing one thing is going to fix cancer. Cancer is not the problem; cancer is the symptom.

If you want to look at it from a car analogy I don't know why everybody seems to understand analogies when we use cars. Cancer is a flashing light on the dashboard and the reason chemo and radiation and surgery don't work is because everybody is taking a hammer -- they're taking a hammer to that flashing light on the dashboard and --

Ty: The check engine light --

Dr. Rashid Buttar: Exactly, the check engine light. The flashing that's saying there's a problem with the engine. So I can fix that and they're hitting that light but that's not going to fix the engine so my question to patients is very simple if you took your car to a mechanic and there was a flashing check engine light on your car and the mechanic says, "Yeah I can fix that and takes the fuse out", okay and says, "Okay now your problem is solved" or "I've got a knocking in my engine", okay "Well here turn up the radio, do you hear it now"? Well "I can kind of still hear it", "Put some earmuffs on", "Yeah, no now I don't hear it". "Okay perfect"; you haven't done anything to the engine.

Ty: I would fire the mechanic.

Dr. Rashid Buttar: Exactly and that's the question that when you ask a person the logical answer is yeah, fire the mechanics. Then why aren't they firing the doctors because that's exactly what the doctors do. They've got a problem and they're covering it up with the drug to cover up the symptoms a person doesn't feel or experience the negative, which is the bodies own mechanism of information saying "Hey caution, there's a problem" and that's what cancer is. It's a caution -- cancer is a problem that is telling you that there's a real problem but it's a problem that is like a slap in the face. It's not somebody saying, "Hey wake up" it's more like a punch in the face saying "Wake up" but people sometimes don't get that. And they start to panic and they do more worse things for their own body, i.e. we could go into the details of this if you want to but you know what I'm talking about where they're trying to -- radiation is bad for any

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healthy person. Why? Because it suppresses immune system and causes cells to mutate and then you end up getting cancer.

So now that somebody has cancer, what do you do? You put them into that very same thing that you know is going to cause cancer, now radiation is supposed to kill the cancer that's the philosophy and then you're also going to cause more mutation to the healthy cells and cause a worsening of effect, it's like pouring gasoline on the fire. So again these are ideological types of differences between conventional and non-conventional so I don't call this alternative. I know some people call that -- I call this advanced medicine. Why do I call it advanced medicine? Very simple, because you got conventional and let's use bypass surgery as an example of something that's been around for 60 years; that's considered traditional, conventional. But something like acupuncture that has over 6,000 years of history is called alternative, non-conventional. So how can you take something that's only got a 50 year track record and call that traditional and take something that's 5,000 or 6,000 years of history call that non-traditional? You see it's a total misnomer than saying why do we take the evidence based medicine, which is what we do which is the non-conventional thing and you form a hypothesis. You first observe than you perform a hypothesis based on the observation and you test that hypothesis and then you have science and that's called evidence based because that's based on the evidence.

But they've taken the -- the hierarchy has taken that definition of evidence base and defined evidence based equals double blind, placebo controlled, cross over, multi-center trial. It's the most preposterous thing. Think of it this way science is built up of facts just like a house is built up of bricks. But a pile of bricks does not make a house. And that's why a pile of facts doesn't build science. They say that accumulating these facts is science, it's not. Accumulating these facts is a pile of facts. But science is like building that house. So calling science based on a bunch of facts is like calling a pile of bricks a house. It's not evidence based medicine, you're just collecting data but then you'd have to interpret that. It's such a crucial component I think for the next generation of healers whether they're conventional or non-conventional healers or the doctors or their other ancillary types of professions that aren't medical in nature but the healers -- I don't care if -- healers have to understand this basic difference in philosophy that you must first formulate a hypothesis based upon a recurring observation and then that becomes science; that's what evidence based science really is. But they've totally adulterer the definition of evidence base. When I say "they" I'm talking about the medical hierarchy, my profession.

Ty: Right.

Dr. Rashid Buttar: Which you know in public I rarely admit I'm a doctor, because I'm embarrassed.

Ty: You know a couple of things that you said really hit home. Number one I like the way that you put it, this is advanced medicine. It's not really alternative, it's advanced.

Dr. Rashid Buttar: I haven't called it alternative ever.

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Ty: Because of the fact that you mentioned acupuncture has been around for thousands of years; how has something that's been around less than a hundred years now traditional? It's almost --

Dr. Rashid Buttar: It's a misnomer, it's an oxymoron. And think about it if you're driving down the interstate; this is a main route. Now they're doing construction on a bridge they'll have an alternative route. Well that means you got to go off the main road, down through a ditch, through a river you know come back out and get back on the main path. They call that alternative route. So alternative is always a secondary, not the first option, usually not as efficient, slower but this isn't the case. This is actually a faster, more efficient, more result oriented type force; this should be the main component. That's why I call it advanced, because that's exactly what it is. It's a more advanced method of treating the body and if it wasn't then we wouldn't have patients from 82 countries; we don't advertise in 82 different countries. But the results speak for themselves because if -- and I sincerely believe this.

In the next 20 or 30 years this will be the first mainstay approach and the fact if it was the first mainstay approach that doctors would use we wouldn't be in the healthcare crisis that we are not only in our own country but internationally speaking people will be healthier. There would be less disease, there would be less pathology that we'll have to deal with, but that's not the case. Why? Because they seem to think that taking a drug and covering up the symptom is a better option. You got a pile of horse manure here, what are you going to do? Well the logical thing would be take the manure out and get rid of it. But instead they've put a carpet down, well it's still kind of lumpy, then they flatten -- spray some air freshener here and this is like one drug to another drug trying to deal with the symptoms, side effects of the first drugs and finally they're like the person this deteriorates -- no matter what you say when you put a carpet over that manure you spray air freshener, you put perfume out there, you burn a match, whatever the case is the problem is still there. You've only covered it up and that's the same thing with the analogy of the mechanic.

The goal should be to identify the problem, what is the causative factor -- get rid of that causative factor and then the symptom, the problem should disappear if you effectively remove the trash that isn't there. All pathology comes from two sources, either one toxicity or two, a deficiency. Usually a combination of both. If you can eliminate those two things then you can end up truly having resolution of the pathology. And of the toxicities we've defined seven toxicities which I won't go into the detail unless you want me to, which is the subject of my book, "The 9 Steps to Keep the Doctor Away".

Ty: Where do I start on that because I've got a bunch of notes here. First of all just real briefly you just mentioned pathology, what does that mean, what does pathology mean?

Dr. Rashid Buttar: Disease.

Ty: Okay so it's the cause -- you're talking about the cause of disease, pathology.

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Dr. Rashid Buttar: Exactly.

Ty: And I love your analogies of the manure, covering it up with the carpet, spraying the air freshener and the analogist to the -- or the same analogy type as the hammer with the check engine light. So in other words you're saying that and this is specifically in the treatment of cancer I'm talking about conventional methods of treating cancer, which would be the chemo and the radiation and the surgery they're really the equivalent of taking a hammer and smashing the check engine light or taking a carpet and covering up the manure, but they haven't really solved the problem, they've just covered up the symptom.

Dr. Rashid Buttar: Absolutely in fact Dr. Rowan, a very good friend of mine, in his book says that 42 to 46% of cancer patients die of cachexia, of malnutrition. How many oncologists are addressing malnutrition? No one. In fact what do they do, they give people Ensure which is sugar -- you know that cancer is the glucose metabolite, it needs sugar to survive. In fact one of the techniques is to reduce the amount of sugar so that can't feed the cancer. But they're actually giving gasoline to the fire and then expecting to put out the fire. You can't put out a fire with gasoline. So that's 46%; now you look at other statistics, what does a cancer patient actually die of? They usually end up dying from some type of an opportunistic infection, pneumonia, whatever, urinary tract infection becomes septic, whatever. They also die of multi-organ system failure because the tumor burden is so great, the system can't keep up.

So really when you look at it cancer has never really killed anybody, it's the sequela of cancer. It's the consequences of cancer that actually kill people and if we can start to want to understand what's causing cancer because cancer is not caused by -- why does one person get cancer and another person doesn't? It's a genetic cause and the one thing that I believe that this current administration may only be the one thing that they've done right, that's an opinion and I'll refrain from being political here. But there was a presidential report, presidential cancer report that came out in 2010 and they admitted for the first time that I know of in the history of medicine that cancer is an environmental issue and they need to look at more environmental causes of cancer. And this is a 250 some page report that we have available on our website for download for free. But it's -- the essence of it, this 250 page report the essence of it is they recognize that the number one cause of cancer is environmental and there has not been adequate addressing of that cost. Nobody has ever said that before and that's exactly the answer.

Again, all disease, not just cancer is a deficiency of some type of nutrient or it's a toxicity and there's always a toxicity. It can be a toxicity plus a deficiency or it can just be the toxicity but if you can address those two things then you've got a chance of actually resolving the situation and of those toxicities we have defined seven different toxicities. Those seven toxicities of heavy metals, second one is persistent organic pollutants, third is opportunistic of bacterial virus plasma yeast and those type of things, meaning something that needs and -- needs an opportunity to set up. A yeast for example, a fungus would not affect you unless you were immuno-compromised. So the first toxicity heavy metals or the second toxicity persistent organic chemicals will suppress the immune system that

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allows for that third toxicity the opportunistic to actually set up house. Then the fourth, fifth, sixth and seventh toxicities they're a little bit more esoteric. Fourth is androgenic and cell phone radiation, electromagnetic radiation, that type of stuff. Fifth one emotional psychological, sixth one food -- not what is in the food that we eat but whets done to the food, the genetic prettification, the radiation, the homogenization, pasteurization and that type of stuff. And then the seventh one is spiritual. Now I'll tell you of all seven since we're talking specifically about cancer which one do you think is the most significant of the seven toxicities I discussed in cancer?

Ty: Environmental -- the environmental toxicities, the EMF?

Dr. Rashid Buttar: Believe it or not the most significant is the emotional psychological component. I have had patients you know, the stories -- I've got a book that I've written that I haven't published but the stories that I can tell you where we've actually taken patients -- in fact I'll tell you we've had two families that agreed to autopsies in patients that I treated and you know most of the time when you talk to family about getting an autopsy, why? The question is "Why would we want to spend another \$5,000.00 to do an autopsy when we know they had cancer and they died of cancer, there's no reason". But one family in 1999 and another family in 2001 agreed to do an autopsy after the patient died, after we treated them because in my heart there was no way this person had cancer -- you want to take a wild guess what they found on autopsy?

Ty: No cancer.

Dr. Rashid Buttar: None, not at all; not even a trace. What was interesting was both patients however died within a week or two of when they were going to die by their oncologist. The power of belief; that's what they believed. Your doctors don't realize -- they're a doctor so when somebody hear's "Well they're the doctor, they know" so when the doctor says something they just put the thought in the persons brain it's almost like a self fulfilling prophecy.

Now interestingly enough that second patient that they did the autopsy on that's the nephew of that patient owned a funeral home and the patient was buried through that funeral home and he came back a couple months later telling his story. He said, "Listen I wanted you to know Dr. Buttar that when we got the autopsy, when we ordered the autopsy they sent the patient from the funeral home for the autopsy and they haven't started the process yet so they sent him for autopsy and the pathologist that was doing the autopsy contacted the funeral home and said, "You sent me the wrong patient". They said, "No we sent you the right patient", "No you sent me the wrong patient", "No" and it went back and forth four or five times. And finally the funeral home said, "Listen there were only four patients that came through our facility this week, three of them were women, one was a male. You're supposed to have the male; we know the difference between male and female. You have the right patient". And the pathologist response was "Well this patient died supposedly cause of death was hepatocellular carcinoma liver cancer". The pathologist said, "Well one this man has no liver -- no cancer in his liver. This man has no cancer in his liver and secondly his liver is that of a 35 year old", the patient was 67 years old. Now I know there's no way this guy could have had a cancer in his liver anymore

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because what we were doing was rebuilding his liver and as you know the liver is a highly regeneratable organ and so anyway it was an interesting piece of history for me that as I was going through this because I stopped asking for autopsies after that.

I believe that if I cannot address the emotional psychological issue of a cancer patient, I won't -- no matter what happens I will lose that patient. But if I can address it, I don't care whether it's multi-organ system failure or the kidney is failing, the liver is failing, stage four, multiple metastasis, they will come through it. I have actual patients, you've seen some of these patients on video that had cancer that went from breast, spread to the brain, the spine, the spleen the lungs, the liver, the scalp and this is the same patient given -- gone through chemo and radiation actually she was an oncological nurse believe it or not. She'd been oncological nurse, a cancer nurse for 45 years and she was told that she had three months left to live and she lived almost 10 years and we -- you've seen the videos right? Anybody can go to medical and see some of these videos, but the point is it's the power of belief and that emotional psychological burden that a patient has. I have never seen a cancer patient yet in fact that did not have a deep seeded emotional trauma. And many times they may not even be cognizant of it. They may have suppressed it but until that's released you will not see a complete and permanent resolution.

My patients that have really done well and some of those patients you will be talking to. I know you've got -- you've scheduled to talk to some of them, there's one recurring theme that I hear after they've gone through this challenge they relate to me how grateful they are that they had this disease. How it transformed them, how to change their life and a lot of them see a different perspective that had they not seen their lives wouldn't be where it is today, where their lives are today. And that gratitude, that appreciation for having gone through that experience, that's really -- the cancer is a wake up call. I believe that in 20 years nobody is going to be scared of cancers; it will be like getting a cold. But it's a wake up call, when you get cancer you need to do something. God giving you the ultimate email but it's like you know, it's something that takes the wind out of your sail as soon as you hear it. It's not a death sentence; it's only a death sentence if you believe it's a death sentence.

Ty: Wow, that is so true. The power of belief. So that's why we have with conventional medicine you know you talked about chemo, radiation being gasoline to the fire, adding gasoline to the fire further compromising and already compromised immune system.

Dr. Rashid Buttar: That's exactly right.

Ty: So you've got that issue with the conventional treatment but then you also got many conventional oncologists that you go in and you're diagnosed and they say, "You're dead in three months"; so now they've given you that belief that you won't last more than three months and --

Dr. Rashid Buttar: They're the source of authority.

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Ty: They are, they are the authority figures that are supposed to know it all and they just told you that you won't last more than three months and it's amazing the stories that I read from family members saying, "My family member died within a week of when they told them they would".

Dr. Rashid Buttar: I've had patients that have gotten a clean bill of health from us, completely clean bill of health. No evidence of tumor anymore on scans, cancer markers, looking at the lymphocytes on population, apoptosis, some psychoanalysis, looking at all these different components that we look at to assess where the person is and always after treatment they died of pulmonary emboli. Five weeks after treatment they died in a car wreck, six weeks after treatment they died of a heart attack, a myocardial infarction because they -- it was introduced to their head they were going to die.

Now I believe that if the creator wants you no matter how good a doctor -- if you've done your job on this planet and you know, you've fulfilled your mission it's time to go back home where we all came from. To me there is no death -- I think you and I have had conversations about this in private, that thought of that failure, people think of death as failure. It's not it's a transformation into the next phase of whatever existence is. People have to understand that we are not humans having a spiritual experience; we are spirits having a human experience. And so this is a phase of life, right?

Now when somebody comes over here and we have to learn things, I mean that's our purpose is to learn and to import our knowledge and help other people. I think that's really what humanity is all about is to see if we can leave this planet a better place than when we found it. But when you start dealing with things like cancer and you start dealing with things like that society have created this impression everybody believes that society is inundated and cancer is a death sentence. We get this fear from the cancer, we hear you've got cancer and then you've got authority figures like doctors saying, "Okay you're going to die" and say "How does a doctor know something in six months" for God's sake.

The market -- the stock market can only go up, can only go down or stay the same. They can't predict that, three different points; how are you going to predict 365 days when a person is going to die? I mean let's be real, but the doctors get so pompous and arrogant that they give a person, "You've got three months to live". Now the person says, "This authority figure says I've got three months to live so that must be right", and so that boom, in their brain they program they have three months to live and boom, they're going to die.

Ty: That's why it's so important what you're doing is you give cancer patients hope. You --

Dr. Rashid Buttar: I was brought up on ethical charges unbecoming a physician for giving false hope. The same week that the president of the American Medical Association stepped up with pancreatic cancer and said, "I know that I only have a 2% survival chance" because that's what epidemiologically it shows pancreatic cancer has a 2% survival rate for one year post diagnosis. But he said "I know that I only have 2% chance but it's still 2% chance and the one thing doctors should never do is take away hope" and that's what I was brought up on that

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single charge. That's what cost me 14 million dollars and they told me "Hey we'll drop all the charges as long as you agree to stop seeing cancer patients". I should have said, "Cancer patients and autism patients [Indiscernible 00:32:48]. I told them it's going very good with my patients and [Indiscernible 00:32:52] we treat cancer and autism all over the world and from all over the world and if I had to do that same battle again and it cost me a lot of money and you know I lost my office -- we built the largest privately owned medical center in the northern hemisphere, actually in North America I should say. But if I had to do it all over again I'd do it again in a heart beat because their whole -- I realize that the whole reason they wanted me to stop, they gave me that option to drop everything as long as I stopped seeing cancer patients was because what you just said. I was actually -- not giving hope, they said I was giving false hope. We had five stage four cancer patients by the way die that testified on my behalf, five -- not one, not two; five. One was a doctor, one was a nurse and three were lay people all in stage four cancer, all multiple metastatic disease, all referred to hospice. Four out of five had failed chemo and radiation; one had refused to take chemo and radiation. And all five of them testified three years or more out from their cancer. One was five years out, one was eight years out.

And after the testimony that they gave because remember I was brought up on the charges of unethical conduct, giving false hope and doing treatments that didn't have any -- that weren't effective. And after these patients testified on my behalf the medical board had a one word answer to five different witnesses and you know what that one word was? Irrelevant. It was irrelevant that these five people had gone through our treatment and had lived after being referred to hospice and given less than three to six months to live, that was irrelevant. That had nothing to do with it.

Ty: How? My question -- you were brought up on charges of giving false hope and you got five people that just proved that it wasn't false --

Dr. Rashid Buttar: We had a list of 40.

Ty: And how can that be irrelevant; I don't understand that. My question is you got the head of the MA steps down, 2% success rate on this pancreatic cancer. That's less than the placebo isn't it?

Dr. Rashid Buttar: Absolutely.

Ty: The definition of a placebo anything that works less than 30% of the time?

Dr. Rashid Buttar: Well I don't know what the definition of a placebo but I'll tell you this that in modern medicine this demonization of placebo effect is the most ridiculous thing. We should be harnessing it. I can't tell you how many times I've used placebo on purpose you know? When I was in general surgery I was part of -- part of our surgical rotation you have to do trauma surgery, you have to do general surgery and when we did trauma at Brook Army Medical Center, a large trauma center as well as Baylor in Houston --

Ty: BAMC?

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Dr. Rashid Buttar: Yeah. So I did -- I spent a lot of time in both of those hospitals. But we had a lot of drug addicts that would come through gun shot wounds, knifing, you know drug deals gone bad or whatever. And while they're in recovery after the surgery; they may be in the hospital for a month, two months, three months -- these people went through withdrawals -- big time withdrawals, you know from alcohol, from drugs or whatever. And you as an intern or as a resident you make rounds with the senior residents and everything. As an intern you make rounds before everybody else's at 5:30 in the morning and as a first year resident you usually go over what the interns see what was going on. And I got the reputation among the people that were in the hospital that I would take care of their issue. Well the reason I got this reputation when you got a guy that's been on drugs for more than half his life, he's in the hospital, he's going through withdrawal "I'm having pain, chest pain and doc you got to do something for me" and you know, "Hey listen I can get kicked out of my residency program if I do this, all right" and I talk to the nurse and the nurse already knows what's going on and she argues "No doctor, no we can't do this". "We have to, he really needs this. It's only one time, right", "Yeah doc just one time". And give him "This is really, really some strong stuff, okay? This isn't even", "Well what is it"? "It's like [Indiscernible 00:36:46], "What you're going to give" and then you give him this thing and they go "Oh, yeah I feel it; I'm feeling better" you know? And you're just giving them saline but the power --

Ty: Power of the mind --

Dr. Rashid Buttar: The belief -- they believed it was something great. It's a whole orchestrated, you know it was like a soap opera we had going on like five or six people all involved in this. The person felt like they gave him something, they were willing to perform for you because you did something for them. They thought that you just gave them something that really took care of -- and it was all in the mind. It was just saline and that's more than half the time it worked. Now you're telling me that that -- she said, "I'll just write that off", why? Because you know what you can give a person a drug and it wouldn't get that kind of effect. We should harness that power.

As the person is getting this injection of saline they don't know its saline, they think it's a drug and they're just having a tremendous release. They're feeling better. They feel that I, as a doctor, really helped them okay? I risked my license; the nurse's are making a big deal out of it. In their mind we've done something that is -- made them feel special, distinguished them for everybody else and that's part of what the human experience is you want to feel special, you want to feel unique and we just addressed their need. But the fact is that we addressed their need from the way we acted and by providing something that they thought they needed but in actuality all we injected them was with saline. And the guy is really, really relieved.

So if we can actually elicit that type of a response in an individual what we can get a benefit in that individual from just the power of believe without changing the physiology it's our ethical and fiduciary responsibility as healers, as doctors to harness that power and get that result. Because if we can do so with the least -- that's the first part of being a doctor, right? Do no harm. And if you give somebody narcotics you are affecting them in a negative way; you're affecting

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their liver. There is harm that's being done. So if we can get the same result without giving them a narcotic why shouldn't we? And why is that ridiculed that "Oh you got this result from a placebo", you should get a Nobel Prize if you can elicit a response from a placebo, as far as I'm concerned at least.

Ty: Yeah that makes total sense; I agree because you've done no harm.

Dr. Rashid Buttar: Exactly.

Ty: And you potentially healed a patient.

Dr. Rashid Buttar: Just with the power of belief. The power to heal is yours; that's how we do our radio show every Monday, right? The power to heal is yours and this is the perfect example of the power of healing is that individuals, it's their right.

Ty: Wow, that's an amazing story. I never heard that before, but yeah the power of the mind is incredible. And you said something a little while back that I want to go on. You mentioned autism and cancer in the same sentence and you also mentioned heavy metals as being one of the toxicities. So let's talk about that. I know that you've had a lot of success treating autism as well as cancer; let's talk about the heavy metal link and talk about kilation therapy on treating specifically cancer.

Dr. Rashid Buttar: Well kelation doesn't treat -- you don't use kelation to treat cancer and autism; you use kelation to remove heavy metals and heavy metals cause oxidative stress and it's the oxidative stress that is the commonality in all the toxicities that lead to these -- remember I said the toxicity and the deficiency, right? So in the toxicity you've got those seven toxicities that I mentioned heavy metals, persistent organic food, the opportunistic, the androgenic -- the negative androgenic -- the emotional, psychological -- the foods and then the spiritual -- the seven toxicities. The mechanism of action of all those seven toxicities is the same, oxidative injury.

Ty: Okay so when you say oxidative injury, what do you mean?

Dr. Rashid Buttar: I'm talking about the free radical reaction of the reduction reaction called oxidation or oxidative injury which is nothing more than the rusting process. Think of a banana, you peel it, five minutes it starts turning brown that's the rusting process. That's free radical damage; that's oxidation that's going on. Apple you cut it, within five minutes it starts turning brown -- that's happen to the body constantly. There are certain things that accelerate that oxidative injury. The body has natural mechanisms to reduce that damage but there are certain things that we get expose that accelerate that damage. And that acceleration of that damage comes from the seven toxicities. So heavy metals is the first one because that's really the order in which it was revealed to me as I involved in my understanding of this process and so heavy metals is that first one to oxidative injury.

You can actually get oxidative injury from also essential minerals; iron in too high of a dose will also act as a heavy metal and cause oxidative injury.

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Chelation is a process to remove the burden of those metals to help to reduce the free radical reaction. That's really what it comes down to.

Now you mentioned about autism in cancer and we have had great results in both and we have, we've treated over 1,900 cases of autism in the last 17 years and my [Indiscernible 00:42:11] has been used well over 30,000 children worldwide and doctors that have used our protocol. But it's interesting that autism is considered non-treatable and cancer is considered non-treatable and we've had this tremendous success in both areas. Why? Because the philosophy is sound. You eliminate the seven toxicities and by definition [Indiscernible 00:42:30] the key operative word is you have effective [Indiscernible 00:42:35] seven toxicities. The word detoxification is like the word love, it's cheap. Everybody uses it and few people know what it means, okay? If you could effectively, and that's the operative word, effectively -- detoxify the body of these seven toxicities the disease can't exist. So what you're saying is if you can eliminate the oxidative stress from these seven different causes then you can actually eliminate these supposedly incurable diseases.

The interesting thing about autism and cancer the commonality is in both situations of an impaired ability to detoxify.

Ty: Okay explain that, what do you mean?

Dr. Rashid Buttar: So an average individual has a normal mechanism of getting rid of trash out of their body. But cancer patients, autistic patients they may have a genetic predisposition for the inability to excrete certain things, metals, persistent organic food (ph) whatever the case is. They don't have the compensatory reserve or the compensatory ability to get rid of some of this accumulation of garbage and so if you can help the body facilitate getting rid of this trash out of the body you can end up getting a result.

I actually often have said that I'm nothing more than a glorified trash man because I just can take out the trash better, that's really what it comes down to.

Ty: And so that's the way that you treat both autism and cancer --

Dr. Rashid Buttar: That's the commonality, absolutely. That's the brunt of what we do and then we do some things to help replenish things that may be deficient but the key brunt of what we do is all detoxification.

Ty: Okay so talk about superficially I read about your cancer protocol and you have something that you call AARSOTA (ph) can you talk about what your AARSOTA -- is it a vaccine, what is AARSOTA?

Dr. Rashid Buttar: Arsota is an acronym that stands for Autogenously, androgen receptors specific oncogenic target acquisition.

Ty: I'm glad you called it AARSOTA, I'll remember that AARSOTA.

Dr. Rashid Buttar: That's right AARSOTA, AARSOTA, exactly. So autogenous means your body androgen receptor specific means it's specific to an androgen receptor site that we're collecting that we isolate from the urine and we're saying

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that an androgen receptor sites in everybody's tumor is unique and is just as their DNA specific to that. It's an autogenous body zone androgen receptor specific, specific to the DNA of that individual -- autogenous androgen receptor specific oncogenic meaning cancer, target acquisition meaning it's acquiesce into target and helps the body's immune system to identify what's being targeted.

So to answer first and foremost the problem with the immune system, you cannot have cancer if you have an active immune system. If you have cancer you don't have an intact immune system, if you have a [Indiscernible 00:45:09] then you can't have cancer. You can't have those two things can't live together. If it's an immune system that's compromised you can cancer; if you have cancer you have to buy definition have a compromised immune system. So part of this is we have to stimulate the immune system, repair the immune system; so there's five phases that we use when we're dealing with cancer patients. The first is systemic detoxification as we've talked about. The second one is physiological optimization; do we want to optimize the entire physiology to that on the highest possible level that we can. And quantum physics lingo this would be achieving zero point. So we try to get maximum benefit, maximum output with minimum expenditure.

The third phase is immune modulation we want to repair the immune system, train the immune system to start working. Fourth one is the target acquisition or to acquiesce the target meaning again prior military so you have to first identify the target and the problem is the immune system many times doesn't identify the cancers being formed because the cancer mimics a fetus, alpha-fetoprotein, human chorionic gonadotropin (HCG), non specific markers for cancer but they're also markers of pregnancy. When you do a pregnancy test you're looking for HCG, when you do alphafetaprotein for women for amniocentesis that's a marker for pregnancy, but it's also a marker, non-specific marker for cancer. So the cancer mimics a fetus the body doesn't respond to so we have to now show the body that this is not natural. This thing that's growing in here it's not supposed to be left along; it's actually supposed to be attacked. And so we have to train the body to acquiesce that target. So we basically -- it's like flipping our night goggles and all of a sudden you realize whose foreign -- and which are the aliens that need to be eliminated and which are not. That's the fourth part and then the fifth part is maintenance; so you've got the first one is detoxification, the second one is the physiological optimization, third one immune modulation, fourth one target acquisition and fifth one is maintenance. That's how we do cancer.

Ty: So you mention the immune system, you can't -- this is not the first time that I've heard this from doctors on this series; you can't have cancer with an immune system that's fully functioning, it's just impossible. Question for you, you mentioned earlier one of the toxicities involved the food toxicities and you mentioned modified foods. Let's talk about that. What -- if you've got a patient that's a cancer patient what do you recommend as far as their diet and whether or not they should eat generic and modified foods, what kind of a cancer diet would you recommend for somebody to let's say prevent cancer as opposed to treat it? Just a cancer preventative type diet?

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Dr. Rashid Buttar: Clean.

Ty: Wash their food, is that what you're saying by clean.

Dr. Rashid Buttar: Clean as clean as possible meaning that it should be organic range fed. In the book -- in my book The 9 Steps to Keep the Doctor Away I specifically talk about food and people have asked me many times when are you going to write more details on the book on food and I said, "I've actually gotten one written on that too but I'm never going to put that out", why? Because I want people to become empowered rather than them to become dependent on a book. So it's a very, very simple rule G stands for God, M stands for man. If God made it its good, if man made it its madness, simply follow that rule. So if its butter, and doctor said "Don't eat butter its fat" -- it's not man made, its God made, eat it. If it's margarine it's man made, use it for lubrication on your cars axle but don't use it for anything else. So that's my general rule, high protein, lower carbohydrates because protein is harder for the body to regenerate, which carbohydrates are fuel, we eat too much we have too much fuel in the diet nowadays. We needed more fuel when we were going back in our ancestry, but that's because we had to hunt our food. We don't hunt our hamburgers now and so we don't really need as much fuel anymore so we really need more of the immune component.

So we need more of rebuild protein component and you need less of the carbohydrate protein -- I'm sorry, less of the carbohydrate fuel component. So my general rule is man made madness, God made good; eat as clean as you can and eat organic range fed, etc. fruits, vegetables. If you're going to eat meat then eat range fed meat and eat as healthy as possible. And people know when you start to explain that to them, well what about reading -- well what do you think it is? How do I know what's good for me and what's bad for me? If there's two things in the food that you're eating that you don't know what they are, that's enough to say "I'm not going to eat it". I happen to know a little bit more than the average bear so when I'm reading it I understand some more of those things, so I may -- if I know, if it says EDTA, I'll still eat it because that's what I infuse to patients anyway, you know I'm not worried about it as a preservative. There are certain things that -- my rule is for general people, if you don't more than two ingredients, don't eat it.

Ty: So I like that, it's very easy to remember God made good, man made it madness; very easy to remember. That's what we need, we need good general rules of thumb.

Dr. Rashid Buttar: Exactly, simplicity is the key here.

Ty: It sounds like you know a lot about nutrition; how many years of education did you have in medical school on nutrition?

Dr. Rashid Buttar: Oh a lot, maybe two, three minutes and I think I skipped that part.

Ty: You mean in other words you didn't have hardly any --

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Dr. Rashid Buttar: Medical school doesn't teach you anything about nutrition.

Ty: So you learned it afterwards.

Dr. Rashid Buttar: Absolutely; I had some knowledge of it before and a lot of it was trial and tribulation; a lot of self experimentation. A lot of reading, a lot of research, a lot of meeting other people that knew more than I did. I will tell you that if you want to follow the advice on a nutritional perspective the one thing you could pretty much make sure that you do and I don't want to piss all to of people off by saying this, but don't follow a nutritionist advice. Conventional nutritionist is not good advice.

Ty: Well let me ask you this and I think it's a question I already know the answer to based on your previous answers. That's why most doctors don't pay attention to nutrition because they haven't been taught anything about nutrition.

Dr. Rashid Buttar: Absolutely; there's no formal education but maybe now but I went through medical school 23 years ago. That's when I went through medical school I was 25 when I graduated; so yeah 23 years and 23 there was no educational nutrition and if there was I missed that class.

Ty: Well you know I've talked to doctors that have graduated recently and I think it's still the same. There is still not much training on nutrition. Okay lastly you mentioned several times gasoline to the fire. I like that phrase. I interviewed a few other doctors that have said that about chemo and radiation; you also said that about sugar. Okay and how you have a patient that is in the cachexia cycle and they're wasting away and the oncologist says "Go eat sugar" and that's like adding gas to the fire. Why is that like adding gasoline to the fire? Talk about briefly the connection between sugar and cancer cells.

Dr. Rashid Buttar: A cancer in certain product characteristics that all cancer cells have, one of those characteristics is that cancer is an obligate glucose metabolizer meaning that it has an obligation to metabolize glucose; it only survives on sugar. Other types of components that would be common knowledge that all cancer -- cancer is a highly anaerobic scenario. Cancer does not like oxygen. Another component will be cancer is acidic process -- so in that one environment cancer does not do well.

So there's many common characteristics that cancer has. One of those is that it is an obligate glucose metabolize; so if you can reduce the amount of simple sugars you are effectively going to be reducing the food supply to the cancer and that's the reason that we want to reduce the amount of sugar. Now I use for example when we give IV fluids to cancer patients for our treatments, sometimes I'll use dextrose, now that's sugar. So why would I use sugar? Because I use it as a Trojan Horse. There's only five things that penetrate a cancer cell, there's water, there's vitamin C, there's sugar, rubidium, and cesium. And as you know the glucose trigger and vitamin C the receptor size for sugar in vitamin C are identical. So when you actually give vitamin C to an individual intravenously, the cancer sees that as sugar and opens it up and

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allows the sugar to come in so I use that sugar as a Trojan Horse to put vitamin C in other types of things. I can use it as insulin potentiated low dose chemotherapy, I'll stop using that 15 years ago in 1999 was the last time we used low dose chemotherapy. I still use sugar as a Trojan Horse to get certain things into the cancer.

Ty: You mentioned IPT (insulin potentiated therapy); so that is using insulin as a potentiate to get the low dose chemotherapy into the cells.

Dr. Rashid Buttar: Correct, then you get -- you actually induce hypoglycemic state and then give insulin. I'm using it a little bit differently, we can do that, we have done that instead I know that the cancer is going to open up to the triggers so I just use that as a Trojan Horse carry it in there and by that time it's too late. Cancer is also highly adaptogenic (ph) and mutagenic so my philosophy and my transition will last probably 10 years. I'm not so much going after cancer anymore; I'm more going after the things that contribute to the cancer and then allowing the body, because the tumor is nothing more than a response to that imbalance. And once you get rid of that imbalance you get the proper balance back you get rid of the toxicities and you reestablish proper balance from a nutritional basis, from a mineral and nutritional basis. Then the tumor by definition should start to regress and that's exactly what we're seeing.

Ty: So I see that -- and I'm just going to kind of summarize what I've learned here from you today is you mentioned that cancer is highly adaptogenic and immunogenic, in other words if it happens to it's environment and it changes constantly how it needs to. So instead of your treatment protocols from what I can see, you're not necessarily targeting the cancer cells because that's a symptom. You don't want to treat a symptom; you want to treat the root of the problem and say that's why you get rid of the emotional problems, you get rid of the toxic, the environmental problems, the heavy metal problems. You add good nutrition and you give the body -- you remove the bad things from the body, you're putting the good things in the body so that that body functions the way that God, the creator made it --

Dr. Rashid Buttar: Exactly the ultimate engineer designed it that way and that's exactly what I'm trying to do. Reestablish that balance. Some people say if that's true then why are you giving the AARSOTA? Well the immune system -- everybody has cancer, the immune system is constantly checking, so now what I'm doing is I'm turning on the immune system to help the immune system identify what's foreign so the immune system can do it. My job is not to go -- my job is to get the immune system straight and then teach the immune system what's foreign so the immune system can do what it needs to do.

So if you actually take care of the immune system and allow the immune system to know what's foreign the immune system is going to do all the work. All we're doing is detoxifying everything out of the body, getting the muck out of the way if you will and then allowing the immune system to do it's job and the one part the immune system may not be able to do is even if it's not capable of finding the response it can't -- it doesn't recognize the cancer is being foreign; so we help the cancer be identifiable. We create a target on the cancer so the immune

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system of what it's supposed to fight. We're helping it become trained to fight the cancer. It already knows how to fight the cancer, it just can't see where the cancer is so we basically allow the body to see what is foreign, what shouldn't be there and then the body does its own job. So I'm not really doing anything towards the cancer itself, we're doing only repair to the immune system and you know the five steps as I said, detoxification, physiological optimization, immune modulation, target acquisition and labor.

Ty: Getting rid of the bad, bringing in the good and then real quickly people want to hear this and say okay he's using AARSOTA, a vaccine. It's not a vaccine that you would think of in a typical sense. I doubt there's and Tamarasol in it, there's probably no Formaldehyde -- so people --

Dr. Rashid Buttar: This is something that's made specifically; it's actually a technique that I learned from one of my mentors who ended up winning the Nobel Peace Prize, Dr. William Hindt he was part of the team that won the Nobel Peace Prize for his work in immunology. And he developed a thing that I coined AARSV, autogenous androgen receptor specific vaccine for allergies and I furthered it and developed the AARSOTA which is specific to an individual. It's something that we have to basically collect the specimen from the patient and it takes three weeks to make it and it's specific to the individual, there's no preservative in it, there's nothing other than what comes from the body and we're basically taking sloughed off proteins from the cancer, from the individual and we isolate them and we introduce them back into the body so the body can see it as being foreign; that's all it is.

Ty: I assumed that, but I wanted to clarify just for the people watching "Oh he's talking about how bad vaccines are and the heavy metals" and I assume that you aren't. Dr. Buttar I could actually sit here the rest of the afternoon and we could go back and further and I'd love to hear the rest of your stories but we're out of time. I really appreciate you taking the time today to be with us.

Dr. Rashid Buttar: Thank you Ty.

Interview 5



Dr. Leigh Erin Connealy, MD

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Ty: So today, I'm really happy to have Dr. Leigh Erin Connealy with us and I really appreciate you taking the time to spend with us today to share some of your knowledge with our viewers here today, so thank you for being with us.

Dr. Leigh Erin Connealy: You're welcome Ty, it's great to be here. I'm glad you're on a wonderful mission to educate and empower people.

Ty: Thank you. Let me ask you first of all to share with the viewers a little bit about your education, your history. What got you where you are today?

Dr. Leigh Erin Connealy: Well, I am a medical doctor. I started practicing about 29 years ago. I went to a conventional medical school and did conventional training and I started working in a conventional medical office in Beverly Hills, California. One of my passions at that time was weight loss, because when a woman comes into see you their top three complaints are weight, weight and weight. So, I had the opportunity to meet a doctor who was from Texas, originally from Russia and he goes, but you don't know about this, and you don't know about this and you don't know about that. I thought okay, let me know about all this stuff. So he taught me all these wonderful tricks on helping people lose weight and then in that field a lot of patients would ask me about all kinds of natural things and they said well Dr. Connealy do you know about DHEA Sulfate? And do you know about this herb and do you know about this? And this was a long time ago. Now it's common knowledge to lots of people and I go well, I don't really know about that. So, they go well here's some information and tell me what you think. I always took that information and said this look really interesting. Why don't I know about this? Since then, I've been on a discovery odyssey trying to figure out all the wonderful things that we have to heal ourselves.

In that process, I myself have had my own personal health challenges. My mother took DES when she was pregnant with me. Which was a drug to prevent miscarriage. It was a drug given in the 50's to women when they were bleeding and they would get this drug to prevent losing a baby. So 16 years later they found out that this drug had many, many side effects and cancer was one of them. I started going to MD Anderson which is one of the leading cancer institutions in the world at 16 years of age. I had hormonal problems, and all kinds of different challenges. I always tell people your mess becomes your message or your poison becomes your passion. As a result of that I have learned a lot of things on how to take care of myself, and in that process I always have to help people every single day and so through the health challenges I've been able to help other people. I just have this insatiable desire to find everything out there. I am open to everything. I don't care if it sounds kind of weird, or kind of voodoo. I'm willing to go check it out and see and validate it and I will use my office and my patients who are willing and my staff too who are always also willing as long as there's no downside. People always ask me about side effects. There's side effects to natural things and there's side effects to drugs. I always tell people side effects are telling you that you shouldn't be doing it. It doesn't matter if it's natural or unnatural but if you are feeling an unfavorable feeling you need to stop it. Listen to what your body is telling you.

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So, like some people cannot have nuts whatsoever, they have horrible allergy, or even strawberries. Strawberries are wonderful, but some people can't eat strawberries. Some people can't eat shellfish. So you just don't do it.

It's been an incredible learning journey. It still is and because there's something we are learning things. Medicine is an ever evolving field. They say that medical knowledge doubles every two years. So, what we were doing 10 years, 15 years, even 5 years ago there's something new and we all have to learn about these new things. We all have to try them out. I always tell people if I can tell you there's no downside because the Hippocratic Oath says first do no harm. And so that's my job as a medical practitioner is to give you all the possible options and really not hurt you in the process.

Ty: Well, I commend you for two things that you just said. Number one, for following the Hippocratic Oath, and number two for being open to new things because I'm friends with several doctors. Some of my best friends are doctors and the one thing that they all have in common that I'm friends with is that they're open to new things. Many medical doctors aren't. so I think that's the key for all of us, is to be open to learning new things and to realize maybe we don't know everything yet and we never will. But it just a constant journey. I commend you on that. That is one of the reasons why you're a leader in the field. Tell us about your practice. You've owned a couple of, you've run a couple of different offices here in southern California.

Dr. Leigh Erin Connealy: Our principle office is in Orange County California, Irvine. It's a 20,000 square foot facility. We have a staff of about 45. There's doctors there's nutritionists. There's acupuncturists there's energy people. There's people who are technicians in hyperbaric oxygen. We have ultrasound techs. We have everything you would possibly need and want in a medical office. There isn't anything that we can't provide and do for you in our office.

Ty: So you would be considered an integrative office, which you have medical doctors and you've got herbalists, or acupuncturist. You're just hitting the whole gamete of treatments.

Dr. Leigh Erin Connealy: Yes, because there are all kinds of different things that help people in different ways. Everybody has different skill sets. So all of us and with different things. Our acupuncturists, they provide a certain skill set. Doctors, different machines. We have a machine called the Ondamed. Ondamed is an energetic device that scans your body from head to toe to see what's out of balance and what we can do to put it back in balance. We use hyperbaric oxygen, we use ozone. We use pulsed electromagnetic fields. We use lightning generator or lymphatic. We have a practitioners that are experts in lymphatic drainage. We have a master nutritionist, who's not only a wonderful nutritionist, but she's also a lifestyle coach. We have Dr. Robert McDonald who is a wonderful, I call him the physiological magician because he helps get rid of unresolved emotional conflicts. So we have all these practitioners that assist people in their healing process.

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Ty: Yeah, that was one of the things that really struck me when I went to your website is the plethora of different treatments. It's really amazing. I honestly don't know another medical doctor that uses this many approaches all under one roof.

Dr. Leigh Erin Connealy: Right. There's probably no other clinic in North America that houses the staff and the equipment and the array of treatments that we have. We're not just interested in what's available in the United States. We reach outside the United States and the world to find all the treatments. Like GcMAF is not even made in the United States. So we get our GcMAF from another country.

Ty: What do you mean? What does that stand for?

Dr. Leigh Erin Connealy: GcMAF is macrophage activating factor. Macrophages are the Pac Mans of your immune system and so when you have an illness. And I'm not just talking about cancer but many chronic illnesses the, we make an enzyme called nagalase and nagalase poisons the macrophages prohibiting them doing their job. And so that macrophage activating factor is a substance that you can give internally. Either injection form, inhalation form, oral form. From everything from autism to cancer.

Ty: And so macrophages are, you call them the Pac Mans, so they eat. What do they eat?

Dr. Leigh Erin Connealy: They eat the things that your body doesn't like. So for example viruses and bacteria and fungi and chemicals and toxins. Everything that is attacking the body that is unable to do its job and have a functioning immune system.

Ty: Okay. So, let's talk about cancer and the immune system. First of all Dr. Connealy what is cancer?

Dr. Leigh Erin Connealy: Well cancer, I tell people cancer is a out of control cell. A cell that's lost its integrity. It's lost its directions. It's crazy, it's erratic and it's out of control.

Ty: And so what's dangerous about a cancer cell then? If it's an out of control cell why do we fear cancer? What is it about a cancerous cell that we want to, if we treated it with conventional medicine we would use chemotherapy. Why do we want to destroy a cell that's out of control?

Dr. Leigh Erin Connealy: It's interesting that you say that. That people fear cancer. It's kind of interesting I always think, okay there's lots of chronic illnesses. There's cancer, there's heart disease, there's diabetes there's Alzheimer's. Okay, they're all very, very serious challenges to the body and people fear cancer unlike any other illness. If someone has a heart attack, okay I have a heart attack I get a stent. They know they have to make a lifestyle change. They know they have to. I would say most people make that lifestyle change. But people really don't live in fear of that next heart attack. There are a few people, but they feel like they have the safety net of that stent and they're

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going to be okay. With cancer, cancer I think everyone's had a loved one they have seen the devastation of the treatments of cancer. The conventional treatments are surgery, chemo, and radiation. The traditional treatments that we've used over the past 50 years which are surgery, chemo and radiation. They may have worked a little while but now it's because of the industrialization of the world.

We have a lot more challenges to the human mind and body and frame. From the toxins of the body to our food supply, our water supply our air, and it's making all diseases and dysfunctions more challenging. I mean, let's look at autism. Autism was 1 in 20,000 years ago. Now, it's 1 in 52 children. So obviously some serious things have changed. Because if we really, really look at the diet, when I was growing up and when you were growing up, okay, don't tell me you ate perfectly because you just didn't.

I think people are become much more health conscience and aware because now we have just incredible disease. And not just cancer, in every area. I mean heart disease, cancer, strokes. Everything. Look at MRSA. Infections, staph eating infections. I mean you never heard of that now it's common place. Oh, yeah I just went to the hospital and had MRSA and got some antibiotics and I think I'm fine, I'm not sure I'm fine. I'm like what? This is just not right. But, cancer is feared because it is an out of control situation and we do know, we have now lots to control the situation. But all people know from their oncologist is surgery, chemo and radiation. And there is something called circulating tumor cells and circulating stem cells. That's a recent discovery. That's what was responsible for 95% of metastasis.

When people get cancer you want to make sure that those circulating tumor cells and circulating stem cells which can have a very long life. You want to make sure that those are zero. Now fortunately we have the capacity to know that number of circulating tumor cells and stem cells. So people will know okay, I don't have cancer I know for sure because I'm able to do a blood test to know whether I have cancer. Also, let's face it the typical doctor, oncologists or their other primary care doctor does not entertain a discussion of lifestyle.

A obese guy walks in the doctor should be telling him that he is full of inflammation. Not full of fat, but full on inflammation and you need to do something because of this, this, this and this. Not ignore it. Not just go okay, well here's a pill for your blood pressure and here's a pill for your cholesterol and here's a pill for your back pain and I'll see you in a month and we'll see if you're maintaining your disease. That's what doctors do. They maintain a person's illness. They're not making them better. What are you doing? That is not okay? You're supposed to create optimal health in people, that's your job. Doctor means to teach. Why aren't you teaching your patients how to turn their life around? Yes, you will have patients come in and they're still the same as they were the last month, and the month before that and the month before that.

There's an old saying in Chinese when the student is ready the teacher will arrive. But you never know as a doctor when that day is going to be. I know that from practicing for 29 years. All of a sudden patients have a aha moment. You might have said it them 3,292 times but, it's like your kids. You tell them many,

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many times eventually something goes off and they go aha. I always ask patients, it's kind of funny, I always ask patients you've lost 40 pounds, tell me what epiphany what aha moment did you have? Because I learn from them and I'm always just fascinated about all the different stories that you hear. But no one is helpless and no one is hopeless. One thing is, I will never give up on you. That's the difference. A lot of doctors, it's easier to write a script. That's easy work. But that's not the right work. That's not doing right by your patient. Educating them on every visit. I always tell patients I cannot download what I know in a visit or two. Little by little and I always give them education so that they can go read and when you start reading luckily due to the internet that reading leads to 100,500 a million channel's right. However long you want to stay on the internet reading. But the patient needs to have knowledge in order to change their condition.

Ty: That makes a lot of sense. What you said about writing scripts really rings true. I'm friends with a lot of doctors, medical doctors and that's a common beef with those that are really trying to think integratively. Is it too many prescriptions, not enough teaching and so I appreciate you mentioning that doctor does mean teacher. So the doctors that aren't teaching aren't really doing their job.

Dr. Leigh Erin Connealy: No. and it is very, very true. Not to mention the 3rd leading cause of death in this country. Is the improperly prescribed use of medicine. Now, Gary Null says the number one cause is because if you think about, the guy has a heart attack on his death certificate, did he have a heart attack because he was taking a cholesterol lowering drug that lowered his coenzyme Q10 that decreased the oxygenation to his heart? Right.

Ty: So whether it's number one or number three...

Dr. Leigh Erin Connealy: It's still up there. If it's in the top three we know there's an issue. Don't get me wrong medications, if you have an emergency and you think you had a heart attack you want to be in a hospital in the emergency room right here in the unites dates. We have lifesaving treatments and intervention. If you have a very serious infection we have great antibiotics, but first and foremost, when I have a patient that comes in with MRSA, which is Methicillin-resistant Staphylococcus aureus which is a fancy name for crazy bug is that you the drug of choice is an antibiotic right? But you don't just happen to have a heart attack. These things just don't happen. There's a cause and effect for everything. So, when I have a patient that comes in and they have Methicillin-resistant Staphylococcus aureus or cancer or heart disease I say why are you here? Why is this happening?

Ty: So talk about that then Dr. Connealy, the cause, the causes that you've seen for this cancer epidemic that we have.

Dr. Leigh Erin Connealy: Well, there are a multitude of different causes. We'll start out with one. We'll talk about toxins. Toxins, because patients always come to me and say oh you think I'm toxic Dr. Connealy? Of course. Every single one of us has toxins and each one of us handles them differently and uniquely. So you may be able to be exposed to heavy metals and your body just gets rid of

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and fine and you function perfectly. But, another person will get a very, very serious illness. But there's toxins. There's toxins in the air, there's toxins in the water. There's toxins in the food and then there's toxic food. Then there is the air we breathe, food, water, everything that we're exposed to on a daily basis from the time you wake up to the time you go to bed and during sleep there's toxicity everywhere around us.

Were living in a sea of toxins, period end of story. Yes, are we trying to make changes now, yes we are. Are we making immediate changes? No, it's going to take time. Because we've made some decisions and our decisions determine our future and we've made some decisions that really aren't working for us today. Now, we've got to un-ring the bell now. We are doing it, people like you, people like me, there's many, many people. We have lots of platforms who are trying to change the universe. Because we know we're not in the right direction, but we are moving towards the right direction, I believe. If doctors aren't going to be on board, patients are on board and patients are going to change doctors.

You're talking about heavy metals, mercury, lead, toxins. You're talking about insecticides and pesticides. You're talking about all the plastics. National geographic did a beautiful expose on plastics. CNN did an unbelievable expose called the plastic ocean. Because plastic is not biodegradable and it's in everything. It's in the fish, it's in the polar bears, it's in us and it is destroying our biochemistry of every cell in our body. Then we have electromagnetic fields. Electromagnetic fields are all these inventions of electricity from the phones, to the iPad's, to the computer to the cell towers to your electric car to everything.

Ty: Things that we can't see.

Dr. Leigh Erin Connealy: Right, the things that we can't see. I always tell people it's not what we see it's what we don't see. And the mind can only see what it knows. But this invisible energy smog basically, electroenergy smog is all around us. We have to create our personal space so that we can survive it.

Then you have medications. You have drugs that immunosuppressant's. You have hormone disruptors that cause problems in our body because our hormones are natural drugs of our body. There's a whole slew of toxins all around us. We have to decide and you've got to work with someone who understands the role of toxins.

Then you have bugs that are toxins. Let's just take for example if someone has hepatitis, herpes, HPV, all the acronyms for all different Epstein Barr viruses. Bacteria, fungi and parasites. They all create a drag on the system. They also create lots of toxins. Fungi create mycotoxins. Parasites create toxins. They're all metabolizing in your body. All of those toxins that they produce they make you feel bad but they also suppress the immune system.

Then we have other factors. People don't even think about it. If your hormones are not working, so your immune system can't work. For example your thyroid. Your thyroid is the battery to your body. So the thyroid if it's not functioning it cannot take care of you. It drives the metabolism of every single cell in your body. Unfortunately a lot more people are low thyroid today because of wheat.

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Wheat is very allergenic to the thyroid and because of radiation from the most recent Japanese nuclear power plant. So, a lot more people becoming low thyroid because of that.

Then, if you've got any kind of other hormonal imbalances, for example, when you guys get prostate cancer. They don't get prostate cancer when they're 25 and all their hormones are in great shape. They prostate cancer after 50 because that's when the hormones start changing. I basically tell people you have a warranty until you're 40 give or take from 40-60 you're on a semi-warranty and 60 on is pure repair upkeep and maintenance. Just like you do a tune up. You do a tune up on your car. You don't think anything about it. We have to do tune-ups on our body. We have to do remodeling and restoration of our body on a regular basis.

People don't think anything about scars. Scars and calluses cause interference field. So you have to open up those pathways. Your body has natural energy flows and when you have a scar you've cut off the energy flow backwards and forwards so the body can take care of itself in that particular area.

Ty: So you're talking about fibrin.

Dr. Leigh Erin Connealy: Fibrinous, you can't have internal, when you have a scar you have adhesions with it. They call adhesions that cause internally, but your external scar is a cause for infections and toxicity to stay put because the circulation isn't as good there.

Ty: I see. I like the way you put it, that you need a tune up. So, the best question to ask is there anything that's not toxic? It seems like almost everything's toxic and we're exposed to these toxins and we need to detoxify. What does your tune-up look like? Let's say you've got a cancer patient, how do you tune up their body? How do you get rid of the toxins that they're exposed to?

Dr. Leigh Erin Connealy: Well, the first and foremost thing, I always ask my patients do you want to live? Because I've had patients who don't want to live. So, I'm not going to go against their wishes. I don't have that power. So the most important thing, you have to ask your patients do you want to live because I've taken a lot of stage four cancer patients who maybe they don't want to do everything that I recommend, so why are we wasting our time? Why is the family wasting their time? We need to know where that patients head is at, right? That's the first question. The second thing that we want to know is how do they feel mentally about taking on the challenge of this? I have a lot of great ideas, you have a lot of great ideas, but maybe we don't all like those great ideas. Well then, it's not going to work. I have to have a patient who is willing. I always tell my patients we're partners, so don't make me look bad. If they go home and they're eating croissants and I'm trying to get rid of their cancer, you're falling down on the job there.

I had a patient do that this week on me and he has appendiceal cancer and he goes you know Dr. Connealy I just got tired of this restricted diet. I said wait, whoa, whoa, whoa, wait a second. Restricted? Do you know that I can think of

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500 foods you could eat today that's not restrictive to you? He goes yeah, you're right. I said restrictive get rid of that word. Get rid of those negative words. There is an abundance of food that you can have that taste good and that you can enjoy. I'm not talking about, I always tell people it's not about perfection. It's about getting balance. If that croissant is working for you, then go ahead and do that. Fine with me. But, there are certain things you're going to have to do. So, first and foremost is what is going on in your head. First of all, do you want to get well? Do you want to live and what are you willing to do to get well.

And then the most important thing is what's going on with your emotions? Your emotions play the most magnificent part of what's going on here. I always tell people whatever you're thinking is what you'll become. You become what you think about most of the time. So, if that's not in order and they don't think they're going to be victorious then I'm probably going to do just minimal. Okay. But if I have a patient that says *Dr. Connealy* I will do whatever it takes, I'm ready to go, I'm ready to do and I'm ready to take on the challenge. Then I will start.

So, the first and foremost thing is what are you putting in your mouth? If you eat dead food you're going to feel dead.

Ty: What do you mean by dead food?

Dr. Leigh Erin Connealy: Dead food is anything in a box. Everything in a box. If it has a shelf life of a thousand years like you said before then it's not going to be good for you. What is alive? Food has an energy, and you are an energy. If you want to turn on the electrical energy of your body you have to eat highly energetic food. Ideally, it would be wonderful if you could grow your own garden. And now they have those beautiful little hydroponic farms and anybody can grow in the smallest place possible. That's ideal. If you can't do that there are tons of fields growing everything you possibly could need. So, you need foods that come from the ground, they are grown from the ground and they are taking in the energy. You also have to really know how things are grown because think about it our fields are depleted of their soil of all the minerals. So you have to have a conscious farmer who is mineralizing those fields because the nutritional value of an apple today it takes probably 10 apples to equal an apple 20 years ago, or 30 years ago. You've got to try to find nutritious food and that's the thing Ty, is that even your food today doesn't have the nutritional value. Let's say you bought all organic at the best grocery store that you have locally. You're probably going to need a supplement.

I'll tell you a story. I have this girl who is very into being healthy and goes to all the raw food conferences. And I said you're going to be the perfect person to do a nutritional analysis of your blood to see what your nutritional status is. She eats super foods every day and she does 10 herbs and she does all these tonics and everything. And I thought this will be so interesting to see how she comes out. Probably the worst of any patient I've ever seen. Now that's her system. Every individuals an original so you really, luckily we have all the tools to know what's going on in your body. And then I have people that they have beautiful nutritional panels and usually, I'll be honest most of those people are doing lots of supplements. And you have to be careful about supplements because you want supplements as natural as possible also, instead of taking a

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synthetic multivitamin. You want to take a food based multivitamin most likely, or if you take any kind of supplement you want to get it as close to nature as possible.

I remember years ago I saw a picture of Vitamin C and they had those special cameras that take your holographic cameras that take your vitamin c and it had a Vitamin C synthetic and you take a picture of Vitamin C natural. It looks like this beautiful flower. So there is a big difference between synthetic substances and naturally grown substances. For example, Indian gooseberry is a great substance for Vitamin C. And there's all different herbs and berries and all kinds of things that are great sources for certain vitamins and so we want to get as close to nature as possible when we can. Now, if we can't because there's a very important study. In 2004 called the SU.VI.MAX Study.

Ty: SU.VI.MAX Study?

Dr. Leigh Erin Connealy: SU.VI.MAX Study. It was 13,000 participants. They gave them antioxidants because with the oncologists, they go you can't give antioxidants it's going to interfere with the chemo. Well they obviously didn't read the SU.VI.MAX Study because it was 13,000 people and the one who took the antioxidant cocktail survived. There were 31% decrease from death, not only from cancer but other diseases. So we have incontrovertible evidence that antioxidants work way better for you if you are receiving any kind of chemotherapy and taking antioxidants.

Ty: ...which is a little bit opposite of what you typically hear.

Dr. Leigh Erin Connealy: No, it's completely opposite of what you hear. I always tell patients please disregard that information. That would mean the doctor should tell you to drink milkshakes and McDonalds hamburgers and chicken McNuggets. Because if you eat spinach which has antioxidants, if you eat apples which have antioxidants and if you eat peppers it has antioxidants, that doesn't even make logical sense. It makes no sense whatsoever.

So I tell people please disregard that. Think about what makes sense. Even Readers Digest now tells people how to eat healthy and don't tell me that what you eat doesn't matter. It does. That's biochemistry 101 you learn that in medical school. There's something called the Krebs cycle of energy. How does it work? By nutrients. If you look at it, it's all graphically, biochemically B1, B2, magnesium, manganese, copper, etc. That's how it works. I show patients, every patient a graph, I go see, if you have mercury it interferes here and here and if you have lead it interferes here and here and if you have aluminum here and here so you don't, the cells not working for you.

Ty: So I'm getting the strong impression here that you're a firm believer that diet plays a huge role in the treatment of cancer and other diseases. What does an anticancer diet look like in your office?

Dr. Leigh Erin Connealy: Well, we teach our patients, I'm not the nutritionist but I will, I do instruct patients, first of all you have to eat foods mostly vegetables. I don't care if they eat fruits but you have to eat a low sugar diet because cancer

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feeds off of sugar. Dr. Otto Warburg won a Nobel Prize, said that cancer cell thrive in a fermentative energy source which is sugar. On the cancer cells the receptor sites for sugar that's how we do a PET scan when you give a PET scan you give it radiotracer glucose and the cancer cells light up or they don't light up. And they light up because they're eating the sugar or they don't so you've got to get people off sugar. People are addicted to sugar. Sugar is a poison it's a toxins and it paralyzes the cell from doing their job.

We have this blood test called the hemoglobin A1C which is a reflection of your blood sugar over 90 days. It is an aging marker. Your body has what they call glycosylation taking place. We know that a certain number with the electron microscopy Johns Hopkins has written on this that the cells change after a hemoglobin A1C greater than 5.0 which is considered ideal. So you have to get off sugar, I don't care how you slice it. You've got to get off. Yeah, there are people that can sugar and they have great blood sugars. Luckily they're blessed, but most people are not. I mean if you look at the statics 70, 80 million people are pre diabetic. So that means that they're already very increased risk of cancer.

Then you have the diabetics. Then if you look at children. One in three children after the year 2000 have diabetes. The complications of diabetes are everything. You're eyes, your circulation, your heart, your immune system. Everything is nonfunctional. Amputation of limbs, probably that's the number one reason for amputation of limbs is from high blood sugar. So you've got to get off sugar and then you've got to get off the things that turn into sugar. So the things that turn into sugar are bread, and rice, pasta and potatoes.

Now, then I tell people you have to get food that's close to nature. So, lots of vegetables lots of fruits, fruits are okay, but you have to be careful about fruits. Because fruits can have a high sugar index. But fruits have lots of wonderful nutrients also. I do have people eat protein, some protein but you should not be eating more than 60 grams of protein a day because it overwhelms the system and creates inflammation. There's lots of sources for protein now. There's a lot of, probably 10 wonderful vegetables that have protein sources. Then if people just have to have meat, grass fed. It should be grass fed. A couple of ounces. If they have chicken it's free range. Unfortunately all the fish is tainted with mercury and radiation, so it's hard to recommend that anymore. It used to be a great protein source, but it's not now.

Ty: And why is, what is one of the main reasons for that?

Dr. Leigh Erin Connealy: The mercury, and the radiation in the fish.

Ty: How does it get in the fish?

Dr. Leigh Erin Connealy: Well, the mercury is from the environmental production whether they're mining in South Africa or they are burning coal in China. There is mercury, like I mentioned before. There's 50 professions that deal with mercury in some kind of process of their job, they're dealing with mercury. So mercury is everywhere. Discover magazine had the front cover. The metals in your food. There is no, the EPA says there's no safe level in any

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heavy metal, toxic heavy metal in your body. So when they put norms there, first of all how do I know what's normal for you? Okay. What may be normal for you may be terribly destructive to me.

Ty: Because we're individuals.

Dr. Leigh Erin Connealy: We're individuals and so, I might not be able to handle one little anything of mercury and you might be able to yeah I can handle this, I can manage it. But the EPA says, the Environmental protection agency says there's no safe level of these metals. Arsenic, mercury, aluminum in your body, and so we have to eat foods that help us detoxify we have to have foods that help us provide the energy. We put all of our patients on wheatgrass. Wheatgrass is the most powerful food people can eat. All of our cancer patients whether they are at home or whether they are in our clinic they get wheatgrass every single day.

Ty: I love wheatgrass shots.

Dr. Leigh Erin Connealy: Yes. Wheatgrass is wonderful. Juicing. A lot of people if they've undergone chemotherapy their gastrointestinal system isn't working. So we have to do the work for them, so we give them juicing so they quickly absorb the nutrients they need to. Some people need to put on weight so I put them on a special program. So it depends on everything. But one thing is most of your plates going to be vegetables, a little protein, seeds are great. All different kinds of seeds from pomegranate seeds to pumpkin seeds to sunflower seeds. It's just amazing what's going on in the food industry. They're making food taste so wonderful. Great food taste so wonderful. So people can't tell me they can't. Every year a couple times a year they have a natural product expo. It's absolutely fabulous how we're reinventing food.

Ty: Yeah, I agree. I've been traveling quite a bit doing this miniseries and we were in South Carolina a week ago I think it was and they gave us this huge spread. It was from a organic raw vegan restaurant. And we had lasagna, tostados, all these things it was with nothing cooked, and no meat, but it tasted great. Some of the best food I've ever had.

Dr. Leigh Erin Connealy: Well, and the rawer the better it is, because once you cook things you denature the enzymes and you denature the enzymes and you denature the nutritional value. So, but there are some things you can, broccoli is still good cooked. Brussels sprouts are still good cooked. There are lots of things still good cooked. Let's face it some people are really sick so they can't handle all that raw food. So we use, in our clinic we cook things because they need, first of all they're all cold so they need warming things to warm their body and so we make beautiful soups and different warm things for them to replenish themselves.

Ty: One thing that you said a few minutes ago that I wanted to go to you said that when somebody has a hemoglobin A1C over 5 that the cells begin to change. What do you mean the cells begin to change?

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Dr. Leigh Erin Connealy: Well, it's interesting if you look under electromicroscope you can see, if you look inside the cell which I always, use this wonderful picture of all my slides and you can see the cells already becoming dysfunctional. And they have something called cross-linking that takes place. And when you have cross linking you have aging of the cells. The cell, the individual cell is your own doctor taking care of your cell. So we can talk about our brain, our heart, our liver, our thyroid gland all these different things but it's what is going on in that cell. What is actually all those little working parts. From the nucleus to the mitochondria to all the different organelles that are supposed to be working for you. What is going on? They all require a certain nutrition. A certain energy. Because we talk about electromagnetic fields. Those electromagnetic fields actually affect those function of the cells, because those cells are energy beings and so the energy is affecting those things.

That's one of the things that, with sarcoma. Sarcoma's it's a cancer of the muscle. We're seeing so many different increases in Sarcoma's. A lot of people believe and attribute it to their electromagnetic fields. Just like glioblastoma because with the cell phone with the brain.

I'll tell you an experiment my daughter who's 19 now, she was in eighth grade and we did this experiment in the office because we had filmography in our office. So we took a picture of someone's brain and took a picture of their head first before cell phone use. And then after one minute of cell phone use, after five minutes of cell phone use and after one hour. And four hours later the brain was still inflamed after cell phone use. So people do not understand the power of the cell phone and how much it affects our body. You have to, and it's accumulative.

And if they actually have published online rat brains exposed to cell phone and see what it does, so like I mentioned before there's such thing as a precautionary principle. If we have a little bit of knowledge and there's a little, we have a lot of knowledge now, there's a lot more knowledge than you hear. You just don't hear about it. Because the largest industry lobbying in Washington is the electrical lobby. So they want all these electronics. Okay, yes these electronics allow us to tape this interview and talk to each other and the computer and now we can all communicate and socialize together, yes, but we now have to invent things to counteract all the wonderful inventions we made.

Ty: It sounds like we do. Especially with the electromagnetic field.

Dr. Leigh Erin Connealy: Yes, it's a very, very serious thing.

Ty: So, Dr. Connealy talk to us about cancer detection, about different diagnostics for finding out if you have cancer.

Dr. Leigh Erin Connealy: Yes. Today, more than ever people are scared and fearful of cancer and they want to now because their sister, their brother, their uncle. Some family member has had cancer or what I find is multiple they have encountered in the last year or so or more have had cancer and they're afraid of getting it. I say well first of all you just don't get cancer. Second of all it's not

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contagious. But we have unbelievable ways to discover if cancer is occurring in your body.

So first and foremost a doctor just like myself can order some blood test. One is the CRP. The C Reactor Protein. So when I have a patient that has high C Reactor Protein, I say okay, let's take some fish oils and see if we can get it down. But you've got to change your diet because that's also lots of unfavorable diets cause inflammation.

Ty: Okay, so CRP measures inflammation.

Dr. Leigh Erin Connealy: Inflammation, so then I'll tell them and I'll go okay in two months I'm going to give you two months and then we will repeat it. So if it doesn't go down I usually go looking for cancer. So I have certain methodologies that I can determine if cancer. First of all there's one test called the cancer profile. The cancer profile has been around for over 20 years and it detects if you have cancer, in early stages. It's about 93, 95% accurate and if I want to repeat it three months later to see if it's accurate again then I'll repeat. If the patient is concerned or the patient wants to know then I'll repeat it.

Ty: Does the cancer profile test have anything to do with the stem cells you were talking about earlier?

Dr. Leigh Erin Connealy: No, we'll talk about that in a second. So the cancer profile will determine three kinds of HCG - a lot of people have heard of if you've been pregnant. You know about HCG because that's the hormone of pregnancy. Then it also is the hormone of malignancy, so the cancer profile detects two different blood markers of HCG and one in the urine. It also does an enzyme called PHI. PHI is a enzyme involved in anaerobic, anaerobic means no oxygen without oxygen, so if that enzyme is elevated you have a cancer environment. It also checks for a liver function test because your liver is your organ of detoxification. It checks the thyroid because the lower the thyroid the higher the risk of cancer.

DHEA sulfate which is your hormone of stress, immune and longevity. If you don't have good adrenal gland function you can't handle the stress of whatever the stress, it is. And it also checks CEA, which is nonspecific marker for mini-cancers. So it's a great investigative tool because cancer as again, just doesn't happen in your body. From one cancer cell to the tumor is 10 years. So people can prevent cancer and this is what I tell people. Prevention is priceless. Because it's very easy to treat early cancers. It's a lot more work to treat stage four cancers. Can you treat them? Absolutely but it's just a lot more work for me and the patient.

Ty: Somebody earlier in the series that an ounce of prevention's not worth a pound of cure it's worth a ton of cure.

Dr. Leigh Erin Connealy: It is. I can't tell people that enough. Now, so that's one blood test. Now, it doesn't tell me where. But I can usually figure that out too. So the second test I do is something called the ONCOblot® test, all malignant cancer cells make a protein called ENOX2 protein, so that determines if you

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have that and where it is. Unfortunately the only downside about that is it probably get it at year six. I want to get it in year one or two or three.

Now there is something else you were talking about earlier. The circulating tumor cells or stem cells. You can do that blood test also that will tell. Circulating tumor cells are cells circulating from the tumor site and you can have that even if you have a one millimeter size tumor which is undetectable by ultrasound or MRI circulating in the blood and that's what's responsible for 95% of metastasis and 90% of deaths from cancer.

Ty: Metastasis is the spreading?

Dr. Leigh Erin Connealy: Yes spreading.

Ty: And that's what causes the death is the spreading of the cancer. And you can detect it with this test.

Dr. Leigh Erin Connealy: Yes, exactly. Now there is another bioinformational test called the bioimmune survey. You have acupuncture points on your fingers and toes that correspond to every organ in your body. A doctor by the name of Ryan Voll, very famous physician and physicist who determined this. He used to teach the course hands on, then that information was computerized in something called the biomeridian machine. There is another machine called Vega Machine. And these machines will determine early on if cancer is brewing, simmering, or fermenting, whatever word you want to use in your body. And you can reverse that and turn it around. By the proper nutrition, the proper I call foundational products and there's targeted products that you can use to help rid your body of cancer. I've been doing it a long time and you would think well why doesn't the world know about this. Health is a secret. But that is changing thanks to people like you and thanks to people like all the people that are around trying to disseminate this information and transform the world.

Ty: Thanks to people like you.

Dr. Leigh Erin Connealy: Thank you.

Ty: Let me ask you one question. If you were diagnosed with ovarian cancer, give me just a quick and dirty because I don't want to take your time, we're almost done with the interview what would be your top three things that you would do that you would recommend?

Dr. Leigh Erin Connealy: I would see somebody to see if I needed emotional work. And help with whatever issues I may, or may not have. Get a team, it could be one person. It doesn't need to be a lot of people. Then I would differently change my diet. And I would detox, detox, detox my body.

Ty: I like the quick answer. It's a good take away for people. And when you say change your diet. We didn't really get into this during the interview, but I'm assuming that you're talking about eating organic foods as opposed to conventional because we didn't talk, we talked about one of the things that is, that causes cancers are hormone disrupters.

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Dr. Leigh Erin Connealy: And insecticides and pesticides. Yeah, everyone needs to eat clean, pure, organic food. No doubt. There is no sense in wasting your money on food that's not organic. And I'll tell you why. The nutritional value of something that's not organic is significantly less than something that's organic. That's number one. You're wasting your money. You're going to have to eat four of those nonorganic apples to eat the nutritional value of one organic apple. That's number one. Number two in the LA Times and there's has been repeated over and over, and over again is that the insecticides and pesticides they measured peoples blood levels of insecticides and pesticides eating organic and nonorganic. The people who ate nonorganic had very high levels of insecticides and pesticides. I mean, what else more do you need?

Also, I'm going to tell you something about studies. Because I was taking care of a patient who had a very unusual cancer. He was hell bent on telling about studies. And I said let me tell you something about studies. Do you know that AMGEN did their own individual study, because they're a pharmaceutical company and they wanted to know let's just see how good these studies are, 47 out of 53 studies could not be repeated even after 50 times. So, with that said, studies are good because you're learning all the time. But don't put your whole decision making process on that study. Sometimes you just have to do things, but you've got to think about what's right. Are you going to eat chemically laden food or are you going to eat organically pure food. Are you going to eat dirty water that's polluted or are you going to eat clean water, drink clean water?

Ty: It just makes sense doesn't it?

Dr. Leigh Erin Connealy: It's just sense, common sense and we were all born with that. Gut level feel.

Ty: So Dr. Connealy we want to give people help and I know you do too and so concerning the treatment of cancer give us a few of your top treatments for people that are patients that you've gone through that are successful treatments that people know that if they went to you to get treated they would have hope.

Dr. Leigh Erin Connealy: All right, well when patients, I always have patient go see whatever doctors they want to see. And because no one person has all the answers, so usually a person when they come to see me they've already seen one or two or three other doctors. And one principally being an oncologist. I want them to go see an oncologists because I want them to see what they have to offer. Usually oncologists will recommend chemotherapy if the patient needs it or long term chemotherapy for the patient. But it's very important that a patient is educated about all their options. Sometimes they need surgery. Sometimes people do need surgery because maybe something's causing an obstruction. Radiation is sometimes offered to the patient. With that set aside because that's not my expertise and that's not the direction that I, that's not what I'm going to be giving my patient.

What we give our patients and what our clinic offers is first and foremost we teach people how to get emotionally balanced. Number two we teach people how to eat to live. We teach people how to detox and detox is they are able to

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do it at home. Once they learn it they are able to take it home and do it themselves. Then some of the targeted treatments that we do for cancer are one, IV vitamin C. IV vitamin C Dr. Steve Levine and National Institute of health showed how IV vitamin C kills cancer. They just came out with a recent study just a month ago how IV vitamin C kills cancer. We know it does. IV vitamin c is wonderful against a lot of things. Let's say you have Mono, it's a great treatment for Mono. Or people who have shingles or people who have lots of other chronic ailments. IV vitamin C works great. It augments the immune system it detoxifies you it alkalizes you, it's fabulous.

Now, we have another treatment that we do in our patients called PEMF Pulsed electromagnetic field therapy field. It raises the energy of the cells so it can take care of you. It helps the membrane of the cell absorb the nutrients and also detoxify better. It helps with inflammation and pain and oxygenation. We do hyperbaric oxygen. Hyperbaric oxygen creates apoptosis which is programmed cancer cell death. Not to mention it regresses tumor growth size. So, oxygenation, the first thing I tell people it's an FDA approved drug designed by god. It is fabulous for all kinds of diseases. But in cancer it's extremely beneficial.

We use something called insulin potentiation therapy with chemo. Remember cancer cells like sugar, they insulin receptor sites on them and we use insulin as Trojan horse to bring in the chemo into the specific cancer cells and IPT is also wonderful because what it does is it deactivates the enzymes that cause these cancer cells to grow. We utilize infrared sauna. But we use some other treatments. One we mentioned earlier about GcMAF so GcMAF was invented by a Doctor by the name of Dr. Yamamoto. Dr. Yamamoto discovered it in 1999. Healthy people make GcMAF and when you have cancer you make an enzyme called nagalase. Nagalase poisons your macrophage. Well, what are the macrophage's? they're the director of your immune system, they're the Pac Man, they eat all the things that you're body's not supposed to have, so if nagalase enzyme is there it poisons the macrophages inhibiting them from attacking the cancer. So now you can administer GcMAF to the patient to balance and get their immune system in order.

Then we do something called supportive oligonucleotide therapy which is short for SOT. And it's a therapy that's new and basically we take your blood we send it off to a lab in Greece. They get down to the core genetics of that cancer cell and they create a serum made from messenger RNA. They make messenger RNAs to disrupt the DNA train track of your cancer cells. So, let's go over that again. It sounds kind of complicated. SO, everybody's seen a picture of DNA. DNA is a train track right? So, something directs that DNA. So they make a messenger RNA. Messenger RNA comes in and derails that Cancer cell DNA, creating apoptosis which is cancer cell death.

Ty: Wow, so it's individualized to that particular.

Dr. Leigh Erin Connealy: The person. Yes because you can have two breast cancer patients with the exact same histology of breast cancer, but it's going to be different in each person. So that's why if you use a cookie cutter approach it doesn't take care of the cancer in a lot of people.

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Ty: And that explains why you've had success with treating cancer because you're looking at the individual and formulating a treatment program that's been individualized.

Dr. Leigh Erin Connealy: Let's talk about that. Because remember we were talking about if you measure circulating tumor cells and stem cells. Now we know we can do a test also. We can put the cancer cells in a petrie dish and see what natural things work on those cancer cells, does green tea, does pomegranate does lycopene, does Vitamin C does reveritol, does vitamin D, circumin, Aloe Vera? We have all these beautiful agents on the earth that help us. We need to utilize those to prevent the growth of these circulating tumor cells and stem cells. Let me make it clear. If you do surgery, if you do chemo if you do radiation, it does not touch circulating tumor cells and stem cells. The only thing that will work on the growth of those cells are the natural agents I just mentioned.

I will tell you a story. I have a patient that had stage I colon cancer. He says Dr. Connealy I just want it out. I said okay, that's what you want, that's what we'll do. So I said let's check your circulating tumor cells, so when you your cancer I want to make sure it's gone. So, we drew his circulating tumor cells, stem cells before the surgical procedure. He had his surgery. The doctor says your cured I removed the colon cancer you have nothing more to worry about. I said okay, let's make sure he's right. So, a month later send his blood off and sure enough the circulating tumor cells were almost identical as they were before the surgery.

Ty: Wow.

Dr. Leigh Erin Connealy: So, I told him, I said okay, this is proof that you're not, you're partially cured, you've got the abnormal patch of cells but what I know from cancer is cancer is a holistic system. It's a whole body system. That if you have cancer the cancer wherever it is just a symptom of a totally imbalanced system.

Ty: And that's part of what you do in your practice is to put that system back in balance.

Dr. Leigh Erin Connealy: Yes.

Ty: And so part of what you do in your practice is to put the whole body back into balance.

Dr. Leigh Erin Connealy: Yes. Exactly homeostasis.

Ty: Well, a lot of the things that you've said here today make a lot of sense. I really appreciate you taking the time Dr. Connealy to spend with us today to share I'm sure just a small fraction of your knowledge. But I really do appreciate it and I know that the people that are watching this are appreciative as well. Thank you so much for spending your time with us today.

Dr. Leigh Erin Connealy: Well thank you for having me Ty.

Interview 6



KC Craichy

Author and Nutritional Expert
www.LivingFuel.com

THE TRUTH ABOUT CANCER

Ty: I am here today in Orlando, Florida at the beautiful home of KC Craichy, my friend. Thank you so much for spending time with us today.

KC: Great to see you, Ty.

Ty: So KC...tell us a little bit about yourself.

KC: Well, how I got involved in nutrition and health was my wife, who was Miss Florida and Miss Florida USA and competed in Miss America and Miss USA. I know you know the story but I am telling it for the benefit of the viewers. When we were married for a couple of years she came in with panic attacks, clinical depression and suicidal thoughts. The doctors were screwing her up really with Xanax and Zoloft and psychotherapy and it really wasn't much time at all when we realized she was just like...basically personality-less. She was flat lined. It flattened her personally. Before, she would go anywhere at any time and now she wouldn't even leave her room. At that point, we decided that drugs and the patient for life scenario couldn't have been God's will for her and so we decided we were going to dive into literature and weren't coming out without an answer. Over a 10 year period of research with trial and error, our company was born, our first bestselling book was born and all of our books and philosophies that we deal with and Monica hasn't had a drug in 20 years.

Ty: That's awesome.

KC: We've been able to help thousands of people overcome their own situations.

Ty: So talk about the company. You specialize in SuperFood Nutrition so talk about that.

KC: SuperFood Nutrition is a concept I started working on in the 90's and I wrote my first white paper on the subject which I called The Four Corners of Optimum Nutrition at that point and I now refer to it as "The Four Corners of SuperFood Nutrition" because the piece of SuperFood Nutrition that is so interesting is that SuperFood Nutrition as we have defined it is that we know in health that there are something on the order of 50-53, it depends on how you slice them and by that I mean...some people will argue about how many essential vitamins there are or how many essential minerals there are. Some people say there are 9 essential amino acids where others will say there are 10 and you add conditioner essentials there might be 12 so, depending on how you slice it, the things called dietary essential means you have to get them from your diet in order to get them. The body can make the non-essentials. Technically, they are all essential, but the dietary essentials you must consume for the body to use that as raw material to make the other things that your body needs. If you are not getting those 50+ essential nutrients in your diet then you are going to have physiologic consequences as a result. We also know, after many years of clinical study, what are the best forms of these nutrients. In the form of minerals you have seen iron oxide and calcium carbonate and those kinds of things. Those are cheap nutrients and say...vitamin D or D2's might be more toxic...a lot of the literature suggests those are toxic, or you might say that you have vitamin B12 would be methylcobalamin is accepted as the best form of vitamin

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B12 but cyanocobalamin is in most things that you find on the market and that doesn't match. You want to really match the Krebs Cycle. The Krebs Cycle should recognize the nutrients.

Ty: Real quick...what is the Krebs Cycle? Let's remember to get into that. Continue your thought but I want to get to Krebs.

KC: Dr. Krebs discovered the cycle of converting food to energy and oxygen...the whole process in the body called the Krebs Cycle. With the Krebs Cycle, the body will recognize things like citrates, malates, alpha ketogluterates and things along those lines. When your body sees these carriers for the nutrients it recognizes those have a message and what to do with it so to speak. The net of it is, the best forms of these 50+ essential nutrients are known. We feel like we have a pretty good handle on what those best ones are but when you find most vitamins and minerals or supplements or foods, you usually find oftentimes the cheaper versions...that there are another one or two steps required by the body in order to make it into what you actually need. I am really going a little off course here but what I am trying to suggest is that since we know what you need and we also know, if you are honest, that there are things that you need that we don't know about. I call those the unknown essentials.

We have the essentials, conditioner essentials, unknown essentials and unknown conditioner essentials. When you combine the 51...we have the best form of all the nutrients and you combine it with things like broccoli, spinach, kale, spirulina, barley grass, chlorella, blueberries, strawberry, raspberry and cranberry...now you are combining what is known with what we know...there are tons of studies to tell you those other things are exceptionally good for you in avoiding disease, being healthy and so on but you hear eat your vitamins with food. How often do you hear that? Why is that? There is a synergy that goes on when you combine nutrients with foods. When you combine all of these nutrients together the body recognizes and uses them and that is how SuperFood Nutrition should work. That is our concept of SuperFood Nutrition...getting what you need from known sources combined with things that are exceptionally good for you...natural foods and that gives you everything you know you need and everything you don't know you need...so that is SuperFood Nutrition.

We have broken that down a little farther and said...Wow, what does the literature say about the best approach to nutrition for weight optimization or life extension or delay in disease and so on? In 2002, my first white paper called The Four Corners of Optimal Nutrition and now we call it The Four Corners of SuperFood Nutrition to bring in the concept I just described to you of the SuperFood Nutrition. As long as you recognize you have SuperFood Nutrition and you are getting optimal amounts of things including micro and macro...you have the protein, carbs, fiber and fats and so on...now you break it out in a way that is extraordinarily powerful.

This is the four corners where we start with calorie restriction with optimal nutrition. Years ago, you may remember the Biosphere project with Dr. Roy Walford at UCLA. They were in the Biosphere and the whole thing was about they were going to grow the food that they used. It was going to be a self-sustained environment and they weren't getting anything in or out of it- they

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would have to grow what they needed. They ended up growing...they had something go wrong and they couldn't grow enough food for them so they had to ration what they ate to have less food. While they were hungry and all, they found remarkable physiological and psychological changes that were very positive and that really spawned the whole calorie restriction movement...the calorie restriction/fasting movement and so on. For calorie restriction and optimum nutrition there has now been more than 2000 studies in virtually every single celled organism all the way up to primates and even in humans now that suggests that this is positive for physiology and that it actually...kind of like if you say there was a Fountain of Youth it would be extend life, delay disease, enhance performance, optimize weight, increase mental clarity and start going down the list of things that were beneficial from doing this approach.

There are always outlier studies along the way where this one didn't quite work or that one didn't quite work and so on...but the preponderance of the evidence from study after study showed first of all that just cutting calories of bad food was really good for you so instead of eating this much garbage you only ate this much garbage. That is really a cool concept when you think about it but if that really was the answer then people starving in Africa or somewhere else would be the healthiest people in the world. That obviously isn't the answer but there is something to it.

The thing about calorie restriction is that it didn't catch on in the United States because in the last 10 years the average calorie intake has increased about 500 calories a day in the United States. Nobody likes to be hungry here in the United States in the Land of Plenty for sure. The people that got hold of this concept and really cut their calories by 40%-50% literally looked like they were in concentration camps. They were so unhealthy looking but somehow they were convinced that was healthy for them. There is this thing about optimal nutrition where you now take calorie restriction and you add optimal nutrition, most people would agree that if you eat less calories but you max out the nutrients and get all these 51 that we are talking about at the same time that it has got to be better for you then either eating a lot of calorically dense food or a little teeny bit of calorically dense food. Do you see what I'm saying?

Ty: Yes.

KC: That piece is a very important piece of the puzzle. Now we have enough people...there is one outlier study that is recent that a lot of people are saying has completely discredited the calorie restriction movement but it is going to take them 10 years really to sort it out because there was a 25 year study with Rhesus monkeys where they didn't get the results they were expecting on extending the life of these monkeys but along the time of this 25 year study there was a 10 year study done with a similar kind of monkey that did get the results that they were looking for so it is not going to be definitive. The net of it is we know, we know, we know that if you eat less high quality food that is maximized in nutrient density it is better for you than what people are doing out there. Of course, people still don't want to be hungry. The scientific argument then became...well, why does this work? So, the group over here we will call the Free Radical Theory of Aging Group...they are basically saying that the reason that you cut the calories and the reason that works is because less food = less

internal combustion, therefore less oxidation, therefore less calories = low oxidative stress. Conversely, if we add back antioxidants to the diet you can increase the calories and get the same results as low calorie just by giving a broad spectrum of antioxidants. Broad-spectrum being hydroxyl, peroxy, peroxide nitrites, superoxide anion and singlet oxygen are the five classes that are common in everybody and people think of antioxidants...I'm just going to take a vitamin C or something where you are going to get one or two of those classes and you really need to address all of them. Really, the point is they were able to mimic the results of calorie restriction by bringing in this antioxidant bouquet, if you will.

What are antioxidants? When you think about it and you think about how it affects health and in this particular case cancer...antioxidants are by nature anti-inflammatory and by nature anti-glycation. In other words, anti-glycation.

Ty: What would that mean?

KC: Glycation is basically caramelization of a protein. Instead of having oxidation with oxygen oxidizing a fat or lipid it is like having a sugar caramelize on top of a protein and make the protein irrelevant. Advanced glycated end product...A-G-E...age. Really when you see cross linked old skin what you are seeing is collagen cross linking or advanced glycated end products or glycation. I wrote about this in my book in 2005 and I said there...In 5 years glycation is going to be as well-known as oxidation. Well, here it is 10 years later and nobody still knows about it but the point is simple. It is a foundational root of disease including cancer. Oxidation, inflammation, glycation and angiogenesis. Angiogenesis is basically getting a blood supply to an area. Say if you twist your ankle you are going to get a massive inflammation and the inflammation is going to draw the angiogenesis to the area where the body will release new blood flow to the area and then when the acute situation is over with it will pull back the vessels and you are fine. It is the chronic angiogenesis that is the problem. In a cancer cell...most cancer cells will hide and get a blood supply through an angiogenesis which is chronic angiogenesis which is a big problem.

The point I am making here is this corner, the anti-oxidant corner when you are addressing all five of these classes...those things actually address and regulate these four major processes that underlie the disease. If you control oxidation, inflammation, glycation and angiogenesis then disease cannot progress. I am oversimplifying it but if you take these foundational root power of a disease away it is going to really stunt the growth of whatever that disease is trying to do. You can do that through nutrition...we have seen that. Dr. Li did an excellent TED Talk program if you ever want to go look up TED Talks...Dr. Li on angiogenesis...it is absolute fascinating. He names the foods, some of which I have already mentioned, that regulate angiogenesis. I am staying a long time in that corner because it is so important when you talk about all the bright colored vegetables and the bright colored fruits and berries and all of those things...they have such power in these phytochemicals to combat disease and the underlying processes of which the disease actually operates and flourishes. Oxidative stress or high antioxidants, the free radical theory of aging group, has been shown to be able to mimic the calorie restriction.

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The other piece that has been shown to mimic calorie restriction is if you cut the sugar and you cut the glycemic response. This is an area now that they have done plenty of studies on. In fact, the Grain Brain book that is out right now, the doctor shows and, gosh, this has been reported now for 15 years...that if your blood sugar is in the 90's, your chance of dementia is greatly increased. If your blood sugar is in the 90's, your chance of glycation is greatly increased. If there is more sugar around there are more things that can be caramelized with that sugar and so 90 something blood sugar, while it is in a normal range, is not healthy or normal because all-cause mortality rises as blood sugar rises. If we realize that if you are reducing the sugar and glycemic response of foods...and they actually did a study which showed they can give 150% of the calories of a calorie restricted diet on a low glycemic diet and they were able to mimic the results of calorie restriction with 150% of the calories saying greens instead of grains.

The sugar thing is a big deal. We have been talking about this a long time but one century ago sugar was a delicacy. You would have maybe...Mom would make an apple pie or you would go to the store and get a little treat or something like that. Five pounds a year, it is estimated, would be the intake of sugar per year per person on the average. Today, it is a whopping 150+ pounds per person per year on the average and somebody is eating our sugar. The average is pretty high. The point is, people are eating their weight in sugar a year. When you think about the wisdom of incorporating this particular corner of the four corners of reducing the sugar and the glycemic response, all-cause mortality goes down as blood sugar goes down so now your blood sugars are in the 80's or even the 70's and it is a better case for you. Also, the chance of dementia goes up. In fact, in the Grain Brain, he talks about how the blood sugar in the 90's is asking for dementia and Alzheimer's later in life. That is a pretty cool thing. When you think about a lot of the ketogenics stuff, you actually can reverse some levels of dementia through going ketogenic. The same thing has been shown in cancer...that if you go ketogenic they have said some of these doctors...and I read this story recently...one of the doctors was able to starve his own cancer. I think it was a pancreatic cancer in some areas. It is fascinating the possibilities here...so there are three of the four corners.

The fourth one is healthy fats- primarily marine oil. I call it antioxidant fish oil and I always have to add antioxidant fish oil because if you are just taking fish oil and you are not talking fat soluble antioxidants alongside of it you are asking for lipid peroxidation. Fish oil is a delicate oil and you expose it to oxygen. People say...Well, it has one IU of vitamin E in it. Well, vitamin E or alpha tocopherol...one IU is not enough to keep from spoiling in your body. It may keep from spoiling in the gel cap but not in your body. You need to broaden that out. Fish oil, we know, is anti-inflammatory. Again, we are coming back to some of these underlying processes of the disease states. Fish oil is a very powerful thing. We are seeing studies have shown that certain cancer rates with fish oil are lower and we are talking about including your fish oil. If you have vitamin E, alpha beta gamma delta tocotrienol and alpha beta gamma delta tocopherol you are now adding some oxidation protection to the oils and giving antioxidant benefit to the body itself. We like it when you have EPA and DHA to include borage seed or primrose oil because the GLA from those combined with the EPA from fish magnifies the anti-inflammatory property, according to the

research, of the fish oil. Instead of getting prostaglandin E2 you get prostaglandins 1 and 3 which are more anti-inflammatory. So, then adding vitamin D and vitamin A at the levels of cod liver oil and then the amazing nutrient astaxanthin. If you want to know about a nutrient, go out there and do a web search on astaxanthin and look at all the benefits ascribed to this nutrient that is a small molecule antioxidant that has been shown to be able to cross the blood brain barrier and also into the eyes as an eye antioxidant and so on and it is said to increase your tolerance to sun radiation or external radiation sources...for instance, gamma radiation when you are flying on a plane and so on. There are so many benefits to adding that in.

These are the four corners of SuperFood Nutrition that we have been talking about for so long. I got into a lot of detail on each one of them but there is a really cool study in *The Journal of Nutrition* in 2001. There are four groups of mice genetically altered mice- altered to be more susceptible to disease. The first group of mice they called the all you can eat group. They gave it all the food it can eat all the time so it grazed all the time. They also added corn oil to the situation. These mice lived an average of 232 days. So, 232 on the average. The second group, same kind of mice, same feeding method but all they did was instead of corn oil they gave fish oil and they lived an average of 100 days longer just adding the fish oil. It was still garbage food underneath if you think about it. The third group was the calorie restriction group. They took the same food, same feeding method but actually cut the calories of the food by 40% and they lived an average of 200 days longer than the 232 day control just by eating less of the unhealthy food they were eating. The last of the four groups was the calorie restriction group combined with fish oil and this group lived an average of 400 days longer than the 232 day control...so 600 something days versus 200 something days. That is a fascinating little study. I always say...if you are mouse you really ought to be thinking about this kind of nutrition.

Anyway, this does translate in a lot of ways. It just shows the high impact that nutrition could actually be. You cannot ignore if you take the four corners and all the research that has show positive benefits on each of these four corners and added it together, you are looking at more than 3000 research studies which would make this among the most studied approach...add it together and integrate these four together...of anything that has ever been put forth. You have a lot of people talking about nutritional approaches but if you look at the body of literature behind what they are talking about it isn't that substantial.

Ty: That is substantial. Where do I go from here? There are so many notes that I have taken here over this first few minutes of the interview. One of the things that I really appreciate is the fact that you are not giving us conjecture. You are talking about the studies and what the literature has shown. I have seen the studies and the literature does show what you are talking about. It does verify this. One of the things that is interesting is within the last couple of weeks you spoke to a group of medical doctors in Miami, I believe...

KC: Yes.

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Ty: ...and you told me that they were using your lecture to begin to tweak their protocols for their own patients.

KC: That is what they were telling me. That is the feedback that I am getting is that the way that I talked about the integrating of these things...you know most doctors have heard about calorie restriction on some level and about antioxidants on some level and about low sugar on another level and about fish oils and so on...When you put it all together, that you can actually integrate these approaches to where you actually don't have to choose one and you can do them all and let that be the way you actually guide yourself in your nutritional choices, they found that to be a very simplistic...I know it doesn't sound simplistic but I guess to the doctor it was simplistic compared to what they were...When you have an Aha!...and your understanding comes forth it is really awesome.

Ty: Yeah.

KC: Instead of saying go follow the food pyramid and eat grains and whatever else. It is a very powerful approach. I would say when people start doing this they will realize that you can bring in enough fiber and protein with all of these micronutrients and you don't need anywhere near the food that people put in their body. Calorie restriction...is it really calorie restriction if you cut your calories back to what our parents were eating 15-20 years ago? What our diets are now...if we cut it back some of the percentages in some of these studies we are just getting back to where they were because it has been growing on a daily basis.

Ty: Yes and the epidemic of obesity here in the USA is unfathomable.

KC: Absolutely amazing. Again, that is a chronic inflammatory situation. This whole thing of obesity...if you say that people are overeating...Now, calorie does not equal overweight. It is calorie distribution and we can get into a whole interview on that one alone. Really, the point is that people are getting fatter. The fat is a factory. The fat, particularly the belly fat, becomes the largest endocrine organ in the body essentially. The fat produces TNF alpha interleukin 6 and aromatase. These are inflammatory cytokines. We are getting back to inflammation, inflammation, inflammation. So, inflammatory cytokines and then aromatase. They are worried about the T-levels, if you will...testosterone levels are dropping a large portion as a result of the belly fat. Aromatase is an enzyme that converts whatever testosterone is floating around the male bloodstream and converts it to estrogen. What makes a man a man has turned into what makes a woman a woman. There are so many health problem with low testosterone it is a terrible thing.

Ty: Interesting you mention aromatase because a doctor that I know uses a product called dearomatase that stops that conversion with cancer patients. That is a big issue with cancer patients as well.

KC: That would seem to make sense. LifeExtension makes Super MiraForte or something like that which is an aromatase inhibitor. It is an area to consider. You have to inhibit the aromatase but the best way to inhibit the

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aromatase is to conquer the belly fat which becomes an enemy that is working to your detriment because these situations that it creates makes people heavier, less likely to have activity and therefore more fat producing more of these things that are bringing about death.

Ty: It is an endless cycle really.

KC: It is an endless cycle.

Ty: So KC...let's talk about sugar. You mentioned low glycemic index, low sugar diets and the positive effect that has on folk's health. That is also a keystone that I am finding throughout this investigative miniseries that I am doing. Almost every doctor that I have talked to that treats cancer says that one of the first things they tell their patients to do is to eliminate refined sugars because of the fact that sugar is the fuel for cancer cells.

KC: One of the presentations, I believe it was by Dr. Block this weekend while I was in Florida...he suggested that cancer cells consume glucose at the rate...he might have said 20% or he might have said 40% more so than typical cells. It is a vacuum sound with sugar in the cancer cells. All this time you can see these cancer centers giving ice cream to patients and it is like...What are they thinking about?

Ty: I cannot remember who it was that mentioned that and said to me that when an oncologist tells the cancer patient, who may be wasting away with cachexia (wasting syndrome) to go eat ice cream and cake...whatever it takes to put on the weight that they really sentence them to death. They don't know that but the cancer feeding on the sugar that you couldn't have a worse recommendation then that...the sweets, for somebody who is wasting away because it will feed the cancer. It won't feed their body. You don't get nutrition from sugar but you do feed the cancer.

KC: The terrible thing is that people are getting this bad advice. It isn't just sugar it is things that turn to sugar. We talk about sugar as a big problem. Yes, it is a big problem. Sugar is wonderful. Everybody likes sugar. I like sugar but I choose not to thrive on sugar. Sugar should have been in our fun foods...Building blocks, fuel and fun. Fun foods. Every now and then you have sugar. But sugar...100 grams of carbohydrates...I saw a study that it was either 100 grams or 200 grams recently where it said if you had a pizza meal or a past meal...within 15 minutes of eating that meal your leukocytic index, which is essentially white blood cells- how many bad guys can they eat in an hour...the study was suggesting that it should be about 16 per white blood cell in an hour. Within eating this carbohydrate meal within 15 minutes you drop from 16 to 1.9 and hold that for hours.

Ty: You have 10% capacity that you used to.

KC: 10% capacity and basically these patients are often in an immune compromised state to start with. Some of the treatments they are getting are taking their immunity down to almost nothing and then they are throwing sugar

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in on top of that which directly feeds the problem but it also directly takes a whack at the immunity. It is a terrible cycle that people need to consider.

Ty: It is.

KC: The other piece is that even in this weekends' presentation down in Miami they were showing research that said...Now, first of all, patients do not die of cancer. Seldom do they die of cancer. They die of complications from cancer treatment. That is just what happens. The wasting and some other things are complications from cancer treatments as you well know.

We want to talk about antioxidants as a piece of this thing. Most cancer centers you go to today will tell you that you are not to take antioxidants during cancer treatment because the process which we are using, they tell you, is an oxidative process and our goal is to use that process for your benefit to try and bring about the killing of cancer cells so if you used antioxidants it would essentially quench what we are trying to do but the research does not back that up. I have now seen multiple studies in this particular presentation say that taking antioxidants during cancer treatment extends the patient life outcome dramatically then those who do not receive antioxidants during.

It is kind of like this. You take a Coumadin or aspirin...this is an analogy...it is called irreversible platelet aggregation. That means that if you cut yourself you are going to bleed for a good while before your blood stops if ever. If you take fish oil that is called reversible platelet aggregation. Dr. Stoll, from Harvard, 15-20 years ago wrote a book called The Omega-3 Connection and he showed in the book that you can take fish oil and cut yourself and the body will reverse that and clot the blood. When you take natural things...all these vital chemicals and antioxidants and so on...the body is a signaling system. It is an amazing thing. We now know that a lot of times...even resveratrol has been shown to release positive genetic expression not just biochemical combustion. It is not just a biochemical response. It is a biochemical and genetic response...a positive genetic response. The body is an incredibly smart vehicle and if you give the body foods in forms which it can use or recognize then the body can do things that it needs to do for your benefit. A simple little test of this would be if you were to mix up some eggs in a bowl...let's just say you mixed up a dozen eggs in that bowl and you scrambled them up...how many could you eat? How much of that could you eat? How many eggs?

Ty: As far as a quantity?

KC: Come on Ty...you can eat...

Ty: A couple dozen.

KC: OK...you could eat a dozen at least. A couple dozen? I don't know. That would have to be on a bet. The point is...if you take the same egg and you get hard boiled eggs and you line them up on the table you are not getting anywhere near a dozen. You may stop at 3 or 4...because there is a thing called CCK...cholecystokinin enzyme...some people say leptin is involved but the point is there is a signaling system in your brain and when you take a few bites

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of that egg you are going to get to 2 or 3 or 4 before your body will send a signal for you to throw up. You now are going to get nauseous. It is not because the digestion has gone to your brain...but if you eat carbohydrates it is going to take you the time to chew, digest, 20 minutes, sugar hits the brain and the brain says...Okay, we're done. When you eat the foods I am talking about that have this CCK signaling system you eat and by the time you chew it your body knows what you have on board and makes appropriation for stopping you before you overeat. It is a fascinating concept. I believe the same thing...when you take these natural antioxidants during these times of treatments or whatever it is that you are going to do, the body recognizes what it is and what it is trying to do. The research seems to be bearing that out.

Ty: I have done numerous interviews with cancer patients that increased antioxidants while they were doing chemo and had much better success than folks that had the same type cancer that did not use antioxidants.

KC: If these researchers were being honest and looked in their own journal they would find the same thing. It is not like it is hidden. It is in their own journals.

Ty: Hidden in plain sight.

KC: A lot of times that is the best place to hide things.

Ty: Yeah, it is. You mentioned inflammation. A doctor that I know down in South Texas has used C reactive protein which is measured inflammation marker to stage cancer. He is able to use the levels of inflammation in that market alone to determine if somebody has cancer cells or not. It is fascinating. I have been able to interview him on this project but the mention of inflammation rings true that cancer and a lot of other degenerative diseases are greatly effected by the amount of inflammation in the body.

KC: I would say that if you start asking your experts what role does oxidation play? It plays a big role. What role does inflammation play? It plays a big role. What role does glycation play? It plays a big role. What role does angiogenesis play? It plays a big role. It is amazing when you start seeing that these are really foundational principles. These are not just for cancer. You want to regulate these things for good health. Even if you don't have cancer and you have a diet that gives you longer health you would want to try and eat foods that help you regulate these processes in the body.

Ty: It is interesting the role that foods can have in your overall health. It is interesting that many of the medical doctors haven't been taught enough about nutrition while they are in school. I have a friend down in South Texas that is a medical doctor. He said in the decade of school he only had two hours of nutrition. That's it.

KC: I have never found doctor who has had more than six hours. I ask that question frequently because I find it very interesting. How many hours of

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nutrition training have you had? Their answer is...I think I took a class when I was in pre-med. When you really dig down into what they were learning it was how warm the peas should be in the hospital for patients. It is nothing to do with clinical nutrition. This is no disservice. I am not dissing doctors. Doctors are not trained in this area and this has to be by design somewhere. You have dieticians who are trained based on...there are some dieticians who are brilliant nutritionists but they have taken it on themselves to take clinical nutrition protocols and learn it themselves but the typical dietician training to learn how to serve patients in the hospital and when you think about it...places like schools, hospitals and these kind of places...look at the food that is being given in these places. This cannot be based on nutrition science.

You talk about nutrition training for doctors but nurses have no nutrition training. Dieticians really don't have nutrition training. You have to start defining what does nutrition training mean? Well for many years dietician training came from the food pyramid which, as you know, was invalidated 10 or more years ago. I think it was the Physicians for Responsible Medicine group sued and they were able to show that the whole food pyramid thing was put together by lobbyists and lawyers and not nutritionists. This was the basis for nutrition in this land for many years in the schools and in hospitals and public places. When you think about that...if you ever sat in the hospital to see them hand somebody a plate what they are going to feed them while they are in the hospital...you look at that lifeless food and you really have to shake your head and say...Okay, what place in the world would I really sit down and pay money for that or even eat it if somebody paid for it for me...or have my kid eat it? The one saving grace of the food brought in the hospital, from what I have seen, is that they give garbage food a lot of times but there really just isn't much of it so it comes back to the calorie restriction theory that we were talking about earlier that if you cut the calories of the same garbage food it is actually better for you than eating a lot of it so there are some physiologic benefits for that.

It is pretty sad when you think that dietician training is not clinical nutrition. Now, I know some dieticians who are really nutritionists. There are a lot of them who have taken it on themselves to understand sports science or understand clinical nutrition and taken clinical nutrition courses but what the medical schools don't offer as part of their curriculum is clinical nutrition. Dietetics is not the same thing as nutrition although the dietician lobby is the one that has the power to make their title with the AMA and that sort of thing...they have the power to have themselves called nutritionists when the truth is there should be a category that is a dietician (because there is a place for that) and there should be a category that is a nutritionist. If they both take the same kind of course they can both be nutritionists, or something like that. As you know, many of the brilliant nutritionists that you have interviewed with this thing aren't even licensed in their own state to practice nutrition because "clinical nutrition" is not recognized as an art and licensable in most states.

Ty: Earlier in the interview you mentioned that sometimes we will have people that are patients for life. I think, based on what you are telling me, if the focus would shift from treating symptoms with drugs to treating the whole body and giving the body fuel that it can run properly on the

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way God made it then a lot of those patients for life would not be patients for life anymore.

KC: Very true. It is funny. Jeffrey Bland gave a talk this weekend. He is the founder of functional medicine. The guy is brilliant. He was saying that he has always been blasted about...Your stuff is not double blind, placebo controlled. I only practice scientific medicine. He finally said he got to the point where he said to the doctor...Answer this question. You'll be honest with me, right? We'll agree that I'm a little bit on the outskirts of what you are talking about as scientific medicine but let me ask you this question...Have you ever prescribed a patient a drug that was already on four other drugs? Oh...of course. Could you point me to a study that showed a patient population on those five drugs? Well...I have the study for this drug and this drug...No, that isn't what I said. Could you show me a patient population that has been studied on those five drugs? And the answer is...of course not. In fact, I was told by Dr. Scott Hannon about a study recently that there is a study out that says if you are on five or more medications it is impossible to predict the clinical response of the five drugs. That is when it is all a guessing game. You give a drug for this, a drug for that and then you end up giving drugs for the symptoms caused by drugs and it is an awful spiral. Now, there is a place for some drugs sometimes but I generally think of them as a Band Aid to get people over a hump before they can figure out how to get the body to respond like it is supposed to.

Ty: I like that thought...a Band Aid. It is not a fix. It is not a long-term fix; it is just a temporary Band Aid.

KC: There will never be a drug cure. I don't see it happening. Nobody has a drug deficiency to start with.

Ty: Sickness is not a deficiency of drugs.

KC: Right.

Ty: A lot of times it is a deficiency of nutrition.

KC: It is a confluence of symptoms absolutely. A confluence of symptoms from all kinds of reasons. Some people are exposed to radiation. Some people are exposed to toxins. Some people are exposed to viruses. There are a lot of interesting studies out there about viruses being associated with certain cancers. There is a lot more than we know. The biggest problem as I see it with medicine the way it is practiced today is that medicine is a business. It is the business of taking pseudo-science and selling it to the public. When I say pseudo-science...Jeffrey Bland talks about in 1962 they took a course on genetics 7 years after the discovery of the gene. He says they took a course and they all passed the course. They had a meeting recently with the group of people that were in that class and they said that if they were to take that same test today and answer it the same way, instead of getting an A they would have gotten an F because science changes over time. Does it really? No. Our understanding of science changes over time. Science has never changed. The truth has always been the truth. It is our understanding of truth and how we apply it. Unfortunately, the way we work things as the standard of care is a

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vehicle to keep people from getting sued, if you will. The standard of care gets implemented after things have been studied and studied and studied and people have a fair amount of comfort level that we are going to treat things this way and if you don't treat things this way then you open yourself up to lawsuits. Then it takes years of new stuff coming out before we can say that we are going to go away from that standard onto a new standard. If you would actually look at the standard of care over the last 5 decades you would be shocked. If you try to do some of the things today that were done 5, 4, 3, 2 and even 1 decade ago you would be in malpractice just from doing what was standard care. Again, truth does not change but our understanding of it does.

Ty: Well put. I agree with that. One of the things that is interesting that you mention about drugs and the symptoms that drugs cause...my Grandmother died a few years ago. She was 92 when she died. Before she died she was on about 12 or 13 drugs and if I remember correctly only 2 or 3 of those drugs that she was on were for the original problems symptoms. The other 10/11 drugs that she was taking were drugs that had been produced to mitigate the symptoms that the first couple of drugs caused.

KC: It happens all the time. I remember my Mom always complaining that her back hurt. It wasn't her back- it was her kidneys. If you ever read the side effects of the drugs she was on it was causing that problem. My Dad died about 3 weeks ago. I can remember about 3 years ago it was to the point, or maybe 4, my wife and I went to see him and he was so spaced out that my wife said...I am not sure we will see him again. He is in pretty bad shape. I thought...I need to go check his drug register so I had them show me his drug books. He was on 13 different meds for all kinds of different things. There is a clinical condition now referred to as drug induced dementia. If you are on a number of drugs and the condition of the patient is changing where they are just not themselves, sometimes it is prudent to have the doctors back way off these drugs and just use core necessary medication to see if they come back. My Dad came back fully when we took him off half of those meds and he came back fully.

Ty: Wow.

KC: His brain was very sharp until the end.

Ty: That rings true KC because my Grandmother that was on the 13 meds- we took her off the meds the same way that you did her Dad and she came back as well. I think she did have drug induced dementia. I would call her on the way home from work and say...Grandma, how are you doing? She would say...Ty, you have to come get me. She was in a rehab center. She had broken her hip. She was on so many drugs it was unbelievable. You have to come get me, Ty. The lady next door is staring at me. She is staring at me. She won't talk to me but she is staring at me all day long and she won't stop staring at me. I go to see her and she is staring at herself in the mirror. She didn't even realize it was her. We took her off all of the drugs...we just finally told her doctor...We're done with all this. She is not herself and she has been this way ever since you prescribed all of these drugs. We took her off and she did come back.

Now, she eventually died but she was all there mentally until she died. At that point we knew that it was time.

KC: Praise God. There are a lot of people hopefully hearing this that can say...Wow...I am going to check into that. Have the doctors take a look at what that list of drugs is and see. Let's go down to just the critical few and see what happens. It is a detox. There are a lot of toxins in drugs and the combination of drugs.

Ty: Talking about drugs...real quickly, we have a little bit of time left and then we will let you go. I know that your time is precious here. Does modern medicine pay too much attention to drugs and not enough attention to nutrition? It is a loaded question...

KC: You've really got to ask that question?

Ty: You've already answered it.

KC: I promise you that no one has a drug deficiency. I really don't think there are very many drugs...most people are on drugs that they really shouldn't be on. You see things like drugs to bring down cholesterol levels. Cholesterol is really not a difficult thing to bring down nutritionally if you understand how nutrition works and how blood sugar works. There are a lot of ways to deal with...the problem with cholesterol to start with is people think they are not eating cholesterol because they are trying to keep their cholesterol from going up. When you talk about what causes high cholesterol...this is just an example. High cholesterol, people think, is caused by eating fat or eating cholesterol. That is the preponderance...if you interviewed on the street 100 people you are going to get that the vast majority of the times. Very few people understand it is the carbohydrates that they are eating...the over fueling, that is causing the high cholesterol level.

First thing is just when you drive up the gas station, open the gas tank and put the nozzle in there and you start filling the car and then it clicks a few times and then runs down the side of the car. Then do you roll the back window down and fill the back seat? That is what we are doing. We are over fueling to the point where the body is having to figure out it has no better capacity to deal with the gas in the back seat of the car then the body does...you really only have a teaspoon of sugar in the blood. That is what your body regulates. Then you have 500 grams of sugar stored in muscles as glycogen and such and maybe 100 in the liver. When you are full, like most people are already and they drink one soft drink that has 17 teaspoons of sugar in it depending on the size they have...what is your body going to do with that if you have already got one in the blood and your muscles are full? Your body is going to basically...it is called post prandial hyperlipidemia. That means after you eat the body is going to quickly change it into a fat of some kind. That fat will be a triglyceride or an LDL cholesterol. That is where your cholesterol levels are jumping. It is not because of the eating fat or eating something with cholesterol in it. That has no relevance what-so-ever.

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When you think about it people say 200 mg/dl is the perfect cholesterol level. Okay, if you accept that then eating 400 mg of cholesterol must be bad, right? You have to say how many dl of blood are in the body? Say 200 times what? 200 perfect level times what? It is times 50-70 dl. That means there are 14,000 roughly mg of cholesterol in the body at all times and if you eat 400 grams it is nothing. It is a drop in the pool. It cannot be coming from that area. There are people that have familial high cholesterol and that sort of thing and it is a different issue potentially but still...they need to stop the sweet drinks and the grains and white carbohydrates. This is not a cholesterol lesson but I am just trying to suggest that nutrition is super high impact. You can stop doing the things that cause it and you are going to reverse it. It sounds too simple but it really is.

Things like fiber. Fiber goes in the stomach and pulls/soaks up bile acid. The body goes into the blood stream to get cholesterol to make more bile acid. It is like...Oh...that is a good way to use fiber to bring down cholesterol levels. It is pretty simple but yet complex. It is an incredible machine that the body is but dealing with nutrition before drugs by a long shot. If somebody doesn't have a pancreas they are going to need insulin but that is technically not really a drug. It is a hormone that is necessary for life.

Ty: Right. It is interesting that we had a very similar conversation yesterday at dinner about cholesterol, carbohydrates and sugar.

KC: Did you really?

Ty: Yes...that is another topic altogether. I think the mantra that we should eat to live instead of live to eat...if we applied that and we thought about...Okay, is this food or this drink that I am about to ingest...is it going to give me life or am I just eating it because it tastes good? If we can flip that switch to where we are thinking cognitively all the time...I want to be putting things in my body that give me life. Live foods. Living fuel. One of your products...LivingFuel...has changed the life of me and my family. It is one of the staples of our everyday nutritional regimen. We have living Fuel Shakes very day.

KC: Awesome.

Ty: I love the LivingFuel.

KC: Me too. All of us. If you were at my house and you are having breakfast and you don't have a LivingFuel you are going to be hungry.

Ty: You even have a fuel station where you have every kind of Living Fuel and they just go and get the nutrition they need.

KC: That's right.

Ty: I have heard this from different doctors thus far on this docu-series that I have been doing...that cancer is a nutritional deficiency. It is a disease that is caused by improper fuel getting to the body, the body's

immune system is the compromised because it is not eating enough of the good foods or it is eating too much of the bad foods or a combination of the two. At that point, the immune system gets overloaded, the amount of sugars that we are ingesting is unreal compared to 20 or 30 years ago...just the amount of sugar in our diets. As a matter of fact, I used to be a competitive body builder. Low fat diet was the king in the early 90's but what did they replace the fats with?

KC: Carbohydrates.

Ty: Carbohydrates...sugar. We were eating a diet that may have kept us lean for a while but not a healthy diet. One of the things that I appreciate about what you shared about the Living Fuel is that you are including not just the greens but the healthy fats- the probiotics. All of the different spectrum. All of the amino acids that we need. It is a complete food.

KC: It is a food. The thing about cancer is it is really an over simplification to say that it is all nutritional disorder. Nutrition is a piece of the puzzle. In my first book I talk about how with my wife's health problems we went to clinical nutrition as...that has got to be the answer and I buried myself in clinical nutrition. That is why over a long period of time I learned some incredibly high impact things in nutrition of which fuel is the result of this whole concept of nutrition we talked about which is completely embodied in LivingFuel. There is no food that accomplishes that system better than the LivingFuel system, no doubt. But to say nutrition is the problem...it doesn't give enough credit to environmental factors. If you think about the abuse of radiating scanning out there.

You are giving kids 16 frame x-rays for dental and you give them x-rays for this, and CT scans and all these things. Dr. Ron Golf wrote a textbook that talks about the radiation output and how he compares it to Hiroshima...the amount of radiation that was put out in Hiroshima...and mammograms and all of these other things. There are so many things that people are doing to themselves. Ground up chemicals and not eating organics foods and eating processed meats like sausages and things along those lines. There have been plenty of studies to show that that stuff will cause cancer but people are eating it by the droves. Fast food and fake pink slime. There are a lot of things that are causing people health problems including cancer out there and most of them are lifestyle induced and nutrition is a mega part of that. I didn't want to leave it over simplified that it is a nutrition problem. In my first book I wrote I figured out it wasn't just nutrition. It was hydration, nutrition, exercise, stress, sleep, environmental hazards, meditation and prayer and all of those have a profound impact on your health and nutrition is a mega one for sure.

Ty: I appreciate you clarifying that. If I insinuated that doctors said that it was only nutrition...that wasn't it.

KC: I didn't think you did. I just wanted to make sure the listening audience or viewers were clear on that.

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Ty: KC...I appreciate you mentioning that and clarifying that. I agree completely with that. I believe the doctors that I have interviewed would agree with that too. Cancer has a huge nutritional piece but there are a lot of other environmental factors. You mention toxins, radiation and so forth. I think we would all agree on that.

KC: I knew that is where you are coming from but I know that for viewers out there, for some of them it is the first time they are hearing some of this stuff and to say nutrition is my cure for cancer...it may well be a huge part of your getting through the cancer but it also may be a huge recent you had the cancer in the first place. There are so many of these things. In my first book in 2005, I wrote about hydration, nutrition, exercise and stress and sleep and environmental hazards, meditation and prayer. All of these things have a profound effect on whether you are going to get it in the first place and if you are going to get through it also. Nutrition is a mega aspect and a mega portion of that but stress...think about stress. What factor does stress play? If you have marital problems and financial problems and a special needs kid...their stress levels could literally cause your immunity to go into the dump and then you are basically a sitting duck for immune problems and cancer and all kinds of other things. This is a large problem with a lot of potential areas but if you manage these 7 keys like I am talking about you really are guarding yourself against the eventuality and possibility of getting that kind of thing.

Ty: Great information and great clarification. So KC...tell me. Go through the 7 keys one more time for us.

KC: The 7 keys, from my book in 2005...Super Health: The 7 Golden Keys to Unlock Lifelong Vitality are hydration, nutrition, exercise, stress, sleep, environmental hazards and meditation and prayer. When you think about that, most people watching right now are deficient in at least 4 of those 7 and I have seen it time and time and time again and just one of them has dramatic physiologic consequences as a result.

Ty: Right now I am deficient in the sleep one.

KC: Well, hopefully that is just for this four weeks.

Ty: Just temporarily though. KC...last question. If you were diagnosed with prostate cancer what would you do?

KC: That is a scary thought for anyone because people when they hear about it directed at them it is a very scary thing. If it were directed at me, first of all...you have to understand that the diagnosis oftentimes is made on a test like prostate specific antigen that really has no bearing on whether it is real or not. If I were ever diagnosed with that I would say...Doctor, thank you for your medical opinion but I am going to go find out the truth. First of all, is it really prostate cancer? That is a big question that has not been answered. Do I have inflammatory markers that look like that? Is the PSA out of whack? Are there other things that look like this? I will not rush to a biopsy because when you think about it...the biopsy goes through the anus, to the prostate and the chance of getting infection as a result of just doing that test is a very real possibility.

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There are other scans like thermal scans and things like that where you can get a thermal scan and see if the heat produced there is indicative of disease or something like that. I have these 7 things which I advise people all the time.

People call me up and say...I have just been diagnosed with this kind of cancer. What should I do? I will go through these 7 and it goes something like this...First of all, stop all sugar and starch carbohydrates. I say of carbohydrates...if it's white it ain't right. The net of it is, first stop that. Stop feeding the problem and whacking your immunity like I was talking about. It is a double edged sword. It is a terrible thing. Get your vegetables and eat tons of them. Vegetables primarily, fruits not so much. Vegetables...eat a lot of fibrous vegetables. If you are going to get a carbohydrate it should come from a fibrous vegetable. Then follow the four corners of SuperFood Nutrition that I talked about.

Get all the nutrients that your body needs and get the four corners...low calorie, nutrient dense, high broad spectrum antioxidants and taken in all five classes of antioxidants and as I talked about reducing the sugar and glycemic response and increasing the health fats- the fish oil fats. I go to antioxidant fish oil. We have a lot of people out there touting shellfish oils like krill oil or green lipid muscle and that sort of thing. It is still omega-3 so it does have omega-3 benefit but the touting of that instead of fish oil is not appropriate according to the literature the way I have reviewed it. Yes, you can get benefit from those things but you talk about the krill oil has a lot of astaxanthin it and therefore it can keep it from spoiling...some of the things we talked about and keeping the oils from spoiling, but when I looked at how much astaxanthin was actually in a krill pill it was so minute it was unbelievable. You want to try to get 1 mg of astaxanthin in addition to all the trials and so on to get the fish oil. It is really important. All of these things I have talked about already are reducing inflammation and reducing the glycation, oxidation and angiogenesis.

I personally would go on a fuel fast. I would have Living Fuel for breakfast, lunch and dinner until I decided what path I was going to take to deal with this diagnosis and whether it was real or not. Then things like resveratrol is a very powerful antioxidant and that is one of the ones that you ought to be taking and then curcumin. Curcumin has been shown to be so anticancer. There is a lot of research on that now and recently a doctor sent me a photo which I showed you about this squamous cell carcinoma on the lip of this patient. It was just terrible. He put this paste with curcumin and coconut oil and in 2 weeks it was gone. I don't know what the biopsies looked like but the point is this...nutrition is powerful. It is extraordinarily powerful. If you start pointing in the right direction and doing some of the things that the research suggests it has to be good for you.

Another thing that is critically important is vitamin D. Vitamin D levels. I would make sure that if I was in that particular situation...I would make sure my 25 hydroxy vitamin D level was in the 70-90 range in a test. That is one of the first tests I would get. I would get all the tests including the inflammatory markers and so on but I would get a 25 hydroxy vitamin D test to see where it is. Vitamin D is the immune modulator of the body. Having your vitamin D level at the right level is imperative in this particular case. Another thing I would do is take significant amounts of vitamin A because it is also an immune enhancer and

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then there are some well-known mushroom extracts that enhance immunity too. This is not a treatment protocol I am giving to anybody. What I am saying is this is what I tell people...do these things while you are figuring out what it is that you are going to do. This business called medicine, or the business called cancer care does a lot of fear to patients. You have this problem and we need to deal with it now. The truth is that it most likely is not that level of emergency. Now, it can be. Most likely you have some time to get a second opinion, to get your brain working and go to somebody like Ralph Moss or somebody else and buy a report. He has a great report which I always send people to get this report. It tells you what are the types of care used for that particular kind of cancer out there and what are the success rates of the various ones and who are the practitioners that are doing it and what are the alternatives. That kind of information is incredibly powerful because it is put in a way that you can literally hand that to the doctor and it is scientific documentation and they have to go...Yeah, I guess that does make sense. If your doctor refuses to work with you or tells you that you should not take antioxidants during cancer care you might want to consider a different doctor because the literature is not backing it up.

Ty: I think that is very wise advice KC. To do you research, take your time...

KC: Take some extreme steps with nutrition, like I talked about, but then focus in and figure out what the answers are.

Ty: Sure. I think the knowledge that you have shared with us today...this information...is going to allow people to be able to do that if they face that cancer diagnosis. Get the nutrition coming in, take your time to research, and don't be bullied into a treatment that you don't know anything about. I think that is key because one of the common threads that I have gotten from cancer patients over the years is that the doctor tells them that it is urgent and you have to do this now and they feel they have been forced into doing something they didn't know anything about. In the Bible it says *"My people perish for lack of knowledge."* I think you have provided some excellent knowledge here today and I pray that the folks that are listening to this have been empowered with it and that it helps them to change their lives. Thank you so much, Brother.

KC: I want to tell you it also says in Jeremiah *"Call upon me and I will answer and show you great and mighty things you do not know."*

Ty: Thank you for your time today.

KC: God bless you brother.

Ty: God bless you too.

Interview 7



Dr. Véronique Desaulniers

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THE TRUTH ABOUT CANCER

Ty: Well, today I have with me Dr. Veronique Desaulniers and I just want to thank you first of all for taking the time with us today to do this interview. I know you had to drive a little ways to get here so thanks for coming. Thanks for coming.

Dr. Veronique Desaulniers: Thanks for the invitation. This is wonderful.

Ty: Great. I want to ask you first of all, tell us a little bit about yourself – your background, your education, your hobbies, your passions, what do you like to do, and what got you involved with nutritional health breast cancer research, whatever you want to call it? What made you go down this path?

Dr. Veronique Desaulniers: Well, actually, I was introduced to chiropractic care when I was 16 years old. And I remember sitting in that chair and listening to the chiropractor give this lecture about health and wellness. And for me, it was one of those light bulb moments. I knew at that moment that I wanted to share wellness with the world.

Fast forward a few years, I left a little French Canadian community; went to Marietta, Georgia, graduated from Life College in 1979; and started practicing chiropractic and really teaching people about health and wellness. In 1983, my father was diagnosed with pancreatic cancer and he was given no hope. He was sent home to die, which he did in six weeks. And I remember, you know, going through that situation and feeling so frustrated because the doctors did not give him any hope and just basically gave up on him.

So back then, 1983, no internet. I went to the library, started doing research. I was calling various cancer clinics and I realized that there was something that could be done for cancer. Unfortunately for my father, it was too late. So that really opened up the cancer door for me. It really transformed my practice and I started sharing wellness with the world on a different level. And I was seeing patients turn their lives around – changing their lifestyle, eating better food, incorporating supplements. And we were seeing things like cancer and MS and lupus and rheumatoid arthritis, all kinds of autoimmune diseases, turn around because they were taking responsibility for their health.

Fast forward another ten years. My mother was diagnosed with breast cancer and she chose to have a lumpectomy and radiation. And she had so much radiation the breast that it blistered, it was red hot, and hard as a brick until the day she died. But she did not want to do chemo so she came to see her daughter, you know, Dr. V, in Perry, Georgia, and she applied the anticancer protocols that I was using in my practice. And she never had a problem with cancer again.

Ty: Wow, that is great. That is awesome that you were able to help your mother in that way.

Dr. Veronique Desaulniers: It was wonderful.

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Ty: I detect from your accent that you are not from Texas, which I am from. Where are you from originally?

Dr. Veronique Desaulniers: Originally, I am from St. Boniface, Manitoba, a little French Canadian community and left that behind, 40 below zero in the winter [laugh], moved to Georgia, and I have been here ever since.

Ty: Loved it when you got down here, huh?

Dr. Veronique Desaulniers: Absolutely.

Ty: Could you please share with us your own breast cancer conquerer story?

Dr. Veronique Desaulniers: Well, fast forward. I had been in practice 24 years and typical morning, rushing to the office, jump in the shower, and I felt a lump on my left breast. And I knew innately at that point it was not fibrocystic, it was an unhealthy lump. So I had it diagnosed with unconventional methods and it was diagnosed as breast cancer.

I had seen in my practice that patients who chose traditional methods of poison burn did not fare well at all. I mean, they suffered so much from the side effects of those treatments and many of them died as a result of the treatments, not so much the cancer. And on the flip side, I saw patients who were using gentler methods of healing, following the anticancer protocols that I was recommending, and they were getting amazing results. So there was no doubt in my mind what I was going to do and which path I was going to follow.

So my protocol consisted of specific homeopathic remedies, herbal tinctures to weaken the cancer, to boost the immune system, proteolytic enzymes, some dietary changes and detoxification, colonics, you know, those sorts of things. And I also used a paste or salve on my breast to help the body expel the tumor. In the paste, there is an herb called bloodroot and bloodroot has an alkaloid or a plant compound called sanguinarine. And that particular compound goes after cancer cells and kills cancer cells without touching healthy tissue or healthy cells. So you can actually take bloodroot internally or you can apply it superficially to very superficially tumors like skin cancers and breast cancers and that sort of thing.

So my journey lasted from 2004 through 2006 and I have been happy and healthy ever since. But as I was going through that journey, there was one thing that was gnawing in my gut. It was why would somebody like me develop breast cancer? I had done everything right. I was under chiropractor care. I was eating organic before organic was in style. I had home births, breastfed all my children, I massaged, I exercised, I ate well. I thought I was doing everything right. But as I started studying more and researching more, I realized that there were some components that I was missing and that is what led me to create what I call The 7 Essentials. There are seven basic steps that if people follow, they never have to fear cancer again.

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Ty: Tell us a little bit about The 7 Essentials then.

Dr. Veronique Desaulniers: [Laugh] Okay, 7 Essentials, 7 basic steps. You know, one of the things that – one of the complaints that I hear from people is that they are confused, they are frustrated, and they are overwhelmed because they do not know where to start. You know, who do they believe and what do they believe on the internet because there is so much information? And I can relate to that because I had some of that overwhelmed feeling at times.

So I created seven basic steps. Now Essential number one is let food be your medicine. Hippocrates, you know, founder of modern medicine, he looked at food as a prescription for health and that is what we should do, as well. Essential number two is to reduce your toxic exposure. We live in an extremely toxic world from the macro to the micro level and so it is very important to learn to reduce that as much as you can. Essential number three is to balance your energy. We are electrical beings and we run on energy. So it is very important to balance that energy through chiropractor care, through acupuncture, massage, exercise, proper sleep. All these things keep your body in balance.

Number four is to look at the emotional wounds. Heal the emotional wounds. And this is something that a lot of people kind of like to skim over. You know, they do not want to think about the hurts and the childhood wounds. But unless you heal those past relationships, you learn to love yourself, you connect with your creator, you are not going to truly heal the body. Because healing is not just physical but it is also emotional and spiritual, as well. Essential number five is to embrace biological dentistry. Look at what is in your mouth. Because we know that the metals in your mouth, the root canals, can affect your body from a chemical point of view by the toxins that they are giving off but also, from an energetic point of view. If there is a root canal or a heavy metal in a tooth that corresponds to a specific organ, that, in time, is going to weaken that organ because the acupuncture system is being compromise there. So biological dentistry is extremely important for true health.

And then number six is to repair your body with therapeutic plants. There are literally thousands of published studies, as you know, that prove the power of natural medicine. I mean, there is everything from every herb, every type of food that has shown the benefits of boosting the immune system and weakening the cancer and preventing cancer. So learning about those plants and those supplements are extremely important for a healing journey.

And lastly, number seven is early detection through thermography and through specific blood work. Now, thermography is a technology that reads the infrared heat that is coming off the body so it can detect physiological changes happening at a very early stage. We cannot say that it diagnoses cancer but it can detect some changes on a cellular level. By the time a person finds a lump or a bump in cancer, that tumor has been there five to eight years. It takes that long for cancer to develop and show up. And then there is also specific blood work that most people do not know about. Traditional medicine does not use them, does not recommend them. But there are ways to measure hormone production and enzyme production of cancer cells at a very early stage. Again, years before they develop and years before they are seen on a regular blood

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test. So those are it – seven essentials, one through seven. Follow those things and you never had to fear cancer again – or any type of disease for that matter.

Ty: I am impressed. You got through all seven, you did not even stumble on any of them.

Dr. Veronique Desaulniers: Did not even take a breath.

Ty: That was great, that was awesome. Now one of the things that you said in there about plants takes me back to an interview I have done with my dad, who is the Health Ranger. He talked about how one of his mentors in natural health years and years ago took him out in the forest and he said, “Find me one plant or tree or anything growing out here that does not have medicinal value.” He said there was nothing. Everything in the forest has medicinal value. Everything growing has medicinal value. It is just a matter of getting to it, figuring out what it is, and figure out how to use it. But medicine is all around. I love the quote by Hippocrates, “Let food be thy medicine and medicine be thy food.” You mentioned thermograms, thermography. Are those superior to mammograms, which is the typical way that we detect breast cancer?

Dr. Veronique Desaulniers: Well, let’s start with mammograms. Again, by the time they see a lump on a mammogram, it has taken five to eight years to develop. And if a woman follows the ten-year protocol of getting a mammogram every year or every six months, she is getting as much radiation as a woman had at Hiroshima, the atomic bomb, if she stood a mile away from the epicenter. She is getting over 5 rads of radiation in a mammogram if she follows the traditional methods of mammography.

So mammograms cause a lot of problems – the compression, the radiation. Studies have shown that they can increase your risk of cancer. And the new study that came out in Canada, it was a 25-year study where they found that mammograms did not decrease breast mortality rate at all. In fact, they were just as effective as a self breast exam that women do.

So if we put mammograms aside and we look at the technology with thermography, which has been around for years and can detect physiological changes at a very early stage, wouldn’t you rather know that there is possibly some changes going on in your breast or in your abdomen five to eight years before you have a diagnosis? And with thermography, there is no pain, there is no compression, there is no radiation. It is just a beautiful tool to have in your pocket.

Ty: Wow. So it is not only less invasive but it works better, it detects earlier.

Dr. Veronique Desaulniers: Absolutely.

Ty: So why are not every doctor’s office – why does not every doctor’s office – let me repeat that. So why does every doctor that is trying

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to detect breast cancer switch from mammography to thermography? Why is there this hitch in the giddyup, as we say in Texas?

Dr. Veronique Desaulniers: Well, that brings us to the multibillion dollar cancer industry and mammograms are part of that. When you look at the breast cancer awareness month, I mean, they are not teaching women about true prevention but they are running women to having more mammograms. And to change that around is going to take some time and some persuasion and some education, which in the ten years that I have used thermography, I have seen a tremendous growth in that industry. And again, it is awareness and education.

Ty: But at the heart of it, though, it sure appears to be financially driven.

Dr. Veronique Desaulniers: Absolutely, as the cancer industry is.

Ty: So Dr. V, what is cancer?

Dr. Veronique Desaulniers: Cancer are basically rogue cells that are mutant, have DNA damage, and they have escaped the guard, so to speak, of the immune system. And cancer cells are very smart. You know, once they start developing, they stop communicating with other cells around them. They create their own blood flow so they can have lots of nutrition given to them. They even secrete specific enzymes to put the immune system to sleep. And they create a protein called survivin – it is kind of a funny name – it is survivin , not surviving, but survivin, which prevents the cancer cell from going through the natural cycle of death or apoptosis.

So cancer cells resist dying, they continue to multiply. They do not die like normal cells, which is why traditional treatments is so counterproductive and counterintuitive because cancer cells resist dying. And so they are trying to use stronger poisons and more radiation to force that cell to die but they are not getting it. You know, there are natural substances that do that without harming the healthy cells in the body.

Ty: So the war on cancer was officially declared by President Nixon in 1971. Are we winning that war today?

Dr. Veronique Desaulniers: Well, yes and no. I will say no from a conventional point of view because it does not make sense to poison and to radiate and to cut a body that is already sick in the first place. People do not get sick because they have cancer. They are already sick and then they develop cancer. So if you start trying to poison and put these horrific things into a person's body that is already weak and sick in the first place, you are not going to get very good results and statistics show us that. A study done in Australia at the University of Sydney, Australia, where they looked at 22 different cancers over a five-year period and they found only a 2.2%, on average, with chemotherapy. You know, those are not very good odds.

If you cut out an organ if it is diseased, what are you telling that patient to prevent that from happening again? And so the traditional methods of treatment

is just not working. You would think that they would start looking in a different place. But yes, from a natural evidence based medicine, we are winning the war on cancer. There are thousand of people around the world that are taking responsibility for their health that are changing their lifestyle, that are eating better foods, that are using specific herbs and supplements to turn their body around. You know, even the Pharmaceutical Society admits that 90% to 95% of cancers are due to diet and lifestyle. They can be prevented if people change those things. Are they educating people in that matter? No.

Ty: So I think it sounds like to summarize the difference between the conventional and the natural approaches, it appears that the conventional approach to treating cancer tends to treat the symptom of the cancer. Whereas the wholistic approach or the natural approach is focused at correcting the underlying root cause so that the body can correct itself as opposed to cutting out an organ, which would be a symptom of the cancer, right?

Dr. Veronique Desaulniers: Absolutely. You have to correct the cause. Cancer is just a symptom that the body is toxic and tired and is not functioning properly. And so if you just cut out the symptom or suppress the symptoms, you are not going to change anything. You have to change the underlying cause; which is the lifestyle, the nutrition, the stress levels, and all those things that we talked about before.

Ty: Right. So could you please talk about the importance of the immune system in treating cancer effectively?

Dr. Veronique Desaulniers: The immune system is powerful. It is the first line of defense that we have against bacteria, viruses, pathogens, and cancer cells. And what a lot of people do not realize is that the immune system is powerful. It has over hundreds of functions in the body and there are billions – billions – of immune cells at your disposal every day. When I think of our immune system, I think of a Star Wars galactic battle going on because the immune system really does some incredible things. One of the immune cells will shoot out specific particles that will blast open a virus in a cancer cell. Other immune cells will secrete specific chemical poisons to cause those pathogens to die. Other immune cells will send out these long, sticky, gooey pods and engulf the pathogen and the cancer cell and recycle it and use it as body parts.

So the immune system is very powerful. And the important thing to know about your immune system is that 80% of your immune system is in the mucosal lining of your intestinal tract. So if you do not have a healthy intestinal tract, if you are feeding your body a lot of junk, you know, the typical SAD foods – SAD foods, Standard American Diet food – your immune system is going to be compromised.

Ty: Wow. So you talk about 80% of the immune system being generated in the mucosal lining. Could antibiotics have anything to do with the compromised immune systems that we are seeing now?

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Dr. Veronique Desaulniers: Absolutely. I mean, the antibiotics that are prescribed, the antibiotics that are in the dairy products, in the foods, in the animals that people are eating absolutely affects that flora and makes you much more vulnerable and have less defense.

Ty: The antibiotics, I have heard, are analogous to just throwing a grenade and it just kills everything around it. And so when you take the antibiotics to kill a bacterial infection, whatever your body might have, it not only kills the bacteria but the good, the friendly flora as it is called, as well. So Dr. V, why do more people not know about these natural, nontoxic approaches to treating cancer and other diseases?

Dr. Veronique Desaulniers: Well, unfortunately, the cancer industry is a multibillion-dollar industry. And the doctors that are graduating from med school are funded by pharmacy industries. So what they are learning in school is how to use drugs to mask the symptoms and how to cut out specific body parts. Now do not get me wrong. There may be times in a crisis situation where you have to cut out a body part or fix a broken bone or help somebody through a heart attack. But they are not being taught on how to get sick people well. They are driving the symptoms deeper by giving people medication.

Well, again, the cancer industry is really driven by greed and money. Because there is a cure. People are healing from cancer every day without the use of toxic drugs. There are literally thousands and thousands of published studies that prove the effectiveness of natural medicine. But you cannot patent a plant and you cannot patent an herb. Therefore, there is no money and no financial gain in teaching people about these things. And the sad thing is that millions of people are being sacrificed and they are dying horrific deaths and having horrific symptoms as a result of these treatments. And oftentimes, they die as a result of the cancer treatment itself and not so much the cancer.

Ty: That is sad. That actually happened to my parents; specifically, my father. He was diagnosed with cancer. He was dead 25 days later and he died from a surgery. So I know that to be true from a personal perspective. Let's kind of shift focus here and let's talk about environmental toxicity. So we are exposed to toxins every day, especially now. I mean, it is getting worse and worse it seems like almost every day – more pollution, more pesticides and fungicides and insecticides on the food, genetically modified foods, electromagnetic frequencies – and the list goes on and on. We have chemical contaminants in our water supply. We are being just pelted 24/7 with environmental toxins, which you mentioned earlier, have been shown to cause what was 95% lifestyle and environmental toxicity. Isn't that what you had said earlier?

Dr. Veronique Desaulniers: Mm hmm.

Ty: 95% of cancers. So talk about the role that environmental toxins play in the cancer equation.

Dr. Veronique Desaulniers: Environmental toxicity plays a huge role. As a matter of fact – and I was shocked when I heard these numbers – but the EPA

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estimates that there is 74 billion pounds of chemicals being produced every day – every day – in the United States alone.

Ty: 74 billion pounds?

Dr. Veronique Desaulniers: Per day in the USA alone. How do we wrap our brain around that? So when you look at environmental toxicity, it is a huge issue because many of those chemicals have infiltrated, as you mentioned, our water supply, our food supply, the air we breathe. And many of them cause cancer and many of them mimic estrogen, which drives cancer, and many of them mimic hormone disruptors in the body. So they cause a lot of problems. So when we look at it from a macro perspective, it is huge. Take it one step a little bit closer and we look at EMFs and electropollution. For people who do not think EMFs are a problem, I encourage them to go to the BioinitiativeReport.org to take a look. Twenty-seven scientists from various countries look at ten years of data and their conclusion was that EMFs cause cancer, brain tumors, disrupt the immune system, suppress the reproductive functions of the body, affect your sleep and your memory. So EMFs are a huge problem and it has been labeled one of the most insidious toxins on the planet because we do not see it, we do not feel it, we do not taste it, but it is affecting us 24/7.

For example, in this office here, you can go to AntennaSearch.org and find out how many antennae are within a four-mile radius. So I just Googled and put the address here. There are 91 cell towers and 144 antennas within a four-mile radius of this location. Now as you move closer to big cities like Atlanta, you are looking at hundreds – like two hundred, three hundred, four hundred cell towers in just a few miles. So we are literally swimming in a soup of EMFs and electro smog.

Ty: And EMF stands for electromagnetic frequencies.

Dr. Veronique Desaulniers: Correct.

Ty: Okay. So when we say EMF, we are talking about electromagnetic frequencies that would disrupt the body's normal flow of energy, correct?

Dr. Veronique Desaulniers: Absolutely. Because if EMFs can go through brick walls, what do you think it is doing when it goes through our body? It is causing damage and that damage is accumulative. Now if you look at – if we continue to look at environmental toxicity and we bring it one step closer, we look in our homes. Just look under the sink. Look into the cabinets in people's closets. The average household has over 1,000 chemical toxins in their home – the cleaners, the sprays, the artificial candles – all those things are contributing to their environmental, their home environmental toxicity. Bring it one step closer to what people put on their skin. The average person is exposed to 167 chemicals per day from the lotions and potions they put on their skin. Because anything you put on your skin is absorbed directly into the body. And again, many of those chemicals have been found in tumors because they are disrupting natural processes of the body.

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Bring it one step closer into your environment, your internal environment. If your liver is overloaded because of the hundreds of chemicals it is processing every day or you are not drinking enough water so your kidneys are sluggish or you are constipated because you are eating junk food and you do not have good flora. All those pathogens and those toxins in your body are going to keep recirculating. So when we look at toxicity, we can look at it from a large perspective, a macro perspective, and then take it all the way down into the body into a micro perspective and we are burdened with toxins. So we have to be very proactive about learning to detoxify the body properly and changing our lifestyle and eating better foods.

Ty: So that explains the question that people have, why did we – 100 years ago – why was cancer 1:40 to 1:80 and now it is 1:2 men and 1:3 women? Because they did not have the 74 billion pounds of chemicals per day. They did not have the electromagnetic frequencies 100 years ago. They did not have the cleaning products under their sink. They did not have the products that they rub on their skin with carcinogens. They did not have the junk foods. So that was a great explanation because that explains that question. We have got all of these toxicities that were not around 100 years ago and so now we have this increase in cancer and it naturally makes sense that that is one of the contributing factors is toxicities that were not around 100 years ago.

Dr. Veronique Desaulniers: You know, the CDC did a study in – sorry, I will start over. The CDC did a study about 10 years ago where they took samples of blood, urine, and saliva of over 2,000 people in the United States. And they found, on average, 212 chemicals in people's bodies. So what does the body do with that? Over 212 chemicals that the body has to process and figure out what to do with and try to expel. So that stress is causing a tremendous amount of – so that chemical stress is really compromising the immune system and putting a lot of stress on the excretory organs of the body, which leads to DNA damage and more cancers.

Ty: So in light of all of these environmental toxins that we are exposed to on a daily basis, what steps can we do – can the average person do – to prevent cancer? To not be one of the one in three women and one in two men in the United States that will face a cancer diagnosis? What can we do to prevent cancer?

Dr. Veronique Desaulniers: There are a lot of things that can be done. And again, I like to simplify things for people because I know what it is like to wake up at 3:00 in the morning and feel worried and concerned and you know, how am I going to go through this healing journey. Are things going to be successful for me? And I talk to women all over the world that are asking these same questions. You know, how can I prevent cancer? And what can I do to heal cancer if I am on that healing journey?

Well, we talked about the 7 Essentials. There are seven basic steps. Proper nutrition – you know, learn to detoxify your body. Balance your energy. Make sure you are getting proper sleep, you are getting exercise. Heal your emotional wounds. Deal with those spiritual and emotional issues. Make sure that you

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reduce your toxicities in your dental work. Use specific plants and herbs and education yourself. You know, knowledge is power and the more you know and the more you take responsibility for your health, the better you can prevent and heal. And lastly is early detection, which we talked about that, through various tools and blood work. So there is a lot of things that can be done to prevent cancer. And it is really taking responsibility for your health. You know, most people have been trained to just let the doctor take care of them – write a prescription, go home, and it will fix the problem. But now people want to know what they can do to really be more proactive about prevention.

Ty: Well, speaking of taking control of your own health, one of the ways that we could do that would be to be very careful about the things that we put in our mouth, right? So tell me – what is a good cancer preventative type diet, based upon your research?

Dr. Veronique Desaulniers: Well, there is no one size fits all. However, I have found that organic, 80%, and alkaline foods are really the best way – is really the best way to be able to add proper nutrition to your diet. Depending on the type of metabolic type a person has, the health of their GI tract, their blood type, their stress level, the type of disease that they have, there are different types of foods that you would incorporate. I really like cruciferous vegetables because they detoxify the liver and they also help to metabolize the xenoestrogens or the false estrogens from the body. I also love green leafy vegetables like kale and chard and spinach because they are very high in trace minerals and they stimulate the liver and they help to detoxify the body, as well.

Ty: So Dr. V, after having a successful practice for 30 years, you could have retired but you are hanging around to help people. You are hanging around to spread the truth about how to conquer cancer naturally. Now tell us about your goal with this new endeavor and then we will talk a little bit about your next book, as well, your first book, as well.

Dr. Veronique Desaulniers: Well, why am I doing this? Because I care. Because I have a heart. And I know what it is like to go through that healing journey. I know what it is like to have family members die of cancer. And the knowledge that I have and have accumulated over the last 35 years, how can I not share that information and shout it from the rooftops? Because it is such an important message. It can save lives. And if we can affect one person by the work that we are doing – because you are doing the same thing, Ty, and I applaud you for that – if we can affect one person and improve their health and save their life, that affects their family. And that family can affect the community and that community can affect a change so that more lives are being saved.

So it is really about sharing the truth with people. There is a cure for cancer and it is not found in a drug but it is found in our everyday life and turning your life around and really taking responsibility for health. So I do what I do because I love what I do and I love to see changes. And I get inspired by the women that I work with all over the world.

Ty: Well, you are an inspiration to me and I know that you are an inspiration to the people that are watching the show right now. Do you

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think that we have seen an increase – over the last few years, specifically – kind of almost an awakening with people realizing that there are natural options out there that they did not know about before? I mean, are you seeing kind of a momentum shift to where people are waking up and they are realizing that they can take control of their health and there are things that they can do to get healthy naturally?

Dr. Veronique Desaulniers: There is definitely a paradigm shift that is happening and I am so proud and so excited to see that happen. Because 1979, a long time about, 35 years ago, there was not much talk about that. And now people are waking up. And the information that is available to them on the internet and through books, it really makes such a difference because they are recognizing that they can have an effect and health is a choice that you make.

Ty: Last topic here. I want to say thank you for giving me a copy of your first book actually, Heal Breast Cancer Naturally. Tell me a little bit about this book and I know the story that inspired you to write it but tell me about the information that is contained in here that somebody will be able to read and to gain some new knowledge.

Dr. Veronique Desaulniers: Well, I am really proud of that book because it is 35 years in the making and part of it is my personal healing journey and how the cancer door was opening through my father's experience with pancreatic cancer. That event really changed my life because I knew that there were things that could be done but unfortunately for him, it was too late. I am really proud of the fact that that book has over 500 cited references about the power of natural medicine. People are not sure. You know, they want to know, "Do I really know if curcumin can cure cancer cells and boost my immune system?" "Do I really know if vitamin D is effectively?" How do I know that the broccoli sprouts and the sulforaphane really is effective?" Well, there are published studies and there are over 500 of those in that book. So I really feel that it will give women confidence to move forward because they will see that those natural substances are very effective and have proven to heal the body, to weaken cancer, and build their immune system.

Ty: Five hundred cited references? So this is almost a textbook.

Dr. Veronique Desaulniers: Almost [laugh].

Ty: Okay. Well, I thank you for my copy. I look forward to reading it and I also want to thank you for taking the time out today to come interview with us and to share your heart, to share your story, and to share your knowledge with those people that are watching this program. Thank you so much, Dr. V.

Dr. Veronique Desaulniers: Thank you, Ty. I appreciate everything that you are doing. You have been an inspiration to me. I mean, when I started on this journey, one of the books that I purchased was yours and it is full of information and I could really tell that you were coming from a place of heart, as well. So I applaud you for your work and the many lives that you are touching.

Interview 8



Burton Goldberg

aka "The Voice of Alternative Medicine"
Author and Lecturer
www.BurtonGoldberg.com

Ty: Well, today I'm honored to have Burton Goldberg here with me. The voice of alternative medicine, and I just want to say thank you for taking the time out of your busy schedule to come talk to us today Burton, thank you so much. Let me ask you something Burton how did you get into health research? You've written several books on health and we'll talk about those but what got you interested in doing research on health?

Burton Goldberg: About 45 years ago the woman that I was in love with lived in Miami had a daughter who at the age of 19 slit her wrists. She was depressed, anxiety, panic and it was a holistic physician in California who did a five hour glucose tolerance test and she shook like a leaf and she was hypoglycemic. Simply a bleture of balance and when he treated her with diet and nutrition she got well from mental illness and that put me on the road to studying medicine. I was business man. I had no concept of medicine in any way, shape or form. I ran a night club/restaurant/hotel. I started the California Pizza Kitchen chain with two lawyers.

Ty: Really.

Burton Goldberg: I had no knowledge of medicine. But I kept reading books and the more I read the more I realized the corruption that exists in medicine.

Ty: I had no idea that you were one of the founders of the California Pizza Kitchen. Wow, so you have a business background.

Burton Goldberg: I have a business background and so I approached medicine on a business basis. I'm not a practicing physician. I don't know anything about healing people except I know who does and who does the best job. And so and then I ended up doing a book called alternative medicine the definitive guide. Which earned me a doctorate from a little medical school called Capital University. There I covered the entire school of alternative medicine. Therapies and how the doctors who practice the therapies use them for various health conditions. It was an 1100 page book and sold very, very well and it put me right up there. After that, I became a center for information and doctors would contact me and one thing would lead to another. Then I did an 1100 page book on cancer back in 1997, which is somewhat ancient history because the worlds changed since then, but it's saved a lot of lives. I just enjoy learning from the physicians who successfully reverse these health conditions.

Ty: Those books are no small books believe me we interviewed Dr. Rashid Buttar whom you know. He's got both of those books on his bookshelf in his office and each of them about that wide, so they're big books. Lots of information in those books.

Burton Goldberg: They are very, very important books. The definitive guide took four years because it had never been done before. Then the cancer book took me two years. But you remember everyone in that book is a physician who successfully reverses these health conditions.

Ty: Those books, they've sold what, a million plus copies?

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Burton Goldberg: Over a million copies all together but the big book which sold for \$65 sold about 750,000 copies. Costco and the discount stores and television commercials and so forth and it became the bible and so almost every physician at that era has one on their library.

Ty: That's impressive. That's something to be proud of because through that information in that book you've probably influenced thousands, millions of lives.

Burton Goldberg: I can't tell you how many physicians today tell me that book was a turning point for them and had them go into medicine and into the integrative aspect, or alternative aspect of medicine.

Ty: Was that your goal when you wrote the books?

Burton Goldberg: Absolutely. My goal was to make a change in a very corrupt system.

Ty: Talk about corruption, you mentioned that now twice thus far, what about the current medical paradigm do you see as being corrupt.

Burton Goldberg: You've got to separate medicine. There's preventative medicine. There's the emergency room and trauma and there's degenerative disease. You can't beat mainstream medicine in the emergency room and trauma. For preventions, they're ignorant. For degenerative disease they're guilty of crimes against humanity. The medical profession does not tell the truth and many of the systems that they use are truly not healthy. For instance, cancer. The oncologist use sugar to carry the radiologic molecule into the cancer cell to show up on the x-ray, the PET scan. The oncologists knows that sugar feeds cancer because that's why he uses that as a Trojan horse. When you finish your chemo, in a conventional setting they give you cookies and ice cream or candy. That is tantamount to putting gasoline on a fire. That means these oncologists are guilty of crimes against humanity. They are killing their patients. How else do you explain it? Would you call it ignorance? Would you call it stupidity? I don't know what to call it. You come up with a term. Feeding sugar to cancer patients when we all know that in order to have 7.4 saliva to make your body inhospitable to the critters, cancer cells, viruses and bacteria. Before you brush your teeth in the morning you should have a 7.4 and you can't do it with sugar. Sugar acidifies the body.

Ty: That does seem to be tantamount to crimes against humanity. Because being a medical doctor they know. Talk about sugar. Why is it? What is it about sugar that feeds the cancer?

Burton Goldberg: Well cancer subsides on sugar. It loves sugar. And in order to reverse cancer you have to remove all the poisons and toxins and diet plays an enormous role and you can't do it with food alone you need to use certain products. When I guide people with cancer as a consultant I put all of them on a very special diet and you can find that diet free of charge on my website BurtonGoldberg.com under research and it's Dr. Bernardo Majalca alkaline diet. It's 22 double pages. Plenty to eat. There's meats you can eat. Very special

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buffalo, lamb, goat, deer. There's rice you can eat. Certain rice. There's potatoes. Only bread you can have is *Ezekiel* bread and lots of juicing. Lots of raw food. I've used this test for years. It was given to me by Dr. Bernardo who passed away, god rest his soul and it works. So diet plays an enormous role. Dentistry plays an enormous role, 95% of females with breast cancer have a dental involvement. Truman University study. As much as 50% in the remission of cancer can be in the oral cavity on ordinary cancers other than breast. But in breast cancer it's 95%. So everyone one of my clients are sent to a biologic dentist and all of these things that I recommend through trial and error and learning from the masters, the physicians are important. You can't leave anything out. You have to go to the cause, remove the thorn and god will heal. There's no easy way out you've got to do the work. Diet, nutrition, lifestyle, so cancer feeds on sugar.

Ty: I like that quote. Remove the thorn and god will heal. You remove the thing that's in the way of your health and your body's going to heal itself. That's the way god made it.

Burton Goldberg: If you feed the immune system. If you take away every insult to the immune system. Whether it's plastic breast implants, or dentistry, or even geopathic stress. These noxious rays on everything from omnisphere down to the ground. I learned this in Germany back in the 80's when I went to school with doctors there. You must remove every insult to the immune system. Get rid of all the heavy metals. These are not easy things to do. They are not simple, but they can be done with a competent physician and you do need help. You do need a physician. Who is experienced in putting cancer in remission. At this conference where we have many doctors talking about no chemotherapy. I also agree. No chemotherapy the way conventional uses it. It is truly needed evil. Can you imagine, you lose your hair and vomit? Is the treatment they give you? But you can use chemotherapy. And since 2002 after Human *Genome Project* that the U.S. government performed, my mentor Albert Shellar went to a clinic, a laboratory in Germany and said why don't we the genome project and find out what products will knock out the cancer in a patient's blood.

And so if you send your blood to Germany or Greece or some of the good laboratories. There are only a few in the world. None in the United States you can know which natural substance or chemotherapeutic agent will target the cells. So when all these people talk about no chemo, they're ancient history because you can use targeting chemo. And what you're targeting is not only the primary but the minute you put a needle in the cancer tumor or a knife it spreads and it can spread without the knife or the needle. Contrary to what your oncologists say. That's another form of crimes against humanity.

Ty: Spreading the cancer via biopsy.

Burton Goldberg: And saying it doesn't happen. The biopsy doesn't spread it. It does whether its prostate or breasts, wherever. So you're looking for the circulating tumor cells. These are the ones that metastasize. That's why, John Wayne, died 12 years after his first cancer. Because they paid no attention to the circulating tumor cells. They knocked out the primary, but the primary is a piece of junk according to our doctors. It is the circulating cells that go to the

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kidney and the brain and the lungs. So you have to pay attention to both. In this country it's not available.

The man who developed this was Dr. Albert Shellar went to the National Cancer Institute and said this is what I find with the genome project I developed this system. We can tell which chemotherapeutic agent will work on that persons circulating tumor cells and what natural substances, Vitamin C, or you name it. And it's done in Greece and it's done in Germany. I use a company called Biofocus in Germany. So that you know in advance. I've had cancer twice. I'm 87 years of age. Give you a perspective I was in the Second World War. I am the same age as the Queen. I am a year older than the pope that retired. I've had cancer twice and I've had the best skiing of my life two weeks ago up in Aspen, Colorado. I've been on some special stem cells, unbelievable. Works fantastic. Anyway, cancer must be checked constantly. Once you have cancer and it goes in remission you must constantly, every year or two check and see that these circulating tumor cells are no longer present. Which I do, I sent my blood to Germany. And then they tell me. Now the purpose of knowing which chemo will work allows the doctor to use micros amounts of chemo. In other words it's never the full amount, because it does destroy the immune system. But if you use 5, 7, 10% fractionalized doses of the targeted chemo's and it can be one or two. Because the minute it leaves the primary it mutates and what works on a primary will not work on the circulating tumor cells.

So Biofocus has this test, it's pricey and they have a less expensive one that says you have cancer or you don't. But, the expensive one tells you which chemo or natural substances will target that cell. So the doctor then will use insulin potentiated carrying using sugar to carry the chemotherapy into the tumor and then if you use full body hypothermia you have a 14 times better effect of killing the cancer than not having the full body hypothermia. Hypothermia, they put you in a chamber, your heads outside, you're in for an hour a day for two weeks. If you need more it's every other day because the heat shock. And it opens up the body and allows the chemo to go into the cancer cell and kill it. Remember its 5, 10%. You're not killing the healthy cells.

Ty: So it's a fractional dose of what the normal chemotherapy would be.

Burton Goldberg: Fractional dose targeted with insulin potentiated.

Ty: To my knowledge that's called IPTLD, insulin potentiated low dose.

Burton Goldberg: Exactly, targeted low dose.

Ty: Okay.

Burton Goldberg: And with full body hypothermia, a temperature of 105, 107 unbelievable results.

Ty: And probably very nominal side effects because of the lower dose.

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Burton Goldberg: Minimal, you have very few violent side effects and that is what I believe. But you have to do the dentistry, you have to do the mental. Some people don't want to live, and the mind-body plays a role.

Ty: Yeah.

Burton Goldberg: Look, have you ever heard an oncologist give up and say what's causing cancer? I have never heard an oncologist say "what's causing cancer?" you ask them they'll say cigarette smoking and the sun, and we don't know. That's why their success rate is so miserable. When my daddy was born in 1900 one in 33 Americans had cancer of any kind, shape or form. When I was born in 1926 cancer was the tenth cause of death in children. Today it's the first cause of death before accidents. What's going on? There's a holocaust. It's not a question of will I have cancer, it's a question of when. And the oncologists are keeping their mouth shut. They use the chemo, they use the radiation. And radiation causes cancer. Mammograms cause cancer, we know that. Medical research, the medical journals prove it. And yet they still do it. Whereas stenography and ultrasound can be very beneficial without the violent side effects of annual mammograms and squeezing the breast. That's what happens if there is a tumor there. You're squeezing it through the body. It's insanity.

So the medical profession in my opinion is corrupt as any third world nation and this country is allowing it. And the reason it's allowing it is because subsequent to the Roosevelt administration the agencies that were designed to protect humanity are protecting the industry they're supposed to protect us from. The FDA knows silver fillings in the mouth are one of the major causes of degenerative disease and so forth. The CDC knows that autism is caused by mercury. They know it. They know that the thimerosal that was used as a preservative although they took it out. They then put in aluminum, and aluminum causes autism. This country cannot survive until we take back the government from the corporations. It's not Democrat or Republican, and the doctors keep their mouths shut. The media takes add from the purple pill. They're not going to tell you the truth.

The entire structure is corrupt. There is no way Obamacare will survive with the amount of degenerative disease and autism that's going on. In 1950 autism was unheard of. This is our generation. These are the next generation that is going to preserve this country and bring us forward. In 1950 it was unheard of, in 1970 it was one in 10,000. You know what the rate is today? One in 55 boys. When I did my film greed, it was one in 150 that was three years ago, it's now down to one in 55. Something's fishy in Denmark and it is the vaccines and the CDC knows this. They did the Simpsonwood Report. Google it. Because everything I say, Google. Go there, find out you'll see. Read the Simpsonwood Report. There's an abstract of it where you can read it decently quickly. They know it and they lie. They're deceitful and when I say this government is corrupt, it's corrupt down to the core. The CDC knows that's the Communicative Disease Center in Atlanta the Simpsonwood was a conference where they sat around and they talk about how mercury in the vaccines were giving the wrong numbers. So they fudged the numbers.

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Ty: Let me ask you this Burton. One of the things that it sounds to me that is causing some of these treatments that you're talking about to be so effective is that they're not cookie cutter treatments. The treatments that you're talking about in Germany and Greece are specific for that person due to a blood analysis and they're able to target those specific cancer cells using a much lower dose of chemo for that person.

Burton Goldberg: Which brings up, that's actually true. Which brings up the subject of double blind studies. They are as corrupt as can be. One size shoe, one size bra fits all. In integrative and alternative medicine you must use multiple therapies. You can't just do a silver bullet. There is no silver bullet. You need a whole bunch of these bullets. So you have to go to the cause. Find out what caused it and one of the best ways of doing it is using quantum physics a device called electrodermal screening. The ability to tap into the body noninvasively. All my clients go to a medical detective who uses a quantum physics device to tap into the body noninvasively and know what poisons prohibited the organs and systems to function optimally. Which allowed you to come down with cancer.

Ty: Specific to that person?

Burton Goldberg: Specific to that person because one can have Cadmium or lead or mercury or zinc or who knows. You don't know and that's why you have to do individual diagnosis with each patient and there are certain tests for finding out certain metals. Metals have to be pulled out, toxins and poisons.

Look, today it's impossible to avoid cancer. Even if you're a vegetarian, which incidentally I don't believe most Americans can be vegetarians. Most Americans who come from Europe background have been eating meat for century upon century and they need it. But what meat? Our meat supply is corrupt. Mad cow disease is prevalent in the United States today. I did the film called Greed which never did get out. Where I talked about cancer, autism and mad cow disease, 15% of Alzheimer patients are Creutzfeldt-Jakob form of mad cow disease. This is a double university study. Yale, and Pittsburgh. The Pittsburgh study was done by a friend. I asked that friend scientist to go on camera. He refused. The other one was done by a female scientist in Yale, refused to go on camera.

But, when you extrapolate all the numbers, % of Alzheimer's have Creutzfeldt-Jakob or mad cow disease. We taught the French and the English how to use it. And the corruption in this country is they're hiding it from the public. The only meat that I eat is grass fed beef, organic chicken. I won't use GMO's because GMO's cause cancer. The study in the Frenchman was cooperated by a man in Bangkok under the government of Thailand. After seven months tumors arise where Monsanto only did it for three. I think the Séralini's study and then it was withdrawn from the medical journal but the Thai study did the same study and it turned out to be accurate. In minute concentrations GMO's cause cancer. Nuclear energy, there are higher rates of cancer around every nuclear power plant.

We know this because of the Tooth Fairy Project that was started under the Kennedy administration. He put the testing underground because of the scientist

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who went to him who told him you're hurting the population. You're coming down with more cancer. We have in this country for Genobyl we still have thyroid cancer fexo thyroid in just everybody. That's why one of the reasons for obesity. The thyroid malfunctions. The thyroid's a thermostat it's poisoned. There are higher rates of cancer around every nuclear power plant and what happens is strontium-90 never existed on the globe until nuclear energy. The bomb and nuclear power plants. Goes up in the sky. The wind blows it downwind. It goes on the grasses, the cows eat the grass. Strontium-90 has an affinity for calcium. It goes into the milk. The child drinks the milk, comes down with cancer. You have ice cream comes into you.

There's no way of avoiding it, so if you want your loved ones to survive you must pay attention to integrative medicine. You must vote, you must become politically active. The only ray of hope I see is if you take back your government from the corporation. If you don't we're dead ducks. Autism is now one in 55 boys, in 1970 it was one in 10,000. Have you ever heard a pediatrician yell "what's causing autism"? "What's causing cancer" from your oncologist? They all play the game. They keep the ball rolling. They keep their mouths shut. But you, to protect yourself and your loved ones better learn this. By the time we wake up and by the time the public gets the information it will be too late. So, you must vote and you must vote people in who are conscious of your health. Look, they've robbed our banks, not one individual who robbed us for that 2008 bankruptcy of this nation. Not one of them went to jail, not one. They're not only robbing your money, they're robbing your health and the media who takes money from the big purple pill are not going to tell you the truth. Agriculture the head of the FDA is on the board of the Shrine Company, the largest manufactures of silver fillings which have 50% mercury in it.

Ty: Conflict of interest.

Burton Goldberg: The head of the FDA. She knows that Bisphenol A is one of the major causes. She has the research of the cancer of the breast and prostate. Plastics are one of the major causations of cancer in this nation. She knows it and it's not banned. Every single can that you use has a lining. Here's a can of water that was given to me. Guaranteed Bisphenol A is lining every can. It comes in plastic. Harvard just did a study. They gave a man a can of Minestrone Soup. It happened to be a brand, it doesn't matter. They're all the same whether it's beer, whether its water or minestrone. They checked his body burden of bisphenol A. one week later after eating the can of Progresso Minestrone his BPA level went up 1200% in one week it was still 1200%. It goes in, does its problem in the prostate, in the breast and because it makes the organ heavier and it turns it into cancer. It's a perfect storm. It's not just one thing, it's a multiple bunch of things. And dentistry we talked about diet, the GMO's the pesticides and herbicides.

Ty: We're surrounded by toxicities that are compromising our immune system. Talk about the lymphatic system.

Burton Goldberg: We're being poisoned to death. One of the systems, the garbage removal system of our body is the lymph system and very few cancer physicians pay attention to the lymph system. It is the basis of lymphocytes,

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these are the good guys. And it also is the garbage removal system of the body and I use a device myself. I have one that I use on myself called the light beam generator. But there's a few of them that fractionalize the molecules. Women who have surgery in the breast and the lymphedema happens. As a matter of fact that's how I earned my doctorate.

A woman in Pennsylvania had a leg that was so swollen she was about to die. Her husband who was a retired Rear Admiral in the Navy buys my book and sees a doctor in Oregon. Takes his wife Muffy Fanning to Oregon and they're looking through the electric thermal screening device in the Dark field microscope and the finally put her to sleep and then wake her up. Takes her blood and they see the parasite for Elephantiasis. And they use conventional drug here, see I'm not against medicine, I'm against, in emergency and trauma they're the best in the world. But in degenerative disease there are certain drugs and heroic surgeries. I would have been blind, I'm 87 without these cataracts removed and I have lenses sewn in. I can see close with one eye and it's amazing what wonderful medicine can do. But, don't confuse that with degenerative diseases where they become legalized drug pushers. And pay no attention to the immune system except to cut it out when they find cancer near the breast. So you must fractionalize the molecules and open up. Now, very few cancer clinics use it and need it and do it. But, that's one of the ways you get the immune system functioning optimally.

Ty: They are stimulating the lymph through fractionizing.

Burton Goldberg: Fractionalizing, the trampoline is also another way of opening up but, and the Vodder method where they did a massage on the lymph system but the lengthening generators or the youth noble gasses. I saw a study years ago when I was doing my book of a clot in a dog and these clots can kill you. So they put the lightening generator on. It disappeared like a cloud in the sky. They had a camera in the vein of the dog and that's how it works. It fractionalizes molecules and opens it up. So Muffy Fanning ended up living and her husband in payback became chairman of the board of Little Medical School for doctors in Washington D.C. and they honored me with a doctorate back in 1999.

Ty: What a great story. I've heard you say Burton before that we're being starved to death.

Burton Goldberg: We're not only being starved to death, we're being poisoned to death and that's the purpose. Wake up America. There's things you can do. But the number one thing you need to do in addition to protecting you and your loved ones is vote and make sure you put people in who are not hacks. This president Obama is no different than the two before. Democrat, Republican, Clinton was as bad as Bush, was as bad as Obama. The agencies that were designed to protect us are staffed by people who are protecting in industry and until you take back the government from the corporations you're going to be dead ducks. See, the doctors can't say this. They'll lose their license.

Ty: Yeah.

Burton Goldberg: I don't practice. I'm an old Jew so there's nothing they can do.

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Ty: Nothing they can do to you. So, kind of shifting gears here Burton. You were featured in Suzanne Somers book Knockout. Tell me a little bit about that.

Burton Goldberg: Well, Suzanne, my first run-in with her, well, see she's was on Larry King and many, many years ago and he said why did you have liposuction on your breast. She said Larry, these scandalous magazines reported her. She said Larry I had cancer of the breast and I wanted to level the look of my breasts. He said you had cancer? He said how did you get into, what are you doing for it. She says I'm doing alternative medicine. He said alternative medicine how did you get into that? She said another nice Jewish boy by the name of Burton Goldberg did a book called Alternative Medicine Definitive Guide. That's the book I put out in 1997. And this was a year or two later. And so CNN called and I came down and they wanted to know about mistletoe which helps the immune system. And so I was seen all over the world on that. So that's how she first came in contact with me. And then other doctors had recommended me for the book. And although I'm not a medical doctor I do have knowledge because I've been traveling the world trying to find the best that will work on cancer.

So, she interviewed me. She's very bright. And she has done more for alternative cancer and integrative cancer treatment than anyone else because of her celebrity ship and she's a stunning, bright human being. Courageous, caring and has saved a lot of lives.

Ty: And, I'm sure that I'm not going out on a limb here when I say that you have saved a lot of lives as well with your books.

Burton Goldberg: Yes. That was the goal.

Ty: With the reach that you had. So that's something to be really proud of, because you have changed the world in no small way. Through your publications, through your research through your books and you're one of my heroes. So I just want you to know that. We've only got a couple of minutes left. Anything that you want to touch that we haven't touched. I was going to ask you as far as who you would recommend, what doctors, what clinics you might recommend so...

Burton Goldberg: I have several clinics around the United States. Depends on the case, the financing and so forth. So I do consultations. My website is BurtonGoldberg.com. I would highly recommend you see my film Cancer Conquest. You can pay 20 bucks and see an hour and a half. I promise you if you have cancer it will change your life.

Ty: Cancer Conquest.

Burton Goldberg: Cancer Conquest is the film yes. You can see it online.

Ty: Burton, tell us a little bit about your involvement with anti-aging.

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Burton Goldberg: Well, I think I'm a poster boy. At 87 I look, feel, have the energy and I've been on stem cells for many years and I guide people in the art of staying young and healthy and I send them to medical detectives to find out and look for disease before it manifests. Don't wait for diagnosis. One of the biggest problems in medicine today is when your doctor tells you, you have this, or you have that look for trouble. And don't do mammograms. Thermography, ultrasound and electrodermal screening. Tap into the body noninvasively. I can't stress enough. I'm here today because about eight million years ago I had kidney failure. I almost died and I went to Charlotte, North Carolina and I had been sent from Germany with cancer of the stomach and I went to Buttar. I flew back to the United States because I had insurance here and he put me in a hospital. He says you don't have stomach cancer, you have a large prostate and you have kidney failure. So I went to Germany and I tried to shrink it. I couldn't shrink it so I had green laser therapy on my prostate and now I'm living happily ever after.

Ty: That's a great story. Early detection is what we focus on and a lot of times the conventional cancer industry focuses on early detection. That's not necessarily a bad thing, it's just what method are you using to detect it is what I'm hearing from you.

Burton Goldberg: Yeah. There's too many false positives with mammograms and the mammograms are medical x-rays. When you go to the dentist they cover your sexual organs and they run out of the room. Why are they running? Because the radiation from x-rays mutates cells. And when the replicate, they replicate outwardly. So, it's very important to not use x-rays. There are times when you need it. There are times you need PET scans, so the doctor knows as a base where to go, and what to do and you're going to be very careful. But using the blood test to see circulating tumor cells are one of the most important things you can do if you have cancer.

Ty: And I've heard the same thing from Dr. Connealy. Really, she's very heavily into the detection of...

Burton Goldberg: She's one of the best doctors in the United States. She is a master. I've known her for many years. When this test was developed I brought it to her. She went over to Germany and studied it. She's a dear friend and I have the most admiration for her type of medicine.

Ty: Well Burton, I want to thank you for taking the time to share some of your knowledge. I'm sure just a tiny bit of your knowledge with us today. "The voice of alternative medicine." You're passionate and you're rational and you've got a lot of wisdom you've shared with us today. Thank you.

Interview 9



Dr. Nicholas Gonzalez, MD

Author and Lecturer
www.dr-gonzalez.com

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Ty: I am here in New York City today at the office of Dr. Nicholas Gonzalez. Dr. Nick, thank you so much for taking the time with us today.

Dr. Gonzalez: Thank you for the opportunity to have the interview. I appreciate it.

Ty: Really excited to have you on the series. If you could to start with just tell us a little about yourself and how you got to become a medical doctor specializing in cancer.

Dr. Gonzalez: When I was in college at Brown University 1000 years ago, the last thing on earth I ever thought I would be doing would be practicing medicine, working in science and treating cancer patients. I had absolutely no interest in science. I thought science was the most uninteresting subject...any kind of science...you could possibly pursue. My degree was in English Literature. I went to Brown because there were no required courses so I could design my own writing major and I had very good teachers there. After college my first job was at Time, Inc. That is pre-internet, which will show how old I am...and those were the days when print media reigned supreme and Time, Inc. was considered the Rolls Royce of the publishing industry. Now it is kind of like the forgotten stray dog because the internet has taken over. It was a wonderful place work and I had wonderful mentors in journalism that really guided me wonderfully.

One of my first editors was Byron Dobell, who was famous in those days and published many, many well-known writers. He really guided my editorial career and well into my career as a journalist one of my editors challenged me and said...I want you to do some investigative work in medicine. I said...What is this? A punishment? I haven't been good enough? And he said...No, no. I wanted to be in Paris in the spring- not doing something like that. He said...No, no one wants to do it but this is a fascinating subject. So, against my better judgment and screaming and hollering I started to do some investigative work in journalism and did a big piece on cancer research. It was a long piece that got a lot of publicity. As a result of that article I got to meet many well-known researchers like Linus Pauling...researchers doing really avant-garde type work. I first interviewed Linus Pauling in 1972, when he came out with his book on vitamin C and the common cold and I interviewed him for the book on cancer. What I began to realize, contrary to my earlier misguided prejudices, these creative scientists were as creative as any journalist or writer or artist and they really were doing extraordinary work. They were great thinkers. I befriended a lot of them.

Actually, it was Linus Pauling who challenged me and said...You know...you're smart enough to go to medical school. The first time he said it I kind of laughed and said...Sure, right. I want to go to France and do my novel. He said...No, think about it. Medicine is really fascinating. You should do it. So, with some encouragement like that, I eventually decided to go back and study medicine. Having my degree in English, I had to do my pre-med work, which I did at Columbia. I gave up my apartment in New York and my girlfriend thought I was crazy. My friends bet how long I would last- the longest was about 6 weeks. I

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moved home to my parents' house in Queens. They really graciously took me on as I did my pre-med work and really took to it.

I applied to medical school, got in, decided to go to Cornell because it was associated with Memorial Sloan-Kettering Cancer Center and I was interested in doing cancer research. The President of Sloan-Kettering at the time was Robert Good. In fact, he had been on the cover of *Time* when I was at Time in about 1973. He was the most famous immunologist of his generation and the most published author in the history of medicine with over 2000 articles to his credit. He was known as being very innovative and, in fact, it got him into trouble where he was being criticized by the Board of Directors. A lot of controversy surrounded him but I wanted to work under him so I chose Cornell as a second year medical student. Dr. Good adopted me into his research group. I was great scientist as a second year medical student having been a journalist. He, like my journalism mentors, took me under his wing and guided my career.

At the end of my second year of medical school back in July 1981, I had the opportunity to meet William Kelley under the strangest series of circumstances. Kelley was the controversial, alternative dentist who developed a very aggressive new approach to cancer and other diseases. He was based in Dallas at the time and he had been involved with the famous Steve McQueen episode. Everyone knows Steve McQueen was the famous actor, kind of daredevil wild guy who was kind of an icon in Hollywood who died of mesothelioma, allegedly under Kelley's care. The press really had started to attack Kelley late in 1980, after McQueen died. He was being harassed, he was being followed by National Enquirer reporters so he left Dallas, took a train ride across Canada just to get away from the media (this was 6 months after McQueen died), was coming through New York and a journalist friend of mine who knew he was going to be in New York wanted him as a subject for a book.

He said, *"That guy has been all over the media, attacked because of Steve McQueen...it might make for a good book."* She talked to him for a few times. He agreed to meet with her for lunch but she couldn't make any sense out of what he was talking about. She was a journalist- she had no scientific background. She said, *"Look, you were a journalist for 7 years, you study medicine now and you have two years under your belt, would you meet with him?"* I said, *"No. I don't want to meet the guy. He sounds like a nut case."* She called three times. Usually if people persist three times...kind of a rule I learned in journalism...if someone persists three times they are probably worth meeting with [laughter]. It is the three call rule. I said, *"Okay, okay!"* Just to get her off my back I said I would meet with her so we met in a chiropractor's office in Queens...the strangest story how we met.

I went in there so skeptical, having been an investigative reporter and I was interested in becoming a straight line medical researcher at Sloan-Kettering. The reason I went to Cornell is I expected to spend the rest of my academic life at Memorial Sloan-Kettering doing basic science research. I meet Kelley and within five minutes my life was going to change. I realized within five minutes that he was probably the smartest man I was ever going to meet. He was very humble and contrary to what I expected him to say...a lot of bravado and how I am being vilified...he said...Look- I think I am doing something useful and I

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need an outside research group to look into it. He already knew from my friend that I was working under Robert Good and he said he knew about Robert Good. He said the only person he knew in academic medicine that could fairly evaluate his work would be Robert Good. After several hours of talking to him the first thing I told him to do was not to do a popular book, which is what my friend wanted to write. I said...If you want your works taken seriously you have to avoid that right now because you are too involved with Steve McQueen. The last thing you need is a best-selling book attacking you because you were involved with Steve McQueen. I said...Forget that. My friend the journalist, who brought us together, was so angry with me that I told him not to get involved with the book that she wouldn't talk to me for 16 years [laughter]. We finally met at a conference and she gave me a hug and we made up.

That afternoon I went to Robert Good, to the President's Office at Sloan-Kettering. It is about 30 blocks north of my office overlooking Manhattan and I talked with him. Here is a guy who is President of Sloan-Kettering, who meets with Rockefeller's and the rich donors and the Board of Trustees and Nobel Laureates and he always took the time to talk to his scientists...young science students and medical students that he thought had something interesting to say. He gave me like an hour and a half and we talked about my meeting with Kelley. He said...Look- This is what I suggest. I have always learned as a teacher that if you pursue a project of your own devising you will learn more medicine than if I assign something to you. I had the summer off and I had some funding to do research. Kelley was leaving for Texas the next day. He said...You go with Kelley tomorrow and start going through his records. He said...Will Kelley open his records? Kelly had already promised he would open his records and he said...That's a good sign. He said....A lot of fringe/alternative practitioners won't open their records. They will make a lot of claims but they won't open their records. That impressed me right away...that Kelley had no secrets and he was willing to open his records.

The next day I was on a plane to Dallas with Kelley with Dr. Wood's blessing and that is how my life changed. Over the next three weeks I went through hundreds of Kelley's records that he kept in his Dallas office and within a couple of days I found case after case of appropriately diagnosed, biopsy proven, terrible prognosis cancers...metastatic prostate, metastatic lung cancer, metastatic colon and pancreatic cancer, acute leukemia...the worst of the worst of the worst Kelley had treated and these people were alive 5 and 10 years later. Kelley allowed me to call them. He would call them first and say...This isn't a set-up. I trust this guy Gonzalez...and they would talk to me. They had the most incredible stories. Even though I wasn't a physician...I just finished two years of medical school...I had enough medicine to realize that these were extraordinary cases. After about three weeks I copied a whole batch of Kelley's records, brought them back to New York and met with Dr. Good in his President's Office at Sloan-Kettering. We were on our hands and knees on the floor with all of these records open up. He was very cautious. He had to protect his reputation. He didn't want to jump to conclusions but he admitted right away...he would never say it in public but he said...I've never seen anything like this. Five year survivors of pancreatic cancer. He encouraged me to develop this into a formal research project which I did under his guidance while a medical student.

Presidents of Sloan-Kettering are given about 10 years and if they don't find the cure for cancer they are booted out and his tenure was just about up. So...in about 1982-1983, when I was still a medical student he was booted out. He first went to the University of Oklahoma where he set up a cancer research unit and then All Children's Hospital in Florida where he set up a cancer research unit and bone marrow transplant unit. He was famous for bone marrow transplantation and was one of the darlings of the conventional cancer world because he did the first bone marrow transplant in history at the University of Minnesota where he was Chief of Pathology back in 1969. I followed him down to Florida, finished my fellowship and one of the ironies of ironies...I actually trained under Dr. Good to do bone marrow transplantation so I am conventionally trained and about the most aggressive oncologist you could ever wish to know. But, in addition, for five years he supported my nutritional research under Kelley. I went through over 10,000 of Kelley's records, interviewed over 1000 of his patients, evaluated 455 of his advanced cancer patients who had done well, evaluated 50 at great length representing 26 different types of cancer. Some of these patients we actually saw in our own immunology clinic with Dr. Good. It was really amazing. I wish I had film of Dr. Good examining these Kelley patients and writing notes on official hospital records with his white coat and stethoscope.

We put it together in monograph form. I did the writing, I did the research and he was my mentor. I evaluated 50 patients with 26 different types of cancer- all poor prognosis or terminal or advanced who enjoyed extraordinary responses that could only be attributed to Dr. Kelley's nutritional program. We put this together in monograph form in 1986, finished my immunology fellowship. Now, here I have Dr. Good as my mentor- the most published author in the history of medicine...50 books to his credit. He was either editor or co-writer of 50 books, over 2000 papers published. The general response were one of two. First, a lot of the editors didn't believe it and in fact, I have some of the letters in my office from editors who warned Dr. Good this had to be a scam, fraudulent and I conned him or something even though we saw the patients at our own clinic and Dr. Good knew they were real. The other thing is editors would say...This isn't real but if it is real it is the most extraordinary thing in medicine but it is also the most controversial. A nutritional approach to cancer? This was 1986 where, to mention nutrition and cancer in the same sentence was tantamount to a felony and the editors said this would be the end of my publishing career. The American Cancer Society and the National Institute of Health and National Cancer Institute would make sure that I can't feed my children so they would pass. I tried for two years, couldn't get it published and eventually put it away but finally in 2010 we published an update, rewritten with a long introduction about being updated in 2010.

At that point, Dr. Good was not at Sloan-Kettering, I finished my immunology fellowship and we had a long talk. We went out to dinner and he said something very interesting. I don't have it on tape so I can't confirm it but he said...You know, some of these cases are so extraordinary like 5 year survivor of pancreatic cancer- which he had never seen. One of his former wives (he was married three times) had died of pancreatic cancer two months into Presidency at Sloan-Kettering. He couldn't save his own wife- she died quickly. He said...You are showing me these cases and he said...I don't know how Kelley is

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doing this. I have never seen anything like this and I am President of Sloan-Kettering. People come from all over the world for my advice about cancer.

The whole Iranian crisis began because of Dr. Good. The Shah of Iran got sick so he wanted the best physician in the world to come evaluate him so he picked Robert Good, flew Robert Good in the Shah's private jet to Iran, Dr. Good examined him (he was a brilliant clinician as well as researcher) and within 10 minutes made the diagnosis. He said...You have gallbladder cancer. You have to come to New York and so he came to New York Hospital and that is when the Iranian Revolution began so it actually...no one knows this at all. No one knows that the Iranian Revolution began because of Robert Good, President of Sloan-Kettering and my mentor. I lived in his house when I joined his research group. That is an incredible story.

Ty: That's fascinating that the Iran dilemma began because of Dr. Good.

Dr. Gonzalez: Robert Good. He brought the Shah of Iran to New York and then he died here and that led to the Iranian Revolution. It is an interesting story. But, we couldn't get that book published and Dr. Good met with me before at the end of when I finished the book and finished my fellowship and I had a choice...stay with Dr. Good or find another place to be. We had dinner and we were talking and he said...You know...people come from all over the world for my expertise. I don't have the slightest idea what Dr. Kelley is doing and yet I have seen cases in our own immunology clinic that I can't explain and you are telling me that I, one of the leaders of cancer medicine, a former President of Sloan-Kettering...and he was just listing not egotistically, just factually...the most published author in the history of medicine...you are telling me that I don't know anything about cancer. He said...I can't emotionally live with that. So, I knew I had to leave his group and I did. We talked about it. I said...You know, what I'm going to do is go to New York, open a practice and start seeing patients and try and keep Kelley's work alive. Because, by that point, our failure to publish the monograph really had devastated Kelley. He thought his work would never get accepted and he really went off the deep end. He closed down his practice, stopped seeing patients (which was kind of a tragedy) but he was burned out. The Steve McQueen thing had a devastating effect on him. He couldn't open a newspaper for months without being attacked in every major media outlet. This was pre-internet. All the major TV shows, all the minor TV shows, the news...the major news, the weekly news, the local news...Kelley Quack...the American Cancer Society held a press conference attacking Kelley and invited all the media to come. Dozens of reporters showed up. All the cancer groups had these press conferences attacking Kelley.

The Steve McQueen story has never been properly told. That is another big thing. There are all kinds of biographies about Steve McQueen and they mention Kelley- the crazy guy. I have talked to some of these authors. They never really investigated it properly. I know the whole story. In fact, in this office about 25 feet from where we are sitting I have Steve McQueen's complete medical records even when he used assumed names. I have all of his records here- I got them from Kelley. They are in this office. I know the whole story. I know it like nobody else has because no one else has ever had his complete

medical file. McQueen was kind of a reckless guy. Motorcycle racer, smoker, drinker and lived a hard life as he is famous for. He started getting sick in 1978 and 1979 and went to his fancy Los Angeles doctors and they kind of blew it off. You live too hard...you've got to cut down the smoking. No one took him seriously. Finally, he was so debilitated he went to his doctors and said...You've got to do something. Finally the genius said...Hey, let's do a chest x-ray. He had tumors in both lungs. They worked him up and he had metastatic mesothelioma. Mesothelioma is associated with asbestos exposure. Well, he was a motorcycle fanatic and in those days the pipes of motorcycles were lined with asbestos and he would work on his own motorcycles. He was a great mechanic. He was exposed to a huge amount of asbestos and he ended up with mesothelioma. In those days, 35 years ago and today, mesothelioma is completely incurable once it spreads. The only hope is to get it early and do surgery. Well, the doctors had completely missed the diagnosis for a year so by the time it was diagnosed it was metastatic.

Then the geniuses decided to give him immunotherapy. Well, I am trained as a classical immunologist under Robert Good. There has never been a study in the history of the world showing immunotherapy has any effect on mesothelioma. Talk about quackery...but they gave it to him. It didn't work so then they decided to give him radiation. Maybe they gave him the radiation first...I have to pull out my notes. There has never been a study in the history of the world showing radiation works with mesothelioma. Guess what? It didn't work so he ends up with stage IV advanced cancer and weeks from death he goes to see Kelley. Kelley made one fatal mistake in treating Steve McQueen. He took him on as a patient. He was too advanced and he was a reckless guy. He was still smoking, still drinking but he pleaded and Kelley was a very compassionate guy. He said...I will treat you but you are too weak. You can't do this at home the way most of my patients do. There was a hospital in Mexico at the time that was administering parts of Kelley's therapy. He said...Go down to that hospital in Mexico and I'll kind of direct them. And he did. He wasn't 100% compliant. He still had the Haagen-Dazs ice cream kind of smuggled in from his friends and cigarettes but he did enough of it so he started getting better and then one of the doctors in Mexico gets the brilliant idea...Let's open him up, because they think that the tumor...he had a tumor in his abdomen as well as in his chest. Let's take it out...we think it's a dead tumor. They do the surgery and the next day he dies of a pulmonary embolism, which is a blood clot in the lungs. He did not die of mesothelioma and, in fact, the tumor was a dead tumor. Kelley used to have it in his office in formaldehyde- a dead tumor that had shrunk down from a huge tumor down to nothing. It was dead. He didn't die from...the way the media reports read, which I have, is like Kelley took a gun and shot McQueen...his crazy quack doctor.

The true story has never been told. First his brilliant conventional doctors missed the diagnosis for a year. Then they gave him immunotherapy, which was worthless. Then they gave him radiation, which is worthless. When all that failed then he goes to see Kelley, who keeps him alive and kills the tumor and then he gets blamed for killing Steve McQueen. It is a bizarre story. In none of the media reports did they mention the fact that the diagnosis had been missed and the conventional doctors had done everything they could do and even today in 2014, metastatic mesothelioma is universally 100% incurable by standard

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therapy. Now, we have patients who have done beautifully but Kelley got blamed for that. He was absolutely devastated by that. It really threw him off. He never really recovered.

So, here it is in 1987 and I know that I can't continue with Dr. Good because emotionally he can't accept the fact that this might work and he wasn't at Sloan and he didn't have the power base he had before and he was getting older. Kelley was going nuts. I never spoke to him after 1987. He accused me of being part of a CIA plot to steal his work or something crazy...part of a great conspiracy to steal his work. After 1987, I never talked to him.

Dr. Isaacs and I, we worked together in research, came back to New York to set up a practice in late 1987 and started seeing patients and from the beginning we saw the results. The first good thing is we learned it was transferable and this wasn't some miracle of magic that only Kelley could do in la-la land or something and you could teach it to other people and get the same results. One of my first patients was a wonderful lady who lived in New Jersey but she came to me. I'll never forget...December 3, 1987. She was so memorable I remember the day. I had only been in practice a couple of months. She had stage IV breast cancer. Very interesting story. In 1985, she developed a mass in her right breast. The breast turned red and the doctor thought it was mastitis which is an infected breast, puts her on antibiotics and it doesn't get better. He gives her more antibiotics and it doesn't get better. The breast gets bigger and redder and looks nasty so he sends her to a surgeon who biopsies it and it comes back inflammatory breast cancer. As physicians know, inflammatory breast cancer is the most aggressive type of breast cancer there is. It is virtually incurable by standard approaches. It was huge at that point. So big that when she was sent to the surgeon for surgery he said...It's too big. I can't operate on you. What you need to do is have radiation first to shrink it down. She goes through five weeks of radiation. The tumor shrinks down enough so the surgeon said...I'll try to take it out. He takes it out and it was 8 cm which, for breast cancer after radiation, is huge. But, more importantly, 17 of 17 lymph nodes were involved with cancer. All of those that were evaluated had cancer, which is a dire prognosis.

The way it works in cancer medicine...whenever you have more than 9 lymph nodes involved it is a death sentence. They did a bone scan but they didn't see anything in the bone but when you have 17 of 17 lymph nodes positive you are dealing with a deadly disease. Her oncologist decides that they are going to give her aggressive chemotherapy- a triple agent regimen, very aggressive in those days. It was the standard for metastatic disease: CMF- Cytosin, Methotrexate and 5 Fluorouracil which is the three drugs that were developed in Italy. They tell her that this won't cure her but it might prolong her life so she starts doing it. Two years into it- August 1987, she develops pain in the sternum. They do a bone scan and she has multiple lesions in her ribs consistent with metastatic disease and a huge tumor in the sternum. They do an x-ray and it confirms the tumor. The oncologist...an honest guy...throws his hands in the air and says...There is nothing else we can do.

I had only been in practice two months. It is not like I had this kind of international reputation. I was as well-known as dog poop...nobody knew who I was. I happened to be on the Bob Adkins show. Bob Adkins is an old friend from

my journalism days I had included in a couple of my articles so we had been personal friends. He had a very well listened to national radio show back in those days and he knew about my Kelley study. I had given him a copy, which I couldn't get published. He had me on his show and this patient's social worker that she was consulting with because of the stress of cancer happened to have an interest in alternative. Actually, ironically, she worked for the American Cancer Society. She kept her interest in alternative medicine secret. It was like pornography- you have to keep it secret. You have to hide it because they might do something and you might lose your job and end up in jail. So she had a secret interest in alternative medicine and heard me on the show and tells the patient...You have to see Gonzalez, even though I had only been in practice two months. It was something on the radio show (Bob gave me like- an hour) that resonated with the social worker and the patient believed what the social worker said and came to see me. It's interesting...in 1987, I had been practicing two months...why would anyone trust me dealing with stage IV cancer? But she did.

We have learned that often the difference between success and failure is the attitude of the patient. We treat people biochemically and my goal in life once I adopted science as my new lifestyle was to spend my life at Sloan-Kettering doing basic science research. I never even though I would see patients but I learned I had to change that. I learned a lot of this from Kelley. The attitude and the mind of the patient is the single most important that determines. Patients that are at peace with their situation, who have faith in the practitioner always do the best. I always tell patients...When you don't trust your practitioner whether it is me or Joe Schmo down the street at Sloan-Kettering...leave. Find someone you believe in because your lack of believe, your lack of faith and your lack of trust will undermine your treatment whatever it is- chemo, radiation or voodoo. She trusted me from the beginning, did the program...I don't know why she did but it was something that resonated. We got along great. She did the program, didn't want scans. She said...What's the point? They told me I would be dead so why do scans? Why expose myself to the radiation? Even back in the 1980's she was thinking like that.

Finally in 2001, 14 years later I said...Look...I'm trained as an academician. Humor me. Do a bone scan. We won't do CT scans okay? I don't want you getting radiation but let me do a bone scan. She did and all the tumors were gone. She is alive and well now. It has been 26-1/2 years since her diagnosis with stage IV metastatic inflammatory breast cancer who developed metastasis while on aggressive chemotherapy with total regression of disease on my treatment 26-1/2 years out. Having been a journalist it is so funny...I have a different personality now. I am obsessed with the conventional medical literature and I study the literature because it helps me with my own work. I know of no case in the history of medicine of a 26-1/2 year survivor of metastatic inflammatory breast cancer to the bone with development of metastasis while on chemo with total regression on a nutritional program. I don't know of any other case. She is alive and well and doing fine. She is getting older, that's all but she still takes the enzymes that we use.

From the beginning we saw that this therapy worked and we just plowed ahead and never looked back. Back in the last 80's and early 90's two of my professors from Cornell who I knew quite well and followed me as I worked under Dr. Good

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invited me...both times to breakfast....both at Sloan-Kettering. I met with them and they said...You know, you have such a promising academic career and Dr. Good is your mentor. I want you to join our group. In both cases the provision was...But you've got to give up this crazy alternative thing of yours. It is like some kind of psychological...they didn't say this but...some kind of crazy psychological defect. I was so honored. To be offered a job not once, but twice, at Sloan-Kettering...was very gracious and even though I was already getting to be controversial...as I got better known controversy follows...they still thought that I had a career in science which, again, I am honored that they even thought that. In each case I turned it down. I have turned down two positions at Sloan...which I don't say proudly. It is just an interesting footnote to the story.

Ty: You may be the only person in history that has.

Dr. Gonzalez: I have been told that I am the only person in history to turn down two jobs at Sloan-Kettering. Most oncologists would...not necessarily shoot their mother but maybe sell her into slavery to get a job there. Yeah, I turned it down twice but I never looked back because I knew what we were doing was working and Sloan-Kettering in 1989, 1990, 1991...wasn't ready to hear it. I didn't belong there. It would be like taking a wild animal and putting it in a cage. I needed to be free to do what I needed to do with freedom and I just needed that.

Ty: Well Dr. Gonzalez...talk about the protocol that you are using. If you could, go back and kind of give a few details about what protocol Dr. Kelley was using and then how you have adopted that into your practice now. What are you using?

Dr. Gonzalez: Kelley's program and our program have three basic components. In our therapy today 25...27 years later...is really a derivation of Kelley's. We follow his model pretty closely. It involves three basic components...individualized diet, individualized supplement programs which for cancer patients is large doses of pancreatic enzymes and detoxification routines like the coffee enemas.

Now, unlike a lot of alternative practitioners who use one diet for everybody...like Atkins thought everyone should be on a meat diet and there are groups of people who think everyone should be a vegetarian...Kelley realized early on different people need different diets. Some people do well with a plant based diet and other patients need fatty red meat two to three times a day. He had 10 basic diets and 94 variations. Investigative journalist that I was at heart, when I first met him I challenged him. He showed me on his computer the 10 basic diets and 94 variations. Even then he would individualize the diet so he didn't have and we don't have one diet. We follow that tradition. We have 10 diets with dozens of variations.

Secondly, large doses of nutritional supplements. Vitamins, minerals, trace element and glandular extracts from animals like liver, thymus, lung, pancreas and heart...these glandular products are made for us in New Zealand. We don't believe the vitamins and minerals, trace elements and glandular products are going to cure or reverse cancer. What they do provide is nutritional support.

Now we are doing two things. We are trying to attack the cancer directly but we are also trying to rebuild a ravaged body. A lot of the patients who came to Kelley and a lot of the patients that we see not only have advanced cancer which just wrecks the body but also have been treated with aggressive chemo, radiation and all kinds of combinations that also ravage the body. We try to rebuild the body and also attack the cancer. You can attack the cancer better if you rebuild the body. So, the vitamins, minerals, trace elements and glandular products help restore the normal equilibrium and homeostasis of the body and even then supplement programs are very individualized. Kelly did and we do individualize all of these supplement programs. No two patients are on exactly the same protocol although some of them, of course, are similar.

Now, in addition to the vitamins, minerals, trace elements etc. designed specifically for each patient and for cancer patients large doses of pancreatic enzymes. This was Kelley's great innovation which he traditionally followed of course. Pancreatic enzymes have been known since the 1850's or 1860's and they are known as digestive enzymes. They help us break down proteins, fats and carbohydrates. In addition, Dr. John Beard was the great professor at the University of Edinburg...English by birth, Scottish by profession and was in Edinburg all of his professional life. He was a very brilliant embryologist and got his doctorate in 1884 from the University of Freiburg in Germany and he was one of the great embryologists. His work in embryology is still quoted today in the literature.

His work in embryology led him on a side tangent into pancreatic enzymes and cancer. He was not trained as a cancer researcher but he was a brilliant man and like a lot of brilliant men like Linus Pauling he became an expert in a lot of different fields. In 1902, he wrote the first paper of pancreatic enzymes in addition to the digestive capability, which had been well documented by that point that the body's main defense against cancer would be useful as a cancer treatment and brilliant man that he was he did animal studies. When you think about it, 110 years ago it was a primitive time in science where scientists worked out of caves with candles. Well, actually he was very sophisticated and by 1902 pathologists and Sloan-Kettering already existed by that point. Brilliant pathologists in the US and Europe had already evaluated and diagnosed and defined 100 different types of cancer. They knew what cancer was, they knew what it looked like, they knew how it behaved and they knew how to examine it and get a biopsy and look under a microscope.

Beard took an animal model, which they had at that time for cancer, and used his enzymes...first study of enzymes in history and got 100% regression of cancer in the animals that he treated whereas the control group died very quickly. He was not a physician he was an ScD...he had a doctorate degree...so he was not able to treat patients directly but physicians working under him began using enzymes. The first case was in 1905- a case of head and neck cancer. The person who administered it, Dr. Clarence Rice, had an office about five blocks from this office where we are sitting now right on Madison Avenue so it is kind of a historic place to be in terms of enzymes. The tumor completely regressed and it was published in conventional medical literature. I have collected dozens of articles in peer reviewed conventional literature from the period of 1905-1911 and physicians under Beard's guidance

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treated advanced cancer- colon cancer, rectal cancer, breast cancer, endometrial cancer, lung cancer successfully with the enzymes. He wrote a book in 1911: The Enzyme Treatment of Cancer, where he actually photographed- sequential photographs of patients with head and neck cancer where tumors actually disappeared and the skin healed normally 100 years ago! More than 100 years ago. The work then, as it is today, is considered too controversial.

There is another footnote which we don't often talk about in my lectures...at the same time Beard was showing that enzymes could reverse cancer, Madame Curie the great French (well, she was Polish by birth but she was working in University of Paris)...she was investigating radiation. X-rays had been discovered in 1895 and by 1900 they were used diagnostically. They were miraculous. You could do an x-ray and see the inside of the chest and see the lungs. By 1905, Madame Curie was saying that radiation would be a simple, easy and non-toxic way of treating all cancer. She had two Nobel prizes already, one of the few people...Linus Pauling also had two...few people that ever had won one let alone two and she was well loved by the media. She was the first great media star. She knew how to use the media. She knew how to call press conferences and she announced radiation as the cure of cancer to the media.

Beard was this nerdy, ivory tower scientist who thought the media was a bunch of morons and had no use for them, no use for his critics. He wasn't the most diplomatic person whereas Madame Curie knew how to nurture the media. All over the world...Madame Curie the greatly beloved...she was the first woman to get a PhD in theoretical physics from the University of Paris. She is extraordinary in history...movies have been made about her. The press loved her. Who cared about Dr. Beard and pancreatic enzymes? Well nobody apparently so his book went unheeded, radiation came into the forefront of cancer treatment. Of course, Madame Curie was completely wrong on all counts. It isn't non-toxic and in fact she, herself, died as a result of radiation exposure. She died of aplastic anemia caused by radiation. Most tumors that regressed come back very quickly more deadly and only a few cancers actually responded to it so radiation was not the simple, easy, non-toxic way of treating all cancer. She was wrong. By that point, by the time scientists realized it, hundreds of scientists involved in radiation had died because of her cavalier exposure to radiation. It is invisible...the rays are invisible.

By that point, Beard died in 1924, he died in obscurity...his book forgotten. Kelley revived that. Kelley himself had cancer and was trying to fight his own battle. He was an orthodontist by training.

Ty: What type of cancer did he have?

Dr. Gonzalez: He had pancreatic cancer. I spoke to his doctors. When I first did my research 30 years ago they were still alive. They never biopsied it. They said he was too unstable and they didn't want to bring him to surgery. This was before CT scans...in the early 1960's. They did x-rays and he had tumors in both lungs, fluid in his lungs and a tumor in his hip. In fact, he always walked with a limp because the tumor ate through his hip bone. He had a tumor in his heart which is rare for pancreatic cancer but it was in his bone and they said

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there was nothing they could do and he had two months to live with four young kids, all of them adopted. He had mumps as a teenager so mumps can make you sterile and he couldn't have kids so he adopted four kids out of the orphanages. He was afraid that if he died they would end up back in the orphanages so he said...I can't die. Kelley was a very determined guy. He also had an IQ twice of most of us. He said...I'm not going to die. He went through the literature and realized the only thing he could do was change his diet and then he learned about Beard's work from, at that point, 60 years earlier, added in enzymes and got well.

Then the local doctors...Kelley was very well known in the town where he lived. He lived in Grapevine, Texas, which is a suburb of Dallas/Ft. Worth. In those days it was a poky, professional suburb and now Dallas has taken over the world but it was a poky town- Grapevine. He was in the country club and taught Bible study on Sundays and was at the church and school board and everyone knew him. At the country club the doctors saw him rise from the dead like Lazarus so they started quietly...this is 1964/1965 sending their cancer patients to Kelley because they knew him and trusted him. He was in the same country club and same church.

Ty: So the medical doctors were sending their patients to a dentist?

Dr. Gonzalez: That's right. Legally he didn't have the right to treat cancer. Dentists can't. But they would send them and they would get well. That was the good news and the bad news. The good news is word of mouth network started to spread. Now someone's cousin in Houston heard about my cousin got well and they would come to Kelley and then it was a person in New Mexico and pretty soon people would come from all over the country to Kelley to a dental office outside of Dallas getting well.

Well, guess what? The Medical Board wasn't too happy about it because sooner or later they heard about it. Kelley once told me at one time 14 government agencies were investigating him. Now investigative reporter that I am I know people tend to exaggerate but I looked through the data and indeed 14 government agencies from the local county attorney to the State Medical Board to the Dental Board and the Dental Board actually took away his license for practicing medicine without a license. He didn't care because he just said he was doing nutrition and kept seeing patients anyway. State Attorney, the State Attorney General, Federal Attorneys, the IRS...they all colluded like going after the Tea Party groups together to try and get Kelley. Here is a guy giving cancer patients nutrition. This isn't like he committed the Holocaust. He was just giving patients with nothing else to do...you can't treat them successfully with any conventional therapy and he was giving them nutrition. Lo and behold the problem was a lot of them were getting well which started to upset the medical authorities.

It is interesting too, and as far as I know these are stories that have never been told before...at one point he was arrested at gunpoint kind of like typical equivalent of a SWAT team in those days and arrested. They always do those things to try and embarrass you so they came at midnight in front of his kids in pajamas dragging him away. Well, there was a very prominent Washington

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politician high up in the Justice Department...I mean, really high up in the Justice Department. The next day he called the local sheriff and said...Let Kelley out or I am going to have the entire Federal Government investigating every one of you audited for income taxes for the last 25 years. He said...You don't want to mess with me. He was let out of jail within five minutes of that phone call and they never went after him again. He continued to practice. He just had patients sign a form saying...I am not a medical doctor, I am doing nutrition and they left him alone.

All of these incredible stories. I would interview patients who would confirm all of this and his family. I knew three of his four kids. They didn't have an easy time because they were the kids of this crazy, cancer quack doctor. The Dallas newspapers would carry it and all over radio...again, pre-internet. It was tough. They would go to school and be laughed at...crazy quack doctor so it was tough. Their relationship was a little rocky for a while.

Ty: What is it about it, Dr. Gonzalez, in the pancreatic enzymes that is so successful at reversing the cancer?

Dr. Gonzalez: No one has ever had the financing to do the work. Now, Beard did animal studies 100 years ago and we have done animal studies too. We were fortunate that we had funding from two major international corporations. People laugh when I say it but Proctor & Gamble gave us millions of dollars to help perfect the enzyme and Nestle...the Chief of Research at Nestle- Pierre Guesry was the former Medical Director of the Pasteur Institute. Nestle lured him away to run the research division. Nestle in those days had a \$600,000,000 scientific basic science division. They have a campus in Switzerland that rivals the NIH. It is unbelievable. I have lectured there several times. Guesry was a real scientist and physician by training. He was head of Pasteur Institute, one of the preeminent research institutions in the world and he had heard about my work back in 1992. This was pre-internet. I don't know how people heard about me.

[Laughter]

Dr. Gonzalez: Actually I do know so I kind of exaggerate. Pierre is still alive, he lives in Balta now...retired and has a sailboat and sails around the Mediterranean...he set up a research group to travel the world looking for alternative therapies that might be useful. These are genius people. They don't tend to have prejudices. They just want to see if it works. They don't care if it is moon dust or spooky stuff or radioactive waves...they don't care as long as it works. They actually set up a division very quietly, highly funded and sent a team around the world from the jungles of New Guinea to New York and to me.

Ty: A division within Nestle?

Dr. Gonzalez: Within Nestle to look into alternative therapies. Unknown...it never was publicized. They traveled the world. One day I got a phone call...I'm going off on a tangent about enzymes but you can edit this down...

Ty: No, this is great stuff.

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Dr. Gonzalez: I get a call from the Research Director of Nestle and I said...What the heck does the Research Director of Nestle want to do with me? Then they told me his name- Pierre Guesry and I said...That rings a bell. This was before internet so you couldn't Google but I found him and I said...Oh, this is the guy that ran the Pasteur Institute. So, I called him back and he said...I want to come to New York to meet with you and I said...Why? I don't eat chocolate. He said...No...he laughed. Nothing to do with chocolate. He explained that he had been looking into alternative therapies and my name kept coming up and wanted to meet with me and the end result was Nestle agreed to fund studies. They funded our first clinical studies very successfully with pancreatic cancer and also animal studies back in 2002-2004, that were done at the University of Nebraska by Parviz Pour who is one of the preeminent researchers in molecular biology of pancreatic cancer. Dr. Pour developed an animal model for pancreatic cancer that they used in our study. He used the most aggressive animal model at his disposal and Nestle funded him to do this. They were going to really put my enzymes to the test. It was extremely successful. Pour told me that this is the first time in his lifetime that he saw this particular model respond to anything. It didn't respond to chemo or anything. He published in a peer reviewed journal of the pancreas in 2004...I have copies around.

We know from animal models it worked and from my first clinical study that it works but we don't know the molecular biology to answer your question. We don't know how it actually kills cancer. What we think is that proteolytic which is the protein digestive pancreatic enzymes like trypsin and chymotrypsin actually tear apart the cell membrane. Cell membranes are a little bit fatty but they also have protein molecules that are receptors and pores that allow nutrients to get in and waste products to get out...that is how cells survive with the protein pores and membrane. These proteins...I think the enzymes chew them up. They don't effect normal tissue. Beard said in his book more than 100 years ago that there is reason that cancer cells have the opposite electrical charge as the normal cells and everyone laughed at him at that time but we now know that it is true. Normal cells repulse the pancreatic enzymes in the blood stream but cancer cells attract them and the enzymes go right to the cancer cell and, we believe, chew up the proteins on the cell membrane. We think it is that simple but we haven't had the trillions of dollars of funding to substantiate that. Pour wanted to do that and Nestle was willing to fund more but the key with Nestle is I would have had to turn over my own intellectual property. It would have been a co-ownership. They had their patent lawyers in the US filing patents but it would have been Nestle and me as co-owners. The problem with that is Pierre retires and the next person may think it is all quackery and then Nestle owns my work and I can't do anything with it so I said...No thank you, gracious, we're still friends Pierre and I. He understood why.

We haven't had any other funding to do that kind of work and figure out why the molecular model enzymes kill cancer but clearly they do both clinically and in animal models. People are...Well, you never did any clinical studies. Well, we did animal studies. They have been published in a peer reviewed journal. There is no question that they kill cancer both in animals and Kelley's experience proved that and our experience shows that 26-1/2 years. We know that they work.

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So, to answer your original question. The three components- individualized diet, individualized supplements and larger doses of pancreatic enzymes the third component is detoxification which is often the component of therapy that elicits the most mockery from conventional doctors but it is really very simple. When Kelley was treating himself he was taking the pancreatic enzymes, the tumors were breaking down and that is when he got really sick...almost life threateningly sick. At first he thought the enzymes weren't working any longer and then he realized the tumors were shrinking and he realized...I am reacting to the tumor waste and indeed, as conventional oncologists know today in 2014, nothing is more toxic to the human body than dead cancer. In fact, chemotherapy...though it doesn't work for most cancers does work for some like Hodgkin's and certain leukemias. In a Hodgkin's patient, if you break a tumor down too fast with chemo you kill the patient from the dead tumor. They call it tumor lysis and it is recognized in the textbooks and conventional textbooks talk about it. Well, Kelley recognized that back in 1963 when he was trying to get over his own cancer. He started going into the literature as he always did.

He was a great scholar. He would go into the literature and try and find some technique that would help his liver and kidneys work better. The liver and the kidneys are the body's main detoxification organs and that is where the environmental chemicals and metabolic waste and dead cancer process and neutralize and prepare for excretion. He opens up the Merck Manual and lo and behold there are coffee enemas. The interesting thing or the sad thing and the ironic thing...Kelley was brutalized in the media for his use of coffee enemas and we get attacked about it today too but they come right out of the convention medical literature. He didn't learn about it from alien space beings who projected it into his brain from some mystic psychic experience. He didn't learn about it through some alternative throw away journal. He learned about it from conventional medical textbooks. The Merck Manual is a compendium of conventional therapies. They were in the Merck Manual. Coffee enemas were in the Merck Manual right up until the 1970's.

When I was doing my investigation of Kelley, trained investigative reporter that I was, I called up the editor of the Merck Manual then and I had a talk with him. He said the only reason they were taken out is that it was kind of folksy and we had all this high tech stuff to use. He had files on coffee enemas which he sent me...dozens of studies from the 20's and 30's and 40's at major institutions where the used coffee enemas for a variety of things...arthritis, mental illness...I have a study from The New England Journal of Medicine, a preeminent medical journal of the US...1932, from Harvard Medical School research psychiatrists successfully treated what we today call bipolar illness and in those days they called it manic depressive...with enemas. Their hypothesis was that there were toxins through the intestinal tract that were polluting the mind and that is what was causing the mental illness. They put these people on enemas and colonics and they got well and they got them off medication and out of the hospital. It was in The New England Journal. I have a copy of 1932. I have a study from Uruguay. Just because it is Uruguay doesn't mean there weren't serious scientists. People downplay anything that is not from Boston. It was a good study. They had patients with septic shock and in those days septic shock occurred because of gram negative bacteria producing polysaccharide a kind of carbohydrate that is toxic to you and people die from that. The death rate today

is still at a rate of 40% or 50% with septic shock and those days it was 90%. People in Uruguay in the Intensive Care Unit had learned about coffee enemas from the conventional medical world and started treating the patients with coffee enemas and had great success and published it in a peer reviewed journal. We have a translation. It was originally published in Spanish. Almost 90% reversal of septic shock that should have changed the way hospitalists treat septic shock all over the world was ignored because it was folksy and wasn't high tech even then in 1941-1942.

We have dozens of articles. Kelley collected dozens of articles from the mainstream, peer reviewed medical literature discussing the use of enemas, coffee enemas and other types of colonics for successful treatment of all kinds of illnesses. He incorporated them into his practice and it helped and he added other things like liver flushes, colon cleanses, juice fasts and skin brushing which was an all-natural homeopathic technique to get the lymphatics to work better, kidney flushes...all kinds of techniques that we still use today.

Ty: What is it about the coffee in the enemas that helps to detoxify the body?

Dr. Gonzalez: Interestingly enough, when you drink coffee it tends to suppress the liver. When you take coffee as an enema rectally the caffeine stimulates a bunch of nerves in the lower colon called the sacral parasympathetic nerves. When they are turned on by caffeine they feed back to the liver through a reflex arc and within seconds causes the liver to release all the toxins. Nothing helps the liver clean out faster and more efficiently or more effectively than coffee enemas. For cancer patients, when you are breaking down a tumor quickly with the enzyme and you get all this tumor debris that can be deadly and life threatening. It gets the liver to work better so it processes tumor debris very effectively and they just poop them out with the enemas. Interestingly enough, when you drink coffee it is really toxic to a cancer patient but if you take it rectally it opens up the liver so the liver dumps into the small intestine and you get rid of all the dead tumor waste very effectively. I have patients that, when they are breaking down tumor they have a reaction to the tumor and get fevers of 103 and 104 do an enema and literally within 20 minutes of the enema the fever is down to normal. I see this routinely. They will feel like they are dying and we will do an enema and they will feel better. Guesry reported this...he had his own alternative therapy in the 40's and 50's. He died in 1959 but he wrote a book of 50 cases in 1959 discussing his approach to cancer and his success and he used coffee enemas for the same reason. He found that if the program worked too quickly patients would die from the dead tumor waste so he incorporated coffee enemas back in the 40's and 50's.

I often get criticized when I lecture as I don't mention Guesry as the source of coffee enemas. Well, Kelley actually didn't learn about the enemas from Guesry. He knew of Guesry later but when he was fighting his own cancer he learned about it from the conventional medical literature like the Merck Manual. So, when you take coffee rectally it just helps the liver run better and that saves your life.

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Ty: So you have got the nutritional approach with all of the scores of supplements. And I have seen the scores because recently I saw an interview with you on Fox with Carol Alt and she pulled out her bag of supplements and it was a big supplement bag that she uses every day and you pulled yours out as well.

Dr. Gonzalez: Did I pull mine out on TV?

Ty: You did.

Dr. Gonzalez: This is my lunch dose which I took dutifully.

Ty: Yeah, you both pulled out the bags of supplements at the same time. That was neat.

Dr. Gonzalez: She takes more than I do, though.

Ty: So you have the massive doses of supplements and you have the coffee enemas and the other detoxification techniques and the individualized diet...

Dr. Gonzalez: That's what it is. It is really simple in its basis. Three components.

Ty: That was the three pronged approach that Kelley used and you pretty much adopted that.

Dr. Gonzalez: We did. We updated. When Kelley was practicing, for example, no one knew what coenzyme Q10 was and now it is available as a supplement so we have incorporated that as we need to in our protocols. As new supplements become available we evaluate them and decide whether or not they will fit into our model and use them accordingly. We are always trying to update or program but it is basically the same model that Kelley developed which worked then and works now.

Ty: What was the name of your 2010 book that you finally got published?

Dr. Gonzalez: One Man Alone: An Investigation of Nutrition, Cancer and William Donald Kelley. In there we have the 50 case reports. Now, initially the patients actually gave us permission not only to use their medical records but to use their name but over the internet...a lot of them are still alive in their 80's and 90's. We didn't want them being harassed and reporters tracking them down so we blacked out their names with one exception. Arlene, I can use her name because she is a good friend. In fact, she called today...Arlene Van Straten...she was one of Kelley's great patients and I now follow her. In 1982, Appleton, Wisconsin...typical American success story. She and her husband ran a gas station 7 days a week and worked their tail feathers off adding a store to it. They were later bought out by a big chain and they were able to put their kids and grandkids through college. She starts getting gallbladder pain and the doctor said...You've got a gallbladder problem. This is 1982, before they

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routinely did CT scans. They took her to surgery to take out her gallbladder and opened her up. She had a tumor in her pancreas, tumor in her liver, they biopsied the liver lesion and it is adenocarcinoma...metastatic pancreatic. They close her up, she meets with an oncologist and chemo wasn't going to do nothing in 1982. It still does nothing today in 2014. She goes to the Mayo Clinic and I have the note from the Mayo Clinic guy who said...I'm not going to give you chemo. It will just ruin your quality of life. Enjoy your life. She went to the best of the best and they said they can't do anything. She learned about Kelley from this 32 page book One Answer to Cancer in 1969 at a local health food store. She reads it, calls Kelley and he said...Well, I've trained this chiropractor locally and he trained some people who does it really well. He is near your town...Why don't you go see him? And she does.

She never went back to a doctor and never had it scanned. The fact is, here it is 2014 and she is alive and well. Interestingly enough paradoxically ironically today she called and said she wants to chat...usually it is about her family. She is 32 years out...in August it will be 32 years...stage IV pancreatic cancer, biopsy proven with liver metastases confirmed at the Mayo Clinic. To put it in perspective and to give Kelley his credit, I searched the literature religiously. I know of no patient in the history of medicine with stage IV pancreatic cancer, adenocarcinoma of the worst kind, biopsy proven liver metastases confirmed at the Mayo Clinic...not some local hospital in Guatemala but by the Mayo Clinic, who is alive 32 years later. Never found a case like that. I have challenged doctors at conferences and lectures to match it and they haven't been able to.

Ty: 32 years.

Dr. Gonzalez: 32 years. In August of 1982 she was diagnosed with stage IV pancreatic cancer and alive 32 years later. Technically I cannot say the tumors went away because she has refused scans for 32 years.

Ty: She is alive.

Dr. Gonzalez: She is alive. You don't need to know anything else. The average survival for stage IV pancreatic cancer in those days and today is 3-4-5 months. Nobody lives beyond about 18 months with that kind of disease.

Ty: Right. And this is 32 years.

Dr. Gonzalez: 32 years later. If she had been a conventional patient and treated in a conventional institution the American Cancer Society would have held a press conference and it would have been on the cover of *Time* Magazine.

Ty: Oh yeah.

Dr. Gonzalez: I remember about 10 years ago there was a new chemo drug that was being touted and Harvard was pushing it and it ended upon Good Morning America and ABC, CBS and all the morning shows. One patient who had a regression of disease at six months and she was like a show horse being shown around at all the TV shows. Well, that drug was later taken off the market because it did absolutely nothing but that didn't stop the Harvard team. They are

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a publicity machine at Harvard Medical School. If they have a Chihuahua that lives two months longer they get on national TV. We have a patient with stage IV pancreatic cancer. I challenge anyone who watches this to match the case. Criticize. Criticism is easy. Any critics out there? Match the case. I will be impressed.

Ty: 32 years. What is it do you think about the protocol...this is just your opinion because you have already said that the testing has not been done as far as the exact mechanism...but why would it be that pancreatic enzymes help so much with pancreatic cancer? Would it be the fact that the pancreas is no longer secreting those enzymes?

Dr. Gonzalez: No, it helps with all kinds of cancer from toenail cancer to brain cancer.

Ty: I mean specifically with pancreatic. I know it helps...

Dr. Gonzalez: They work for any cancer so I think the ability to kill cancer cells of the pancreas is no different from the ability to kill brain cancer or leukemia or any other cancer. That is why in the book I deliberately chose 26 different types of cancer...50 patients and 26 different types of cancer to make the point that it works for all different types of cancer...leukemias, lymphomas, blood cancer, solid tumors, breast, colon, rectal, metastatic prostate and a whole series of them...five or six patients with metastatic prostate who did beautifully. It isn't just specifically for pancreatic. It is for all cancers. It seems to be a universal cancer killer. As Beard said, it isn't my own ego...I didn't develop this....Beard did 100 years ago.

Ty: I guess that the pancreatic cancer patient just caught my attention because that is unheard of. 30+ years out.

Dr. Gonzalez: Yeah, in August it will be 32. Appleton, Wisconsin...she still lives in Appleton. If you want to talk to her she is happy to talk to people. She is getting old. Her only problem is she is old but she has seen her kids and grandkids go through college. She is real proud of all of them.

Ty: It is just really amazing to me that nobody knows about this...a 30 year survivor which...you are right. If it had been conventionally treated it would have been all over every magazine and every TV show.

Dr. Gonzalez: The story I told you was about Iressa...I didn't make that up. Iressa was the drug and it was being touted as the new magical cure for metastatic lung cancer. Based on the prestige of certain conventional research and the FDA actually approved it in the absence of any legitimate data...the idea that conventional science is well proven medicine is absolutely nonsensical. Most of it is done through friends and phone calls and lobbying. The FDA actually approved it before there was any clinical study done. There was this one patient who was being touted. I assume she is dead now. When they finally did controlled clinical studies they found it didn't work at all and the FDA withdrew its approval for lung cancer. There was a case where it got approved before anybody did research so don't tell me that conventional doctors

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are sincere and subjective scientists evaluating data and using only proven therapies. They use whatever suits them based on their prejudices, biases and opinions of what should work.

Pancreatic cancer...to answer your question, pancreatic enzyme, nutrients, coffee enemas can't possibly work so they don't work...because we don't believe they work they can't work because they can't work we are not interested in them and because it can't work there can't be any cases. That is the kind of logic that you see in conventional scientists who claim they have no bias, prejudice and we objectively evaluate the scientific data when in fact they are driven by their emotions and opinions. What they believe should be true and what they were taught 20 years earlier in school. It is all driven by bias and prejudice of what they believe should be the truth, not what actually is the truth.

Ty: The truth is that we have a patient that is alive with pancreatic cancer 30 years later. That should be enough to pique their interest.

Dr. Gonzalez: Well, if you can't match that one case in all of the thousands of patients with pancreatic cancer that have been treated at Sloan-Kettering, Columbia and the medical schools here in New York and they see 75 cases a year at Columbia and Harvard Medical School and MDA Anderson and Johns Hopkins has a big pancreatic cancer research center, Jefferson Medical School...43,000 people died of pancreatic cancer last year according to the data I read and there are supposed to be more this year...like 47,000 or 48,000 this year. There are a lot of patients out there diagnosed with pancreatic cancer and 95% of them die so if anyone out there has a stage IV pancreatic cancer with biopsy proven liver metastases confirmed at a major institution equivalent to that of the Mayo Clinic match the case. I want to know. I am a scientist.

The reason I do what I do is I was very fortunate in that I didn't go to medical school first. I was an investigative journalist and I had some really good mentors. Byron Dobell is still alive now. He was the Executive Editor of *New York Magazine*...very famous editor, the first published Mario Puzo, Tom Wolfe and kept him alive until he did his first book that was a best-seller, Truman Capote...his rolodex was unbelievable with writers that he had helped and he said one thing. He said...If you go into a story as a journalist with a preconceived notion of what the truth is going to be that's anathema to a journalist. He said...No matter how weird the story is you have to go in with no prejudices. He just instilled that. In journalism he was like my Robert Good. We would have dinner together. I would have dinner at his house and he would say...You have talent but any prejudice you have to get rid of approaching a story completely objective otherwise you are going to miss some great truth. Historically you look like a horse's ass. You had the truth and you missed it because you had some biopsy or prejudice that blurred your vision. I really took that seriously. Even with Kelley, I had a prejudice. I didn't want to have lunch with him. My friend had to call me three times. She met the three call rule. If anyone calls me three times and wants to meet with me they must have some reason. God must have a reason. Once I can blow off, twice is...Eh, so what? Three times? Okay, I'll take it seriously. That is the three call rule and that is when I met with him. I didn't want to meet with him but he changed my life. My comfortable, scientific career at Sloan-Kettering where my colleagues really

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liked me and I would have probably won some minor award and proven some mouse gene has an effect with some obscure cancer that is only found in penguins in Madagascar or something. People would have lauded me, I would have been accepted at conferences and the American Cancer Society would have given me free lunch at one of their conferences but it would have amounted to a hill of beans.

Ty: Well I'm glad you met with him, Dr. Gonzalez, because what you are doing now is amounting to much more than just a hill of beans.

Dr. Gonzalez: It is an interesting constellation of events and I know that you believe, as I do, that God runs the place...it was the oddest constellation of events and Kelley was so hounded by the media that he took a train ride across Canada to get away from the press because he was being followed...at that point he lived in Washington state. There were long distance lenses on him. His kids wouldn't talk to him because they were being offered money to spill the beans on their crazy quack father. He did it just to get away and be quiet in a train car. Five days to cross through British Columbia and down through Montreal to New York City to meet with this journalist. The only reason he came to New York was to meet with the journalist who wanted to do this book and I said...Don't do this book because it will just revive all the Steve McQueen stuff which you don't need. The book would have been Steve McQueen this and Steve McQueen that. I said...You don't need that. She set up the meeting and I just destroyed the book that she saw as a best-seller. She had million selling books before. She didn't talk to me for 16 years and then we met at a conference because she came to hear me talk in New York and she gave me a hug and we made up.

Ty: So you're back together now?

Dr. Gonzalez: I haven't spoken to her since that conference. We were quite good friends for a while from my journalism days. I can't say we are best buds but she forgave me for wrecking her book.

Ty: That's good. I'm glad to hear that. Dr. Gonzalez, I really appreciate you spending the time today. I can honestly sit and listen to you all afternoon. This has been fascinating and I think it is going to be really enlightening for the people that are watching the show. I just appreciate you spending the time with us today.

Dr. Gonzalez: That's great. I hope we didn't go too long. It's great that you are here and I really appreciate the opportunity to talk about my work with you.

Interview 10



G. Edward Griffin

Author, Lecturer, and Filmmaker
www.realityzone.com

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Ty: So I'm here today with G. Edward Griffin. We're here in Southern California and I just want to say thank you for taking the time to spend with us today to share some your knowledge. Thank you for being with us today.

G. Edward Griffin: Well thanks, thanks a lot. My pleasure.

Ty: Tell us Mr. Griffin about your experience, your background, what got you to where you are today?

G. Edward Griffin: I have to confess all, I guess. Well I don't know where I am today that's the hard part but I know where I came from. Yeah I'm just a guy that likes to delve into esoteric subjects and mysterious things and I like to write about them. I much rather investigate them than write about them. That's where the fun is. But anyway I've written some books on upstream topics. My favorite areas are alternative health and natural health. I get into geopolitics. I'm very interested in some pre-history geology and things like that nobody else cares about. I really became kind of a crusader at a young age and I take on mostly topics that, as mentioned, are upstream meaning that I have a point of view that is different than what is the common point of view. Conventional wisdom and not only that but these are topics that I think are extremely important. Not just to me and my family but to everybody and to the world. So I have that kind bigger picture that some people find to be strange but I can't help myself. I'm a crusader so naturally I find topics that I think need some support. So that leads me right into the field of geopolitical areas and also alternative health. So I've written books. I produced a couple of documentary films and I've done that ever since 1962 I think is when I started down that path.

Ty: Since that time you've written multiple books, two of the most popular being The Creature from Jeckyl Island about the Federal Reserve System...

G. Edward Griffin: Right.

Ty: ...and World Without Cancer.

G. Edward Griffin: Right. Those are probably the most important ones and although now they have a little age on them they continue to be very popular. We update both of those books a couple of times year. We go through a couple of printings a year and so we keep them as current as possible and in the case of the Federal Reserve book it's in it's fifth edition and I think it it's 38th printing right now so...

Ty: Wow.

G. Edward Griffin: ...it just keeps rolling along.

Ty: And World Without Cancer, you'll continually updating that as well?

G. Edward Griffin: Yes absolutely.

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Ty: Tell us about the book World Without Cancer.

G. Edward Griffin: World Without Cancer is, on the surface, it's about a specific alternative cancer therapy called Laetrile, that's its common word. It's common title. The substance itself is really called amygdalin but on the surface it appears to be about that and, in fact, it is but it's also about the bigger picture. The fact that medical establishment, in the Western World at least today, is oriented very strongly toward drug therapy and radiation of course and some very expensive procedures, which in my view and the view of the doctors and researchers that I have relied upon for my research and their view it's not the best treatment at all. So it's about the bigger picture about how the industry, the cancer industry, particularly the pharmaceutical cancer industry has dominated that field and not necessarily conscientiously but as a result of that it has certainly filtered away all of these natural approaches for cancer treatment.

So that's the real picture because it's not just that the Laetrile is the necessarily the most effective treatment. I think there are many different types of treatments that are very good but they all have one thing in common and that is that they come from nature. Now that may not seem like a big deal but when you understand how the industry works you realize that if anything comes from nature it cannot be patented. It has to be invented before you can patent it, which is why the pharmaceutical industry is not interested in anything that comes from nature. What they are interested in is to find out if something works in nature take it to the laboratory, pull it apart, look at the molecule, see if what the active ingredient is and then see if they can reassemble it and call it ours you know. Now they can patent it and that's the bigger story and I think once people understand that there's this commercial bias that's built into the industry and that bias is not just about money but it's about their lives and their health. Then it becomes a very, very important story and here comes the crusader galloping on his white horse. He's got to tell this story.

Ty: Fascinating. I want to get to Laetrile here in a few minutes. First of all you mentioned the fact that we got the pharmaceutical industry, we've got kind of industry driven by money and we've got doctors that are really smart people today, brilliant medical doctors. They're using treatments that really don't seem to work as well as some of these natural things. Why is it? Can you go back into the history of the medical association, The American Medical Association, AMA and maybe take us back 100 years and then to current day and explain why that is because I've heard you talk about this in the past and your explanation is fascinating and I want the listeners to be able to hear this.

G. Edward Griffin: Well thank you for that. It is a fascinating story. It's an important story and I suppose, we don't have time to go into all of it but maybe the best way here is to kind of back into it to start with where we are and then go back and see how we got there. Where we are today is that, just as you described, these very smart doctors, let's face it they're-very selective process there. You just don't get into med school unless you got a pretty good brain on top of your shoulders there so yeah, it's the cream of the crop. The best students go into these schools, these medical schools but they're not taught anything about natural cures. They're taught only about drugs primarily and drug

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reactions and the chemistry of this and the chemistry of that and they have to become really pharmacists in a way, they have to become chemists before they can even make it through premed. So that's not necessarily bad but it is a bias and I have come to know a lot of doctors in the last couple of decades since we've been working in this field, many doctors who came from that lair of education and who gradually and sometimes very painfully had to break away from that and go back and re-examine some of these fundamental issues. Many of them have made the transition and they speak quite openly about it now. They say, for instance, they'll say when I went to medical school we never learned anything about vitamins except we had maybe two hours of instruction on the structures of vitamins and minerals and so forth. Two hours compared to hundreds and hundreds of hours about pharmacies and chemical reactions and so forth and I remember there was one doctor he said, you my wife knows more about nutrition than I do when I came out of school. That is not surprising when you realize—now we start to go backward in time. How did that happen? The fact that these great medical teaching universities and teaching centers are so great is because they've had a lot of money given to them. Where did the money come from? Now we're on the trail. You know the old saying following the money...

Ty: Yeah follow the money.

G. Edward Griffin: ...and usually that'll take you right to it. Well if you follow the money you'll find out that most of it came from the pharmaceutical industry. The pharmaceutical industry knows that if they give large grants to these universities they have a double benefit. First of all they have the appearance of being philanthropists. You know they're doing good things and that's always—that's good for public relations. I'm not saying that they're not doing good things they probably think they are but anyway that's one advantage to giving tax exempt or tax free deductible donations to universities. The other advantage is far more important because once you have financed a research project you now have sort of a first right to whatever comes out of that research and consequently you can determine in what areas the research will go. I could assure that if I'm a big pharmaceutical company and I give a twenty million dollar grant to a research group I'm not going to be very happy if they start to research whether or not dandelions can be used in the control of cancer. I want to make sure they're going to research a drug that I am working on in the laboratories right now. That's where I want the research to go. So they realize that they can take their own research budget and transfer it to a university or some research laboratory and get a tax deduction for it knowing full well that if that's what they're researching that's where the data is going to be. So I don't need to go any further.

You can understand when the money is coming from a source, which has a vested interest in the outcome now what's going to happen is the outcome is going to be what the donor wants it to be generally. So this is the problem and that goes back even further in time to the turn of the last century when the Rockefeller group and the Carnegie group actually came together and they decided that they would reform medical education in America. At that time the quality of medical education or medical treatment was really quite low because there were no standards. There were no ways to determine who really had an understanding of science and who was quack. If you had a few bucks in your

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pocket you could send them through the mail and get a diploma in the mail and now you're doctor and you could put that up on your wall. Needless to say this is not a very good situation.

Ty: There literally were mail order doctors then?

G. Edward Griffin: There literally were.

Ty: Okay.

G. Edward Griffin: Yeah and some of them were good by the way. Interestingly enough I discovered some of them were pretty good because they were working on the basis of traditional cures. What they learned from their grandmother. What they learned from the medicine man and so forth.

Ty: I want to stop you there. Traditional cures now today we hear traditional medicine and we think drug intensive but traditional cures really are cures that go back hundreds and even thousands of years.

G. Edward Griffin: That's right.

Ty: That's interesting that you said traditional cures because today we think of traditional cures as being drug intensive cures that the modern medical industry uses but really the true definition of traditional is cures that have been used for thousands, hundreds of years.

G. Edward Griffin: Yeah I guess it's just whoever's using the word whatever they have in mind.

Ty: Right.

G. Edward Griffin: But anyway that was the case and yes there were diploma mills. The Rockefellers and the Carnegie's decided that here was an opportunity to do some apparent good that people would say well, gee they're going to reform an upgrade medical education and at the same time these groups realized that since they were heavily invested in the pharmacy, pharmaceutical industry that this would be a way of getting some of their money back in a way that could magnify or multiply their investment. They looked at as an investment not really an act of philanthropy. So they hired a guy by the name of Dr. Abraham Flexner. They wrote the famous Flexner report, I think it was 1910 if I remember correctly and Flexner did the obvious. He surveyed the state of medical education in America and said it's pretty bad. Then came up with a solution. Well the solution was to make it better. That means to hire more qualified people, to determine a very high quality curriculum, to determine what textbooks were to be used to hire top people in these research centers and so forth. All of that required money and so then the money followed from the Carnegie's and the Rockefeller's, they donated quite a bit of money to the teaching universities in America. Not all of them accepted the money. Those that accepted the money grew and actually a huge influx of finance and they grew. They were able to build buildings. Hire the best people. Get the best equipment in there and these are the ones that survived to today we consider

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them to be the great medical centers of America and that's how they got to be there in the beginning. Those that declined the money sort of fell by the wayside, they couldn't compete and most of them are out of business now.

So the result of that little piece of history is, oh by the way when they donated the money the donors would say well, now we've given you a lot of money and we know you're going to do the right thing with it but would you object if we had someone from our staff appointed to your board of directors just to make sure that our, just to see how our money is being spent. Well that was really a condition of getting the money so you know the university said well that would be fine. Anybody that you would suggest would be, I'm sure, more than adequate. So they began to load up the boards of directors of these teaching centers with people who literally were on the payroll of the donors. So once that was in place the curriculum of the universities, the teaching centers, swung completely in the direction of pharmaceutical drugs and it has remained that way ever since.

Now does that mean it's a conspiracy? No it doesn't mean that at all it just means if you follow the money this is what motivates people. I think many of us, if we're going to give money to some charity we don't want to see that money spent on something which would be competitive with our line of work, we wouldn't do it. So it can be too harsh on these people because they're just making good business decisions at least in their mind. Then you follow it through and you realize that now this whole medical field has been skewed in the direction of pharmaceutical drugs, which can be patented and produce great profits for the producers and then the next step is that means that anything coming from nature is excluded and that's where we think, some of us think, that most of the promise lies in these very complex substances found in herbs and plants and trees and things like that, seeds. Some of us feel like it is was probably meant to be that way. So you come out of all of this analysis and all of this history with the realization that the medical profession is really like a lap dog of the pharmaceutical industry. Most of the doctors have no idea that that's the case. They don't understand this history.

Ty: That is a good way to put it. I have not heard it put that way before. A lap dog of the pharmaceutical industry. That explains my next question. My question was going to be why is that medical doctors today are so heavily biased towards drugs and not nutrition? You just explained it.

G. Edward Griffin: That's it yeah.

Ty: It's not because they're dumb people. They're brilliant people. Most doctors have a brain much larger than mine. They're very smart people but they have not been taught the nutritional protocols.

G. Edward Griffin: It's as simple as that yeah.

Ty: Even a genius can't teach you something that he or she doesn't know.

G. Edward Griffin: That's right.

Ty: Talk about nutritional protocols for cancer. You had mentioned World Without Cancer and you've mentioned nutrition. Talk about the Hunza Indians. I remember reading about the Hunza Indians and I remember hearing you talk about cancer being a nutritional deficiency could you expound on that.

G. Edward Griffin: Yeah this is the big question. You have to be careful you don't get too deeply into the details without establishing some big assumptions. So let's back up to the basic assumption, which is the answer to the question. What is cancer? Believe it or not after all of these years and all these billions of dollars that have been spent on a so called war against cancer...those in the highest levels of this war they still do not agree as what cancer is. It's amazing to me. They got these theories about well it's a gene or it's maybe it's a deficiency, maybe it's something array, there's a receptor here and, you know, they get into all these high falutinig, very complex technicalities that the average person can not understand and frankly some of the technicians don't understand.

Ty: How can you declare a war on something that you don't know what it is?

G. Edward Griffin: You don't even know what it is. Yes. Well I'm not saying that I'm smarter than anybody else but I am going to say that when I talked to the doctors and the researchers who advocate alternative therapies, there answer is as to what cancer is made a lot of sense to me. Much more sense than anything that you would get from the other side, form the so called orthodox field. These men and women believe that, well let me start off with the traditional view and now we have to rephrase that world traditional. The present orthodox view is that cancer is a lump or a bump. That's the cancer. That's the assumption. Now if that is true then to get rid of cancer all you have to do is get rid of the lump or the bump and hence we have surgery. Well that gets rid of the lump or the bump or we have chemotherapy, which poisons the lump or the bump if we got rid of it or we have radiation, which burns it and got rid of it and you undergo these three therapies and to get rid of the lump or the bump the doctor will it looks like we got it all. That famous line, we got it all. But did they? No the statistics show that in most cases it comes back. They didn't get it all because that was never the cancer in the first place.

If you're a farmer and see all these little black spots on your corn leaves and you think, well those are black spots. That's the diseases and you get scissors out and you cut all the black spots away, well you say we got it all right, no you didn't because that wasn't the disease. What caused those black spots is still present and so the same thing these men believe, the alternative doctors believe. They are more concerned with what caused the lump or the bump. So they start looking at the body as a whole and they believe, therefore, that cancer is not caused by something. It is caused by the lack of something. Whole different perspective. The lack of something, a breakdown in the body's normal ability to remain healthy. They believe that cancer is really a natural process. It's related to the healing process and it's over simplification you might say that cancer is nothing but healing gone array.

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If I were to scratch my hand now, just then with that thumbnail I've probably scraped, oh I don't know hundreds of cells. Right now already my body is responding to that and is sending signals out, chemical signals and electrical signals and a lot of electricity in the body and it's triggering the mechanism to start growing new cells. This is natural. This is the healing process. When those cells are finally replaced they will send signals out and the body says aha that's enough stop now but now if the signals are not working right because of the chemical imbalance or some toxic intervention of some kind, the signals are not working right. Now it doesn't say stop healing. So it just continues to heal and heal and over heal and finally we have that famous lump or bump and we ah, it's cancer. No that's a symptom of the cancer. The cancer is why didn't the signals work? There's something wrong with the signaling mechanism. That's sort of the difference between the orthodox view and the alternative doctors view of what cancer is.

So the orthodox physicians are always looking for ways to reinforce the body's defenses. They know there's something wrong. The body broke down. The body failed. It's not...it wasn't because of bacterium or a virus or something attacked the body and then it grew the cancer. It's the body itself was unable to do it's normal job. So the search then becomes what is that break down? Well, now we get to the really interesting part of the saga. There are a lot of things that can break down that could result in...a cancerous growth. A lot of things. Almost anything as a matter of fact. The cellular maintenance of healing is a very complex substance. I know just a little bit about it and even what I know is just mind boggling as how complex and beautiful it all works. So you don't know really quite where to start. Most of these physicians will start everywhere. They'll say let's do a blood test and see what your panel looks like. If you're deficient in this let's build it up. If you have too much of that, especially if it's something toxic like radioactive particles in your body, let's get rid of that and so forth to get you back to what they think is a healthy state and then the search then is for something else. Maybe you're missing something from the outside.

Those who follow the Laetrile theory and it's a theory, very well proven I think but still it's a theory. They recognize that there are two factors that need to be focused upon. There's the intrinsic factor and the extrinsic factor. Meaning intrinsic from the inside and extrinsic something from the outside. The easiest one to look at, I don't how deeply you want to go into this but the easiest one to look at is the extrinsic factor. Meaning something you eat. Something you take in from the outside. It doesn't come from inside the body. You have to put it into your body. Food in other words. Now we're into this thing called nutrition...an extrinsic factor. Well what is that? They have found that there is a substance in nature, again, can't be patented it's in nature, it's in about 1,400 edible plants, it's ubiquitous. It's everywhere...except on the plates of modern man because it has a bitter taste to it. If you have choice, you know if you're not just living in a primitive society and you can chose what foods you want you normally don't chose bitter.

Ty: We like sweet.

G. Edward Griffin: We like sweet and that is the beginning of the problem or least the answer to the question why does modern man have cancer and

primitive man does not? There's a part of the answer. Well anyway, this substance is called amygdalin. It's well known. It's been in the pharmacopeia for almost a hundred years. I think it was first isolated and described in Germany and it's been used for medicinal purposes for a long, long time. Amygdalin is a substance that is bitter and it's found in grasses and in seeds primarily. They have found that in those cultures, those places in the world, where the diet, the native diet is rich in amygdalin foods. The cancer rate is very low if not zero and you compare the diet to...the same food or you compare that diet to the diet of the people in modern societies where cancer rates are high and you find there's practically no amygdalin at all. It's just a complete...it's an eye opener. What are those cultures? Well Hunza's I think you mentioned a moment ago are probably the best known, little kingdom up in Northwest Pakistan and it's a very idealic place I'm told. Story Shangri-La, they say was actually written based upon Hunza as the model. Everybody knows the story of Shangri-La. Well Hunza's pretty much like that. It's very remote. If you risk your life getting into it and I always thought I wanted to go visit Hunza after I read about it until some photographs of these deep ravines that you have to walk across on a rope bridge and it's about a mile and a half straight down, go along the cliffs like this, you know, I said no I think I'll just read about it.

Ty: I'll read about it. Yeah.

G. Edward Griffin: But anyway that is really the way it was. I guess they have a road in now. The people in Hunza never had cancer but afterwards when come out of Hunza and they go into other countries and they start eating the same foods that those people it they come down with cancer like everyone else. In Hunza, at least in the beginning when all this research was done, there was not such thing as money. It's kind of a primitive society and a man's wealth was measured by the number of apricot trees he owns and people eat apricot seeds there, a little sweeter than the ones in California but still loaded with amygdalin and they eat them like candy. It was like a delicacy there. Well there's just on example. There are other cultures, the bilcabamba's, the Navajo and Hopi Indians, the aboriginal Eskimos, all of those cultures have zero or very low cancer rates and if you look at the native diet in every case their foods are at least 200 times if not more rich in amygdalin than anything that you would find in a major city or even on the countryside...in our western world. So that's a clue. So then the next question is well what is this thing amygdalin? How does it work? It's very simple. Amygdalin is a molecule that has four components in it locked together. There are two components of sugar or glucose. There's one component of cyanide and there's the word that scares people, we'll come back to that in a minute and one component of benzaldehyde. Now people say why cyanide, you want to take cyanide to treat cancer?

Ty: Right.

G. Edward Griffin: The answer is yes of course. Well doesn't cyanide kill you? Well yes if it's real pure, gaseous cyanide, if it's pure cyanide yes. When it's in a molecule with other components it's not cyanide. It's something else. It's like vitamin B12. It's called cyanocobalamin. We would be dead if we didn't have cyanide in our bodies in that form. In cyanocobalamin it's not cyanide it's cyanocobalamin. It's a molecule that's made up of one of the components being

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cyanide. Well there's a big difference between free cyanide, which is gaseous or when it's locked with other components or elements...

Ty: Sure.

G. Edward Griffin: ...so that's the key to understanding why we're not worried about cyanide being part of the molecule. The real question is well what is it that would release cyanide? By the way benzaldehyde is toxic too. Most people don't know that and the two together are even more toxic than two times each so it's—if you release the cyanide and the benzaldehyde you've released a very toxic component so you have to be very careful about that. The next question is what releases it? I'm glad you're sitting down for this, I think you already know this but I hope everybody watching this is sitting down because the thing that releases the cyanide and the benzaldehyde is an enzyme called Beta-glucosidase. Beta-glucosidase. It's an enzyme. Where is that found? In cancer cells and only in cancer cells.

Ty: Wow.

G. Edward Griffin: It's a beautiful mechanism of nature that could not have been accidental if the bodies natural method of controlling overgrowth, over healing because once you get one cell that is an over healing cell it contains this unlocking enzyme as we call it. The unlocking enzyme comes in contact with amygdalin if you are eating food with amygdalin...

Ty: That's the big if isn't it...

G. Edward Griffin: That's the big if yeah...

Ty: ...you have to eat it.

G. Edward Griffin: ...if you're not eating food with amygdalin in it then it doesn't work but if you are eating, it doesn't take much, just a little bit, and if you are eating it and it's in your blood stream, it comes in contact with that overgrowth cell, the overgrowth cell releases the toxic components and commits hara-kiri and you don't even know that anything happened. You come to the conclusion that everybody has cancer all the time but it's continually being controlled and eliminated by a natural mechanism of the body. It's nothing to worry about. It's part of nature. It's part of the healing process. Only time you need to worry about it is if you've messed up your body in some way then you've not given it the fuel. You haven't given it the components it needs to do it's job. So that's the big difference between the alternative view of cancer and the orthodox view of cancer.

Ty: Now let me ask you this Mr. Griffin. So we've got this huge epidemic of cancer, especially here in the United States. It's all over the world. It's a pandemic but here especially. A lot of the reason you're saying is because potentially our diets are deficient in simple nutrient. This amygdalin. I've also heard it called vitamin B17 and I've also seen a lot of warnings on the Internet, it's funny that mention the cyanide. If you look for B17 on the Internet you get the warnings watch out it's cyanide

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it'll kill you but you just mentioned vitamin B12 contains a molecule of cyanide as well but it's bound to other molecules so it's not really cyanide.

G. Edward Griffin: With no warnings on B12. Why is that?

Ty: That was my question. Why is there no warnings on B12?

G. Edward Griffin: Because you'd be laughed off the Internet if you did that that's why.

Ty: But we have the warnings against B17.

G. Edward Griffin: Yeah, yeah.

Ty: Why do you think that is?

G. Edward Griffin: Well I don't know I have to think about motive. I suppose mostly it's just ignorance. Most people who are putting those warnings up probably don't know about what I just said. They really believe that oh, yeah there's cyanide in there and so we need to warn people. Maybe some of them are putting it up there for legal protection, just in case somebody wants to sue them. Maybe their attorney's have advised it. I don't know. The third possibility is that maybe somebody from the pharmaceutical industry says look we need a campaign to discourage people from exploring this nutritional approach so they'll come to us for our expensive chemotherapy drugs. It could be any one of those three.

Ty: Okay. I have a question for you. You said that this enzyme Beta-glucosidase unlocks the molecules. Once it unlocks the molecules and it kills that cancerous site why doesn't it kill the rest of the body?

G. Edward Griffin: Well, it's a good question. I'm not sure I can answer the why. All I know is that the laboratory results show that it does not. In fact it becomes a nutrient for normal cells. It does not negatively affect them all. It's sort of like vitamin B12 in a way. In fact you mentioned vitamin B17 was another name for it. That was a name given to it my Dr. Ernst T. Krebs, Jr. who was the co-discover of this and he thought it should be named B17 because it has a lot of characteristics of the other B vitamins and there are 16 of them identified and officially recognized, he thought this should be 17. Never has been officially recognized but the point is that it's similar to other B vitamins. So when this breaks down it acts like a vitamin in normal tissue.

Ty: I'm friends with a man in Michigan that actually used vitamin B17, Laetrile, amygdalin, whatever you want to call it for his cancer. He was given a terminal cancer sentence. He used it and he said not only did it kill his cancer but it got rid of all his pain. So what you said about it being used as a natural painkiller, helping the normal cells, that's a real life experience that I'm familiar with.

G. Edward Griffin: Yes and I'm glad you brought that up because let's face it, Laetrile doesn't work in all cancer patients. Mainly because when people turn to

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alternative therapy, they usually have been through the mill. They've tried everything else. They've had their chemotherapy, their radiation or surgery and most of them have been told by their doctors well, there's nothing more we can do for you. You better go home and get your affairs in order. You may have two or three more weeks to live. At that point somebody says well why don't you try Laetrile. Some family member or well wisher and so forth and most of them, of course, say no, no I just want to die, it's my time to die but some people say okay I'll try anything at that stage. Now they go onto Laetrile therapy, I mean the fact that anybody would survive at that point is pretty rare the truth is that about 15% of them do whereas if they didn't go onto Laetrile there's no chance for them. But 15% is not a very good rate but it's only because they're practically dead at that point anyway. There's not much you can do there. Now if you take these patients with cancer and they start taking Laetrile as a first alternative, the first choice, now the numbers switch around and 85% will make it and only 15% will lose the battle. So it just depends on how far the cancer has progressed when you start into that mode.

Ty: So really what you're saying is that Laetrile is really good as a preventative. You add it to your diet and then down the road you've got this nutrient that is doing this reaction in your body you don't even know what's happened.

G. Edward Griffin: That's exactly the way you should look at it. Cancer is a breakdown of the natural mechanism. It's not a disease. It's not something to be treated. It's a breakdown of the natural mechanism. You got to find out what that natural mechanism is and support it and then you never have to worry about treating it. Now it can be treated of course but it's much better not to have to deal with clinical cancer in the first place. Now the reason I brought that up before is because you talked about pain. They found that cancer patients even if they can't be saved because they've gone too far down the road, their pain goes away and they don't need all the morphine and the heavy sedation that is typical. So at least a person can pass in dignity.

Ty: Yeah.

G. Edward Griffin: I think that is of great value too.

Ty: It is. It is. Talk about the California report of 1953. I've heard you—I've read some of your writings about the California report and it's a very interesting topic.

G. Edward Griffin: It is and it's a clear example of the degree to which, I guess there's no other word, but fraud. The degree to which fraud, deliberate, conscience fraud can be injected into what we would normally think is a scientific process. Early in the days of development of Laetrile there were stories circulating that people were getting well. They were being treated and they're coming back from the edge of the grave and so forth. So naturally the pharmaceutical industry wanted to put an end to this and so they set up a deal where they wanted to have it tested. The idea is okay, none of this discussion about people getting saved, none of these little stories, let's do a scientific test. Not everybody was in favor of that except they insisted that only those who were

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opponents of Laetrile do the tests and nobody else could do the tests you see. It had to be the oncologists and the people on the staff of the pharmaceutical industry and so forth. Well anyway to make a long story short and it is a long story, the California branch of the AMA, California Medical Association was given the task of doing a test on Laetrile and the people who were in charge of this were all in the cancer industry.

The two men, as I remember the names correctly that wrote the analysis of the report were Drs. McDonald and Garland I think and...McDonald I think was a surgeon and Garland I think was a radiologist or maybe it was the other way around but there was a surgeon and a radiologist and the other members of the panel were all in similar positions. Most of them were radiologists interestingly enough I think. So anyway they all had kind of a vested interest in not finding something that would interfere with their businesses you see. So there was sort of a bias built in. Anyway they did this very fine scientific study using mice and so forth. They spent a lot of money and they produced the report and McDonald and Garland announced that there was no evidence whatsoever that Laetrile had any affect whatsoever in the control of cancer. So that was all anybody needed to hear. There was something was done by the California Medical Association and two fine upstanding doctors. Well these doctors...just to give you an idea of how fine and...scientifically astute they were. These were the guys, both of them said that there was no connection at all between cigarette smoking and lung cancer.

Ty: Same doctors?

G. Edward Griffin: Same doctors yeah before they got involved in this report. They had already been bought and paid for by the tobacco industry of course. In fact I think it was McDonald that even made this fantastic quote a pack a day keeps cancer away.

Ty: I've seen the newspapers ads that they used to run.

G. Edward Griffin: Yeah.

Ty: That had that exact quote. That was from him?

G. Edward Griffin: That was from him. He was one of the guys. Incidentally he died in bed some years later in a fire started by his cigarette in bed.

Ty: Wow.

G. Edward Griffin: Burned him up. I mean I'm sorry to see anybody die especially from fire but I thought it was there a certain irony to that.

Ty: Poetic justice.

G. Edward Griffin: Poetic justice or something and the other died of cancer of the lung. They were both heavy smokers. So anyway that gives you a little idea of the scientific expertise of these guys. Well as far as most doctors are concerned if they see a report from the California Medical Association and it's

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accepted by the teaching institutions there's no question that-that is-that science right there is authentic.

Ty: That's gospel truth.

G. Edward Griffin: That is gospel truth. Well it was accepted as gospel truth for quite a while and then we got a hold of a copy of the full report. I've forgotten how we did it but we did and it was big thick report. All anybody ever read was that cover page where McDonald and Farland, no McFarland and Garland, I'll get it straight. Sounds like a comedy routine.

Ty: Who's on first?

G. Edward Griffin: Who's on first yeah. Anyway all anybody ever saw was that little summary that they wrote and it turns out that these guys never used Laetrile themselves. They were just sort of analyzing the laboratory results of the study and this was their summary. Well when you go back and read the actual pages of the report the summary was a lie. An absolute lie.

Ty: Kind of like the cliff notes being incorrect.

G. Edward Griffin: The cliff notes were incorrect.

Ty: Okay.

G. Edward Griffin: Nobody ever went back to look at—there was plenty of evidence in the laboratory work that it did retard the growth of cancer in spite of the fact that there was a high question about the quality of the Laetrile they were using. In fact it was pretty obvious that they did not have a good quality Laetrile. It was also obvious they were using lower dosages than was being used in the clinics and in spite of those two handicaps the laboratory results were reporting case after case after case where these mice were recovering from cancer. Right in the body of the report and yet the summary was there was absolutely no evidence that, you know, etcetera, etcetera. This was sort of the flagship of what had been repeated many times since then. Slone Kettering report did pretty much the same thing. It goes on and on and on and once people realize that not only is there just ineptitude or bias in the cancer industry, bias against natural therapy but also deliberate fraud. Now we're dealing with a different animal. Because when you consider the number of people who die from cancer this amounts to genocide.

Ty: I would have to agree. If they are lying about the information that is causing people to follow these protocols that end up in their death, that is genocide.

G. Edward Griffin: It's murder.

Ty: Wow. You mentioned in that description there, you mentioned the term control the cancer and it stuck with me. Correct me if I'm incorrect but you mentioned the fact that cancer is a normal process in the body. So you really wouldn't cure cancer. You would control it.

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G. Edward Griffin: Yeah you would control it. Yes.

Ty: I like the term. So we're not really looking for a cure for cancer we're looking for a control of a natural bodily process that has gone out of control.

G. Edward Griffin: Yes. We're looking for prevention really. If you can maintain a healthy body you're not going to get cancer. Now that's not so easy to maintain a healthy body even though know what you should do because increasingly we live in an environment where there's all kinds of toxic things that cause the body to go into healing mode. If you remember a moment ago I said we kind of look at cancer as a over healing process so, therefore, anything that would cause the body to need to heal is the initiation of the cancer process if we don't have these controls in place. So that is why, you take a look at a group of people like the Seventh Day Adventist who generally don't smoke and they have no lung cancer or very little of it but their rate of cancer is the same as everyone else. It just happened somewhere else. If they have this deficiency of whatever it is, Laetrile or other things we haven't even talked about but there are other things too, well then the cancer's going to happen somewhere. So it just happens wherever there's a healing process going on and if you're a smoker that happens to be the lungs. If you live under a high tension wire you might be getting-having your genetic code fried and your chromosomes getting all twisted out of shape...

Ty: Right.

G. Edward Griffin: ...electromagnetic stimulation. If you're drinking...beverages with all kinds of toxic additives to it maybe you're poisoning your digestive tract and you kidney and your and so forth. That all triggers the healing process. Now if you're deficient in what the body needs to fight back you're going to get cancer wherever the healing process is going on.

Ty: I would like to find out from you what you would recommend as far as maybe the top five or six foods that would contain Laetrile because after hearing this I want to make sure we're eating foods that contain Laetrile. Where would we find them in a typical grocery store or can you find them in a grocery store?

G. Edward Griffin: Oh yeah. They're there. In fact we published, our little company published a book some years ago called The Little Cyanide Cookbook. Had a lot of fun.

Ty: I like the name.

G. Edward Griffin: Yeah. We were afraid a lot of ladies might want the book for other reasons.

Ty: I would buy the book just cause of the ingenious title.

G. Edward Griffin: Yeah. It is all about how to cook delicious meals with foods that contain natural sources of cyanide in this vitamin B17 format or amygdalin

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format. So if anybody wants to know the complete list we've got the list there in the back of that book called The Little Cyanide Cookbook. But getting past that and if you want to go down grocery store today...it's hard to find foods that are really rich in that because people don't buy them. They don't want them. The best source, easiest source is an apple seed. Get apples and if you chew those seeds, your grandmother might have said don't chew those seeds it's poisonous...

Ty: Poison.

G. Edward Griffin: ...yeah poisonous. Well it's not poisonous. It's got amygdalin in it. That's what makes it so bitter. So if your eating apple seeds and really chew it up you'll get that bitter taste and now you know what amygdalin tastes like. That's one good source. Apricot seeds are very good and you can find those in some health food stores or you can go on the Internet. There are companies that sell them on the Internet, apricot seeds. The California seeds are the most bitter meaning they have the most amygdalin in them but they also import them from Turkey and they're a little sweeter but you have to eat more of them to get the same amount. So those are two good sources. Peach seeds. Plum seeds. If you can crack these hard shells open and get those little seeds out. Almonds no. Now it used to be that all almonds were very rich in amygdalin but they are very bitter.

Ty: Right. The bitter almond tree.

G. Edward Griffin: The bitter almond tree was the almond tree that at one time 80 or 90 years ago that's all there was. Some farmer found a tree in his pasture that, hey this isn't bitter. This is sweet and everybody started grafting onto the twigs from that tree and now you can drive through mid-California orchards and you can drive for miles and miles and miles and thousands of these almond trees about this far off the ground you can see where the color and the texture of the bark changes. They've all been grafted. So all almonds today are grafted trees. They're not natural. So that's sort of a symbol of what's been going on in the modern world. We're getting rid of all the bitter stuff. Lima beans. Not my favorite bean even today but I understand that at one time they were very bitter. They had amygdalin in them but they've been hybridized out. Lima beans have a very low amount of amygdalin in them today. So through this process, you know, we've been killing ourselves by getting rid of that natural flavor. So anyway, to answer your question I would say you want to have a steady source or a reliable source would be apricot seeds and apple seeds.

Ty: So eat the seeds.

G. Edward Griffin: Eat the seeds. No a caution, you can eat too much cause you'll get sick.

Ty: Okay.

G. Edward Griffin: So I think there's natural law there. How many apricot seeds would you eat if you're also eating the whole apricot? Well, what six, seven, how many apricots can you eat? You know six maybe, that's a lot. Maybe seven.

Perfectly safe but now somebody might say gee if six or seven are good maybe twenty or thirty are even better. I wouldn't do that because I know that you can get an overdose and you get nauseous and get dizzy and it's not good for you.

Ty: Good rule of thumb then is don't eat more than you would eat the actual fruit.

G. Edward Griffin: Exactly.

Ty: Okay. I like that.

G. Edward Griffin: At one time.

Ty: Okay at one sitting.

G. Edward Griffin: Yeah.

Ty: Mr. Griffin tells us a little bit about the role that pancreatic enzymes might play in prevention and/or treatment of cancer.

G. Edward Griffin: Very important. Thanks for asking that. A moment ago I said there were two factors the extrinsic factor and intrinsic factor and we've talking about the extrinsic factor so far, the food that comes in from outside but there are certain things that are generated within the body that are very, very important. One of those happens to be the pancreatic enzymes. You got digestive enzymes that have a special mission of digesting meat protein. Why is that important? It's a fascinating story. They had known for a long time that the, let me back up a little bit by saying one of the questions that puzzled scientists for a long time is why doesn't the immune system attack cancer cells? If you're working the assumption that cancer is something that's foreign to the body, which is not our assumption of course, our assumption is that cancer is natural to the body that's gone array but the orthodox view of cancer is something foreign to the body. It's not suppose to be there. Why doesn't the immune system attack it and destroy it? The answer is that cancer cells have a protein coating around them. Protein coating. That has a negative electrostatic charge.

It's amazing the more I learn about how much electricity plays a role inside the body. I used to think it was all chemistry. Well chemistry is basically electricity. Little balances, you see the pluses and minuses on the chart and so forth. It's all electricity or the chemistry doesn't work. Anyway this protein coating around the cancer cell, one of its unique qualities has a negative electrostatic charge. Well the immune cells, the lymphocytes, leukocytes, monocytes, all these white blood cells that are suppose to attack the foreign invaders, they have a negative electrostatic charge also. Well everyone knows that common polarity is repel each other so the cancer cell is well protected against the white blood cell and I believe the reason is because the cancer cell is not foreign to the body. It's part of the natural protectants. Hey, I'm a friend not a foe. Even though I'm out of whack I'm still a friend you know. So now if you are eating foods that have a lot of meat protein in them you're probably going to use most if not all of that digestive enzyme produced by your pancreas to digest the meat. That's what it's meant to do.

Ty: Yeah makes sense.

G. Edward Griffin: There's very little left over, if anything left over to do anything else. If your diet is low in meat protein and if your pancreas is normal functioning okay, you should have plenty of digestive enzymes to take care of the meat and still be plenty in the blood stream. Now when these digestive enzyme come to the cancer cell they say ah, protein, meat and they will actually digest away that coating. Now the underlying cancer cell is exposed and it has a positive electrostatic charge. Now here come the white blood cells and they do literally attack the cancer cell once it's been stripped of its electrical protection. So all of the physicians that I have ever met that are following this alternative therapy, this concept, one of the things they focus on is making sure that the patient changes the diet to either eliminate meat all together or make sure it's very, very low. A lot of people don't understand that. They think well what is it just some kind of vegetarian nut. We have to eat vegetables too and to along with it. Well yeah you do. If you want to have the full mechanism working in your favor you definitely, at least if you have clinical cancer, you definitely want to make sure that whatever your pancreas is producing in the way of these digestive enzymes is completely available to do that job.

Ty: That would explain then why many physicians part of their protocol to treat cancer add pancreatic enzymes to the protocol.

G. Edward Griffin: Exactly. That's exactly it.

Ty: Okay. Tell us a little bit about your website reality zone and what people might be able to find there.

G. Edward Griffin: Well Reality Zone is our commercial site where we sell the books and recordings on topics such as this and you'll find everything that we're talking about there. It's Reality Zone.com and we have a section for health. You'll find my book plus a lot of other books and audio recordings and video recordings on this topic. So that's Reality Zone.com.

Ty: Well Mr. Griffin I really appreciate you taking the time to spend with us today. Sharing just a tad of your knowledge cause I can tell you have a lot more but it's been very beneficial to me and I know that the people that are viewing this show have benefited as well. Thank you so much.

G. Edward Griffin: Well thank you. My pleasure.

Interview 11



Bill Henderson

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Ty: Well, this afternoon we have the privilege of having Bill Henderson with us. Bill is the author of several books on cancer and actually coaches people to help to treat their cancer. So, Bill, first of all, I just want to thank you for spending the time with us this afternoon.

Bill: Thank you, Ty, for inviting me, and really I am delighted to be here.

Ty: Can you give us a little bit of your background? What got you into this field?

Bill: Yeah, well, it started about 23 or 4 years ago, my late wife developed ovarian cancer and she went through really four years straight of conventional treatment. And, during that time, this was the early '90s, I looked all over the place for alternatives, for things that might be options that she could try and I could not find anything. I went to the library and there were books on cancer, but there was nothing really that I could find that would help her. And, she just wasted away at the chemotherapy and the several surgeries, and it was horrible. She died in '94.

Ty: Sorry to hear that.

Bill: And, the doctors put on her death certificate heart failure as the cause of her death, and she had had cancer for four years at the time. So, it led me to believe that the cancer statistics are not very believable, frankly. But, what it inspired me to do later, in '98 or so when I started discovering the Internet and how much information even then—this was 16 years ago—was there on the Internet about natural cancer healing. And, I said, "Wow, if I can help people avoid her fate, maybe I should try that." And, I said, "Okay." And, I started a process, published the first book in 2000.

Ty: What was the name of your first book?

Bill: The name, the first book was called Cure Your Cancer. I discovered somewhat later that that is really not a very good concept, simply because you cannot cure cancer, there is no way. We will talk about that later if you like, but the cancer cure is never going to happen. Cancer is us. Everyday we have cancer cells in our bodies, all of us that have no cancer diagnosis. And, I finally learned that and I decided, well, what you want to help people do is get cancer under control. That is the concept. Get this cancer under control. It has gotten out of control in your body, temporarily. And, it is not that difficult as it turns out.

Ty: So, control the cancer is a better term.

Bill: Absolutely, yeah, absolutely. It is much better.

Ty: Because, you mentioned just now that we all produce cancer cells every day.

Bill: Every single day, yeah, probably hundreds of thousands. Nobody know the count, millions it could be. But, think about it. We have 75 trillion cells in our body, and about 300 billion of those divide every single day. The cancer cells

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are a very, very small portion of that, and if it is like 3/10,000 of 1% of cancer cells, of those dividing cells, that is a million cells every day. Well, it could easily be that many, and the body takes care of these. The immune system with 130 different types of immune cells and about 14 trillion of them approximately is about 20% of our cells, it is taking care of these things that are non-self cells. Cancer cells just basically get controlled by the immune system until it cannot do it anymore, and then we get a cancer diagnosis, because the cells have exceeded our immune system's ability to handle them and they form something, usually a tumor. Ninety percent of the time, it is some kind of swelling in an organ somewhere. The other 10%, it is not a tumor, it is melanoma on the skin or it is lymphoma, leukemia. But, it is all the same thing in my experience, and I think you agree, cancer is cancer. It is all the same thing, it is an imbalance in our bodies where the immune system has been overwhelmed temporarily. We can restore that almost entirely with almost any kind of cancer. But, we have to be aware of what this is in order to deal with it.

And, unfortunately, the medical system does not teach us that. It teaches us that this is some kind of enemy that has invaded our body. It is the medical model of cancer the doctors are trained in, as you know. It is simply that this enemy has to be attacked with all of the armament at their disposal, poison it with chemotherapy, burn it with radiation, cut it out of your body and dispose of parts of your body to get rid of this enemy. Well, that is completely ridiculous, okay. And, the entire medical treatment system of cancer is based on that model of what cancer is. What is it? Well, I will tell you what I believe, see if you agree. I think cancer is simply a symptom of an imbalance. It is sort of like diabetes, fibromyalgia, arthritis. It is a chronic, degenerative condition in our body caused by an imbalance. And, that imbalance, once you understand that that is what it is, you realize that this is not random, something randomly that happened to you. It has happened for a reason. Something has gone wrong in your body that has caused this cancer tumor to appear, or in whatever other form. And, once you correct that reason, the cause of the imbalance, it goes away. The body is very capable of shrinking cancer tumors.

There has been an interesting study done I read about where thousands of people who died of something other than cancer had autopsies done, and what they found was in the thyroid gland of every single person were microscopic cancer tumors. They died of something else, heart disease or something. And, cancer is us. It occurs every day in our bodies, and we probably, you and I, have had microscopic cancer tumors in our bodies that the body has taken care of. Once it grows out of control, where the body cannot handle it, the body gets pretty smart. It has a backup system, okay. It says, "My immune system didn't handle it. I need to control these malignant cells that are creating in excess." And, it creates a tumor. Well, a tumor is just tissue surrounding malignant cancer cells to keep them from spreading elsewhere. That is what the body is doing. It is a very smart mechanism.

Ty: So, the tumor may be a protective type mechanism.

Bill: It, yeah, I feel it is, and of course, it is not perfectly protective against the rest of the cancer spreading throughout your body, and it will eventually metastasize elsewhere. But, the body is attempting to control it.

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The medical system, among other things, looks at the tumor as the enemy, and in order to identify this enemy and cover the behinds, if you will pardon the expression, of the doctors involved, they poke holes in the tumor. It is called a biopsy, and they take with a needle some example of what is inside the tumor and have it analyzed in the lab. And, if it comes out malignant, well, certainly, our diagnosis was correct. You have cancer, and on Monday, three days from now, we need to start chemotherapy on your body if you are ever going to survive this. And, most people are so emotionally upset and in fear with this diagnosis called cancer, that they accept what the doctors say and they have no real time or effort to explore their own options at that point. So, if the person has not studied this before they get the cancer, in most cases they are going to submit to the doctors' treatment. And, in my opinion, 95% of deaths attributed to cancer, approximately, are caused by the treatment of the cancer. And, once people understand this, it may be too late. It is possible to pass a point of no return in the treatment of cancer, as you know. I mean, most cases we can help people recover, but if they go on too long with this kind of damaging treatment to their body's immune system.

What makes no sense at all to me, is that they are trying to treat something, which is caused by an immune system that was too weak to handle it, they are treating it with something that further damages the immune system. Every single thing doctors do...

Ty: That is a common thread.

Bill: ...chemotherapy, all types...damages the immune system. Radiation damages cells beyond those that are cancerous, weakens your immune system, causes other cancers, it is carcinogenic. Even surgery is very, very stressing on our immune system, and it causes a very difficult recovery in a body that is already weak, with an immune system that has been overwhelmed.

Ty: Let me ask you this. Could a biopsy spread the cancer?

Bill: Absolutely, yeah. They estimate, well, surgery and biopsy both involve, of course, disturbing this tumor that has been formed by the body to try and seal off the cancer cells from the rest of the body. Well, you are damaging the integrity of this thing with the biopsy. You are poking holes in it, and you get what is called needle tracking. Needle tracking just simply means the malignant cells inside the tumor have been released and they travel elsewhere where they might not have otherwise. So, I try to encourage people to avoid biopsies if they can. But, by the time I get to them, usually, they have already had it done and/or the surgery. And, even the statistics gathered by the American Cancer Society and some of the surgeons involved, the surgical organizations, admit that about 50% of the time surgery causes the cancer to spread elsewhere.

Ty: Bill, you mentioned fear. So, can you talk about the role that fear plays in the cancer equation?

Bill: Oh, yeah. Well, what is important for people to understand about cancer is that it is a response to something that has happened to our bodies. One of the things, of course, is emotional upset, as you know. Emotions of all

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kinds affect our bodies in a way that is quite harmful, simply because one of the things it produces physically in our body is something called cortisol. Cortisol is a hormone. The brain signals the endocrine system to produce it when we are under stress. When it is produced, it causes acidity in our body. So, in any kind of emotional upset, stress, whatever, it is producing acidity, which is conducive to cancer. Cancer loves an acid state in our body's fluid. The other thing it does, of course, is weaken our immune system. So, any reaction like that, panic or fear, is causing an emotion that is harmful to our health.

Ty: So, Bill, if you have an oncologist that tells his or her patient that you have got terminal cancer, you are going to be dead in six months. That creates, I can see that creating a response that would be then more detrimental. The patient would be in worse shape then than before they had heard that diagnosis, because of the emotional reaction.

Bill: Yeah, it is very well-proven that not only does this program the brain literally to listen to this god, this doctor that we all worship from toddlerhood on as the person that has the answers when we are sick. And, he has just given you a death sentence. Well, this programs your mind, this guy must be correct and your mind controls your body in major ways. The other thing, of course, that those kind of things cause is a continuing emotional problem, where the person literally is trying to live out the six months they have been given to live in, but they are living in an atmosphere of fear. And, it is extremely damaging to have those kind of death notices, I call them, the terminal notice that somehow you are not going to survive. This is very, very vicious. It should be criminal, but it is not, unfortunately. The doctors basically, as I understand it, with those kind of prognoses are trying to cover their behinds, basically, that is all. I mean, if the person dies within two or three months and they have not anticipated it, they could be sued by the family. So, they give you a death notice. If you do not die, well, they are okay. If you do, they have covered themselves.

Ty: And, you mentioned the immune system, Bill. What role does the immune system play in preventing cancer, and/or treating cancer, and can you go into certain ways that you have uncovered in your research that you can make the immune system work the way it is supposed to?

Bill: Oh, absolutely. The immune system is a function in our body that is responsive to almost everything we do to our bodies, what we eat, drink, the kind of exercise we get, what we think, our thoughts, our beliefs, etc. All of these affect our immune system, and we can make this as strong as possible by doing, among other things, what we recommend in our book. There are about seven items in our regimen that we recommend. One of them is directly related to strengthening the immune system and taking something called beta-glucan, and that is quite effective for that. But, it is, the whole idea is to re-energize the system that has been overwhelmed by the cancer, that there is no person who has cancer who does not have a weak immune system. My friend, Mike Adams, you probably know Mike and natural news. He wrote an article and said, "You know, doctors use a term that was more descriptive to describe cancer and not as emotional, we'd probably be more likely to do sensible things about it." And, he said, "Cancer should be called SISD." What the heck is that? Well, he said, "*Sluggish immune system disease is what they call it, SISD.*"

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Ty: I like that.

Bill: Yeah, well, I do, too, because, obviously, you are not going to think that putting poison in your veins is going to help a sluggish immune system disease. I do not even like the term disease, Ty. I like the term reaction. Cancer is really a reaction of your body to whatever has happened to it. And, whatever those things are, they have challenged your immune system. And, one of them is stress that you mentioned. There are two others. One is fairly obvious, which is what we put in our mouth. Obviously, that affects our whole immune system. Smoking, drinking to excess, which most of us do not do, but just diet, just eating and drinking. What we normally do as part of the standard American diet, the old SAD, is pretty bad. I mean, it really challenges our immune system. But, the thing that most people do not even think about that I found is so common is dental toxins, okay. What is coming out of our jaw for most people, from the dental work we have had done, generally, root canals, cavitation sizes, they are called, where you have had wisdom teeth or other teeth removed, mercury amalgam fillings, metal that the dentists put in our mouth. All of this stuff affects our system dramatically, because our jaw is intimately connected, and every tooth in our mouth intimately connected to organs in our body through the old Chinese meridian system, if you will.

For example, on each side of the jaw, there are two molars, upper and lower, that are directly connected to the mammary glands in both men and women. I mean, men get breast cancer, too. But, these are probably the most common cause of all breast cancers, simply because they are directly connected to a gland that brings on the breast cancer. And, when they are dealt with, what I have found, literally thousands of my clients, once that type of thing is cleared up, the cancer disappears, it goes away. And, these are mostly people, again, they are coming to me, Ty, so kind of as a last resort in many cases. They have been through chemo and surgery and whatever and it has not worked, and the cancer has recurred. And, they start doing something more sensible, generally, they do a diet change, they talk supplements and what have you that we recommend. That does not seem to work either in most cases. This cancer is still there. They feel better, they get more energy, they lose some weight, but they do not get over the cancer. They finally get their jaw cleaned up by some competent dentist, and the cancer goes away. Six, eight weeks later it is gone, and this is hundreds of people I have worked with now, Ty, hundreds all over the world, literally.

Ty: So, that is a fundamental part of the protocol that you put people on once they have been diagnosed is to clean up their mouth, get...

Bill: Absolutely.

Ty: ...the mercury out of their mouth. Because, the silver amalgams are not really silver, they are mercury.

Bill: That is right.

Ty: And, also, what do you recommend if somebody has had a root canal?

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Bill: Well, again, it is the most deadly thing you can have in your body, practically. One of the dentists I work with calls them, calls it taxidermy of the jaw. What it is is taking a tooth that cannot be filled with a cavity, because the cavity would invade the center portion, the nerve of the tooth and make it incredibly painful.

Ty: **Okay, so you take a tooth that cannot be filled.**

Bill: Right. Instead, they take the center portion out, which is the nerve and the pulp surrounding the nerve, and in the process they have a dead piece of bone in your jaw, basically. There is no circulation through it. The bacteria in it cannot be eliminated, and the doctor tries to do this, the dentist tries to sterilize the tooth. It is impossible to do, because there are millions of what they call little tubules inside the dentin. The dentin is inside the enamel of the tooth, and it has these tubules in it that are all connected with little connecting tunnels. And, it is impossible to sterilize it completely, and so the bacteria in the tooth remain there, and they mutate because of the lack of oxygen into anaerobic bacteria, which are extremely toxic. I have heard they are a thousand times more toxic than any other bacteria. They put out toxins that are more toxic than botulism, literally.

Ty: **And, these are sealed into a tooth that has been root canaled.**

Bill: Yeah, and the root canal, the idea, the name is a little misleading, because the root canal is what goes down through the tooth into the roots of the tooth. So, what you get is a filling put into that area where they have taken out the nerve and the pulp. And, it is kind of a rubbery substance called gutta percha in most cases. But, it does not seal off this millions of little tubules, unfortunately, like it is supposed to. And, this was discovered over a hundred years ago, and very well-documented that the anaerobic bacteria that accumulate there cause all kinds of chronic degenerative stuff, heart disease, cancer, rheumatoid arthritis, proven beyond any doubt. But, this study which was completed in 1923, believe it or not, after 60 prominent dentists tried to figure out how to do a safe root canal, and they threw up their hands and published this 1174 pages of their study of root canals. And, found that they could not be done safely. And, now, almost 100 years later, they are still done the same way.

Ty: **Isn't that the definition of insanity?**

Bill: Well, it is, yes, indeed it is. And, why would it be done? Well, if you calculate the income of the endodontist, this is the specialist in root canal, it comes to several billion dollars a year, doing approximately 30 million root canals each year in the United States. This is a very big money-making exercise, and believe it or not, the dentists are in denial about this. Their union, which is the American Dental Association, is in denial about it, as they are about mercury. And, so people listen to their dentist down the street. "Don't worry about those root canals, Alice, they're okay. You must have some problem originating somewhere else." When in almost every case, 95% of the time, the primary cause of the cancer in my experience is coming out of their jaw.

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Ty: I have heard that statistic from other people, that upwards of 90% of cancers are related to some issue in the mouth. So, what would you recommend, Bill, if somebody is listening to this, they have a root canal tooth. What do you recommend for that person that is now, it is too late to not get the root canal.

Bill: Yeah. Well, it is an interesting question, because so few dentists are competent to fix this problem. The reason, of course, is that not only is this an extraction, it is a surgical procedure to clean up the infected bone. The ligament surrounding the tooth is always 400% more infected apparently than the root canal tooth itself. So, the average dentist will, if you insist, will pull the tooth out with the root canal fill space in it, but they will not clean up the socket correctly. And, this is the major problem with root canals. They have to be removed by a competent dentist who has trained himself or herself after dental school to do this correctly. And, these are the people that I try to refer people to every day. Very few of them in the United States. Out of 160,000 dentists in the American Dental Association, there are less than 50 that I would trust to clean up my jaw.

Ty: Wow.

Bill: And, that is in 50 states. There are 30 states where I do not any dentist that I would refer people to. Some states like California and Texas have several.

Ty: So, the cleanup, who does the cleanup is as important as getting the cleanup done.

Bill: Absolutely. And, you have to get a competent dentist. And, these are the dentists who have learned this from other dentists or doctors or somebody. The physiological interrelationship that is intimate between your teeth and your organs in your body. And, I try to educate people about, you need to look at a diagram of this, because there are lots of them. There are some on the Internet that are kind of interesting. They are an interactive chart that comes up on the computer, and it shows you all of your 32 teeth, and you just click on one of them with the mouse and you can see which organs that tooth is connected to. It is a very educational process, because all of our organs are directly connected to teeth. It can actually be a two-way street, they have found. You can have an infected organ, affected tooth, but in almost every case, it is the other way around. It is the tooth that is affecting the organ. And, if you do not fix the jaw, you do not get over the cancer, unfortunately.

Ty: So, that is a primary ingredient in the protocol that you put people on, because in your book—now this is the second book that you wrote, is called what?

Bill: Well, it was called Cancer Free, and it came out first in 2004 and ten years later we are on the fourth edition.

Ty: Great book, by the way. I have read it. Fantastic book.

Bill: Well, thank you. I appreciate it. Yeah, I have got a co-author now, Dr. Carlos Garcia, who is a formally trained M.D., and he and I are soul brothers.

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We believe the same things about cancer and what causes it and how people get over it. And, he has a clinic in Florida that he helps people heal cancer. But, he says they heal themselves, and I believe that. Doctors can kick start your healing process for cancer, they cannot heal it for you. You have to heal it yourself, and he is well aware of that. So, yeah, we both help people in different ways. I have found that most people can heal themselves without going to a clinic. You may agree, but, in most cases, the cancer can be reversed if you understand the causes and how to reverse those, you can usually get it under control. And, you usually have plenty of time, and this is why the doctors' death sentences are so misleading. Because, most cases, you have at least six months to two years minimum to treat cancer. And, it does not matter how advanced it is. I have had people stage four given up on completely by their doctors, people in hospice, and they recover.

Ty: Oh, I, yeah, I have seen on your website, I have seen the dozens and dozens and hundreds of people that you have worked with, that you have helped to control their cancer.

Bill: Yeah, it is amazing how almost anyone can recover, if they get the information. I feel cancer deaths, and what are there, eight million a year in the world, something like that, they are all caused by lack of information, Ty, lack of information. And, now days, no real excuse for that, because it is there.

Ty: Well, that is what you are doing, you are providing information for people with, through your books...

Bill: I try to do the best...

Ty: ...through your website and your newsletters. I firmly believe that my mother and father may still be alive if they had had the information that you share on your website. So, I admire what you are doing. Let me ask you this. If somebody came to you and they probably have, because you do coach cancer patients. If somebody came to you and said, "Bill, I have terminal pancreatic cancer. My doctor just told me I have terminal pancreatic cancer and that there is no treatment, because conventional treatments don't work for pancreatic cancer. What should I do, Bill?" What would you tell them? And, based on your responses thus far, I do not mean to cut you off, I know it would be clean up your mouth.

Bill: Well, sure.

Ty: And, then, what would you tell them from there?

Bill: Yeah, it would obviously be focusing on the cause, but at the same time, radically changing their dietary, daily regimen, taking supplements that are necessary and desirable.

Ty: You would put them on the Bill Henderson protocol, I am guessing.

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Bill: Yeah, initially, and with pancreatic cancer, it is pretty aggressive. It is pretty difficult to reverse. They may want to try even more than our regular regimen, if they feel that they are that far along.

Ty: **What is your regular regimen that you could put somebody on?**

Bill: Well, it consists basically of about five supplements. The immune boosting product I mentioned, the beta-glucan, Vitamin D3, something that stops the spread of cancer, which is called Heart Plus and green tea extract, a vitamin-mineral substance, which is very effective, and something called Barley Power, which is a barley product, which is very, very helpful as well.

Ty: **You put it in a smoothie?**

Bill: Like eating a bunch of vegetables. Well, it comes in a capsule. Veggie cap, you can take it that way, or you can take the powder out if you like. But, then, of course, the diet, which we recommend on cottage cheese/flax seed oil mixture, which is extremely helpful for rebuilding your health cells...

Ty: **And, that was, the cottage cheese and flax seed is called the...**

Bill: Well, the Budwig, Budwig diet. It is a major part of that. It is the only part that we feel is essentially of her diet. It was a more complex diet, but there has been a lot of research done since Dr. Budwig discovered this wonderful mixture of cottage cheese and flax seed oil, which is still unique as far as I know.

Ty: **What is the science behind the flax oil with the cottage cheese?**

Bill: Yeah, the flax seed oil, of course, contains a high proportion of Omega 3 essential fatty acid, which is, our cells are very deficient in it, because we do not eat anything that has Omega 3 in it. We eat a lot of Omega 6 and so on, and we get this imbalance in our cell membranes, which need essential fatty acids to operate efficiently. Well, what she found was that this sulphureted protein, which is the cottage cheese, when mixed with the oil, it loses its dairy properties, the casein, the lactose go away, but what it results in is a carrier, which takes the oil directly to the cell membrane and the cell nucleus really. And, reforms your healthy cells, it gets them communicating more efficiently. Well, the whole process of cancer, in my opinion, is a breakdown of communication among your cells. It is cellular malfunction, basically, if you want to look at it that way. And, this is restoring your normal cells, but then at the same time, it is attracting oxygen to the cancer cells, which they cannot stand. Oxygen is like murder to cancer cells. They need glucose really to survive. It is a fermenting cell, as you know. So, the oxygen attracted to the cancer cells kills them off. Well, I do not know anything in the world that does those two things.

Ty: **Because cancer cells are anaerobic, they do not, they produce energy without oxygen is what I have been getting from doctor after doctor, researcher after researcher throughout this series.**

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Bill: Absolutely. So, if you get something that attracts oxygen to them, and they say, "Oops, we can't survive in this environment. We're out of here." I do not know anything in the world, I would certainly recommend it, that does those two functions. It is a unique substance, and everyone can mix it their own kitchen. There are even things you can take on a tour, where you are travelling, that are in a powder form or a capsule form now that emulate this mixture. So, there is no excuse for not doing it every day, and believe me, it has helped thousands of people I have worked with, about 5,000 who I have coached personally, approximately, to heal themselves. Nobody can claim 100%, I certainly do not. I do not even have statistics on how many of these people complied and got over it and so on. About all I have is what you mentioned, lots of stories from people, of healing themselves this way from virtually every kind of cancer. And, it becomes very, very convincing.

The statistics are pretty difficult to accumulate, as you can imagine. It is hard, because, how do you determine the compliance of someone with a regimen that you recommend, that you are, are they taking the pills every day? Are they being very disciplined about their diet, about everything that goes in their mouth? Are they really paying enough attention to the causes? Are they getting, can they afford to have their dental work taken care of, cleaned up. It tends to be pretty expensive for most people. They do not have dental insurance, so that is a difficult process for many, many people with cancer. And, they may get education they need, but they may not be able to afford to do what they have to do. So, it is hard. But, a high proportion of people seem to recover if they follow this regimen and particularly paying attention to the causes.

Ty: Yeah, that is what I have read. I have read testimony after testimony from your website, and people just, they love you, and they rave about your protocol, because it works. And, we, the cottage cheese and flax oil, that is, it is actually yummy. We, it tastes good. We put it, we will put blueberries in it, and maybe a little bit of stevia to sweeten it, and it almost tastes like a homemade cheesecake, if you mix it right. So, it is really a good tasting food.

Bill: Yeah, you need to probably experiment around a little bit first, but most people say, "*Yuck, you know, I don't want to eat that stuff.*"

Ty: Right.

Bill: But, once they experiment enough to make it palatable, it is the healthiest you can put in your mouth, honestly, really. I have eaten it every day for 13 years and I am only going to be 83 here shortly.

Ty: 83? You are doing great.

Bill: I attribute a lot of it to cottage cheese and flax seed oil.

Ty: And, so you practice what you preach.

Bill: Yeah, absolutely.

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Ty: Right. And, I know that you are consistent with what you tell people, and there is something to be said for that. I know people in the health industry that are somewhat hypocrites. They will practice something different than they tell, and I know you are not that way.

Bill: No, no, no.

Ty: And, that is one of the many things I appreciate about you.

Bill: Thank you.

Ty: It is your consistency.

Bill: Well, yeah, and I, I am delighted to meet the people as we are doing during this conference here, who have really come from far away. A lady from Dubai in the Middle East is here, and a lady from Vietnam, and another gentleman from Chile.

Ty: Yeah, I think I met the man from Chile.

Bill: Yeah, interesting...

Ty: Encouraging.

Bill: These are, they are just wonderful people who have healed themselves and they are caring enough that they want to pass on this information to other people. And, believe me, I tell them it is the most fulfilling thing you can do with your life, as you know.

Ty: It is, it is.

Bill: There is nothing better that I know of.

Ty: Yeah, and that is the real purpose of this investigative mini-series that we are doing as well. It is just to help more people learn that they do have options, that the cancer does not have to be a death sentence, that there are options to the big three.

Bill: Yeah, if we can just satisfy this information shortage that people have, and the opposite extreme, which of course, is information overload. There is way too much information available now, try and sift through all of that and, that is why we have tried to simplify it as much as we can.

Ty: That is why your books are so valuable, because you have taken that information that is out there, that is overwhelming, quite honestly, with somebody that is, that faces a cancer diagnosis. And, you have simplified it and put it all into one book.

Bill: Yeah, and it is not really that difficult. Cancer is frightening simply because of the media and all of the doctors and so on who pass on this terrible vision of cancer as something that is incredibly difficult to overcome. It is not, as

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you know. It is relatively simple, if and when you capture it in time and do the right things and concentrate on the causes.

Ty: And, if you correct. You mentioned earlier that it is a result of an underlying imbalance.

Bill: Absolutely.

Ty: So, if you correct that imbalance, then the symptom, which is the cancer, goes away.

Bill: Yeah, the body is very capable of handling cancer, and if you give it the support it needs, it is going to take care of it, really, no matter where it is. The metastasized cancer the doctors tend to give up on, because none of the treatments they use will spread throughout the body and kill the cancer wherever it is. It kind of concentrates on a particular shrinking of a particular tumor or something. But, the body is capable of handling cancer, and once you understand that, you say, "Okay, I'm going to give it all the help it needs," you are on the way to healing yourself, really. The attitude, you have discovered this, I am sure. The attitude that people have, to me, is quite evident when I talk to them. It involves understanding that they are in charge of their own healthcare. Once they reach that point, they are halfway home. And, the other part, of course, is a commitment to a regimen that they believe in 100%, because they have studied it enough, they have done the research themselves. And, part of that regimen, of course, is pursuing the cause. Why did this happen to me, and what can I do about that to reverse the thing. It is about that simple, really.

Ty: Tell us about the four A's for conquering cancer.

Bill: Yeah, we say there are four A's. Well, the first one, of course, is your essentials. The first one is attitude that I mentioned. It has to be very, very well-defined. And, you got to basically say, "I'm in charge here." The second one is an advocate. We recommend you get somebody to help you if you have cancer. It may or not be a spouse. A spouse may not agree with you, but if not, it needs to be somebody that you are really close to, and you can have humorous episodes with, who can accompany you to the doctor, who can help you jot down things you need to recall. If you have cancer, you tend to get pretty emotional and you may not understand what the doctors are saying, or the naturopathic doctor, whoever you are talking to. So, an advocate is a very helpful person and they should provide you or help you with the proper questions to ask any doctor that you are seeing, a naturopathic doctor or a chiropractor or even a conventional doctor.

The third, and we call it assistance, which is basically seeking out the right medical professional. Unfortunately, your normal family doctor and, of course, the cancer doctors are not going to help you with the cancer healing. They are going to do pretty much the opposite. They are going to, whatever they do is going to cause you to get worse. So, you need to seek out assistance from someone. It may be someone like me or you, Ty, that can coach people so that they can heal themselves. If it is a medical professional and you need to look around, okay. And, we give you, in this book we give you some online

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directories, about ten of them, of holistic physicians that can help you heal yourself, basically. And, they deal with the person, not the disease. These are not cancer doctors, they are holistic physicians, we call them, and their purpose is to help you heal yourself.

Ty: Heal the whole body.

Bill: Sure. And, number four of the A's, is action. Cancer is not stabilized normally. It is a process that is going on in your body. And, the cancer cells are going to continue to divide and to become more prolific, and to spread and cause metastasis, which is the only thing that kills cancer patients generally, is spreading to more vital organs. So, action, you need to do something. You do not have to be concerned about acting too quickly, but you need to lay out a good game plan, we call it. Something that says, "Okay, I'm going to do the research for the next few weeks. I'm going to get smart enough to where I can develop a procedure for myself that I believe in. And, then I'm going to set up some kind of a fork in the road date, okay. I'm going to use something, some test like we recommend in the book, to determine my progress. And, at some point, I'm going to set up a calendar date that I'm comfortable with, three, four, five months, whatever it is in the future." I might select five months, but if you are not as confident as I am, maybe three months.

And, you say, "At this point, I am going to decide. Is what I'm doing working?" which is the only question you need answered. You need to answer that question with tests of some kind. Is what I am doing working, and if not, try something else, okay. Do not give up on any options, and keep open in your mind the fact that there are at least 400 different ways I know of that people have healed themselves, that do not involve invasive chemo, radiation, surgery, that are natural healing, that are non-toxic and very gentle in most cases. They are not all where you can do them coincident with each other. Some of them you have to avoid if you are doing the other one. So, there are certain complexities like that. But, in most cases, there are many, many things beyond what we recommend in here, if it does not work. It does work for most people, and we encourage people to at least try it, three months, four months, whatever you are comfortable with. And, then, let's decide, and if, and I do coaching for people, as you know. And, one of the things I try to do with them is monitor their recovery enough to where if it is not working, we try some other things. There are lots of others, as you know.

Ty: Well, Bill, your books are a wealth of information. Your website is a wealth of information and you are a wealth of information. And, I really appreciate you spending the time with us today, for us to pick your brain, and to share this vital information with our audience. So, thank you so much, Bill.

Bill Thank you, Ty, and God bless you for doing this kind of work, because this word needs to get out as much as possible to people. They need to understand that they can heal themselves, and we will help them. If they give us a chance, we will help them.

Ty: Thank you, Bill.

Interview 12



Dr. Linda Isaacs, MD

Lecturer and Author
www.LindaIsaacsMD.com

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Ty: I am here today in New York City. And it is my privilege to interview Dr. Linda Isaacs. Thank you so much for being with us doctor.

Dr. Linda Isaacs: It is a real pleasure being here. Thank you.

Ty: So tell our listeners, our viewers, a little bit about yourself; how you got into the medical field.

Dr. Linda Isaacs: Well, I started off mainly interested in science and math. And I went to college thinking I was going to be an engineer. But what I found was that engineering was not as interesting as I thought it would be. Meanwhile, my older sister is a physician. And I worked in a lab where she was working for a couple of summers in my early years in college. I found that much more interesting. So I took a college level biology class and from there I got interested in biochemistry and eventually applied to medical school. So that is how I got into the medical field. Now I would have thought, I was expecting to be just a general internist more or less mainstream physician so to speak. And I actually have the training. I am board certified in internal medicine. But I had always had some openness to the concept of alternatives that are out there. And partly because of my mother, she had always been interested in nutrition. And it turns out in talking to her and just in the last few years that her grandmother was the local herbal medicine person in her corner of West Virginia.

Ty: Oh really?

Dr. Linda Isaacs: Yes. So perhaps an interest in alternative and less mainstream approaches goes way back in my family, who knows? But when I was in medical school when I was doing my internal medicine rotation was when I met Nick Gonzales who is one of the other folks you are interviewing for your series and who is a doctor that I work with now. So I learned about the research he was doing and that got me interested in pursuing this line of work myself.

Ty: Now how long have you been working with Dr. Gonzalez here?

Dr. Linda Isaacs: Well, one way or another we have been working together since nineteen eighty-five. In terms of this particular office space we have been in here for a little over twenty years.

Ty: Wow. Now this documentary miniseries that we are doing is really focused on cancer, of course.

Dr. Linda Isaacs: Yes.

Ty: So just go back—let me go back to a basic question: what is cancer?

Dr. Linda Isaacs: Cancer is a condition where some cells in the body are no longer responding to the signals that tell them when to quit. In other words, most cells that have a purpose for developing, they develop to a certain point and then they stop. Cancer cells keep reproducing. So they keep growing and they can spread to other places. That is what is called a metastasis. So cancer cells

have escaped the normal controls for regulation and how big a bunch of cells is supposed to become.

Ty: So what might be some of the reasons that these cells have lost their regulatory mechanism, I guess for lack of a better way to put it?

Dr. Linda Isaacs: Well hmm, that is a huge question, actually. That is the sort of thing that molecular biologists could give you an answer that could go on for hours. And I am not—most people including myself probably could not understand more words than—one word in ten out of it. But what we believe is that cancer cells actually originate from cells that are there for a reason, to provide replacement cells for the body, stem cells as they are called. And that some of those stem cells come—they are no longer regulated because the body is not making enough of the thing that keeps the regulated which is pancreatic enzymes. The underpinnings, the background, of what we are—the approach that we take and that theory actually is more than a hundred years old. It comes from the work of a Dr. John Beard who noticed the similarities between what is called the trophoblast, the early stages of the placenta, and cancer cells. Now trophoblast cells have a purpose in the body. They are part of the embryo that creates a new human being.

And cells similar to that trophoblast have a purpose in our body that create the replacement cells for instance, our skin, our intestinal tract replaces itself quite rapidly and we need that to happen. But if those cells are no longer under the regulatory control then they can turn into a cancer like a skin cancer or a colon cancer. What we think is that the regulation is really pancreatic enzymes. So if for whatever reason a person is not making enough of those enzymes to keep the stem cells under control you can wind up with a cancer.

Ty: Now here—here is a question that I am not sure if you are prepared to answer or not. And if you are not we will just cut it. But it deals with HCG. That is something I read about HCG, the pancreatic enzymes, and something that happens in the placenta at eight weeks.

Dr. Linda Isaacs: Yes.

Ty: So Dr. Isaacs, I have read something in the literature about the relationship between HCG and the placenta and then something that happens around two months or eight weeks in the pregnancy. Can you—do you know what I am talking about? Can you expand on that?

Dr. Linda Isaacs: Well, HCG is something that is made by the trophoblast, the early stage of a placenta. And the reason it is made is that it stimulates progesterone to be made by the body to help maintain the pregnancy. So HCG, though, is very specific to trophoblast types of cells. And what happens at around either weeks with the trophoblast is that there comes a point that the early stages of the trophoblast, the goal is to invade into the uterus, to create that solid attachment. But if it kept going like that indefinitely it would eat through the uterus and kill the mother. And that is no good for either the mother or the baby. So there is a point at which the trophoblast stops working its way in and becomes a more mature organ but not penetrating more deeply into the uterus,

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just kind of maturing, so to speak. That happens at around fifty-seven days which if my math has not deserted me here in the moment is roughly the eight week period you are talking about.

Now so HCG is something that is specifically made by the trophoblast and it picks up so that progesterone can continue to be made. So some people have looked to see whether HCG is present in various cancer cells and actually it is in a wide variety of different cancer cells. It is not something that you would predict if you are not taking into account the trophoblast as the origin of cancer.

Ty: Now is it also at about that same time—doesn't—isn't it at that time that the trophoblast, the placenta, begins to produce its own pancreatic enzymes? Does that happen about the same time?

Dr. Linda Isaacs: It is when the baby starts making pancreatic enzymes. In other words, the growing fetus which is by this time differentiated from the placenta. The placenta is eventually going to be sloughed off and not part of the finished product, so to speak. So when the baby starts making pancreatic enzymes is when the trophoblast changes its character.

Ty: I see.

Dr. Linda Isaacs: And one of the big questions, of course, is why does a baby need to make pancreatic enzymes. And this happens very early in development. Nature tends to be pretty conservative. In other words, the lungs are not ready to go until the last month or two because the baby is not breathing. But here the baby is making pancreatic enzymes and yet in classic physiology we are taught that pancreatic enzymes are only good for digesting food. But here the baby is making them really two months into the development. But it would make all kinds of sense if the purpose for those pancreatic enzymes was to control the growth of the trophoblast. Because again, uncontrolled growth is no good for the baby and no good for the mother because it would kill the mother.

Ty: So then based on that presupposition or that deduction from the given facts, it seems only logical that the treatment that you and Dr. Gonzales are currently using, the pancreatic enzymes, which was based on the work of Dr. Beard and then Dr. Kelly, that is why it might work. That might be the mechanism by which it works.

Dr. Linda Isaacs: That is what we think, yes.

Ty: Talk about the work of Dr. Kelly. We have already interviewed Dr. Gonzales a little bit about it but talk about the work of Dr. Kelly and how that has impacted your career.

Dr. Linda Isaacs: Well, when I met Nick Gonzales he was investigating Dr. Kelly's work. And so much of what I would have to say is in effect taken second hand. I mean, I met Dr. Kelly myself. But much of Nick's work was done before I actually came on the scene, so to speak. But on the other hand I could say that the data that Nick was collecting was part of what got me convinced that this is the direction I needed to go because it was compelling data and there was

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nobody else but Nick and me to follow up on this. Dr. Kelly was an orthodontist by training. And he got into cancer treatment because he himself got very, very ill with what was almost certainly pancreatic cancer.

Now this was in the early sixties so there were no CAT scans and the only way to make a biopsy was to do an operation. And so many times pancreatic cancer was diagnosed by autopsy in that day and age because there was no reason to take somebody to the operating room to prove an academic point when everyone could tell that they were sick and on their way to death. So Dr. Kelly had lost enormous amounts of weight. His report had a mass sticking out of his abdomen. And his doctor said looks like pancreatic cancer. And he had four young children. He had a lot of reasons to live. He was actually in his late thirties, early forties, something like that. So he was very motivated to try to figure something out. Apparently the first thing that happened was his mother came to visit and threw out all his junk food because he had—he was a dentist, an orthodontist. He knew all about nutrition he just was not doing it.

She threw out all his junk food and he stabilized but still was not doing too well. Then he added on pancreatic enzymes in an effort to help his digestive problems because like many patients with pancreatic cancer he was having enormous difficulty just digesting his food, a lot of gas, et cetera. So he took large amounts of pancreatic enzymes. And then he started taking them in between his meals and found that the character of the tumor seemed to be changing. So based on that he did a little investigating and found out about the work of Dr. Beard. But he noticed a change in the tumor sticking out of his abdomen when he himself started taking large doses of pancreatic enzymes. So the pieces of his treatment program came together bit by bit. He found that as he took more and more enzymes he started to feel bad. And he discovered that coffee enemas could help him feel better. So the idea there is that the enzymes as they do their work create waste materials the coffee enemas help get rid of those.

And what happened was that bit by bit with good quality food, with the pancreatic enzymes, and with the coffee enemas he got better. Because he got better that meant that people, word of mouth being what it is, there was no internet back then but people still heard and people started coming to him. So bit by bit his practice changed from people who wanted their teeth straightened to people who wanted their cancer straightened out. And he collected more and more cases of people that should have been dead that were still alive and doing well after many, many years. That is when Nick came on the scene and started doing the research to collect the data to try to move forward in terms of documenting this particular approach.

Ty: Now the numbers that I have read, and we interviewed Dr. Gonzalez, he said he personally looked through I think ten thousand cases.

Dr. Linda Isaacs: Right.

Ty: But the numbers I read is that in total Dr. Kelly had in excess of thirty thousand documented cases of different types of cancers. And it

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was an excess of a ninety percent, I think, five year survival rate with those thirty thousand plus cases. That—that is pretty amazing.

Dr. Linda Isaacs: That is. I cannot really comment on the accuracy of those statistics. But he certainly had enormous numbers of patients who were doing well when they should have been gone.

Ty: Right. One of the stories that Dr. Gonzalez told us was about a woman with pancreatic cancer that is now alive thirty-two years out from diagnosis.

Dr. Linda Isaacs: That is correct, yes.

Ty: Now that is something that if it had happened with conventional medicine it would have been on every newspaper, every TV show, but nobody has heard about it. So that leads me to this next question. In nineteen seventy-one President declared a war on cancer.

Dr. Linda Isaacs: Yes.

Ty: Are we winning the war on cancer?

Dr. Linda Isaacs: I think cancer is definitely holding its own on this war. I mean, I am an orthodox trained physician so I do not want to totally discount what progress has been made. And what I would say, though, is that people smoke less is a huge blow in the war against cancer but it has got nothing to do with its treatment. It has to do with people changing their habits. And I think that colonoscopy for example, I would definitely encourage everyone to get that because it can find early stage colon cancer and it can remove polyps that can turn into colon cancer. There has been progress made in childhood leukemia, for example, or testicular cancer. There are a number of cancers that the war has had some effect. But for the major killers of adults which would be lung cancer, colon cancer once it is metastatic, breast cancer once it is metastatic, prostate cancer once it is metastatic, pancreatic cancer, really have not gotten much of anywhere I am afraid.

Ty: One of the staples in your protocol to treat cancer is nutrition.

Dr. Linda Isaacs: Correct, yes.

Ty: Can you talk about the importance of nutrition in treating cancer? Why does it play such a big role?

Dr. Linda Isaacs: Well, part of the issue with the work that we do is that as patients take the pancreatic enzymes and the enzymes work on the body you need the body to be as strong as possible to handle that whole process because a lot of waste materials are formed. And if you are eating in effect a lot of things that need to be processed and gotten rid of like pesticide residues or sprays or waxes or chemicals, those sorts of things, we think that that just puts an extra load on the body to process and deal with that kind of thing. So you need good quality food to be able to have the energy to fight the cancer and to get rid of the

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waste materials as the enzymes work on cancer. And certainly I think that nutritional issues can have a big part of why people get cancer in the first place. So it does not make sense to think that an illness created by a lifestyle can be managed without modifying that lifestyle. In other words why would you want to go back to the same lifestyle that got you to where you did not want to be? You need to make some changes and diet has a big part to do with it.

Ty: I love that. I love the quote about why would you want to go back to that lifestyle. If you have got a disease that is caused by these lifestyle issues do not go back to where you came from. It reminds me of a recent communication that I had from a cancer patient that had changed the diet, had done all these things and then went back and ended up—this was an email from a relative that the cancer patient had died. And it was—it is really sad to see that they had successfully reverted the cancer, cured the cancer, whatever you want to call it, the cancer, they were not being affected in a negative way from the cancer. And then they went back to their old eating habits, went back to their old lifestyle habits, and the cancer came back. And that is a common thread that I have seen over my years of research and I am guessing that that is a common thread that you have seen as well.

Dr. Linda Isaacs: Unfortunately yes but as much as I can I try to focus on the patients that do follow through because those are—that is how you can see what is possible. All I can do is give people the tools; they have to choose to pick them up and keep using them.

Ty: Kind of like the difference in—biblically speaking, between knowledge and wisdom. [laughter] Knowledge is knowing it but not necessarily applying it. Wisdom is when you apply it.

Dr. Linda Isaacs: Right, right.

Ty: So we want to be wise with this knowledge that we are obtaining on cancer and apply it to our lives.

Dr. Linda Isaacs: Exactly.

Ty: Yes. So Dr. Isaacs in, I guess, September this last year we both had the privilege of speaking at a conference in Atlanta. And I was able to speak to a patient of yours that is a pancreatic cancer survivor of thirteen years.

Dr. Linda Isaacs: That is right.

Ty: Can you talk a little bit about her? I will mention her name, Sarah Cooper, and talk about the treatment protocol that you have used with Sarah to be out thirteen years with pancreatic cancer which is supposed to be a death sentence.

Dr. Linda Isaacs: Right. Well, she was originally diagnosed in the fall of two thousand. She had been having some digestive issues and then she started

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losing a lot of weight. And she was not trying to lose weight. So she lost the weight. She was having these digestive issues. And she went to see her primary care physician whom I have to give a lot of credit to for instantly doing a CAT scan. Now the symptoms for pancreatic cancer can be kind of vague, in other words, digestive problems. A lot of people have digestive problems and most of them do not have pancreatic cancer. But when you add in weight loss that becomes the signal that it is time to do a scan. And her doctor jumped on it. And she was found to have a mass in the pancreas.

So a few months later, it took a little time, I think people were telling her she should get surgery and that is what they were advocating but she was not too keen on that idea. So eventually she did, though, get a needle biopsy which showed that she had a poorly differentiated adenocarcinoma which is another way of saying it was really bad news. And there are different types of pancreatic cancer so just to be absolutely sure the hospital sent the slides on to an expert at the Mayo Clinic who also looked at them and said yes, this is pancreatic cancer. It is the adenocarcinoma, the nasty kind. So they once again suggested that she really should have surgery. But she had done her research. She is a very smart woman. And she had checked into how well surgery works for pancreatic cancer.

Now surgery can be curative. But even when they think they can cure it, in other words when they do all the scans there is no evidence of spread in terms of CAT scans and the like, and they go in and they do the surgery it is a big procedure. Some people die from the procedure itself. And only twenty-five percent of the people that have that operation are in fact cured by it. The other seventy-five percent wind up having a recurrence. So Sarah's gut feeling was this is not a good idea. She did not want to have the surgery. And so she wound up actually applying for a clinical trial that we were engaged in at that time. She was told that she was ineligible for it because oddly enough she could have surgery. And so they felt very strongly that she could have the surgery so therefore she could not be in the trial which was only for people who could not have surgery.

Ty: I think I follow that "illogic"...

Dr. Linda Isaacs: Now her feeling on that was that she was choosing not to get the surgery so why then was she different than other people that could not have it for whatever technical reason. But regardless that was their decision, a strange decision, but that was done. So she wound up going on our program off the protocol, so to speak. And what she was advised to do then, the nuts and bolts of the program for her, large doses of pancreatic enzymes, some other supplements that are designed to help support the body as she fought against the cancer, and a diet. In her case it predominantly vegetarian although it does include eggs and fish, some dairy products. And the coffee enemas, other detoxification routines. So that is the program that she was on which she has implemented over the last thirteen years now.

Ty: Quite an impressive lady, too, by the way.

Dr. Linda Isaacs: Yes she really is.

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Ty: Let me ask you this, Dr. Isaacs, what would you recommend to people that are watching this that do not have cancer that are wondering what can I do to lessen my chances, to prevent cancer? What are good basic steps that a medical doctor like yourself would give to try to prevent cancer? Because if I were diagnosed, let me tell you, I would be calling you and Dr. Gonzalez.

Dr. Linda Isaacs: Yes.

Ty: But I do not want to be diagnosed. And people that are watching this, if they do not have cancer they do not want to be diagnosed. How can we prevent it?

Dr. Linda Isaacs: Well, a few very basic things would be do not smoke. One would like to think that would be obvious but there are still people out there that are smoking. So if you smoke stop, no matter what it is that you are smoking whether it be tobacco or something else, stop smoking it. Secondly I do recommend colonoscopy like I said earlier. It can get rid of the polyps that are early stage. The thirdly, eat a healthy diet. What do I mean by healthy? I mean whole grains, organic food, unprocessed food, freshly prepared food, raw food as much as you can. Beyond that I really cannot be too specific because we believe that different people need different things. So there are some people that thrive on a more vegetarian diet and there are other people we think actually do need some red meat in their diet. Most people with the exception of sugar which we all like and none of us should eat, most people are pretty much attracted to the foods that are good for them, I believe.

And so usually when I see someone who would fit into our meat eater model, the people with things like melanoma, leukemia, those types of illnesses, when I tell them that they can eat red meat they are so happy. If I had to eat the diet that I was giving them I would probably feel sick because I cannot eat that much red meat and feel well. But that is not my metabolism. I need something different. So I think vegetable juice I think is good for everyone. I they think that having that on a daily basis is very helpful. And beyond that it would start to be different for different people so that is about as extensive as I can get.

Ty: No, I appreciate that. But what I am hearing you say is that it is an individualized approach but there are some basic guidelines. Like one thing I did not hear you mention is eating processed foods. So you are not recommending anybody go out and increase their uptake of processed foods that have a shelf life of eight billion years, whatever it is.

Dr. Linda Isaacs: That is correct. And I would certainly say to avoid the unpronounceable ingredients.

Ty: Yes, I cannot remember who it was that I was interviewing but he said that if there are more than five ingredients that you cannot pronounce in this list of ingredients do not buy it.

Dr. Linda Isaacs: Right.

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Ty: Because he said even he as a medical doctor, he understands what they mean, some of them he still does not know what they mean. [laughter] So a layperson you do not want to buy things that you do not know what you are eating.

Dr. Linda Isaacs: Exactly, yes.

Ty: Now concerning Sarah Cooper, one of your patients, pancreatic cancer patient, that is thirteen years out, conventionally speaking, though, pancreatic cancer is not curable.

Dr. Linda Isaacs: That is correct.

Ty: Why in your opinion is it so difficult to treat pancreatic cancer conventionally? Not with your protocol because you have had a great success but conventionally.

Dr. Linda Isaacs: Well, what I would say there is that most of the solid tumors as they are called, the adenocarcinomas, once they become metastatic if surgery is not going to be curative then perhaps a little progress has been made but they are not curable. Again, lung cancer, colon cancer, breast cancer, once it is metastatic, prostate cancer, all of the adenocarcinomas, once they have spread you cannot cure them. So what I would say is that standard medicine has not figured out what the trick is for that. We think again is pancreatic enzymes but that is a different discussion. Pancreatic cancer can also be difficult because the cells in that can tend to create a lot of scar tissue around themselves sometimes which can make it hard for any kind of treatment to get into the cells. They kind of wall themselves up in scar tissue. So that can create some challenges potentially.

Ty: Here is something that I have heard, you tell me what you think of this. This is just a theory that I have heard about pancreatic cancer is that one of the reasons that it is harder to treat is because since the pancreas is affected the production of the proteolytic enzymes, the quantity has been decreased. And so then with other cancers, let us say you have lung cancer, the pancreas is still secreting those enzymes. Maybe not to the level that it should but it is still secreting. But when that organ of itself is affected then you have got even less secretion of the pancreatic enzymes. Have you heard that? Is that—?

Dr. Linda Isaacs: That would make some sense. But what I would say just abstractly lung cancer can be just as aggressive and just as deadly. Lung cancer, pancreatic cancer, either one of those do not really get as much attention as they deserve in many ways in the mainstream world because people pass away from them as opposed to breast cancer where many people are surgically cured but they are still a force out there going on the walks for raising research dollars and et cetera. So lung cancer can be just as aggressive.

Ty: What do you think about the effect of environmental toxins on the cancer equation? When I say environmental toxins, you mentioned pesticides earlier so we have got these toxins that are on our food. We

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have toxins that we are breathing in the air. We have electromagnetic frequencies that are according to some toxic to the energy of our body, the frequencies of our body. What is your opinion on the impact of environmental toxins on cancer?

Dr. Linda Isaacs: Well, I think all of those things certainly environmental chemicals, for example, farmers have been shown to have higher incidence of lymphoma, a type of cancer. I believe the same thing is true for dry cleaners or people that live in a building where a dry cleaning establishment is. Bladder cancer has been associated with different types of industrial chemicals. I think for all of us, though, and we live in a world that is kind of a low grade soup of a lot of different chemicals. And I think all of that can add up. I think pancreatic enzymes are part of the body's way of keeping things clean and keeping things managed, so to speak. And when we are creating an environment where there is a lot of extra chemicals, well, those enzymes have more to do and you can in effect run out of them. We think that that is when you would start to develop a cancer.

Ty: And you also have the inability to excrete the toxins which is why you have implemented the coffee enemas.

Dr. Linda Isaacs: Correct.

Ty: It helps you get rid of that toxic load especially when the enzymes are digesting the cancerous tumors and you are trying to get rid of those. What is that called, herxheimer reaction? When you have too much toxins in your system.

Dr. Linda Isaacs: Yes.

Ty: Now this, Dr. Isaacs, is a loaded question but feel free to answer it appropriately. Does modern medicine play—play—let us do this again. Dr. Isaacs this is a loaded question but you feel free to answer it appropriately. Does modern medicine pay too much attention to drugs and not enough attention to natural types of treatments?

Dr. Linda Isaacs: Yes. That is the short answer. Yes that is correct. And I think a lot of that is how is research funded. And much of research is funded by the pharmaceutical industry. And they for better or worse are—their goal is to make money for their stockholders. And so their goal is to develop drugs that can be patented, that can be sold to treat illness. So they are funding the research and not unexpectedly then the medical world is looking for research to know how to treat patients and what is available is drugs. One of the problems I think that doctors feel is that if they—even if they prescribe some sort of nutritional approach or nutritional modification that the patient is not going to follow through on it.

You think about it, what is easier? To talk to a patient about the dietary influences on cholesterol, for example or the benefit of exercise. They feel like the patient probably is not going to do it. It is much easier to write a prescription for a pill. And many times when a patient comes in complaining about some

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issue or problem the doctor feels like what is wanted is a prescription. In many cases they are correct. So I think that if you want to get nutritional input or guidance from a physician you either have to ask for it very bluntly or go to a doctor who is oriented that way in the first place. Many doctors' own diets are not that impressive. So that is another consideration is that it is hard if you are a doctor working eighty hour weeks eating on the run mostly eating junk, they are not going to talk about nutrition too much because they know they are not doing it themselves. And they would rather not think about it. So they just keep writing prescriptions.

Ty: I appreciate your candor in that answer. One of the things that is interesting to me is that you are a medical doctor and I have heard from other medical doctors that I am good friends with, several, that going through medical school did not really receive much training in nutrition. It was more of a drug based program that you went through in college. Talk about your own medical school. Did you receive much nutritional training through medical school?

Dr. Linda Isaacs: We did not receive much medical—nutritional training in medical school. And I think part of it is that much of the training that you get in medical school is really crisis intervention. It is not really about dealing with people that are well and how to keep them well. It is really about dealing with people that are in a crisis either because of trauma or because of some disease process that is well on its way, quite advanced. And so nutrition really is not discussed because pharmaceuticals is what helps you deal with somebody who has got pneumonia or somebody who is in heart failure and has fluid up to their eyeballs so to speak. Pharmaceuticals is what is going to help turn that situation around fast but what, as a patient, one wants is help in staying healthy as long as possible. But that is not really what doctors are trained in.

Ty: And I am glad you made the distinction lest anything think that I am being down on medical doctors I think that the state of trauma medicine in the United States today is second to none. If you have—like I have often used the analogy if I am shot with a shotgun blast to the chest I am not going to go rub aloe vera juice on it or something natural. I am going to go to the hospital and the emergency room doctors are going to have the best knowledge of anybody to save me. If I have a limb amputated they may be able to reattach it and still function. So I think that our state of medicine concerning trauma is just amazing today.

Dr. Linda Isaacs: Yes.

Ty: So lest anybody think I am being overly critical just asking the questions here.

Dr. Linda Isaacs: Right.

Ty: Do you think that sometimes doctors might fear backlash if they use a nutritional or a natural approach as opposed to the standard of care for treating cancer? Because at least if they use the standard of care and the patient does not make it they did what was protocol. And if they kind

of step outside the box and use some kind of nutritional advice or a natural approach and the patient does not make it then they are in legal trouble.

Dr. Linda Isaacs: Yes, that is correct. There is a standard of care as it is called. And when you are operating within that standard of care you have in effect a safety net. If you are not operating in that then you lose that safety net. There can also be an issue of a doctor works in a community of other doctors. So if they are doing something that is outside the norm that can create repercussions in terms of working with other doctors, in terms of hospital privileges, or a lot of different factors that can tie into that. So it is certainly something that I think a patient should be aware of, that a doctor is in effect stepping outside of some of the safety net, like I said.

Ty: Last question and I am not trying to get you here but if you were diagnosed cancer, I am not going to say any particular kind, just if you had cancer what would your approach be to treating?

Dr. Linda Isaacs: Well, what I would say there I think surgery has a place in the treatment of cancer. And I know that there are some alternative minded people that would disagree with me on that. But I think that there is something to be said for surgical intervention if that can cure somebody. Now I use the word cure perhaps a little differently in that I would say there is still something going on with the body that made a person develop cancer in the first place. But having said that, if I had—like for instance my mother had a melanoma taken off her shoulder. And I had actually been bugging her for months to get that looked at even before she did. So she finally went in and it was a fairly deep melanoma and she got it out and she finally got compliant with the program that I told them to do. And she has done fine. Now in her particular case it was fairly deep. She had a thirty percent chance of not having a recurrence. So is she good enough to write up? No. But she did beat the odds and she is going to be ninety-two in June and she is still doing quite a bit of the program that I prescribed for her.

Ty: Great and I am assuming the program you prescribed is what you are using with the three pronged approach that you and Dr. Gonzalez use? [crosstalk]

Dr. Linda Isaacs: But I also told her to get the surgery. My feeling is that is a good way to approach it. Beyond that what would I personally do? I would do my own program. I already do my own program for health maintenance. I do not take a lot of enzymes. If I developed a cancer I would start taking a lot of enzymes. But I take pills with my meals. I watch my diet. I do coffee enemas and other detox type protocols. So I would intensify what I do already which is my own treatment.

Ty: Sorry, I lied, that was not the last; one more question.

Dr. Linda Isaacs: That is quite all right.

Ty: Concerning coffee enemas, is that something you think would be appropriate that may not have been diagnosed with cancer but just in light

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of the toxic overload that we have today? That is something that could stimulate the liver to help secrete all of the toxins. Is that something that is good for people that do not have cancer?

Dr. Linda Isaacs: I believe so. Now I have to put in a disclaimer when I say something like that since we live in a litigious world. So I will say that I am not telling any of your audience—I am not advising them to do it. They need to get instruction on how to do it properly. But having said that, yes, I do think that they are beneficial for anybody. And I think most people find they feel better with them. So they tend to sell themselves. None of our patients coming in for the first time ever believe this. But I tell them it is going to be your favorite part of the program. And they come back and say you are absolutely right, I never miss the coffee enemas because they made me feel so much better.

Ty: Because the enemas help them to get the toxins out of their body?

Dr. Linda Isaacs: Well, that is what I think is happening but I can tell you they feel better and they swear by them.

Ty: And that does matter; feeling better does matter.

Dr. Linda Isaacs: Feeling better does matter and that can replace a whole bunch of those things that people must be buying based on those advertisements for headaches and tension and ibuprofen, all the different ads for all the different ailments that people are having. Our patients really do not use over the counter medications. They use things like coffee enemas which seem to keep them going pretty well without any Tylenol at all.

Ty: Without the side effects.

Dr. Linda Isaacs: Exactly.

Ty: Well Dr. Isaacs, I think that based upon what you have shared with me today a lot of people are out there feeling better because of what you and Dr. Gonzalez are doing here so I really appreciate you spending the time with us today. And I know that our audience has benefitted from the information you have shared.

Dr. Linda Isaacs: Well thank you, it was a pleasure to be here with you.

Ty: My pleasure.

Interview 13



Ian Jacklin

Actor & Film Maker
Former Pro Kickboxing Champion
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Ty: So I'm here tonight at Max Fitness academy in Sherman Oaks California with Ian Jacklin. Ian thanks for taking the time to speak with us tonight.

Ian Jacklin: Good to be here Ty I'm a big fan of yours so this is an honor.

Ty: Thank you. Well, the honor's all mine. We're talking to a former kickbox champion of Canada and North America right? You actually fought for the world, kick box champion in the early 90's.

Ian Jacklin: Yes I did. Yeah. The reason why I got into kickboxing, martial arts actually was because I saw a buddy of mine get beat up. There was nothing I could do about it. He got held down and he just got beat up in front of me. So, I got my mom to put me into karate immediately at 14 by 16 I was fighting pro because there was no amateur kickboxing back then. And then by 18 I was Canadian champ and then early 230's North America champ. Fought for the world championship against Javier Mendez who is now the heavy weight champion's trainer of the world MMA Cain Velasquez. So that's kind of cool .Javier and I fought twice and we're one to one. So if he can drop about 100 pounds I'll take him on again. We'll do number three.

Ty: I like it.

Ian Jacklin: I'm still in shape though.

Ty: Yeah, I can tell that. What got you into fitness and nutrition? And specifically you know a lot about cancer and that's why we're here tonight so tell us what was your road? What paved the way for you to get into this line of work?

Ian Jacklin: Well, it's ironic and I was just figuring it out as I was explaining that part. I got into martial arts because I didn't want to see my friends get beat up. I didn't want to worry about my family or anybody. I want to be able to protect them. I'm used to being able to use that skill. If you were to try and attack me right now to kill my wife and family I'm going to do everything I can. I'm allowed to. God says so. I can kill you if I have to. To defend myself and my family. Well I found out when it came to cancer you can't do the same thing. I wanted to use my filmmaking as my new martial arts. I do it now with a camera.

I'm really focusing this film I'm working on now, my old one was on cancer in general. This one is on, I'm going to call it "Baby Killers" I believe because that's what they are. They're putting our children on chemotherapy when they know it only works for cancer cells not cancer stem cells. They know that cancer stem cells are created, are made stronger more powerful with radiation. Radiation doesn't kill cancer stem cells. Noting kills cancer stem cells that I know of. So I don't know why they're using chemo and radiation for that because those are the ones that kill you. The cancer stem cells.

Ty: What specifically are oncologists doing? You mentioned that what they're doing is they're killing people with what they're doing. Specifically what treatments are you talking about that are harmful to people?

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Ian Jacklin: Unfortunately in the western world right now, whether it be Canada, Europe or America, our doctors are only allowed to do chemo, radiation, and surgery when it comes to treating cancer patients. And we know that chemotherapy does not work for stem cells. The cancer stem cells. We know radiation makes the cancer stem cells worse. So, I don't know why either one of those would be used. Surgery could be used on occasion if there's something blocking maybe an artery, or a passageway, but in general most cancers can be taken care of holistically without having to use surgery either.

So personally, I would never use surgery. Personally I would never use chemo, radiation or surgery for myself or my family. I've done too much research and I've seen the people die in front of me. People get cancer they do chemo, radiation, surgery, hardly ever words. People that get cancer they do alkaline diets, right machines, vitamins and minerals they cleanse their system and get their playing field back to the way it was supposed to be. And almost all of them cure themselves. I found out. I got bummed out recently because I had two people die in a row. I was depressed. That happens to oncologists daily. That hardly ever happens to me as a cancer coach using holistic methods. I mean people do pass away, there's no silver bullet but it's a lot more people make it through the holistic. From my own eyes in 17 years.

Ty: Right. So Ian, why do traditional oncologists not tell their cancer patients about nutrition, because some do but as a general most of them don't really give much nutritional advice. Why would that be in your opinion?

Ian Jacklin: Well, from the research that I've done it's because they don't know. They're not taught that in school. They got an hour or two of nutrition, I've been told I don't know if that's true. I don't want to believe it that my doctor was given an hour or two of nutrition. Maybe even a course or two. I would be disappointed if it was a course or two. I would expect my doctor to have most of his schooling be about nutrition because that is how you heal yourself. You've to change the playing ground.

Ty: The quote from Hippocrates "let food be thy medicine and medicine be thy food" right?

Ian Jacklin: Absolutely. What people may not know is Carnegie and Rockefeller owned the pharmaceutical companies in the early 1900's and basically bought out the schools so they could tell the teachers what to teach the doctors.

Ty: The Flexner Report.

Ian Jacklin: The Flexner Report. So now we basically have doctors that were told what to learn which just so happened to be to sell the pharmaceuticals. The people that were paying all the bills were supplying so the fox guards the henhouse. Straight up.

Ty: And so that would be, my next question was going to be why do medical schools today teach a drug intensive style of medicine, and that would answer that question.

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Ian Jacklin: Yeah. It's an unfortunate and sad thing. A lot of people ask why does Mike Adams get all political now, why does Alex Jones get political. Some of these people that were more health oriented at one time get political? Because we have no choice once you learn the truth. It's like if I see somebody push an old lady off of a cliff and I don't go tell the authorities that's on me. We have to just start standing up as you and I are and expressing to people. It's really working. Have you yourself noticed an evolution in the last 17 years? We didn't even know what an alkaline diet was 17 years ago. Now, I find cancer patients are coming to me telling me. I got my pH up to 7.2. Hey, evolution.

Ty: Talk about the importance of alkaline diet in the internal terrain being alkaline in order to prevent cancer and to stay healthy?

Ian Jacklin: Right. Otto Warburg had it all figured out and I think he won a Nobel prize way back in the early 1900's as well. So, Otto Warburg figured out cancer can't live in an alkaline environment. My mentor Dr. Bernardo who's the star of my film "I Cure Cancer" spoke a lot about this and he cured almost all the people that came to him with the alkaline diet. So, what I've learned recently, recently 17 years worth would be alkaline diet, and the new thing is Cannabis hemp oil. I don't know how much you've heard about that but you basically take marijuana and boil it down to two ounces of the essential oil preferably with Everclear or some kind of food grade solvent, and boom you got yourself not only possibly the cancer cure but the Crohn's cure, the AIDS cure, the diabetes cure, and I use the word cure lightly because there is no such thing. Sure you can cure it but there's no silver bullet. I don't want to get anybody too excited because there is no silver bullet from what I've seen. Cannabis hemp oil would definitely be in my arsenal for the CBD's and the THC. The THC they're both cannabinoids. The THC will get you high but that is more for the cancer. So for the cancer patients would recommend the higher TH. But the CBD's are very, very important too for healing. Those are the ones that Dr. Sanjay Gupta brought out on curing the seizures.

Ty: On CNN.

Ian Jacklin: Curing the seizures on the children right. He's the guy who said no marijuana's bad years ago and now has come back and said I was wrong. Nice guy for doing that because not a lot of them do that, admit they're wrong. And so many children are being saved because of that guy with CNN. And god bless CNN too I don't know how you guys are doing it. How are you guys telling the truth? (laughter)

Ty: So Ian let me ask you this, let's say you were diagnosed with prostate cancer. What would you do to treat it?

Ian Jacklin: Ironically, I swear I just cured myself of prostate cancer. Now it's tough for me to say that because I don't have any records. But I'm not stupid enough to go to a doctor and get a biopsy. Never get a biopsy.

Ty: Why not? Why would you never get a biopsy?

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Ian Jacklin: If you get a biopsy it cuts into, as soon as you cut it cancer cells are now in your blood system so if you had cancer here, now it's probably going to settle somewhere else and the same thing with mammograms unfortunately. All the ladies please don't ever get mammograms because, think of squishing a grape. If you do have a breast tumor and it is cancerous and they just squash it with their machines now that cancer isn't just in your breasts it's in your blood stream and it's going to go everywhere. So, I was smart enough not to let them scoop out any of my prostate because if it was cancerous guess what? I've got to worry about cancer somewhere else than my prostate.

Ty: Because with the biopsy what you're talking about a biopsy they stick a needle into it and so that needle has to therefore come out as it trails out it could pull with the cancer cells is what you're saying correct?

Ian Jacklin: Yeah, exactly and that's the bottom line, so instead of even bother go to my doctor I just got on an alkaline diet. Because my pH was 5.5 for a good six months and that's bad. Save yourself some pain folks. Go out and get some pH strips. Test your inner cellular fluid levels in the mornings. You want it to be 7.2, 7.4. Cancer can't live. So if you started off with 5 then you got up to 7.4 and you keep it there for three months, my mentor Dr. Bernardo said you're cancer free and if you keep it there you will be. And it's true. But if you go off the diet and go back then you're, I've had two friends die recently on me. They were cancer free for over, one over 10 years and the other for about 7. One little thing goes wrong up here they get depressed and now they don't have that desire to live anymore and to get up early and make the juices and stay alkaline and stuff. So my message to most people is A) get alkaline if you have cancer and B) stay there. Don't ever go back to being acidic because it will come and get you.

Ty: So, when you talk about juicing and staying alkaline. What you're talking about is then staying alkaline is providing the body the internal terrain with the proper conditions that it needs so that cancer can't thrive right? And so how does juicing do that? Talk about juicing and the importance of juicing in your nutritional regimen.

Ian Jacklin: Okay. So, having a pH of 5 knowing I have to get to 7.2 and knowing there is a way of doing that is called eating alkaline foods. So I would say Google alkaline diet. It's basically dark cruciferous greens, kales and things like that. If you're not too far gone with cancer and you can handle blending with the high power blend techs. Emulsify the apple seeds which have cyanide in them which is really good for cancer. A lot of people don't know that.

Ty: Vitamin B 17.

Ian Jacklin: B 17 yeah. It's Laetrile. If you can't get the actual Laetrile then I would be chewing apple seeds or putting them, the whole core of the apple into the blender that will break that up and bring it out to you. So yeah in a matter of 2, 3 months I went from a pH of 5 to 7.4 right back up to where it used to be. I just saved myself probably prostate surgery which means I can still have sex for the rest of my life. Because I'm only 45 I haven't had kids yet and I plan on it. I've got to thank God and I've got to thank Dr. Bernardo for teaching me about the pH level because the thing is I never, if I didn't know about the pH level I

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would've stayed a pH level of 5. Now, would that matter? As far as I'm concerned, no, I'd go about my day. But 5 to 10 years down the line if I had that pH for that long I definitely would have every kind of cancer you could think of. Definitely the prostate. And I'm sure it would spread everywhere else.

So because I happen to stumble across a few people in my life and I learned about the alkaline thing. And I was already testing my pH. That's the key. An ounce of prevention is worth a pound of cure. So if you take that pH strip and you're testing yourself everyday and you're 6.3 or 7 you're decent. Fine. Check it once a month. That's what I did. Then 6 months down the line I get 6 in a row that are 5 and I was in denial. I shouldn't have waited that long. I should've right away got on but I didn't I was in denial. I'm the cancer guy, I can't get cancer, kidding me. But I did, so finally I just got out of denial and I went to work. I got the cannabis hemp oil. I got the alkaline diet, the juicing and it wasn't even 2 months and I got my pH back up. So I snipped it in the bud. Whereas it could've been a horrible, horrible many years of pain and discomfort.

Ty: Well you won that cancer battle. In 1971, President Nixon declared a war on cancer. Ian, do you believe that we're winning the war on cancer?

Ian Jacklin: No, but I found out that's all B.S. our country has been over taken by the illuminati. That's what I learned unfortunately through this whole thing. Through that Rockefeller thing how the pharmaceutical companies were owned by him and on a business move he realized he could get the teachers to teach the students to write prescriptions. Great business for their companies. Unfortunately it didn't work, it doesn't work and the public's catching onto it now thanks to the internet. So, I think we're all going to figure it out. But what that drew me to my conclusion is that our world, is not what I thought it was. I thought it was rulers of countries, I thought Obama was our President. Turns out he's just a puppet he doesn't run anything. It's all, some people call it the illuminati. They call it the Bilderberg Group. This is the rich. The 1%. That's the one I like is the 1% because that way you don't have tackle are they Jewish or are they not, are they this? No, they're rich. The richest of the rich. The 1% of the 1% run everything. We have no say in it. Except to grow your own medicine and grow your own food. That's the only conclusion I've come to. And hope they don't 'kill you for doing that.

Ty: So you talk about growing your own medicine. Okay. I was doing an interview with Mike Adams and he said his teacher took him out into the forest and said show me one thing that is not medicinal. And there was nothing. There growing but didn't have medicinal properties. So when you talk about growing your own medicine what are you talking about?

Ian Jacklin: Well personally right away would be the cannabis. Because that's the easiest one. You can grow some marijuana in your backyard because a, I think it's legal in most states now.

Ty: It's definitely legal here in California.

Ian Jacklin: Yeah. And any old folks home that isn't giving their patients cannabis products they don't care about the old folks or they're just not

educated yet. Which is obviously the answer because we haven't told them yet, but once we do. Every old folks home should have cannabis hemp oil in it. The high CBD and the high THC because it reduces inflammation. I needed a hip replacement from my 10 years of kickboxing since I tried the cannabis hemp oil it really reduced the inflammation to the point where I could walk without a limp for periods of time. Plus I'm doing a lot of other things to rebuild that. But for those that have arthritis or almost any ailment you can think of the cannabis hemp oil it's working wonders.

Ty: Yeah. So would you call hemp an evil weed or a miracle plant?

Ian Jacklin: I'd call it god's gift. Marijuana is god's gift. I always knew it too. Back in the day when they said it was bad for you. I always smoked it. There's certain things you just know and as it turns out, isn't that crazy too? The whole Randall Hearst and DuPont with the demon drug it makes white women sleep with black men. It makes you crazy it makes you kill people.

Ty: "Reefer Madness" -- propaganda film.

Ian Jacklin: Yeah. "Reefer Madness." What a lesson in how retarded we were as a society back then. To fall for that, to fall for that.

Ty: And that was yet another incidence of big business taking over medicine because as you know Randall Seymour Hearst owned Hearst Publishing, he owned thousands of acres of timber and with the hemp plant being so good for making paper one acre of hemp will make the equivalent of 10 acres of trees and paper. So that was competition to him and so they removed the competition by making it illegal.

Ian Jacklin: I know. And that's the one thing that kills me about that is every 13 weeks you got a marijuana crop. Boom there's a bunch of paper, there's a bunch of wood. Another 13 weeks there you go. But what does a tree take a hundred years man, a hundred years. Evil, evil people running our planet from day one. Still are but I don't think it's going to continue. I think we're waking up quickly, so quickly. We are now in Age of Aquarius, which means we're out of the dark ages. December 21st, 2012 we came out of the dark ages. From what I understand. If you want to get into that mystical stuff. and I don't care if it's true or not I'm just going with it and it seems to be, I don't know since that date I've been getting lighter myself anyway. And I believe really good things are on the horizon because you can't keep the truth from people anymore.

Ty: Well talk about that, the good things on the horizon especially when it comes to this awakening that's going on with natural health and natural cancer treatments. Does it seem to you Ian that people are more open to this then they were say, 10 years ago?

Ian Jacklin: Absolutely 100%. I've been doing this for about 17 years and definitely just the last 5 like I said people know what alkaline diet is before I even talk to them. Our consciousness of the masses has ridden so much. It's such a pleasure to see too.

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Ty: So Ian I know in the past you've done a couple of documentary films you've done "I Cure Cancer and then you're currently working on the one that you said it was called "Baby Killers" about poisoning children with chemotherapy. What's the future hold for you as far as your desire to continue producing documentaries. What do you plan to do?

Ian Jacklin: Okay, this is going to be a very good year for me. I finally got all my ducks in a row more or less. I've produced and directed, "I Cure Cancer" which put me on the map. I'm almost done shooting part 2 "Baby Killers" which, the reason why I had to make that was because I got everything in part 1 that'll teach you how to cure cancer with the exception I didn't know about marijuana back then. So that's kind of cool I get to do part 2 to bring in the cannabinoids. But also to show that right now in America they can murder your child and you have nothing to say about it. If you try to get in the way of that murder you go to jail so and I think that's wrong.

So I want everybody to know this so we can change the rules if nothing else then it should come down to what the parents should be able to make their own educated decision of chemo or no chemo. Because anybody that spends any amount of time looking up chemo will find out it doesn't work. They know it doesn't work. That's what makes me most angry, 3% of the time will chemo work on tumor type cancers, 3%. Up to 40 for some of the blood cancers. That's still a horrible, horrible, most people, I've been doing this 17 years and I'm going to honestly say holistic medicine for cancer is at least a 50% chance. You can go to Gerson and they admit they've got studies saying just by juicing the way they tell you to juice they've got a 50% cure rate. I would do tons more than just juicing. There's better than Gerson, buy Gerson I'm trying to keep Gerson in the good here. They know it and they now do that as well so basically I would do some sort of Gerson style for the alkalinity and then boost that immune system man. And cleanse, cleanse, cleanse.

Ty: So it's important to detoxify to get rid of the toxicity in order to keep your mind alkalined or to keep it clean in order to give the cancer an inhospitable breeding ground I guess.

Ian Jacklin: Yeah. You really got to get that terrain, because it doesn't matter if you cure yourself with chemo, with cannabis hemp oil with alkaline diet. It's going to come back if you didn't change the terrain. Surgery, you can go and cut your testicle off. If it hadn't spread yet boom, there you are cancer free but you didn't change the terrain. Why did you get that cancer in the first place?

Ty: So in other words what you would do is look to treat the actual cause instead of potentially cutting of the symptom which would be a tumor?

Ian Jacklin: Absolutely.

Ty: Well Ian thanks for all you're doing. Thanks for all that you have done and thank you for the time that you spent tonight sharing some of your knowledge with us.

Ian Jacklin: My pleasure man thank you.

Interview 14



Dr. David Jockers

Author and Lecturer
www.DrJockers.com

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Ty: We're today with Dr. David Jockers in Kennesaw, Georgia. And I just want to thank you for opening up your office to us and for making yourself available for this interview here Dr. J.

Dr. David Jockers: Absolutely Ty. It's really a pleasure to be here and I just love the project that you're doing. And you know, my prayer for you is that this really impacts the world, that a lot of people get hope and they get true answers from this.

Ty: Well, thank you. I appreciate that. That's our goal as well is to impact the world for the better and to help people get real answers to get real information about cancer. And so that's what I think we're going to get, I know, we're going to get from you today as well as some other good tidbits about diet and nutrition and how to stay healthy just in an overall sense. So let me start out to begin with, let me ask you, how did get involved with what you're doing? You're a chiropractor. You specialize in nutrition. You've treated people with cancer. I mean how did you get involved in this line of work? Did you dream of being a chiropractor when you grew up?

Dr. David Jockers: You know, that's a great question. I never saw myself being a doctor. Growing up I really didn't know anything about chiropractic but you know, when I was 19-years-old my grandfather who was always my biggest mentor growing up, I mean he was teacher of the year three times in New York State, military war hero. Everybody in our community looked up to him. We always thought he was healthy. He never complained of anything. And all of a sudden one day he comes home from playing golf. He actually had played golf that day, went to open a sliding glass door, just a patio door to let the cat in, started pulling and tugging at the door and he couldn't get it. So he tugged harder and his arm literally shattered, dropped right to his side, went completely limp, he was in pain. My grandmother rushed him to the hospital. Obviously, they took an x-ray and found out he had broken his arm. But, of course, how do you do that opening a door? You don't. So they were suspicious. They went in, they did a biopsy, found out he had metastatic cancer that spread throughout his body into his bones. And of course, in our society if we get cancer it's right to chemotherapy or radiation. I watched my grandfather go through that and literally in six months he lost over 100 pounds. So he went from being six-three, 210, strong, stalky guy to about 106 pounds. And during that period, I mean he lost so much muscle mass he couldn't even get himself up out of his own bed to go to the bathroom. And so, of course, my grandmother couldn't physically pick him up so she needed help. So she checked him into a nursing home and that's where he spent the last couple weeks of his life.

And you know, I was 19. I saw him go through I mean just everything. And so ultimately when he died he was on 10 medications, Morphine drips, he had a diaper on because he couldn't control his own bowels, and he wasn't really living, he was just barely existing. And I saw that happen to him and I asked the oncologists and the doctors different questions, I asked them, for example, how did that happen to him? Like why couldn't we pick that up earlier. I asked just several questions and they'd say, you know, just kind of how it works. Cancer is an insidious killer. And my grandfather had free healthcare because he was in

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the military so he had medical checkups every single year. Nobody ever picked this up and it wasn't till obviously it metastasized throughout his body before it did anything. And so at that time at 19 this obviously intrigued me just as far as how the body works, how it heals. And I was always into health. And at that time I was into just exercise and training and things like that. And so I eventually became a personal trainer and through that God just really showed me that I had a gift working with people and I loved seeing results. And he led me towards chiropractic which is really a natural approach to health working with the structure of the body.

And you know, I opened my clinic a little over five years ago in 2009. And you know, I didn't specialize in treating tough cases. I was just—really still am just passionate about helping people reach their full potential. But what's happened is really in our society we just have so many sick people. And so just my passion, my zeal for helping people has attracted a lot of very serious cases. And as I started getting them I knew I needed to really step up my game as far as my knowledge, the applications of the strategies we talk about using advanced therapies, things like that because last thing I want to do is lead somebody down the wrong road or ultimately not be able to help somebody. So I just really—it's been a constant evolution of just trying to learn everything I possibly can to help these really tough cases, and of course, helping really everybody that comes to see me reach their health goals.

Ty: Well, I'll tell you you're—you do have that natural zeal. And so I think that you've directed it in the proper way because it looks like that you are really impacting people here at your clinic from what I've seen today—really impressive. Now you mentioned with your grandfather that he had the metastatic cancer. And so I take it from that that he did go on chemotherapy and radiation. And then he lost a lot of weight, ended up dying in a miserable state.

Dr. David Jockers: Right.

Ty: What do you attribute his last days, the miserable state that he was in, do you attribute that to the treatments?

Dr. David Jockers: Well, you know, I can't really—at that—I wasn't obviously his doctor so I'm not sure exactly. But clearly chemotherapy and radiation have a detrimental effect on the body. When we're not supporting the body with the proper nutrients, the proper detoxification, the resources to help detoxify, just adding more chemo and more radiation to the system is detrimental. And so clearly it played a big role. Obviously, the cancer was growing fast and the cancer was really eating up his body as well. So I think it was a combination of the two. But you know, there was no effort put in to really supporting his system while he was going through that and the doctors obviously were doing the best they could with the knowledge they had. And they've just never been trained on what it takes to have a healthy body.

Ty: So let me ask you then, why do medical doctors—why are they not taught much about nutrition and the things that it takes to support the body because this is—you're not the first person that's told me this. I've

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had numerous different people, different doctors that have told me the same thing. We're not trained on nutrition when we go through medical school. Why is it that doctors are not trained on nutrition in your opinion?

Dr. David Jockers: You know, in my opinion I really think that the pharmaceutical and the insurance industry really control the education process through medical school. And you know, those industries really don't benefit from people living healthy lifestyles unfortunately. And so the emphasis on nutrition and exercise, things like that, I mean its scatter. Whatever nutrition they do get oftentimes, you know, it's really old nutrition. It's this whole low fat paradigm and it really focuses on processed foods and things like that. But ultimately they're really not educated on this. It has to do with just the pharmaceutical industry and obviously their focus is making drugs the major solution to every health problem.

Ty: I think that you're on to something there. You're not the first person who's told me that either. It's funny that you mention the low fat diet. Before we came here today we were at breakfast. And I was talking about that. I used to be a competitive body builder. And that's all we did. We ate low fat diets. Now they may have been highly processed junk food but as long as they were low fat, even if they were just off the charts on the glycemic index with sugars, if it were low fat body builders thought they were good. This was back in the 90s, of course, and that some people still do. Some people still think that low fat diet's good when in actuality can you talk about the importance of good fats in keeping you healthy?

Dr. David Jockers: Yeah. Absolutely! Fats should really be the priority with our nutrition plan. The reason why I say is we have 75 trillion cells, and all the cells have a double fatty acid layer around every single cell in your body. And it's extremely key. It's called the cell membrane. It's extremely key for hormonal responses, extremely key for just having good healthy hormone function, good healthy neurological function in your system. So the communication process between cells is dependent upon this outer ring of fat. And so we need the fats to help replace those. Also, on top of that, a low fat diet is going to prioritize carbohydrate. And a carbohydrate breaks down into sugar.

And sugar—when your blood sugar is all over the place that really creates a breeding ground for opportunistic infections, for cancer growth like we're going to talk about later, for all different types of issues. And so utilizing good fats as your primary energy source helps your body produce something called ketones and there's a ketogenic diet and those ketones actually are a preferred fuel for your body and especially when it becomes, what we call, keto adapted or fat adapted, where your body just becomes so good it preferentially uses these fatty acids, these ketone bodies, your blood sugar stays extremely stable. And that reduces inflammatory processes in your body. It helps you have better mental/emotional balance so you think more clearly, have better memory, your—everything in your life really improves because your sugar is stable. You don't have these bumps, these ups and downs, the insulin surges. And so your emotions, again, are going to be more balanced, everything is going to be more balanced. Your body's going to be able to handle and tolerate stress more effectively.

And really the hallmark of successful aging is being able to adapt effectively to stress. And so I think a high, good fat diet is really, really key for that. And so with these low fat diets they really don't discriminate between good fats and bad fats. Its just take all the fats out. They really typically don't discriminate between types of carbohydrates, although sometimes they'll tell you go low glycemic using a lot of whole grains, things like that. Other people choose the high protein diets. But really protein and the carbohydrates both break down into sugar in your system and that stored sugar will stimulate higher levels of inflammation in your body. And what we're trying to do is really control inflammation. And a high good fat diet really helps with that.

Ty: Inflammation is the key isn't it? As far as many disease processes they start with inflammation in the cells, don't they?

Dr. David Jockers: Oh Absolutely! So yeah, cancer is clearly one of those. So inflammation is really a system. It's really—it's a response of our body because we know that opportunistic infection is what's killed more people in the history of mankind than anything else. Inflammation is our body's response to protect us from a systemic infection. So inflammation is a smart response from our body, its an intelligent response; however, most of the time we don't have—we're not at risk for chronic systemic infection. So we've got to control that inflammatory process and so the food that we put in our body, the way that we think, the way that we carry ourselves, move our body, the toxic load we put on our system, all of these things play a very important role with our body's ability to modulate or coordinate that inflammatory response.

Ty: You mentioned a couple of terms I wanted you to define. You mentioned, first of all, neurological. Can you define "neurological"?

Dr. David Jockers: Neurological would be your brain and central nervous system, peripheral nervous system. So basically your brain's ability to process. for example, your brain secretes neurotransmitter and most of our audience has heard of things like serotonin, dopamine, things like that. And so, of course, we know that when there's serotonin imbalances that individual can be susceptible to mood imbalances, maybe things like bipolar disorder, depression, schizophrenia, serotonin's also very important in modulating pain. So people who have serotonin imbalances oftentimes can have things like chronic pain, headaches, migraines, issues like that. So for having good neurological control where these neurotransmitters are able to communicate, they're being processed effectively and communicating effectively, that's really what I'm talking about with good neurological control in your body.

Ty: Thank you. You also mentioned insulin. I want you to speak briefly to the relationship that insulin and sugar have because some people think of sugar and they think of insulin as being totally separate but there is a relationship and I would like you to try to describe that briefly.

Dr. David Jockers: Yeah, great question Ty. So when we're looking at sugar—see, when our body—when we take in sugar—really at any one given time we should have about on teaspoon of sugar circulating in our blood stream. So the average American if they go to 7/11 or whatever and they get a big gulp they're

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consuming massive quantities. In fact, if you were to take, for example, a 12 ounce Coke there's 12 teaspoons of sugar in that. There's about a teaspoon per ounce in a soft drink. That is toxic for the body. That will cause—that will literally if that's elevated, if our sugar is elevated for that long with that much sugar in our blood stream it will destroy us, it will kill us. And so you just look at somebody that's got diabetic neuropathy, for example, uncontrolled diabetes, they're going to have neuropathy. They're going to have issues with their eyes—optic neuritis. They're going to have all kinds of different health problems.

And that's an example of uncontrolled blood sugar. So our body has this response where it sends out this hero hormone called insulin. And insulin comes out and its job is to take the sugar out of the blood stream and put it into the cells. So the first cells that start to fill up are the muscle and the liver cells. Somebody that's more active, that does more regular exercise will have more open reserves in their muscle and their liver for stored sugar called glycogen. And so they'll fill those areas up. Somebody's that's less active will have less open stores. Once the muscle and the liver are filled now the body will start to put—the insulin will start to put the sugar into the fat cells. So that will start to obviously increase fat cell development. And so that's where you have this problem with insulin increasing weight gain, right, causing obviously problems with obesity. Other individuals like myself, Ty, I mean I could eat all the sugar in the world I would never get fat. That just wouldn't happen. However, I'd have no energy. I'd be diabetic. I'd have hypoglycemic issues and I'd have to take a nap all the time and I'd end up with cancer.

So different metabolic types are going to respond differently to sugar. But basically insulin's job is to clear the blood stream of the sugar so that way we don't get these potent inflammatory responses. One of the problems with elevated blood sugar is the sugar molecule binds to proteins, enzymes, in our system, and it causes something called advanced glycolytic enzyme development. So if you break that word down, an advanced glycolytic enzyme, which is basically a sticky protein, a sugar binded to a protein. A, it's an advanced glycolytic enzyme, so AGE. And so, of course, what does that to us? It ages us. And so we want to restrict or reduce the amount of advanced glycolytic enzyme production. Insulin helps us with that. It helps, again, get the sugar into the blood stream. Now as an altered effect of insulin, when insulin is elevated in your body, number one, your body is in storage mode. So its not going to be able to burn through fat stores effectively. Also its going to trigger inflammatory processes. Its going to trigger other inflammatory molecules in your body and increase the inflammatory cascade in your system. And so keeping your body very sensitive to insulin by reducing sugar consumption is very important for, number one, weight control, number two, reducing the inflammatory processes in our body.

Ty: Thank you for that. That is one of the most concise explanations of the relationship between sugar and insulin—very, very clear. Thank you for that. That's excellent, excellent information. I have another question for you. You had mentioned with the ketosis and the ketogenic diet, to me it sounds almost like the Atkin's diet, if you remember from 20 years ago or so when the Atkin's diet was real popular.

Dr. David Jockers: Yep

Ty: Is that—is it the same thing as the Atkin's diet or what is different when you hear the ketogenic diet versus the old Atkin's diet that a lot of body builders that I knew back in the 90s went from the low fat diet to the Atkin's diet where they were literally guys that at the gym working out eating cheese and bacon and peanut butter in between sets. What's the difference between these two types of diets?

Dr. David Jockers: Yeah. That's a great, great question. I'm really glad you brought that up because in general the Atkin's diet is a ketogenic diet. It does stimulate ketone development. And the way that some individuals teach it its still—they're almost identical. However, when we're really trying to promote optimal health we've got to make some differentiations from the Atkin's diet. So where Atkin's went right was his approach with a low carbohydrate diet, getting our body running off the ketones. So I'm in total agreement with him about that, keeping our body very sensitive to insulin is very, very important. However, where I disagree with him was he really had no regulation on the kind of fats that you put into your body. And we want to really focus on good fats as opposed to bad fats. So most people in our society assume that saturated fat is a bad fat. What we know is that actually saturated fat is one of the healthiest fats we can be putting in our body. The fats we really want to avoid are high omega-6 fats from refined vegetable oils and also from factory farmed animal meats. So that's a big one. And then, of course, trans fats or manmade fats. And so we certainly want to make sure we're avoiding those things. And so we're going to load up on good fats, things like avocados, things like coconut oil, butter from grass fed cows, okay, individuals that can tolerate dairy protein. If they can tolerate casein we're going to use things like cheese, raw cheese from grass fed cows, fermented dairy drinks from, again, grass fed cows. There's a huge difference between when a cow is fed grass and grains, a grain-fed cow actually grows much larger and produces a lot more dairy. In fact, they produce about 20 to 30 thousand pounds of dairy in a year, a grain fed cow. A grass fed cow produces about three to five thousand pounds. There's a huge difference in yield.

Now the grain fed cow though, the grains themselves are high in this omega-6 fat. And omega-6 fat causes inflammation in our body. So the dairy that's coming from a grain fed cow is very high in omega-6, very low in omega-3. That's going to be inflammatory. And that inflammatory process, high omega-6, low omega-3, provides a ripe environment for cancer cell development in our body. So we definitely want to stay away from commercially raised animal products and animals that were fed grains. We want to stay away from that. But we do want the grass fed animal products because they have a lot of omega-3s, an ideal ratio of omega-6 to omega-3s. Also grass fed dairy has a molecule called CLA, conjugated linoleic acid, which many researchers are finding is a potent anticarcinogen. There's also other great nutrients in there. For example, the major fat that's in grass-fed dairy is called butyric acid. Butyric acid is a preferred fuel source for healthy gut microbes in your system and it helps your intestinal cells to develop and actually to strengthen so that way we don't develop problems like leaky gut and ulcerations in our gut and things like that, which is extremely important for helping our immune system. 70 percent of our immune system's in our gut. And if we have damage to our gut we're going to

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have a lot of immune system disorders which could include cancer and other autoimmune diseases. So this grass-fed raw dairy can have an incredible effect at helping the gut to heal and seal and to control itself well. So that's why it's such a good fat source we want to include.

We also want to include things like extra virgin olive oil, healthy seeds like flax seed, hemp seeds, chia seeds, we talked about coconut products. That should be an absolute staple. Coconut is a super food, very anti-inflammatory and just powerful for our body. So these are the kind of good fats we want to focus on. We want to stay away from—again, Atkin's never differentiated between grass-fed and grain-fed so it was a lot of commercial animal products using lard and bacon and things like that. And the other aspect of it is that bacon, I am really not a big fan of just from the perspective that it is cooked at very high temperatures. And it may be nitrate free which is certainly a better one to go with but when you cook meat at a very high temperature, you're going to produce a lot of carcinogenic products, things like heterocyclic amines, polycyclic aromatic hydrocarbons, acrylamide, and these are known to cause cancer growth in our body. And so high heat or highly cooked, highly processed animal products, even if its properly raised can also be a factor with cancer cell development. So we want to look for animal products that have been minimally processed. And when we cook them we want to cook them more medium rare so a lower temperature and just cooking them for less time so that way we produce less of those heterocyclic amines. And there are a lot of different strategies that people can apply with marinades and things like that to utilize animal products and minimize the production of carcinogenic chemicals.

Ty: So great nuggets of information there. Wow! I could go a whole bunch of different directions with that. But I want to ask you then, so as a general rule if you are cooking meat out on the grill, whether its grass fed or grain fed beef, or whatever it is, if you're burning it then you're producing those HCAs, heterocyclic amines that you talk about, you're producing that if you're burning the meat.

Dr. David Jockers: Absolutely! See you definitely want to stay away from burning the meat. So if you're char-grilling it or whatever it is and if its got the blackened areas those blackened areas—I always used to think they tasted great. I like the blackened area. But yeah. Those are carcinogens. We want to stay away from that. If you're smoking it the smoke that's coming up, that's polycyclic aromatic hydrocarbons. We want to stay away from that too. My preferred way of cooking meat is just on a good stainless steel pan, lots of coconut oil. I load up on the oil in there. The coconut oil will protect the meat. So I put that in there and I'm very generous with the oil because, again, we want a lot of these good fats and then I cook the meat in that. And I just cook it till it just lightly browns and that's good. Now if you are going to do the grill, okay, an outside grill, you're going to do charcoal, things like that, you would certainly want to make sure you marinate it. And you can marinate in things like extra virgin olive oil, lemon, fresh squeezed lemon, and the lemon and the olive provide an antioxidant defense to help protect the meat from producing a lot of free radicals when you cook it. And again, just don't let it smoke, don't let it burn. Try to pull it off there a little quicker and you're going to do a lot better with that.

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Ty: Great information on the coconut oil too. One of the things that we do as a family if the kids want something fried we'll fry it in coconut oil.

Dr. David Jockers: Absolutely!

Ty: You know, some organic flour on the chicken or whatever, dip it in the coconut oil and it tastes great.

Dr. David Jockers: Oh yeah.

Ty: But it's actually healthy. You can actually eat a fried food that is healthy for you...

Dr. David Jockers: Exactly!

Ty: ...which is odd because we're under the impression that all fried foods are bad. But the reason that all fried foods are bad or that we thought that is what?

Dr. David Jockers: Well again, it's really a combination of things. Typically when you go and you get some sort of fried food, French fries, fried chicken, it's going to be fried in a high omega-6 vegetable oil. Basically it's going to create a trans fat because they take these poly unsaturated fats and they cook them at a high temperature. And these poly unsaturated fats can't handle that. So they're taking things like corn oil and soybean oil which are typically genetically modified as well. So you've got problems there. But then they cook them at a really high temperature and they convert to transfat. And so it's just basically typical fried foods that you find in America are loaded, saturated with transfatty acids which are extremely toxic and destructive in the body. So we definitely want to avoid that. On top of that, they're usually using the wrong type of batter so they've got a lot of gluten in there and genetically modified ingredients in whatever they're batter is that they're using with the chicken and the French fries. And of course, typically a chicken's commercially raised and—so you got a whole bunch of problems right from the start. Now if you were to take a pasture raised chicken that was raised properly its going to, again, concentrate omega-3 fats, its going to have a lot more antioxidants in all of its cells, in all of its tissue. So now you've got a properly raised animal. Okay. Now you use something like coconut flour, which is gluten free, low carb, good fibers, okay, and you put that in there and then you deep fry it in coconut oil you're going to have a lot less problems with that. It's going to be a lot better for the body. So that's the way to do it.

Ty: I think I'm going to have to go right now because I'm getting kind of hungry because its amazing the way—and again, the key is to use the proper ingredients.

Dr. David Jockers: That's right.

Ty: Its not that one type of cooking is bad or another type is better, its what are the ingredients? And so the old saying you are what you eat reminds me of what you were talking about with the beef, with the cows. If the cows had been raised on grains then they've been eating—well, you

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just mentioned—genetically modified soy and corn most likely. So then they become genetically modified cows almost.

Dr. David Jockers: Yeah.

Ty: And so you not only have an issue with the omega-3 and omega-6 ratio as you were talking about but also...

Dr. David Jockers: But toxins...

Ty: ...you might also have the genetically modified issue as well if you're eating them.

Dr. David Jockers: You're absolutely right Ty. And so the cows just concentrated toxins then because the GMO corn in soy is going to have things like acephate and other chemicals that are in it. And so now that cow consumes it and its going to store that in the fat cells. And so this idea of taking leaner cuts when if you were to eat commercial raised animal products you certainly want leaner cuts because the fat is, again, going to concentrate more and more of these GMOs, more and more of the glycosophate and the other harsh carcinogenic chemicals as opposed to a grass fed cow where you've actually got concentration of all the good fats right in the fat. So the fat of the cow is actually the healthiest part. Its the most nutrient dense part when the animal is raised correctly. And I wanted to actually finish one last thing with the difference between Atkin's and an anti-cancer ketogenic approach. Atkin's really never differentiated with chemicals and sweeteners.

And so it was really a high chemical diet because he would use things like aspartame and Splenda and stuff like that. On a cancer killing or an anti-cancer ketogenic diet we want very, very pure sources of nutrients. So we want it to be extremely nutrient rich, lots of antioxidants from things like herbs, things like low glycemic sweeteners like even squeezing fresh lemon on things will provide a ton of antioxidants. Sweeteners are going to be things like stevia, which is an all natural sweetener that's going to work much better. Xylitol perhaps for some individuals that can digest that well. A lot of times people who have leaky gut issues or small intestinal bacterial overgrowth issues and are not able to handle the sugar alcohols. But that's a possible sweetener on a ketogenic diet. But we're going to stay away from the chemical based agents and go with really natural agents. We also, again, want to use a lot of herbs. Herbs can provide good flavor and a ton of antioxidants. And really in the Atkin's diet there was very little emphasis on herbs or really antioxidants in general. And on the anti-cancer ketogenic diet we do take from Atkin's, hey, this whole ketogenic approach but we also want it to be extremely nutrient rich and really focus on getting a lot of antioxidants into the body.

Ty: Question for you, you mentioned aspartame.

Dr. David Jockers: Yeah.

Ty: And you mentioned it in the same sentence as you mentioned the chemicals. So is aspartame a chemical? Is that what you're saying?

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Dr. David Jockers: Oh absolutely. Aspartame is a very toxic chemical. When it's metabolized it breaks down into things like wood alcohol, formaldehyde, aspartate itself is an excitotoxin in the brain. So it is a chemical derivative. In fact, I don't know the whole story, but I heard it was actually developed as a military weapon. And so I'm not the expert on that but that's what I heard. However, it just really has delirious effects on the body. It's been linked to several different forms of cancer. And it's definitely something we want to avoid.

Ty: So and your anticancer diet you get people on you would prefer the if they want to sweeten their food or to sweeten their drink or something just because something's a low calorie sweetener is what you're saying it doesn't mean that its bad.

Dr. David Jockers: Yeah.

Ty: There are good ones and there are bad ones. And so the good ones you mentioned, stevia, which is an herb which is actually a hundred times sweeter than sugar.

Dr. David Jockers: Exactly! Yep. So we want to avoid aspartame, splenda, acesulfame potassium, these really chemical sounding names and we want to use like pure leaf stevia. Okay. So stevia minimally processed form of stevia as possible. And perhaps xylitol. Now we do want to avoid highly processed forms of stevia particularly there's certain brands out there that combine stevia with things like GMO erythritol which is a sugar alcohol that comes from corn, right. And oftentimes there's combinations where it's a genetically modified form of corn to produce this erythritol. That would clearly be something we'd want to avoid. Yeah, an anticancer diet, we've definitely have got to avoid chemicals, GMOs, as much as possible because those things will just cause these inflammatory reactions that lead to cancer development in our body.

Ty: Okay. So you mentioned highly processed...

Dr. David Jockers: Yeah.

Ty: Would it be safe to say that if you go into the grocery store and you open up or you pick up a box and you're reading the ingredients and its got 50 ingredients and you can't pronounce 45 of them then you're probably going to be wanting to avoid something like that.

Dr. David Jockers: Yeah. Absolutely! If something sounds like a chemical or if it was in a lab somewhere it probably was. So Absolutely! We want to avoid that. We're looking for whole food based sources. I mean when it comes to foods and supplements we want to be extremely—we want to be keen on what we're putting into our body, you know, just like somebody who values, let's say, their automobile they're going to be keen on what kind of oil gets put in there, what kind of fuel gets put in there. It's the same thing with our body. We want to know exactly what's going in there. So for myself I don't eat anything that I don't know exactly what's actually—what the ingredients are that's actually going into that. And if its not something that's natural I'm going to avoid it.

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Ty: Good rule of thumb! If it ain't natural, don't eat it.

Dr. David Jockers: I can't say that I developed that.

Ty: I like it.

Dr. David Jockers: There's a lot more smarter people than me that came up with that. But yeah it's a good slogan we should all have.

Ty: Now when you mentioned we should be aware of what we're putting into our bodies kind of like a car, it reminds me of a story. I'm going to tell you a story real quick because I got to share this.

Dr. David Jockers: Yeah.

Ty: So a couple years ago we were going on vacation and we lived up in Montana we were about to drive to Ohio across country. So we go to the Jiffy Lube or whatever place to get the oil changed. My son and I are sitting there and we're waiting for the car. A big, big man, 400 plus pounds probably, comes in. He barely could walk, with a dozen donuts eating these donuts as he's talking to the people that are behind the counter. But he was very specific of the kind of oil he wanted put in his car and the different lubricants and all the different things he wanted done to his car but the whole time that he's doing that he's eating these foods that are killing the engine of his body. And I've told that story many times but its—we need to be as aware of the things we're putting in our body as somebody that's really into cars is aware of what they put in their car, the kinds of fuels and fluids and belts and all the things that make a car run. We should be just that aware before we put it in our body.

Dr. David Jockers: Yeah, it's really—it's a stewardship principle. We've been given this body. It's an amazing gift from God. Everything in our lives is a gift from God, right. And our job is to be a good steward of those things. And you know, the greatest gift we have is the vehicle that we have to transport our spirit. So we've got to steward it properly.

Ty: Absolutely! Let me ask you this. You mentioned sugar earlier. How has sugar affected our health? How does sugar and you mentioned sugar and cancer, so how does sugar relate to cancer?

Dr. David Jockers: Well, sugar is a fuel for cancer cells so basically cancer cells, they have an altered metabolism, an altered physiology and they're not able to produce energy from a aerobic metabolism. And so the mitochondria itself is damaged. And so they depend on anaerobic metabolism so without oxygen which is basically breaking down sugar. So they utilize sugar and they produce a lot of waste products particularly one that we're probably all familiar with, lactic acid. And so they produce a high amount of acids and they consume a tremendous amount of energy in our system through sugar. And operation systems basically when we take the sugar out we're taking out the preferred fuel source for the cancer cells. So they become weakened in that state. As opposed to when we're fueling our body with a lot of sugar, not only does it cause the free

radical damage, which is what actually damages the mitochondria to begin with, and creates this whole process, but at the same time we're also providing the preferred fuel source for more cancer cell development in our body.

See, what most people don't realize is all of us have cancer cells. We're all developing them every single day. Typically our immune system would hunt them down and regulate them. However, when we've got immune deficiencies which is another problem with sugar it weakens our bodies innate immune system. And so when that happens now these cancer cells will start to grow without being checked, being kept in check by our body's natural immune response. So we just continue to dump in the sugar. Again, we're weakening our immune system and we're strengthening the cancer cells. We're actually giving them an advantage in our body. So you know, you can feed one or the other. You can feed your immune system and strengthen that or you can feed the cancer and strengthen that. And I think if we all had this understanding and this knowledge and really, really knew that obviously we would want to feed our immune system.

Ty: Yeah, that makes a lot of sense. Now in light of what you just said it reminds me of—I was dealing with a cancer patient a couple years ago. Actually the family of a cancer patient who was dying. And they said—I can't remember—his brother, sister, whatever, was diagnosed. They said you're terminal. The person was in, what we call, the cachexia cycle, wasting away, losing weight. And so the oncologist said go out and eat whatever you can to put on the weight whether its donuts, or ice cream, or cakes or cookies or hot dogs, or whatever it is, eat it to put on the weight. In light of what you just said regarding the way that cancer is fueled by sugar it sounds like that's the equivalent of putting gasoline on a fire.

Dr. David Jockers: Yeah. Unfortunately the oncologist had a limited understanding of the effects of the nutrition and sugar on cancer cell development. So his understanding was you just eat to gain weight or to maintain weight. And its really not like that. We're not a machine like that where its necessary calories in, calories out. We have hormones that regulate our metabolism. We have hormones that regulate what's being stored, what's being developed, whether it's lean body tissue or fat. And so unfortunately he was just, in this particular case, obviously misled. And so the wasting away process, in fact, you know when I put people on a very strict ketogenic diet or ketogenic cleanse oftentimes they'll lose some weight doing that too. I don't necessarily look at that as a bad thing. In fact, part of it is just really starving out the abnormal growths in the body. So you know there's a difference there. The oncologist sees that as a bad thing. We're losing the battle as a person's losing weight. I see it as a necessary process for the body to—for the immune system to become strengthened and the cancer cell to become weakened so the immune system can gain the upper hand and destroy that, destroy the cancer cells. So, in fact, very advanced cases that are like that I recommend a very calorie restricted ketogenic cleanse. And even though it seems extreme it's not any more extreme than chemotherapy. I think we could all agree upon that. its a lot less painful, a lot less side effects, and you know, the results are pretty amazing of what can happen as you starve out that cancer, weaken it, and allow the immune system to do what it was designed to do.

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Ty: I think your comparison with chemotherapy is a good one. When you think about anything compared to the effects of chemotherapy, you know, most of the things that you would compare it to are not quite that bad.

Dr. David Jockers: Right

Ty: Do you ever recommend fasting...

Dr. David Jockers: Oh yeah.

Ty: ...for health and for cancer patients?

Dr. David Jockers: Absolutely! And you just brought that up. And so just talking about the ketogenic cleanse, I mean it is a fast. And I'm a big fan of intermittent fasting. It's something I do every single day. And I think it's a critical piece of a cancer killing diet. So for myself—really when we break down fasting, I want all our listeners to understand this, I look at a building phase and a cleansing phase. So our building phase is a time between our first meal of the day and our last meal of the day. So the typical American they might eat at 8:00 am and finish eating at 8:00 pm. So it's about a 12 hour building phase. And the cleansing phase would be time from our last meal to our first meal. Okay. That's like a one-to-one ratio. In our society today we've got so much toxicity that it's that much more important that we have a greater cleansing phase than building phase. On top of that, the great thing is when we're on this ketogenic diet our hormones become balanced, insulin and leptin, which is our satiety hormone so it helps us say that we're no longer hungry. We're satisfied. They become very balanced. Our body becomes very sensitive to it. So we're really not as hungry. And so for myself I like to have anywhere between a 16 to 18 hour and sometimes even a 24 cleansing phase on a regular basis. Okay. Like we're doing this interview here. It's 11:30 – 12:00, I haven't eaten anything yet today. I worked out this morning. And you know what, my blood sugar is extremely stable. I feel really good. I feel really mentally clear. Now I'll typically eat around 1:00 or so and then finish eating by, let's say, 6:00 – 7:00. And so that's really my building phase. And so I've gotten all the nutrients I need but my body's also been able to really cleanse and detoxify as I've gone through this cleansing phase. And on the cleansing phase like, for example, the fasting this morning I've drank probably about a half gallon of water so far today. So water is key because I want to move toxins out of my body. I don't want them to just recirculate as they're being released as my body's breaking down fat cells.

And so intermittent fasting is a very, very powerful strategy that's been shown to improve brain function, improve lean body tissue so your percentage of muscle to body fat. It's been shown to basically to improve almost every aspect of your health. And so very, very profound when it comes to killing off cancer cells in your body too. And sometimes we'll recommend longer fasts and longer cleanses but I think something that most people can do unless you have a state of adrenal exhaustion or extreme adrenal fatigue, which some people do, unless that's the case I always highly recommend going on a ketogenic intermittent fasting lifestyle because of the profound effects it has on destroying cancer cells in your body, regulating your hormones, and improving overall brain function. So very profound effects with that.

Ty: Okay. So you also mentioned toxicity, that we're living in a world that is just overburdened with toxicities. I mean we've got the plastics, the BPAs, we've got the pesticides. We've got chemicals everywhere. Our immune systems are being overburdened. So what effect do these toxicities do you believe play in the cancer equation? Because if you look at a hundred years ago we didn't have these same amounts, massive amounts, of environmental toxins. What do you believe on that topic?

Dr. David Jockers: I believe they play a huge role with this. I mean we have over 80 thousand chemicals in our society. The average individual in our society urinates out seven pesticides every time they urinate. And then they did a study several years ago where they took ten newborn infants and they measured their umbilical cord blood for toxins and they found 280—the mean, the average was 287 toxic chemicals, 208 of those were carcinogenic for the body. And this is a newborn infant.

Ty: So this is not something that you believe. This is research has shown that these toxins are getting into the systems and causing damage.

Dr. David Jockers: Oh yeah. You know, it's empirical evidence that's showing that these toxins are wreaking havoc on our physiology. And just like you said about it, if we did that study a hundred years ago, sure, we went through the industrial revolution. There were certainly toxins in our bodies but I bet if they took newborn infants a hundred years and they tested them, it'd probably be double digits with the amount of toxins. A thousand years ago it'd probably be single digits. Two thousand years ago it may be five or less. And so the reality is that as amazing as our bodies are, which I believe our bodies are the most amazing structure that's ever been built, I mean the most incredible system, however, and as great as we are at adapting to stresses the amount of toxicity and environmental stress and challenges we have in our system right now and upon us is for most people too much. And if you're not being intentional about taking care of your health and using advanced health strategies in 21st century, the 21st century western world, you're setting yourself up. I mean its only a matter of time before these genetic triggers are going to fire off and you're going to have enough disease development before you get diagnosed with something and have major symptoms in your body. We just have a toxic on-slot. Its an epidemic. And fortunately we've got very intelligent people that are out there, that are not only teaching people how to be well, but also providing the resources they need as far as specific testing and supplementation and advanced therapies to help people heal in our modern world.

Ty: So you mentioned earlier the immune system. The normal immune function is able to recognize these cancer cells that we're all producing, as you mentioned, and to take care of them, to regulate them. So am I putting two and two together saying that maybe one of the reasons that these immune systems are overburdened is because of all of the environmental toxicity that we just can't keep up.

Dr. David Jockers: Yeah, you're absolutely right. And so there are different systems in our body and so when the adrenal glands do—when they are damaged or the gut is damaged which is typically a triad of these things where

we have leaky gut syndrome. We go into adrenal fatigue and our immune system is just—it goes haywire. And you know, its really not able to—it doesn't have the sustainable energy, the resources to really work the way its supposed to work. And so therefore, its just hunting blindly causing actual further damage to our body and not actually regulating the things that it should be naturally regulating.

Ty: So let me ask you this Dr. J. If you were diagnosed with colon cancer, let's say, what would you do?

Dr. David Jockers: Well, I will tell you, I mean this does hit home. I didn't talk about this in the beginning but early on in my practice I was 28-years-old and all of a sudden I had this big red spot on my nose right here. And the cancer actually that my grandfather had was a melanoma, a metastatic melanoma, so a skin cancer. And so I knew I was susceptible to something along those lines. I grew up surfing on the beach. So I've had a lot of intense sun exposure, probably been burnt way more than I would naturally recommend just really because I didn't know any better. And so I knew I was susceptible and at that period of time in my life I was living, number one, with a lot of fear. I had just opened a business. I was in a tremendous amount of debt. I had a lot of people counting on me. There was lots of—you know when you run a business there's confrontation. There's all different types of issues and you know, my nutrition wasn't excellent. It was great. I would say it was a lot better than most people. It wasn't excellent. There was a lot of things in my life that were issues.

And so I looked at myself in the mirror and I could see exactly what was developing. And I knew enough to know that that was not normal. And certainly I could have gone to a dermatologist or somebody for a more advanced diagnosis of it but I really didn't need that. To me it was a wakeup call. And I think really for all of us we've got to have eyes to see and ears to hear in our own life because ultimately if we're living in a way that's just not beneficial to us and the people around us there's going to be wakeup calls. And I just took inventory of where I was in my life and I realized that fear was my dominating thought—fear of failure, fear of letting people down, and I knew I needed to work on myself mentally, emotionally, spiritually. I looked at my nutrition. I realized, you know what. There was probably way too many carbohydrates in there than there should be. Okay. And so I took out the carbohydrates and went keto—ketogenic. I was over training. I was actually exercising too much. So I really focused on rest, really, really resting my body well because I was in a state of adrenal fatigue.

And so I really needed to rest effectively. And I just took inventory of all the different areas in my life sort of doing more detox, really trying to detoxify my liver, utilizing some different supplements, some different advanced strategies. In a matter of two months it completely went away. And so to me it was just—it was really just a message that, hey, my body can heal itself. I just need to line up with the right principles. And certainly, I wouldn't say I was in an advanced state of cancer but I was looking at something that had the potential to kill me. And you know, by just heeding that warning, taking inventory of my life, really getting it under check I was able to heal myself naturally. And so I would take

the same approach. You know, I would just look at myself and say what areas of my are out of sync with natural order and what do I need to get in check?

Then I would seek out people with great knowledge, people that share a similar philosophy when it comes to the health—your health and the health of the body is you. So I'd seek out expert opinions. I would research. Obviously, there's a lot of great website like yours Ty where you can find a lot of information. You have a fantastic book where you can find all kinds of great information out there so you can start applying these strategies because clearly I had a little bit of an advantage being a doctor working in this field, I knew where I needed to go to find what I needed. And so if you're out there and this is the first time you've ever heard this I would highly recommend seeking out the experts, for example, that are on this panel as well as getting the books, going to the websites that you need to, getting the information you need, finding people that share a similar philosophy, starting to apply either nutrition plans, the supplements, the different advanced strategies, whatever you're able to do and whatever just feels right in your spirit to do and you know, you do have hope. I mean there are answers. There are natural answers. And you know, there's a lot of people that are getting well naturally and you can be one of them.

Ty: Thank you. And you mentioned and fear in the same answer there. So talk about the importance of hope as opposed to living in fear because I want to really focus on that because I think from my research I've seen that one of the things—one of the areas in which the traditional cancer treatments fall short is they just—people are scared. With the cancer diagnosis people are terrified and they don't necessarily have to be. There is hope. So talk about the importance of hope.

Dr. David Jockers: Absolutely! I think no matter where you're at in your life it's so critical to have a faith foundation, really to have a faith foundation. And the faith foundation should be this. No matter what happens in your life, no matter what diagnosis, no matter what circumstances take place that you are blessed, that you are called to be prosperous and victorious and that's the way I live my life and I really think there is a lot of advantage in that. If you let circumstances run your life you're going to be living in fear all day long. And when you live in fear you're constantly over stimulating your adrenal glands. And when you do that your body produces a lot of cortisol, a lot of stress hormone, and that's stress hormone wears down your immune defense in your gut. And then your gut becomes damaged. And when your gut becomes damaged now it creates a whole inflammatory spiral in your body, will throw off your hormones, it'll make you crave the sugars. It'll provide a breeding ground for opportunistic infections, and you get this whole negative spiral of health effect that are going to lead you down a route to chronic disease. And so there's a huge difference between living with hope and living with a lot of love as opposed to living with fear.

And so I don't think any of us will ever completely get rid of fear. I think that's just something that we're going to deal with on this planet. However, when we had this foundation of faith and we're attuned to where our mind and our emotions are going we can constantly reconnect. And it's like flipping a switch, right, and just reconnect back to hope, back to our faithful foundation and really bring love into the environment. And just like it says in the bible, perfect love

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casts out all fear. And so the more that we can open the door to love the less fear will control us and the more we'll be able to move on and see miracles in our lives.

Ty: And you have seen those here at your clinic.

Dr. David Jockers: Oh yeah.

Ty: You know, give us just one quick example of somebody that you've seen that their life has been turned around by implementing the principles that you teach here?

Dr. David Jockers: Yeah. I mean when it—you know, we've seen people reverse all different types of chronic diseases—a lot of autoimmune cases, you know, this is an epidemic that we see in our society whether its autoimmune thyroid, hypo or hyper, Crohn's disease, lupus, I mean all different types of autoimmune diseases. They're—you know, where basically the immune system is way out of whack and we've seen people reverse that. You know, when it comes to cancer we've seen metastatic cases. You know, we have one lady with breast cancer that metastasized into her lymph nodes and into her liver and now its still there but its actually a lot smaller and its located just in her breast. So we've cut down the metastasis. We've seen, you know, a gentleman completely reverse brain cancer. In fact, we've worked with a lot of glioblastoma cases and we've several of them completely—basically go into complete remission. And so it's pretty remarkable what happens. But you know, I think that the basic foundation of people that get the best results are the people that really have hope. They have confidence, they have faith. The people that are driven by fear, right, and they hear about cancer, they go into fear, they're fearful for everybody around them, they're constantly focused on their diagnosis rather than the solution. Those are the people that are a lot tougher to help get well because they're letting the circumstance or the diagnosis control them rather than having their faith foundation dominate the circumstance.

Ty: It reminds me of the Bible verse that says, “*My people perish for lack of knowledge.*” So I think what I really appreciate about you and many of the people that I've interviewed thus far on this series is the fact that you are pushing that information out there. You are providing knowledge for people. And as people are empowered with knowledge that in and of itself gives them hope.

Dr. David Jockers: Yeah.

Ty: You know, the old phrase, “*knowledge is power.*”

Dr. David Jockers: Absolutely!

Interview 15



R. Webster Kehr

aka "The Cancer Tutor"

www.CancerTutor.com

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Ty: I'm here today with Webster Kehr, the Cancer Tutor, in Kansas City. Webster, I want to thank you for spending the time with us today to share some of your knowledge.

Webster Kehr: Thank you Ty. It's always good to see you.

Ty: Yes. So give us a little bit about your background, your education, and how you got to be who you are today?

Webster Kehr: My first college degree was in mathematics, and my second college degree was in accounting. I was over in Europe on assignment by the U.S. Army. I was working for Northrop Grumman at the time. Before I went to Germany I had to take a physical. When I was done with the physical the doctor handed me a prescription for prehypertension. Now the way I was raised, I'm a little bit skeptical about the pharmaceutical industry. I didn't say this out loud, but I said to myself, "Oh boy, here's another drug they've invented, another disease they've invented." So I took the prescription and I got it filled and I took over to Germany. I did not like the side effects. I had some time so I went online to look for natural treatments for hypertension. I found a website of a Doctor Lamb. It was very good. I used his protocol and it worked very fine. But as I was researching natural treatments for hypertension, I accidentally came across natural treatments for cancer, particularly carrot juice. I also saw the quackwatch.com website so I thought, "Okay, who's telling the truth here?" Some sights say this cures cancer, and then you have quackwatch.com, which said that all of this natural medicine stuff is quackery. When I got back to the United States I said that I'm going to find out the truth. I started digging and actually talked to somebody face-to-face who had cured their cancer with carrot juice. So I eventually knew what was going on, and I knew that natural cancer treatments were for real. I already had a website and I put a few articles on natural cancer treatments on an existing website. Then I decided I had enough articles and that I should start my own cancer website. So I got the Cancer Tutor name and started the cancertutor.com website, and as they say the rest is history. Eventually there were a lot of articles. I work with a lot of people by e-mail. It's very time consuming just to read some of their e-mails, but it's very helpful to the patient.

Ty: I want to personally thank you for cancertutor.com. I know that that was the first Natural Cancer website that I knew about, and it was the website that I went to for years before I published my first book. And then you were kind enough to write the Foreword to it. So you are instrumental in waking me up, helping me to realize about the efficacy of natural cancer treatments.

Webster Kehr: That's good. You've added a lot yourself so that's great.

Ty: Let me ask you this? What kind of resistance have you encountered as a result of the www.cancertutor.com website?

Webster Kehr: Are you talking about from the authorities?

Ty: Any kind of backlash.

Webster Kehr: Occasionally I'll get an e-mail that says what I'm doing is quackery and things like that. That's pretty rare. Most of the e-mails I get are from cancer patients who just want some advice, which direction should they turn. The FDA has never bothered me, and I think the reason is that I don't sell anything. The FDA really is geared to shutting down selling products. They've never bothered me and they've never contacted me, because there's nothing sold from the cancertutor.com website. And that will continue. I don't want to sell anything from the website.

Ty: Right. That's where the FDA steps in is if you make claims about natural products.

Webster Kehr: Yeah, it's the connection of the natural product and the claim.

Ty: Sure.

Webster Kehr: There are three vendors that have told me they don't want their product even mentioned on my website. I can't tell you what they are. But I have a password protective website from people asking about those products. If they're a password protective website the search engines cannot find them. So I have to drag people to those websites. With three of the products they have told me, "We'll sue you if you mention our product on your website," because they are afraid of the FDA and my website makes medical claims. So even though it's not the vendor making the medical claims, I make medical claims and they don't like that.

Ty: With cancertutor.com it's really amazing with just the sheer volume of articles. Anytime that you do a web search for alternative cancer treatments, you're right there at the top.

Webster Kehr: Yeah, that's true. I get a lot of hits on the website and I get a lot of e-mails. That's good. That's why it's there.

Ty: Yeah, that's why you're there to help.

Webster Kehr: Yeah.

Ty: So Webster we are constantly trying to beat cancer, to cure cancer, to kill cancer, to control cancer. But exactly is cancer?

Webster Kehr: It depends on who you ask. The orthodox charities will say that cancer is caused by DNA damage. The truth of the matter is cancer is caused by microbes. The microbes are inside of the cancer cells. Let me explain briefly why the cell is cancerous and then we'll get back to the microbes. In a normal cell, glucose will enter into the cell. There will be about a ten-step chemical chain reaction to convert glucose to pyruvate. The pyruvate will go inside the mitochondria, and once the pyruvate is inside the mitochondria two chemical chain reactions start. This is a gross simplification, but it's pretty good. The first one is the citric acid cycle, also known as the Krebs cycle. And that starts with pyruvate. That's the complete cycle to create ATP energy. ATP energy is what drives the energy of the cells with adenosine triphosphate. Then

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about half way through the Krebs cycle, the electron transport chain spins off. Now the electron transport chain actually creates more ATP than the Krebs cycle, or the citric acid cycle. But together they create more of the ATP energy than anything else. The Nobel Prize was given to Otto Warburg in 1931 for stating that the definition of a cancer cell is low ATP energy. So in a normal cell glucose is converted to pyruvate, the pyruvate goes through these two chemical chain reactions, and that's where the ATP chemical comes from.

So now the question is, "Why is there low ATP energy?" And the answer is microbes. *Helicobacter pylori* is the main culprit. This microbe intercepts glucose. That's what microbes do, they eat glucose. So if you're losing a part of that glucose to the *Helicobacter pylori* there's less pyruvate, because if you have less glucose you're going to have less pyruvate. If you have less pyruvate you're going to have less pyruvate going inside of the mitochondria, and you're going to have ATP energy. That is the definition of a cancer cell. A lot of the treatments I have designed were specifically to kill those microbes. And typically, not always, the way to do that is to have a combination of a Trojan horse and something that kills microbes. The Trojan horse is designed to get the thing that kills microbes inside of the cancer cells. I'll give you a good example, honey and curcumin, honey and ginger, honey and cinnamon. Those are three good examples. Honey is the Trojan horse. Cancer cells love sweets and so you mix up the honey with the curcumin/turmeric, or the ginger, and the honey gets the other things in there. What's interesting about this is that down in South America there was a Catholic priest. I think his last name was Romano. He was in a very poor section of Brazil and he had cancer patients. He experimented with his patients with trial and error. He didn't know how to cure cancer. He came up with a formula of honey and aloe arborescens. Aloe arborescens is a cousin of aloe vera. He added a little bit of whiskey so that the honey and the aloe arborescens would get a little bit deeper into the tissue to get to where the cancer was.

The formula is in the book and there's actually a product now called Aloe Arborescens, which has a combination of guess what? Honey the Trojan horse and Aloe Arborescens, which kills microbes. He developed it by trial and error. So it's the combination of a Trojan horse and something that kills microbes. DMSO is commonly used as a Trojan horse on my website, MSM and honey. Those are the three main Trojan horses that are used with something that kills microbes. Chlorine Dioxide, which is normally a gas, but it's a liquid for a half an hour or so, or Chlorine Silver. LipH, which is pronounced "life", is commonly used with MSM. That's really what I use for cancer prevention is MSM and LipH. The formula has worked well. Cancer patients have done well with treatments that use a combination of those two things, a Trojan horse and something that kills microbes. Of course there are also the treatments that actually kill the cancer cells like carrot juice and organic purple grape juice. I mention "organic" because normal grape juice has a lot of chemicals in it. Organic purple grape juice has at least twelve chemicals in it that kill cancer cells, wheatgrass use. There are multiple ways to deal with cancer.

Ty: Sure. You mention the Trojan horse. You mentioned mixing honey with something else. Why do some of these Trojan horses contain honey or something sweet? You said that cancer likes sugar or sweets?

Webster Kehr: Cancer cells have a high number of glucose receptors. That's one of the reasons you don't use processed sugar in a cancer patient, because the cancer cells will gobble up the processed sugar and it will feed the microbes rather than kill them. So you're feeding the microbes with the processed sugar. Cancer patients should not take processed sugar at all. Cancer cells have a high number of glucose receptors and honey is the classic example of a Trojan horse. Maple syrup is used with baking soda. Molasses is also used with baking soda. You can go onto YouTube and find the Kellen protocol, or just look for "molasses" on YouTube. You'll find a lot of testimonies on baking soda also.

Ty: Webster, you mentioned honey in a couple of these Trojan horses. Why honey? You mentioned that the cancer likes sweets I think you said exactly. Insulin Potentiated Low Dose Chemo is a treatment that I've become familiar with. People have mentioned this in this interview series, this docu-series that we're doing, that they use the insulin as a potentiator to kind of trick the cancer cells into opening up and then the chemo kills them. So it's the same basic principle.

Webster Kehr: I'm glad you brought that up, because when I first got started into cancer research, there was a clinic down in the southeast, I can't remember exactly which state it was in. And one of the cancer patients I was working with was going to that clinic. It used DMSO and Low Dose Chemotherapy. I call it the DMSO Potentiation Therapy. It doesn't really have a name. That's just my name. But DMSO and the MSM are not glucose products, but they have a propensity to target cancer cells by themselves. They open the ports to the cancer cells. There are four different types of chemotherapy that actually bind to DMSO. And so DMSO and the right kind of Low Dose Chemotherapy was being used in one of the clinics down there. I never got around to contacting them, because they were shut down by the FDA. But that would be even better than Insulin Potentiation Therapy. DMSO is used for example with Vitamin C in clinics, and the FDA had shut down a clinic twice that was using DMSO in Vitamin C. The Vitamin C kills microbes and DMSO is the ultimate targeting cancer cells. It's just like radar going after those cancer cells. Sugar is bad. Honey, DMSO, MSM, these are three of the more commonly used products to get microbe-killing things inside the cancer cells.

Ty: So you're basically fooling the cancer cells into becoming more vulnerable, and then they're attacked by the substances that kill the microbes?

Webster Kehr: Right. It's not so much that the cancer cells are vulnerable. It's the microbes that are vulnerable. You kill those microbes and the cancer cells revert into normal cells. This is a very important concept to understand. There are several ways to deal with cancer. One is you can kill the cancer cells. This is the most common way to do it. The problem with chemotherapy is that it doesn't target cancer cells. Orthodox medicine is not going to use DMSO or MSM to help it target the cancer cells.

Ty: So as a result since it doesn't target cancer cells, it kills indiscriminately?

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Webster Kehr: That is true, but it has to be used in very, very low doses.

Ty: But the way the conventional medicine uses it is in high doses?

Webster Kehr: Actually it's very low doses, but because it would kill the patient that they use very high doses. The patient thinks its high doses.

Ty: Right. I guess what I was saying is relative to the insulin Potentiation, which is very, very low dose, correct?

Webster Kehr: Yes, very low dose, because it's very, very good at killing the cancer cells.

Ty: Now you mentioned though at high doses chemotherapy would kill the cancer patient.

Webster Kehr: Right.

Ty: So in your opinion, talk about the wisdom of using chemotherapy to treat cancer. Is there a place for chemotherapy?

Webster Kehr: Let me put it this way. I worked with a lot of cancer patients who are still using chemotherapy. What I will tell them is before you go in there take some MSM, Methylsulfonylmethane, and some of that MSM will turn into DMSO. MSM by itself will open the ports of the cancer cells, and DMSO opens the ports of cancer cells even better. So a little bit of that chemotherapy will target the cancer cells. It's kind of to make chemotherapy a little bit more effective. But the damage is done because they use doses that are very high, so it kills a lot of good cells and it doesn't target the cancer cells. As you may know, the five-year cure rate for chemotherapy radiation and surgery is about two point one percent. If you took non-Hodgkin's lymphoma out it would be less than that. NHL and Hodgkin's disease are really the only two kinds of cancers that do respond fairly well to chemotherapy. But most of the major types of cancer do not respond well to chemotherapy at all. The interesting thing is that all orthodox medicine has to do is use DMSO with chemotherapy. But the problem is if they did that they would use less chemotherapy.

Ty: So then you're implying here that the root of these decision-making processes is what?

Webster Kehr: What's best for the medical doctors' pocket and the pharmaceutical industry as well?

Ty: This is a recurring theme that I'm getting is, "Follow the money."

Webster Kehr: That's always the case. Yes.

Ty: Let's go back to 1971. President Nixon declared a war on cancer. Are we winning the war on cancer?

Webster Kehr: No. I think the cure rate is probably still the same as it was a two point one percent cure rate. I want to say something. This is important because medical doctors will tell a patient that, "There's a fifty percent response rate that you're going to be alive." What's going through the minds of the medical doctor is probably something like a six-month cure rate. Behind the scenes they're saying, "There's a fifty percent chance you're going to be alive in six months." When they talk about a cure rate and if they don't mention two point one percent or three percent, they're not talking about a five-year period. They're talking about a six-month cure rate or a one-year cure rate. I don't know what they're talking about. You have to understand how to interpret what medical doctors, oncologists, are telling you.

Ty: You're a mathematician. You're a smart guy. You know numbers, statistics. I've read on cancertutor.com about the way that the modern medicine manipulates statistics. Talk about some of the ways that chemotherapy statistics may be even manipulated.

Webster Kehr: Like I just said, they will typically if they're talking to a patient, they'll use the word "response." There's a fifty percent chance you're going to get a response to this treatment. What does response mean? I don't know. It may mean a three-month cure rate. It may mean a six-month cure rate. What does response mean? It doesn't mean a five-year cure rate, which is what patients want. So they will use these tricky definitions, and I think that's what you're asking. How will they deceive cancer patients? I say "deceive," but it depends on what their expectations are. To a medical doctor that's not deceit, because that's the terminology they're used to using. They're used to thinking in terms of a six-month cure rate or a one-year cure rate. I'm not really sure what their expectations are. But they use terminology like response to make it appear like this is a really good cancer treatment. When in fact, it's no better than what they were using in the 1940's. Chemotherapy came out after World War II, but before that they were still using drugs.

Everybody has cancer cells. Everybody watching this has cancer cells. Every one of them, but they also have an immune system. The immune system under normal circumstances keeps the number of cancer cells in check. I have cancer cells. You have cancer cells. What happens is that our immune system gets weak and the cancer cells grow out of control. Why does the immune system get weak? It gets weak primarily because of microbes and parasites as your book talks about. Microbes and parasites in the organs, the liver, pancreas, gall bladder, are weakening the organs. And when the organs get weak the immune system gets weak. One of the ways to treat cancer as you well know is to kill the microbes and parasites in the organs. That's done like Hulda Clark. Which one was your book, the 31-Day Home Cancer Cure? Is that the name of your book?

Ty: Yeah.

Webster Kehr: You use these herbs to kill the microbes and parasites in the organs like garlic. I just got an e-mail a few days ago from somebody who took an entire garlic clove and about a six foot parasite came out. I was impressed.

Ty: Wow. That would be shocking.

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Webster Kehr: I got an e-mail from a cancer patient recently who took an entire garlic bulb, not a clove, but a bulb and he had about a six foot tapeworm come out in their stool. So that was cleaning up some parasites in the organs. That's one of the ways to treat cancer. In fact it's really important for people that have tumors, otherwise the tumor will come back. There are a lot of things that will shrink tumors, but if you don't fix that root cause of the cancer, the tumors are very likely to come back, whether it's a brain tumor or whatever it is.

Ty: Right. And I think that's one of the themes that I've seen in the difference between conventional and alternative medicine, is that no matter what technique you might use with alternative medicines to take care of the cancer, alternative practitioners look for the cause and treat the cause, whereas conventional treats more symptoms to cut out the tumor, but doesn't do anything to deal with the real cause. That's why you just said that the tumor comes back, because of the underlying imbalance in the body whatever it might be, has not been corrected.

Webster Kehr: Yeah. It can even come back with natural medicine if you don't deal with the root cause. I deal with patients and when they describe their situation, the first thing that comes to my mind is, "Your immune system is shot. There is nothing left in your immune system." I could tell you right now that their organs are full of microbes and parasites. Their bloodstream is full of microbes, and right on down the list. They're just full of parasites. They're immune system is shot. They're probably on a processed sugar diet to feed these things.

Ty: So they're feeding the cancer with the diet most likely. And then you said their immune system is shot. So then to me the folly of using chemotherapy is even more then, because chemotherapy is a set of immunocompromising drugs.

Webster Kehr: That's correct. Chemotherapy obviously kills microbes, but not in the way that it would really help your cancer. I have an article on the website, which is really critical. It's called, "*ICR Reference Manual*." The reference manual everybody with cancer should really spend several hours studying this article. For example, Step 1 is a list of more than twenty treatments that target and kill cancer cells. Section number two is a list of more than twenty-five treatments that target and kill the microbes inside of the cancer cells. These revert cancer cells and normal cells as we've talked about. The next one is to kill the microbes and parasites in the organs. Your book is listed in that list. And it goes on and on. There are many different categories. There are more than fifteen different categories. There are many different options in most of the categories. It gives you an idea of what you're looking for in terms of what you have to deal with, and what you need to do to deal with that. Now somebody doesn't have to use every one of these. Their Dirt Cheap Protocol is very popular because by the time someone is done with chemotherapy, they cannot afford something like Collect-Budwig or the Cesium Chloride protocol or the Photon Protocol. Collect is spelled C – E – L – L – E – C – T.

Ty: So this protocol is literally called the "Dirt Cheap Protocol?"

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Webster Kehr: It's called the Dirt Cheap Protocol. It is the most commonly used protocol on my website that I know about, because the e-mails I get the people are poor. I just recently added two more articles. The Perfect Storm has been around for a while, but it's basically the high dose DMSO and chlorine oxide, a very high dose. And then I just added one a couple of days ago called, "The Log Cabin Protocol." Why would I call a protocol the log cabin?

Ty: I've got a guess. Is it because you use some kind of syrup?

Webster Kehr: That's a good guess, but it's actually because when you're in a log cabin you're sequestered from the outside world. It's basically saying, "You're going to sequester yourself from eating bad foods. You're basically eating nothing but foods that kill cancer cells, or revert cancer cells to normal cells." So what can you eat? Carrot juice, purple grape juice, maybe not on the same day, but you can go back and forth on those. And then there's a whole bunch of things from the Dirt Cheap Protocol. I could have called it the sequester protocol. This sequesters you so that everything you eat is treating the cancer. You're not allowed to anything that is not a cancer treatment. You can come up with some other things that are also cancer treatments, but the whole concept is the cancer patient eats nothing but treatments for cancer.

Ty: So you're either going to fight your cancer or you're going to fuel it in other words?

Webster Kehr: Well certainly some things fuel it. Yes. And you want to avoid those no matter what. But there are a lot of good foods, broccoli or asparagus. These are actual cancer treatments. You don't want to have too many greens. An orange is really not a cancer treatment, but it's not going to hurt a cancer patient, not like a candy bar would. The typical cancer patient will eat things that are not treating the cancer like oranges and things like that. So this one basically says, "Don't even eat those." Just eat things that are treating the cancer.

Ty: Because of the photon nutrients or whatever chemicals those natural foods might contain that are anticarcinogenic, correct?

Webster Kehr: Exactly.

Ty: I've mentioned this many times on this docu-series that Dr. Roshan Guitar in North Carolina. He mentioned in his interview that, "If God made it its good. If man made it its madness." So stay away from the processed foods and eat the natural foods.

Webster Kehr: That's a good rule of thumb, but you can take that one step further and only eat the natural foods that are cancer treatments. That's the Log Cabin Protocol. That's the name of it today.

Ty: I like the name. Why is it Webster that not more medical doctor's today push nutrition? Why don't medical doctors teach patients how to be healthy through eating?

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Webster Kehr: It's a subject I think all of them at least tell them to use a healthy diet. They could get into a lot of trouble if they actually started using natural cancer treatments. They could lose their license. They can be thrown in jail. There are medical doctors in the United States that are using exclusively natural cancer treatments. They lie low, and some of them don't want me to mention their clinic on my website and I respect that. But I think the average doctor will tell their patient to eat a healthy diet. They just really probably don't even know which foods are cancer treatments and which are not. So they do the best they can. They're just not trained properly.

Ty: They're not trained in nutrition in other words?

Webster Kehr: No. They're not trained in cancer nutrition. They may be trained in general nutrition, but not cancer nutrition. It's a different ballgame.

Ty: Yeah, interesting story. One of my good friends is a medical doctor in San Antonio. In twelve years of schooling he told me he had two hours of nutrition.

Webster Kehr: Yeah, and I've heard that kind of thing before.

Ty: So while they may be very intelligent people, I'm not debating that, you get through twelve years of schooling in medical school you're a smart guy or a smart gal, you can't teach somebody something that you don't know yourself.

Webster Kehr: And they're trained to sell drugs basically. This is not an exaggeration, but I've heard stories of people dropping out of medical school when they were told or they figured out that orthodox medicine had no desire to cure any disease. That's not the direction that orthodox medicine was headed in. I know that's a strong statement. Every doctor is different. I don't want to make a general statement about medical doctors, because every doctor is different. Some of them just don't know any better, and they do the best they can with what they've been taught. I don't want to make too broad of a stroke here, but you're right. In medical school they are not trained to use natural medicine. They are trained to sell drugs.

Ty: Webster, talk about the effects of environmental toxicity on cancer. On the American Cancer Society website they've got a PDF document called "Cancer Facts and Figures, 2013." They state that about ninety-five percent of cancers are a result of an environmental toxicity or radiation or pollution, some kind of environmental toxin. Talk about that.

Webster Kehr: I think that is connected with their theory that cancer is caused by DNA damage. And they're probably saying that these toxins are causing DNA damage and that's what causes cancer. The whole approach is false. It's wrong. DNA damage does not cause cancer. The Virginia Livingston Team of Cancer Researchers discovered that what causes the DNA damage are the microbes that are inside the cancer cells. And basically what they discovered was that these microbes get inside the cell nucleus. And it's well-known that if you have a microbe inside a cell nucleus, the DNA of a cell is going to change,

because the DNA of the microbe, the DNA of the cancer cell, or whatever kind of a cell it is, they're going to interact. It's going to change the DNA of the cell. So cancer cells do have DNA damage in a lot of cases, but that's not what causes the cancer. What causes the cancer is the microbes, which not only cause the cancer by eating the glucose, but also as I said, the Virginia Livingston Team showed they get up into the cell nucleus.

This is the whole basis of gene therapy. People with genetic diseases say they try to get a microbe and fit that microbe with a section of DNA, and then they try to get that inside the cell nucleus. So that microbe and that false temporary DNA that they've put in it can change the DNA of the cell. That's the gene therapy right there. So they know that microbes that get inside the cancer cells, the cell nucleus, are going to change the DNA. But they continue to say, "We're going to cure cancer by fixing the DNA?" How is fixing that DNA going to cure cancer? That's what everybody's looking for, "We need billions of dollars more so we can fix this DNA." Well fixing DNA isn't going to cure cancer. Having said that, there may be some rare cases where DNA damage, which is natural DNA damage, does cause cancer like BRCA, BRCA2 genes. These are breast cancer genes. They may create genes that somehow block the production of ATP energy. I do not know that for sure. But it is possible that certain types of DNA damage does cause cancer cells by blocking the ATP energy via some gene that isn't functioning properly. We don't know that. But in general DNA damage has absolutely nothing to do with the cause of cancer. It's a symptom of the microbe that is inside the cancer cells.

Ty: What about the cases of let's say nuclear radiation like with the Fukushima meltdown? We've seen an explosion of cancers in Japan from that. Is that one of those instances that you're talking about where maybe it's the exception to the rule?

Webster Kehr: I don't know the answer to that question. It could be that radiation could damage the DNA in such a way so it was not able to create the correct proteins. The chemical reactions that are going on inside of the cell are just mind boggling. There are videos on line about the inner life of a cell. One of them was made by the BBC. What goes on inside of a cell is beyond comprehension. You have the DNA which is constantly pumping proteins into the cell from the genes. It's like a small factory. There are a lot of different ways that something like radiation could cause cancer, because there are so many different ways you can damage the mechanisms inside the cell. If the cell is not creating enough ATP energy, that's the definition of a cancer cell. Radiation can very easily do a lot of damage inside of the cell to the DNA or whatever. It's such that the ATP energy would drop. It's so complex what goes on in there.

Ty: It's going well so far with what you're doing. Are you we going? Okay. Talk about Antoine Bechamp and pleomorphism, and how that relates to cancer? First of all who was Bechamp?

Webster Kehr: He was talking about the cancer microbe, helicobacter pylori. Depending upon the alkalinity inside of a cell determines the size and shape to some degree of the microbe. The microbe can be fairly large. This is relatively speaking. I'll just number them from one to sixteen. At the higher numbers they

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can be fairly large. At the lower number they get smaller. Again it depends on the alkalinity of the cell. It depends on the acidity of the cell. A cancer cell is very acidic it's going to have very active and large microbes. When you make the cells alkaline the microbes will slow down and they will get smaller. You would think that that's always good, isn't it? Not necessarily. When down to the smallest size, and different researchers have called this different things, microzymas, and other terms, it goes into hibernation. When it's in hibernation you can't kill it. All along I've been saying, "Let's kill these microbes." Let's not kill the cancer cells. You can't kill the cancer cells. Let's kill the microbes. As the microbes get smaller then particularly when they get to the smallest size like microzyma, you cannot kill them because they're in hibernation. They literally cannot be killed. They will stay in that state for about six months and then they'll come out of that state. I'll give you an example. Let's say somebody is on the Cesium Chloride protocol and the patient builds up the Cesium Chloride protocol too slowly, and some of these microbes went into hibernation before enough Cesium Chloride gets in there to kill them. They will stay in hibernation for six months and then they will come out of hibernation and the cancer will come back, because the microbe is now inside of the cancer cell. It was there all along, but for six months it was in hibernation.

So basically when this microbe is in hibernation you cannot kill it. It'll stay in hibernation about six months, so Cesium Chloride for example, if the Cesium Chloride does not go inside the cancer cells at the right rate, some of these microbes may go into hibernation. And then the Cesium Chloride will kill the rest of the microbes. The patient will think, "I'm cured of my cancer," and then six months later almost to the day the cancer will come back because these microbes that were in hibernation came out of hibernation. You have cancer again and you have to go through the treatment again. I don't know how often that happens, but it does happen. He wasn't the only one that was familiar with the pleomorphic nature. There are others.

Ty: Talk about the war. I read an article on your website on cancertutor.com. I think it's called, "*The War Against Alternative Cancer Treatments.*"

Webster Kehr: There are several on the war on cancer.

Ty: Talk about that. Talk about the war on alternative cancer treatments.

Webster Kehr: The war is largely against vendors, and to some degree researchers. The theory behind it is if the FDA, in other countries it's other organizations, can shut down the vendors then they can shut down natural cancer treatments. They've thrown people in jail to set an example. There was one person who was using electromedicine. I believe his jail term is that he was sent to jail for a hundred and twenty years. That's sending a message to everybody else who is doing research. He was selling a product, but he was also a researcher. That sends a message to everyone else that you risk going to jail for the rest of your life. I think he has been let out by now; his sentence was later reduced.

Ty: What was his alleged crime to be sentenced to a hundred and twenty years?

Webster Kehr: I'm not exactly sure what it was, whether it was making a medical device or making medical claims. Usually it's a combination of the claims with the device.

Ty: Or the product maybe.

Webster Kehr: Yeah. For example if you go onto the cancertutor.com website, the GB-4000 M.O.P.A. is not always called the GB-4000 M.O.P.A. In some cases it is and in some cases it's called the High RF Frequency Protocol Plasma. And the reason for that is that the vendor did not want, even though I don't get a dime from the vendor and even though he really technically has no control over my website, but he doesn't want that name to show up too many times on my website. So there's a pseudonym a part of the time. As I said before three of the vendors said, "Don't even mention it. We'll sue you if you mention our product on your website."

Ty: Talk about the GB-4000. What is it? What is M.O.P.A.?

Webster Kehr: This goes back to the 1930's. It was known in the 1890's; William Russell knew that there were microbes inside the cancer cells. It was rediscovered in the early 1900's. It was rediscovered again and again and again, because back then you didn't have the communication that we have today. In the 1930's Dr. Royal Rife, who was a microbiologist, knew that there were microbes inside the cancer cells. He came up with an electromedicine device, a couple of them actually, which was designed to do nothing but kill the microbes inside the cancer cells. When he did that, of course the cancer cells reverted into normal cells. One of his major contributions, aside from finding the right frequencies, was that he also determined that you needed a carrier wave to get the microbe killing frequency all the way through the body so that it would kill all of the microbes in the cancer cells. It would not harm natural cells, because healthy cells don't have these microbes in them. It would only affect the microbes in the bloodstream, which are good to kill. There are very few microbes that are good. There are a few that are good, but it's not going to bother them. Even if you kill them it's not really going to have a lot of affect.

He developed this technology. The American Medical Association tried to buy him out, and he refused because he did not trust them. Good for him. So the Food and Drug Administration went down and destroyed his laboratory, his equipment, and destroyed all of his inventory. The good news is that eleven of his devices had already been sold before his lab was destroyed. I have to be careful; I'm not going to tell you where they are. I only know where one of them is and it is used for research. Four of them have been found. The other seven have not been found. The GB-4000 devices were based upon that technology, only it uses much better technology in terms of automation. You can't even compare it because of the automation technology of the GB-4000. There's also a GB-4000 SR4.

Ty: What does M.O.P.A. stand for?

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Webster Kehr: Multi-wave oscillating something. I don't really know. It's a long name, but it has to do with oscillating frequencies.

Ty: Okay. So you mentioned Royal Rife. He's one example of countless numbers of doctors and researchers that have been persecuted for doing something that's not conventional.

Webster Kehr: That's right. They were perceived to be cutting into profits. I'm being sarcastic. I've been in this business so long that I've seen too many things to not be sarcastic. I'm sure there are a lot of very good people in the pharmaceutical industry. It's a top down organization.

Ty: Webster, let me ask you a question. Let's say you went to the doctor and he diagnosed you with pancreatic cancer. What would you do personally?

Webster Kehr: The first thing I would think about was, *"Yes, now I can experiment on myself."* I would probably experiment on myself and if it didn't work then I would use something that's proven to work. I have absolutely no fear of cancer, and I doubt you have a fear of cancer either. So if I was diagnosed with pancreatic cancer I would say, "This is a good opportunity to experiment on myself."

Ty: Do you have any treatments that you would currently recommend that you have on your website that might be effective with that type of cancer? Because I know according to orthodox medicine pancreatic cancer is a death sentence. They don't even claim to try to cure pancreatic cancer. If somebody is out there watching today that has pancreatic cancer, what direction would you send them?

Webster Kehr: Let's go back to our house fire example. The faster a house is burning, the more water you need to pour on. Pancreatic cancer is dangerous because it spreads so fast. So this is a case where you need a lot of fire hoses to use the symbolism. It's true of all advanced cancer patients. Most of the cancer patients I get e-mails from are very advanced. They've already had the chemotherapy, radiation, surgery. Their body is full of microbes and their immune system is shot for multiple reasons. Pancreatic cancer even newly diagnosed would fit into that category. It's a very dangerous cancer even when it's newly diagnosed, because it spreads so fast. So basically I would use pretty much the same treatment I would use on somebody who's already been through the chemotherapy, radiation, and surgery. It's a multi-pronged approach. The Dirt Cheap Protocol has twenty different items on it. I have ways for example to Collect-Budwig Protocol, which we talked about. I literally will say, "Okay. Here's what you need. You need a combination of the Collect-Budwig and the Dirt Cheap Protocol. That's what you need, because they work in completely different ways." We're not exactly sure how Collect works because there are ingredients in there that are not mentioned because according to labeling laws they don't need to be mentioned. So we don't really know what's in it.

The things that we do know are in it are things that will slow down the spreading of the cancer and some of them will kill microbes inside the cancer cells. But we

kind of categorize it as something that kills the cancer cells, although it may be killing the microbes inside the cancer cells. We're not exactly sure, because we don't know the ingredients. But you're going to use multiple treatments that are killing the microbes inside the cancer cells from the Dirt Cheap Protocol. I may say ten, twelve, fifteen items from the Dirt Cheap Protocol even on the case. And then with the Collect-Budwig, which has expert telephone support. When you combine two protocols you can assume that both of these protocols have something in there that's highly alkaline, because that's what slows down the spreading of the cancer. You will have to drop one of those. You will have to decide which one to drop. In this case you would drop the baking soda and maybe even you would drop the asparagus from the Dirt Cheap Protocol. But you would keep everything in the Collect-Budwig. You would probably have limu juice which is an option. You would have the GB-4000 which is an option if they can afford it. And then you would add the Dirt Cheap Protocol to it, taking into account you would have to drop one or two items from the Dirt Cheap Protocol. I do that all the time. I recommend that all the time, because of some of the conditions that the patients are in. Maybe they have a really fast spreading cancer. I just kind of lump pancreatic cancer in the same situation as somebody as somebody that's very advanced, so it's deadly.

Ty: I'm hearing your advice would be that you hit it from different directions. In other words, there's not a magic bullet for cancer? You hear people say, "If I had cancer I would do x, y, z." Or, "If I had cancer I would take this one supplement." So what I'm hearing you say is that you hit it from different angles, a multi-pronged approach?

Webster Kehr: Right. There's not one treatment I would use in every situation. That's correct.

Ty: Okay, which is a little bit different than conventional, because conventional is radiation, chemo, surgery. Maybe different types of chemo. But it's almost like an assembly line medicine.

Webster Kehr: The doctors will create what they call a chemotherapy cocktail. They might combine three or four different types of chemo together into one cocktail. I don't know their reasoning for doing that. But the bottom line is yes. Its chemotherapy, radiation, and surgery.

Ty: Webster, when we say chemotherapy, what is chemotherapy? That's kind of a basic question, but I imagine there are some viewers that are wondering, "What is chemotherapy?"

Webster Kehr: It's a very powerful drug that kills cancer cells. The problem is it's indiscriminate. The problem is not that it kills cancer cells. The problem is that it's indiscriminate and kills a lot of healthy cells, so that's when it had to be used in very low doses. But basically it's a drug. I have heard and I do not know the history of this, but chemotherapy came along after World War II and supposedly was basically a use of mustard gas. You've probably heard that too. I don't know whether today's chemotherapy is still based on mustard gas or whatever. But the important thing is that it's very strong. It's a chemical. It's very strong at killing cells. It's very strong at killing cancer cells. Like I said there are

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four kinds of chemotherapy that actually target and kill, that bind to the DMSO. So if you could combine DMSO with the right kind of chemotherapy...You could use low doses of chemotherapy and target the cancer cells with the DMSO.

Ty: Without the side effects?

Webster Kehr: Correct, because you're using low dose chemotherapy and most of the chemotherapy is targeting the cancer cells. So there would not be the side effects.

Ty: Yeah. And that is one of the biggest complaints about traditional chemo is that, "I feel like I'm about to die when I'm going through the treatments."

Webster Kehr: I think insulin is another protocol that uses low dose chemotherapy. You can check that, because I'm not sure.

Ty: Yeah, IPTLD Insulin Low Dose.

Webster Kehr: They use insulin because insulin targets cancer cells. And that helps the chemotherapy target the cancer cells better.

Ty: I think that's about it. I think we're at an hour aren't we. I'll just kind of close this up. Webster, it's been a fascinating and enlightening for me. And I know that the millions of people that are watching this it's been enlightening for them as well. I just want to thank you for taking the time to share your knowledge with us today.

Webster Kehr: Thank you Ty, and you're in this book too as you well know. It's always good to see you Ty.

Ty: Thank you Webster.

Interview 16



Shannon Knight

Cancer Survivor
Founder/CEO of "Angels For Shannon"
www.angelsforshannon.com

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Ty: I'm here this morning with Shannon Knight in Thousand Oaks, California. Shannon, I just want to let you know that I'm really grateful to you for joining us today and being willing to share with us your story.

Shannon Knight: Thank you. I'm happy to be here and very excited to share my story. I believe it will help a lot of people.

Ty: So tell us a little bit about yourself, your history, your education, what you want people to know about you?

Shannon Knight: Well, I am a mother and a grandmother. I have two beautiful children. In fact, my granddaughter's birthday is this weekend. So I have devoted my time to do this. And my son is very supportive of it, so happy birth, Emerson Grace. I have mainly worked in retail with Victoria's Secret for many years, fifteen on and off. And that's been my life, so I'm used to working with people, talking with people, hearing their stories. That's how it is in the industry.

Ty: Tell me what happened in 2005.

Shannon Knight: In 2005, I found a lump under my left breast and it scared me. You know, we were told to do breast exams when we are in the shower and I felt it and I went to the doctor. And when I was seen in the examining room, and the doctor felt for the lump, he said, "Well, you have cystic breasts." And I said, "But this is different. This one is getting a little bit bigger and it's harder." And he said, "Well, you know, I think your concern is a little bit too much. You don't need to be worrying about this. It's probably caffeine. You just need to cut back on coffee, caffeine." And I said, "I only have a cup a day of coffee." I said, "Can we just biopsy it and test it and see what it is or something?" And he goes, well, you have cystic breasts. I'd have to biopsy breasts and you'd look like Swiss cheese. I'm not going to do it. So I left feeling really embarrassed. And I noticed that it was getting bigger, but I just, I didn't feel going back to the doctors until it got so big and it was about the size of a martini olive.

Ty: So, we hear that early detection is the key. And so you went to the doctor and said you think there is something wrong. And they didn't seem to follow up on that.

Shannon Knight: No, no, he didn't even tell me to come back. It was almost a comical joke and I left blushing, embarrassed. And I think that that's really important, that first step that we take, to be responsible for doctors to encourage that and really push us to follow up.

Ty: So what happened eventually with that? Tell me what the next couple of years held after that.

Shannon Knight: Well, after that, I would say almost exactly a year later, it was the size, like I said, a martini olive. And I went in and waited. They did biopsy it and I got the news. And I got the phone call and they said to bring a support person. They wanted to come in to have me talk to the doctor, personally, face-to-face. They said to bring someone with me for support. And I just knew, and it was a long drive. So, when I got there, there was no one in the office, except a

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nurse and doctor. And I knew that there was something wrong. They handed me a bottle of water. It had a pink label on it, a ribbon. And I just, I could already start feeling the blood leaving, draining to my feet. I just didn't feel good. And they told me it was cancer. I had breast cancer. And they immediately sent me to another doctor. And it was dark, it was nighttime. And I didn't understand. I said, "Well, can I make an appointment?" They said, "No, we called him for you. He's waiting for you." So in that aspect I really appreciated the urgency of rushing and getting me to the next doctor.

I went there and he said you're going to have to go and a lumpectomy. And pretty much, this is when everything started to change in my life.

Ty: What stage cancer was it?

Shannon Knight: Well, at that point, they didn't stage me because they didn't know if it was in my lymph nodes. I was in Seattle. And in a university, when you go, there are interns, so you are kind of like a guinea pig. So you are going to have a team of doctors coming in with paperwork doing, I think they're doing their assignments. I'm really familiar with what they are doing. But it is a lot of doctors, a big team and they are discussing what they want. So they wanted three types of chemotherapy, two intravenous through a port, one by mouth. It was estrogen positive cancer and a bilateral mastectomy and radiation. And I needed to hurry. There was a sense of urgency. So, my sister was with me and my boyfriend at the time was with me. So I went ahead with the mastectomy. And I had remembered what my grandmother was like when she was doing chemotherapy and she lost a lot of weight. And I was terrified. And I just didn't want to go through what she went through, losing all that weight and dying, literally.

Ty: It sounds like they just threw almost everything, including the kitchen sink at you, as far as recommended treatments.

Shannon Knight: They did. And I was in a hospital where I saw patients in the waiting room. And they were missing hair and they were wearing scarves. They were, they looked like they were from a concentration camp. It was terrifying.

Ty: Now, you mentioned that they gave you, I think, a bottle of water with pink on it. Was it during Breast Cancer Awareness Month? Was it during October?

Shannon Knight: Yes, it was absolutely during October, Breast Cancer Awareness Month. And they gave me, everything was pink, the pamphlets were pink. The wig book was pink so I could start looking at wigs ahead of time, preparing me to lose my hair. Even the scarves, if I didn't want wigs. It was all these information packets. They gave me a bag with a bunch of stuff in it, support groups, pamphlets, everything. So, when I got through with the mastectomy, that's when they were able to tell me, by taking the lymph nodes out, that it had gotten in my lymph nodes and it was Stage III. So, they needed me to do everything and they needed me to do it fast.

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Well, I got staph infection from the surgery and this bought me time. And this is when I started researching and learning about other ways. And I started with enzymes. My friend, Cindy Jones, introduced me to Enriching Gifts. She introduced me to Ron Schneider. He had a seminar. And I was very sick from the staph infection. I was in a wheelchair. And my whole chest was on fire. And she said, "I want you to meet Ron Schneider." Ron Schneider was nominated for the Nobel Prize for his supplements. And I went to the seminar. I told her I didn't feel well. And I didn't want to be around a bunch of people. I didn't want them asking what was wrong. I was just self-conscious. I went and met him. And they put my blood, right there in their hotel room, under a microscope. And he showed me what uric acid was, the things that cause cancer. And I got some information and learned what was going on with my body. That is when my interest was piqued about changing the chemistry of the body, so I could actually do something to make my body healthier.

Ty: Hmm, and now, is this the first time you had been approached with that kind of information? Had your oncologist, your cancer doctors shared with you anything about the things that you could do to make your body healthier, the reasons that – the things in your blood that might have been causing the cancer, any knowledge to help you?

Shannon Knight: Everything was medicine, radiation and surgery, nothing about supplements or healing. In fact, later, I was diagnosed as having a deficiency in Vitamin D. I lived in Seattle and there's no sunshine. And I found out later that it is very common for cancer when you don't have sunshine.

Ty: Vitamin D deficiency, hmm.

Shannon Knight: Never brought that up to me to check my Vitamin D level and it was very, very deficient.

Ty: So, let's go back, we were talking earlier about Breast Cancer Awareness Month, the pink. What are your personal feelings about Breast Cancer Awareness Month?

Shannon Knight: Well, I remember one time, I'll tell you right now, I've learned to love pink again. Working for Victoria's Secret, I told you, many years on and off for fifteen years, I loved pink. So and all of the information I got was pink and started to get sick about that color, and gifts. And everyone had a good intention in being supportive of Susan G. Komen, pink and looking for the cure. But I went into a Walmart one time, I'll never forget this. October, right before my mastectomy and these two girls, they were doing their job. They didn't know any better, at the time probably my daughter's age and there was a card table set up – I'm just going to say it like it was, with these silicone breasts that you would put into a bra cup. And they were laying breast up, nipple and everything, on the card table. When I saw it, I must have had some kind of a, I would call it like a trigger of some sort. I felt like I was going to pass out. I forgot what I was even in the store for. It was an emotional attack. So, I wanted out of that store as fast I could get. I thought it was the most insensitive thing. I started thinking about what would a man go through if there was his male anatomy on the table? What would go through? He would probably be outraged. It is just not something you

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would do. And it is not a common item to buy in a store. It should not be displayed like that. So, right next to it was an aisle of batteries, you know, Duracell batteries, with a pink ribbon on it, everything was pink ribbon and it just looked like they were – it was all about sale. It was taking advantage of something. I can't even explain it, but it did not feel – it was all wrong.

Ty: Very insensitive.

Shannon Knight: These poor girls were doing their job to keep their job. I don't think they understood what they were doing.

Ty: Talk about the big three treatments, the radiation, chemo and therapy, I appreciate you being honest with your feelings about Breast Cancer Awareness month. I know that's a sensitive topic, but talk about the big three treatments, the chemo, radiation and surgery. What is your take on those treatments?

Shannon Knight: Well, all three of those treatments, I know that radiation causes cancer. That never made sense to me. Surgery, during a time when you have cancer, you need your immune system. The first thing that your body is going to do is all your antibodies, everything that your body needs to fight the cancer is going to go to the surgical site, so it is going to weaken your immune system more, for a good period of time, longer than six-weeks. It has to repair and restore, so a mastectomy is not a simple treatment. It is a major surgery and you are at risk for infection. So that is not healing the body.

When you are sick with cancer, the body wants to be healed, plain and simple. We need to start looking, how do we heal our bodies, okay. So, chemotherapy is – the three that they were talking to me about, you are going to lose your hair, you are going to get sick. I do not understand how something that is going to make me sick is going to ultimately keep my healthy. If it is going to kill my cancer cells, it is damaging my other cells. How am I going to come out on top of all of this? That is my big giant question mark. And why is everybody doing it? I do not understand it. So I did go through with the mastectomy. I had my family saying just do it, just do it. And that part, I regret. And I have my own reason why. I do not know if it is something that has been scientifically researched. It is just my own common sense, Shannon Knight common sense. But I got cancer again. I never got that Vitamin D checked out and I never got to address it. And when you have that Vitamin D deficiency you are still at risk.

So, I feel if I had left that mastectomy out and hadn't done it, the cancer would have had a harder time getting to my ribs and getting to my lungs. And I could have just had a better chance. Plus the scar tissue, they are finding research that says scar tissue can cause cancer. You know, I read that in January of 2014. So, I just, if I had to do it all over again, I would not have done that surgery.

Ty: Now, you talked about getting to your ribs and your lungs. So, are you saying that eventually the cancer spread to other organs?

Shannon Knight: Yeah.

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Ty: Talk about that.

Shannon Knight: I went through that nightmare of getting diagnosed with it again. I had a recurrence in July, the same month, of 2010. And that was a difficult one, too, because I was misdiagnosed from October all the way through July, October 2009 to July of 2010. And I have the medical records that show that they never gave me the scans but they gave me the paperwork and said you have costochondritis. You have asthma. But they had done this CT scan and never gave me the report that said “highly suspicious for metastatic breast cancer.”

Ty: Really? So they –

Shannon Knight: They did not give that to me.

Ty: -- that was on the report but they did not give it to you. And did they tell you about it?

Shannon Knight: No, never. And they gave me the other paperwork that said you have costochondritis and you have asthma. Go back to work. Do not carry more than three to five pounds. I had to ask for that paperwork and take it to my oncologist when the lump in the center of my chest had advanced, just so he could have my records. And when I saw it, my mother was sitting next to me and I said, “Oh, my gosh! The paperwork said it was suspicious of it.” How could they not tell me? How could they not say anything to me?” Not one word was mentioned.

Ty: That is amazing, really, to me that they did not even mention it to you.

Shannon Knight: Yes and all the paperwork shows when it was faxed over, too, the dates, I was never given copies of the records. So now I always tell everybody, no matter what you get done, ask for all your records. They will make you wait 15-minutes and they may not smile and like you for it, but those are your records. And so that is what I would like everybody to hear from me today is no matter what you get done, whether you are doing alternative or regular medicine, those are your records. Get them that same day. Take an extra – plan on an extra 15-minutes to get copies of your records and build a file so you learn to understand what you are going through. Learn how to read your blood panels. Learn what everything is, your liver enzymes, everything. Learn what your body is all about. It is like having a car and not reading the manual. You need to know where your brakes are. You need to know what everything is. Care about your own body.

Ty: Uh-huh, become empowered with knowledge and take control of your own health.

Shannon Knight: Absolutely.

Ty: Good advice. Now, you mentioned that the cancer the second time had spread, spread to the sternum –

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Shannon Knight: Sternum –

Ty: -- lungs.

Shannon Knight: -- all lobes of my lungs.

Ty: What was the prognosis at that time and what did you do from there?

Shannon Knight: Well, it had spread into my lungs and my lymph nodes. We have other lymph nodes around this area, so it was underneath my collarbone, in the bone, my ribs, behind my trachea. And the doctor told my family, we were all sitting in fusion chairs. We had an early appointment. My best friend flew out. And we had two appointments. I had to meet with a radiation oncologist and with my regular doctor. He was wonderful, very kind through everything. He told me, when asked, how long does she have to live. Everyone was concerned. And he said, well, if she does treatment, you know, maybe a little bit longer. But if she doesn't, you know, three months, a year. It is an aggressive cancer.

Ty: So it was not an encouraging prognosis at that time?

Shannon Knight: No, it was terrifying. And he wanted me to start treatment. He was encouraging me to be sensible this time around, be sensible.

Ty: And what exactly does that mean? What did that mean, according to him, what was being sensible?

Shannon Knight: Being sensible, the first time when we met, he said that getting Vitamin C and doing those other things was like, going to his words exactly, the Sunshine Farm and laughed, he laughed. And that is okay. I understand that they are not learning about this in medical school. So it probably is pretty funny to them. But I told him I did not even want the Tamoxifen and I am still not on it and I have been in remission two and a half years. So, I allowed radiation on one area, because he did say that this was so aggressive it was going to paralyze me, so let's try to shrink this because that is not a good thing to happen, either. Let's try to shrink this. I made it through 22 rounds and I could not complete it. I ended up with staph infection, pneumonia. And another thing I would like to address is they call it cyber knife, and they say it is only going to one area. I ended up with a burn all the – like the size of a football across my chest and my back, with blisters.

Ty: Hmm, from cyber knife? I have heard of that before but I have not heard of that side effect on it.

Shannon Knight: It was horrible. So, it burns and I have scars on my lungs from it. And they say that your lungs are protected. They make this lead plate that goes in above you. You are laying down and it goes in above you and so they can direct the beams. And you can see the beams. It is supposed to hit different areas. And it looks like it would only hit those areas, but everybody is running from the radiation room, so there has to be a reason. So it got worse, my cancer got worse. And after we quit the radiation, it was really sad. That is when he said

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unless I do one of the treatments he is recommending, there is nothing else he can do and it is spreading. So, I went to the beach that day and I just, that is when Angels for Shannon came into my mind. I wanted to live. I wanted other patients. I wanted to do the healthier treatments and I wanted other patients to have that opportunity. I prayed to God to let me live and let me beat this the natural way.

Ty: First of all, what natural treatments did you choose at this point when the doctor said it is pretty helpless?

Shannon Knight: Yeah. Well, when it was hopeless, I saw a, well, your book, for sure, had a lot of different treatments in there. And my sister found a place for me that had all of those treatments combined in one. And she told me about it, and we had to raise money. I said this is where I want to go. And the hospital was in Mexico, in San Louis and it was safe. It wasn't in where the drug cartel were, you know, everybody is afraid of Mexico. The treatments were phenomenal. It was, there is a list, so I am going to let you know what they were. It was high-dose Vitamin C, intravenous. It was laetrile, intravenous. It was Ozone therapy. It was dendritic cell therapy. It was dendritic cell cancer vaccine, made with your own blood. It was hyperthermia. It was hyperbaric chamber. It was treatments that are going to boost your immune system, the thymus glands, magnetic therapy. Biofeedback, we have all heard about this. There is SCIO, which I did with my friend, Cindy Jones. Quantum physics is big. We all need to be taking a look at that. We have energy within our bodies. We cannot ignore that. We need to balance that, too. So it is a compilation of things and it was a very comprehensive treatment program that I did. And when we raised that money through Angels for Shannon, I waited. I did not do anything after that happened with the radiation. I did everything I could to heal myself. I took some Lypospheric Vitamin C packets, which is a big deal. If anyone wants to look it up, they can learn about it. It is better than ascorbic acid. It stays in the body. You can consume more. If people would learn more about that – they should all be taking it at flu season and before it even starts. So, you can consume more without having side effects like diarrhea or anything like that. You can take 3 grams a day, so it is amazing. And you do not get any stomach problems. So, Lypospheric Vitamin C is just a different delivery system. So it is made with a healthy fat.

Ty: Lypospheric – “lypo” means fat, so yeah, it's made of fat.

Shannon Knight: Yeah, and it's healthy. You aren't going to gain weight from it.

Ty: Right, right.

Shannon Knight: There are people that are making that at home, you can learn how to do it from – you know, there are some educational things that you can learn on YouTube. You have to just make sure you are getting the right information.

Ty: Right. So you used a whole heap of different natural treatments, many of which we have talked about throughout this series. We have different doctors that have mentioned many of those different treatments.

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And so now, how long did it take you from that point to where you went back, you were examined and you found out, hey, the cancer is in remission? Talk about that period of time.

Shannon Knight: Okay, well first, I was symptom free from – I went and got my treatment in February of 2011. And I was symptom free. You know when it is up, it had infiltrated my air passages and that is like a knife. So I was symptom free in August, late August. And I got it confirmed with a PET scan in October. So I can say it took six months. I know when my body is healthy.

Ty: Six months from the time that they told you that you were hopeless.

Shannon Knight: It was amazing. Even when I was in the hospital there, I could feel myself healing. You know, like I said, the body wants to heal. When you start taking something that your body needs so much, it is going to respond. Oxygen, I mean, come on. Cancer grows and thrives in an oxygen-deprived environment. So when you start getting that in your body, it is going to respond.

Ty: And it did. Your body did respond.

Shannon Knight: It absolutely did. Yeah, I had people saying that my eyes looked clear. You do not look like you have Stage IV cancer. In fact, there were rumors going around, two rumors in one week, when I was in remission. One, she never had cancer, someone that went to my high school, good old Facebook, okay, went around. And the other rumor, she is not in remission. It is impossible.

Ty: Hmm, what did your oncologist say when he saw the new scans?

Shannon Knight: He was very happy. And he asked my permission to have my medical records to take to show to his colleagues. And, of course, I said yeah, take them. He was very happy. He said, "I wish I had done some treatment on you so I could take the credit." He was being silly. He is a good man.

Ty: He sounds like a good man.

Shannon Knight: Yeah, I like him. I can't wait to show him when I am in three years remission, so I can walk in there.

Ty: Yeah.

Shannon Knight: And give him a hug.

Ty: Now, you mentioned Stage IV – the cancer eventually was Stage IV?

Shannon Knight: Yeah. Yeah, Stage IV. It was scary. My family was preparing for me to die. My kids were crying and calling me scared. Not my son, he is tough, he is a paramedic, but my daughter was.

Ty: She is not crying anymore.

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Shannon Knight: No. And both my kids definitely believe now, which makes me feel good because I want them to know there is another way. This is not a time to be afraid. I am not afraid of cancer anymore. That word does not scare me. It does not deserve to have that much fear. And I do not mean to insult other people who are fighting it. But they can research and people that love them can research.

Ty: Talk about Angels for Shannon. What is Angels for Shannon?

Shannon Knight: Angels for Shannon is an organization that gives information right now. It is going to be to raise money, also. Right now, it is to give information to all families and caregivers, people who are wanting to help any cancer patient raise money so that they can get the cancer treatment they want, if they do not want to get the treatment the insurance will not cover. Insurance will not cover alternative medicine, the treatments that I chose. And there are a lot of people out there that want what I did. They do not want the chemo, the radiation and the surgery. And they are stuck. They have no way of getting the money together. So they need encouragement. They need to know. They need to be empowered, how can I get this money. I have talked to many people who have said there is no way I am going to be able raise this kind of money. And I said, yes, there is. Ahh, we did it for me. And I teach them how. I do conference calls, and we get teams together and we just find out what their gifts are. If you are good at talking to business, you do that. And if you are good at art and creating gifts or you are good at, you know, we figure out what their area of expertise is and we get these teams going. And we get them to believe that they do it and they do it. They raise the money.

Ty: What a great mission and you are able to draw on your own experience because you did that personally.

Shannon Knight: Absolutely. My girls are they are, you know, fund raising is important to recognize if something is great. The cancer patient, because I went through this, feels embarrassed. Oh, my gosh, I am so embarrassed. I do not want a handout. But now that I am on the other side, every time that I look at them, they are heros. They saved my life. They are the heros without the capes. They are angels. They saved my life. And if they can understand, anyone that is fighting for their life, to just relax and let them help, they will be able to look at them later and go wow, they are heros. And then they can pay it forward, you know, I'm stealing that, but it is true. We can all pay it forward by helping other people. It is a possibility to give back more than what you raised for yourself.

Ty: What a noble goal. That is your future plans, I assume. To be able to do that for other cancer patients, to help them.

Shannon Knight: Absolutely. Yeah and once I get more people on board, I want to be able to raise money for people, you know, to donate. You know, if someone is alone, a little old lady that has no family, that is on Medicare and that wants to fight because she is wise and because she does not want that chemo or any of those three things in her, to happen to her. You know, I met this wonderful old woman, named Suzanna, I will just say her first name. And she wanted this treatment so bad. She needed help. She had nobody. She did not

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have anybody that could raise money for her. I want to have money in Angels for Shannon so we can send her to a hospital and get taken care of. She was on Medicare. She did not want anything that they had to offer her. She wanted all of the healthy treatments, of the true healing treatments.

Ty: Why do you think it is, Shannon, that the insurance will not cover the natural treatments that worked for you?

Shannon Knight: Well, honestly, I think it is money. There is no money to be made. There is a lot of money to be made in pharmaceuticals. And I think it is a crying shame and I think that it is a vicious cycle that they cannot get out of. There is too much money to be made.

Ty: Shannon, what is your message to cancer patients? You have mentioned the fact that you were afraid during some of these times. There was a lot of fear. What is your message to cancer patients about fear?

Shannon Knight: I think fear is something that is instilled by the doctor immediately from day one. As soon as they hear the word cancer, they think death. Yeah, we think about our hair or losing weight and throwing up. But fear has power and you will trust the doctor right there in front of you at that moment. And you want a number. You know what the success rate is and you will trust it. You want help. You want a statistic. And you are not thinking clearly, logically. They cannot give that to you. We are all unique, we are all different and there is no consistent success rate, year after year, with any hospital or with any disease. I am one woman that had breast cancer. I beat it, okay. I was never a healthy little girl. If mononucleosis was going around, I got it. If shigellae was going around and 20,000 Americans get it a year, I got it. I was the runt that always got sick as a kid. I missed a lot of school. Okay, so I got breast cancer. I beat it with natural medicine. I am not some miracle. I am just a woman. So, this fear is something that makes us run and do things without really doing the research that needs to be done. We are choosing our foods. We are choosing our vitamins. Now it is time to choose how to heal the body. Let's slow down, catch our breath and get to researching. And not let fear be the motivator.

Ty: And you are speaking from experience, because earlier in this interview you said you are no longer afraid. And so you have conquered that fear through empowering yourself with knowledge, learning about these natural treatments that affect the immune system, that do not make you sick, that are non-toxic. And so that appears to be your message to cancer patients, that if you empower yourself with knowledge, that you can dispel the fear.

Shannon Knight: Absolutely. And if I could just get that through to them, it is so hard when you are in it. And a perfect example that I have shared is I remember when I was going through it, how afraid I was, and I am Christian. And so I was really, my faith was really challenged. I suddenly was afraid of dying. Here I was thinking oh, you know, I can handle it, it is part of the cycle. We are all going to die eventually and, you know, I believe in Heaven. So, here I was, like a 12-year old girl, terrified of death, of the dark, sleeping with a nightlight, just absolutely terrified. I hated bedtime, a grown woman. And people around me did not

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understand what I was going through. And what I mean by that is, and I want everyone to hear this and know this so that we can just get through it, is there are five stages grief. And we all know those five stages. But they are a little bit different for the family than they are for the cancer patient.

The cancer patient is going through something much more magnified. It is like being on an airplane, headed to Hawaii. You are fine, you are happy, you are excited. And then all of a sudden, the pilot says the plane is going to crash. And you are hit with a statistic or a success rate. You have a 2% chance of surviving the plan crash. You are up there. Everyone you love is down there on the land, watching it on the news. And you have access to your phone. Everyone is allowed to call you and they are telling you all these ideas. Oh, I know someone that was in a plane crash and they did this. They held their – and they survived. Just hold your seat cushion like this and turn your body like this and you will make it. Everybody has their ideas of how to beat it. But ultimately, we are on that plane alone. We have to fight this and win. And we have to be smart and we better do research. And we better make the right choice. So if you are choosing chemo and radiation, you better make sure that that is healthy. So if someone is giving you a hard time about alternative medicine, the Sunshine Farm, the Quack Watch dot com and sending you a bunch of stuff because you made a choice to do it the healthy way. Just remember this is your choice that you are making. And they are down there and you are on this. This is your battle. You are a soldier now. And you have to win. Respect your decision.

Ty: Hmm, that is a great analogy.

Shannon Knight: Yeah, I hold strong to that analogy because I fought it twice. And they think, they will say, well, they don't get it. She is not the only one fighting cancer. We are fighting it, too. And what they do not realize is I am looking at hundreds of people that I am going to lose. They are only looking at one. And that is a grief they do not understand yet.

Ty: You mentioned that you would sleep sometimes with a nightlight on because of the dark. I think that this is a perfect day for this interview, because look at the sunshine here in Southern California, it is beautiful.

Shannon Knight: It is gorgeous, and miles away from the hospital, where I turned down all the treatment.

Ty: Miles away from the hospital. Right around all the natural beauty. And I think this would be a perfect setting for this interview, because I think what you have done through this interview, Shannon, is you have shed a lot of light and a hope on this topic of cancer for people that may have been diagnosed with cancer. So, it has been very encouraging to me. It has been fantastic getting your story. And I just want to thank you for spending the time today that you --

Shannon Knight: Any time, any time, thank yo so much for letting me share my story.

Ty: Thank you, Shannon.

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AJ Lanigan

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Ty: So we are here today with my friend, AJ Lanigan, in Columbia – let me make sure I say this right – South Ca'lina.

AJ Lanigan: South Ca'lina, that is right.

Ty: Good to be here with you today, AJ.

AJ Lanigan: It has been great to have you here, my friend.

Ty: I really appreciate you coming and being willing to share some of your knowledge with us today on this interview. So let's just get rolling and I want to get you initially to start off and tell everybody who you are, what you do, and how you got to where you are – a little bit about your education, your history, your background, your training, your hobbies, your passions. What do you want people to know about you?

AJ Lanigan: Well, I was born and raised right here in Central South Carolina at the old Columbia Hospital five miles that-a-way and spent almost all my youth in Lexington, South Carolina. In fact, my old homestead is about fifteen miles south on US Highway 1. I attended Lexington High School, attended University of South Carolina right here. Did not really have a good football team but they have good pharmacist school so not wanting to travel too far from home.

I think most of my life, I have been really, really interested in health. My probably passion was born from the fact that – whether it was by Mom, my dad, my aunts, my uncles, my cousins – it just seemed like every time something went south, they went into the hospital, they did not come out. Which really perplexed me, you know, in the fifties and the sixties. You know, I thought that was the dawn of the new age of medicine and as I progressed, you know, more and more discoveries, more and more technology, more ways to get ahead of the curve.

My grandfather, for example, died – living with us, kneeling and saying his prayers – of prostate cancer. And the only thing that the doctors could do was send him home after pounding him with radiation with Demerol that my mom had to give him shots of Dilaudid, basically to kill the pain. So you know, five or six years old, you know, seeing that indelibly imprinted in my mind. I said, you know, you have got to hate cancer. So you know, it did not really make any difference whether it was an automobile wreck and an infection occurred, you know. There was always some sort of a shortfall.

Now do not get me wrong. Living here in the United States, if I get in a wreck out here in I-26 and bone is sticking out through the flesh, I want to be in the good old United States. We have got the best acute care in the world bar none. But if I am long-time sick – if I have got diabetes, if I have got cancer, if I have got something that just nags on and nags on, I am ashamed to say it but the United States is not necessarily the best place to be. You can be in areas in the Orient, you can be in areas in Europe, and receive, in my opinion, a lot better care and a lot better advice.

As far as hobbies, I love to fish. I do not have much time for it but you know, much better to catching than go fishing, that is for sure. And you know, developed a lot of friendships. I am in a business where my friends are who I am in business with. And if they are not friends now, I am in business with them, they become friends later. Because there is a common thread in that many people have identified the problem whether it is cancer, infectious disease, allergies, heavy metals. I mean, there is a whole list of things that have been written and espoused on as far as the problems. I am proud to say that myself and people I am in business with, we have got solutions.

When it is all said and done – and I know you are a big proponent of the immune system and helping the immune system being all it can be. That answers a lot of the problems. The challenge is how do you do it. And that is kind of the backdrop of where I have been and where I am today. The last – I do not know – twenty-plus years of my life, have really zeroed in on the immune system trying to do what I could do, trying to figure out what I can figure out how to help that immune system be all that it can be.

Ty: One of the things that you said I want to touch on and we will definitely get to the immune system because you are an immunologist. You understand the immune system better than maybe anybody that I have ever interviewed. We will get to that. But one of the things you said is that in the United States, you mentioned if you have a bone sticking out of your leg, you want to go to the emergency room. You know, and I am with you. If I have an arm amputated, I am a firm believer in natural solutions and natural treatments for disease. But if I have got an arm amputated, I am not going to take some aloe vera gel and rub it on that wound. I am going to go to the emergency room as quickly as possible, so I am with you. But you said that if you have a chronic disease, that the US is not the place to be. Could you kind of expand on that? Why is the US not the place to be in that situation?

AJ Lanigan: Well, I think it is a combination of ourselves wanting that immediate fix. We want a pill or a potion to fix something right now. We do not want to be uncomfortable, we do not want to be inconvenienced. A child growing up gets an ear infection. There is nothing rare about ear infections. Ear infections have been here since time immemorial. But that parent, rather than just take some time off and taking the days necessary for the kid to work his way through, is on the phone with a doctor's office getting some of that pink bubblegum antibiotic, calling in a prescription, so that they do not miss work the next day. And it is not that I am judging. I am just saying kids were not born with antibiotic deficiencies but they are certainly treated that way. Well, you know, here goes the long line, end up killing the good gut flora by the time they start to school. And that begets and that begets.

So is there any wonder why cancer is incurable? Is it any reason to debate why cancer is really out of control? When I was a kid, they would talk about cancer affecting maybe one out of six. Now the numbers are more like one out of two men and one out of three women, if they live long enough.

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So that being the fact, why not try to get ahead of the curve? And I do not see the money being spent on getting ahead of the curve. Money is being spent on early diagnosis but once you are diagnosed, well, we say, you know, the pill or a potion. We can give you another shot but you need another pound of chemo or radiation. I do not know that that is where the money necessarily needs to be spent. Of course, I am not the smartest guy in the world. You know, I do not make hundreds of billions of dollars like the companies make in potions and pills so who am I?

Ty: So you said that there is not a lot of focus on finding the cure, right?

AJ Lanigan: Well, they say there is. But where is the evidence? I mean, I am old enough to remember Tricky Dick Nixon saying we are going to have a cure for cancer in ten years. Well, obviously, he was not a math major. So where is it? Is there, in fact, even a cure for cancer? Again, I am not smart enough to tell you that there is and I do not make no claim that I have one. But I do know this. To overcome cancer, to stop it before it begins, or to reverse it once you have contracted it, I am pretty much convinced the immune system is going to have to be a major player. Now if you work around radiation, of course, you need to be a little more careful about that. You work around toxic chemicals, you have to be a little more careful about that. I can tell you when I was a kid, I used to take my bare hand and dip into a bag of Malathion, or Sevin, insecticides and just spread them up and down to kill the bugs. Then I got smart and got some of my mama's pantyhose and just put it in there and then shake it. You know, it worked a whole lot better. And then I went and washed it off. We had mercury thermometers and I could not wait for the thermometer to break. Playing with that mercury, polish it up and down and so forth.

Now I look at all this stuff and you know, think how smart I would have been if I had not have played with all that mercury and played with all those insecticides and so forth. But the reality is the human body can withstand miraculous amounts of punishment and grief if that immune system is up to speed. You have got people that are living the cleanest and most – I do not know – sterile lives you can imagine but they are dropping like flies. You know, they have never had a serious challenge in their lives but their immune system is simply not up to a puff of smoke. And then you have got other people that are doing everything wrong and they live to be a hundred years old, get run over by a pickup truck.

So what is the commonality? What is the central theme? One had the immune system and one did not. And so again, it comes back to, you know, what I want to pursue is the iron horse. I want a horse that I can ride until all four legs break, and that is the immune system.

Ty: Great analogy, I like that. I have not heard that before. I want an iron horse, too. I think everybody that is watching this wants an iron horse. Before we get into the details of the immune system, though, I really want to hit – because you are going to explain it for us today – but let's talk a little bit more about cancer. Specifically, what is cancer? You mentioned Tricky Dick back forty years ago. He declared a war on cancer.

And so what is cancer specifically in your research? What is cancer and are we winning the war on cancer that was declared in 1971?

AJ Lanigan: I think in the simplest terms, you look at the nature of a cell. A healthy cell is going to multiply or subdivide and turn into maybe an organ, some sort of a tissue. It could end up turning into different systems, lining of certain tissues. But at the end of the day, they go through what is called apoptosis. That is a natural cell death. There is an end of the line for that particular cell and its minion. A cell, though, that becomes cancerous is a cell that multiplies and divides, and usually very rapidly, and is immortal. All it does is multiply and eat, multiply and eat, and multiply and eat. The cause for that cancer, I think there are probably multiples of causes. I think there are multiples of ways that these cancer cells can go and grow. Yes, it could be heavy metal. Yes, it could be insecticides. Yes, it could be GMO materials. Yes, it could be the sun. Yes, it could be stress. There is a long list of things that can cause or actually facilitate the growth or the speeding up of cancer. But again, you get a mass of people and this one drinks Jack Daniels and this one drinks water and this one drinks whatever. But not all the Jack Daniels people end up with cancer. A lot of the people drinking just water end up with cancer.

So there is a lot of mystery there and I believe those mysteries will continue for a long, long time. Until we unravel the cause for cancer – actually nail it down – my personal belief, I do not think there is just one. I think there are a lot of factors. I think genetics – as they say, you can pick your neighbor but you cannot pick your parents. So genetics, I think, is one card in the deck.

Ty: I have heard you can pick other things, as well, but we will not mention them. [Laughter]

AJ Lanigan: Family show. So the matter of you are here, you have got a certain deck of cards you have to play. Some people got more face cards than others. You cannot change that. Going forward, there are certain things we can control. We can control our diet. We can, to a great extent, choose the environment, in general. You know, if I do not want to live up under a light line or I do not want to live next to a toxic dump, you know, maybe some paint factory used to be there and it is weeping now lead into the water system, I do not have to. You know, I can get on down the road. It may not be convenient, economically unfeasible, but hey, what is more important – my health, my longevity, the health and longevity of my family, or getting a cheap piece of dirt?

So all of these factors, I believe, can figure in. More for some people than others. So I think being aware of the list and then you know, control the personal choices as you can. You do not have to eat certain things that are inclined to possibly give you the greater likelihood of developing cancer. Stay away from them. Or die young, make a good looking corpse, your choice. It is a choice.

Ty: Well put. I think that is very well put in that there are certain factors that we cannot change. We cannot change who our parents were so, you know, we all have different genetics, different DNA. But you can choose what you put in your mouth. You can choose, to an extent, the water that you drink, the place that you live. You know, are you living

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close to a cell phone tower, for instance, with EMF? Are you living close to a toxic nuclear waste dump and so forth? So there are different factors. I think that is a good way to put it, that we control what we can about what we – the things that might be inclined to, say, compromise the immune system.

So let's go there. You talked about unraveling the mysteries here. So let's look at the immune system. Is the immune system one of those mysteries that we need to explain and help to unravel so that people can better get a grasp on how they can control the factors that might affect that immune system and then down the road, potentially, cause cancer? Because if I understand it correctly, the immune system is our first line of defense. And with a healthy immune system, it might be awful hard to get cancer if your immune system is working properly.

AJ Lanigan: Well, as I am fond of saying, your immune system is really the only thing that stands between you and all those things in you, on you, and around you, trying to get you all the time – cancer included. Now, the problem with cancer, in particular, it is not like well, I have got a cut and I have got dirt in it or I have got a splinter. Or, you know, I just drank some bad milk and you know, it has got bugs in it or I ate at a salad bar and whoever prepared it did not wash their hands after the toilet so I got some kind of E. coli. It is tough for the immune system to find it, to see it, to recognize it. In fact, there are only a minute number of immune cells that even have the capability of surveilling and actually recognizing precancerous or cancerous cells.

The largest number of immune cells in your body are known as neutrophils. When you go get your blood work, just standard old blood work, NEU is the abbreviation for neutrophil. On any given day, they will count anywhere from 50% to 70% of your total immune army, which basically, is your white blood cells. Ty, they cannot see cancer. Cannot see it on your best day. The majority of your immune system cannot see cancer. In fact, the very narrow margin would be made up of natural killer cells and they are constantly surveilling all the cells in your body – healthy cell, smiley face. Healthy cell, smiley face. Hmm, this cell does not have a smiley face.

Badabing, badaboom. That is the job of natural killer cells. There may be virus hiding inside that cell. That cell could be mutating. It could be mutating and be benign, could be mutating and turning cancerous. It does not matter – no smiley face. But see, the natural killer cells are, again, a very, very minute population. Now they may ramp up in numbers. Say, when you get a flu bug. But it takes a couple of weeks for that to happen, you see? So ultimately, if your immune system is hitting on all eight, in a perfect world, I am talking a twenty-four karat gold athlete...

Ty: And on gasoline with no ethanol.

AJ Lanigan: ...every card in the deck lined up, you are only going to have about 30% of your immune cells come to your aid in the face of a challenge – 30%. The rest of them, they are just sitting up in the stands watching the game and eating popcorn. 30%. What if you could get – now we are not talking about

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a handful of cells. Me, you, most everybody else listening, there is some debate. We may have 100, 110, 120 trillion cells in our body. A little debate over that. I have never counted them but there are a lot of people have...

Ty: **It would take a while.**

AJ Lanigan: Take a while. But whatever that number is, roughly 10% of those cells make up the immune system. So we are looking at 10 to 12 trillion cells. Now that is more cells than you have brain and central nervous system. That is more cells than you have skin. You know skin is the largest organ. There are still numbers larger that make up your immune system.

Why is that? Well, again, it is responsible for protecting every other cell in the body. So you are going to have numbers. Those natural killers – 30% give or take – but that is 30% of trillions. But the neutrophils, 50% to 70% of 10 to 12 trillion. A question I ask myself, what if they could see cancer? What if you could take the major load and ramp up and say, “Oh, there is a cancer cell over there.” Bam, it is gone. Instead of relying on those lower numbers. You have got some cytotoxic T lymphocytes. I have talked about them being the ninja cells. They can see cancer, too, but again, they are few and far between.

I like numbers. I like numbers. Even in a fair fight, I want to have more numbers, okay? And that is really the heart of where we are, in my opinion, need to be in fighting cancer or any other disease having to do with infections and so forth. And we can do that. We can do that. We have got materials that we can put into our body that will not only help the immune system be healthy but also, make those numbers that are up in the stands be down on the field fighting the fight.

Ty: **You mentioned a couple things there that I want to expand on. And fascinating way that you put that – very down to earth. You are the opposite of Emeril. He kicks it up a notch, you pull it down a notch so that I could understand that. I appreciate that. Now, a couple things that you mentioned. You mentioned neutrophils, you mentioned natural NK cells, which is natural killer cells, you mentioned T lymphocytes.**

AJ Lanigan: Cytotoxic T lymphocytes.

Ty: **What does cytotoxic mean?**

AJ Lanigan: Cytotoxic means – think of cyto, cytoplasm. That is the guts of the cell, that is the innards. So if something is cytotoxic, that means that when it hits a cell, it basically blows it up and lets the guts come out. So cells – for example, your NK cells – their job is to keep ramming into that cell that does not have a smiley face. And every time it rams into it, it releases chemicals into the lining of that target cell until it finally busts open or lyses – L-Y-S-E – it will lyse that cell wall and the juice comes out, the cytoplasm.

The same thing happens with cytotoxic T lymphocytes. The difference is the natural kill cell is nonspecific generally. It does not care in any way whether or not there is a herpes virus in there, it does not care if it is herpes 1, herpes 2; in other words, you have got a variation of things that can be in there. It just

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generally does not like anything that does not have a smiley face. The cytotoxic T lymphocyte, on the other hand, has been trained to look for one specific fingerprint. So that cytotoxic T lymphocyte that attacks herpes 1 will not attack cytomegalovirus, will not attack roseola, will not attack herpes 2. In other words, one cell, one target of attack.

So again, small population but it also ends up having to be trained. Not very efficient.

Ty: So the cytotoxic T lymphocytes, so are you saying that one specific T lymphocyte would target, say, herpes but would not target a cancer cell. It takes another one that has been trained. So really, the amount of T lymphocytes that you have would be divided up into different...

AJ Lanigan: They get diluted. The more challenges – and see, this goes back to the issue of man, I do not need to be smoking cigarettes because that is one more load I am putting on my immune system. You know, I do not need to be playing with mercury because that is yet another load. I do not need to be stressing out on things I cannot do anything about anyway. I need to go ahead and deal with what I am dealing with and forget the rest.

Ty: Go fishing.

AJ Lanigan: Go fishing. Go catching is better. But it is this stack of things that keeps piling on and keeps piling on. Finally, the straw that breaks the camel's back. I do not care how strong that immune system is, you do have the ability to break its back. Some people's immune systems, though, are fairly weak. They cannot handle the first straw. And again, we believe that addressing that issue head on is going to give people a lot less grief and help them more and more with the challenges that have developed than trying to treat the headache. You know, let's see why the head is aching. Are you hitting with a ball peen hammer? Is there a tumor there? Are your eyes not corrected? You need eye correction with glasses? You know, your head is not aching all the time because you are looking at ugly people. [Laughter]

Ty: Question for you then. You have got T lymphocytes, you have got neutrophils, you have got NK cells – natural killer cells. Okay, the neutrophils and the NK cells, are they lymphocytes? Are they leukocytes? What is the difference between...?

AJ Lanigan: Yeah, let me try to give you a picture of that. Think of the immune system as having two arms. And let's call one of these arms specific and the other arm is nonspecific. Now when I talk in terms of nonspecific, I am talking about neutrophils, macrophages – or macrophages, depending on which side of the Atlantic you are located – eosinophils. And these cells are basically front line and they deal with simply one question – are you self – S-E-L-F? And if the question is not yes, then basically, their job is to kick butt and get rid of whatever "it" is.

Now, on the other side, immune response is going to be things like B cells. Now, B cells are lymphocytes. B cells, and all the other cells by the way, are born from the bone marrow. Now, unlike with cattle, horses, human children are born with maternal immunities. They do not have to have that first belly full of colostrum like horses and cows do. A horse and a cow does not – they have got a large chance of assuming room temperature pretty quickly. But now there are other bonding issues and other things that come from nursing but it is not mandatory. What happens is that birth gives that child a certain number of antibodies. Now think of antibodies as these little forked sticks. And these little forked sticks have unique little tips on them that fit a target. So you will have an anti-herpes 1 antibody. It will fit in here but it will not fit here and here because that takes an anti-herpes 2 antibody and it will fit there.

So again, these antibodies, they are specific, in general. One bug, one antibody. You get another bug, another antibody. This is the principle behind vaccines. You inject somebody with a bug or bug parts or a dumbed down bug. And what that does is it triggers the immune system to say, “Hmm, look at this. Let’s start making antibodies to it.” So they shoot you with this, they shoot you with that. After a while, you have got all these antibodies floating around and the goal is, hopefully, that when the bad guy shows up, you are already going to be ahead of the curve because you have already got the antibody. Again, these are examples of specific immune response.

Now, when we get into T cells and T cells are lymphocytes – B cells are lymphocytes, T cells are lymphocytes. On the blood panels, you have got a CD4 – that is a T4. You have got CD8s – that is a T8. They have got subsets. Think of the T4 as a four star general and he is sitting up at the top of the hill and he is watching what is going on and troops are coming back and forth and giving him information. Well, he has got a couple of two star generals. They are called T helper cells, also lymphocytes – T helper subset 1, T helper subset 2. Now those two generals take responsibility. The Th2, he goes over and takes care of all those B cells and antibody production jobs. The Th1, he is going to stay over here and help regulate all the cellular killing, which will take place with those cytotoxic T lymphocytes. It will also help with the lymphocytes that call from memory. See, maybe you have had the measles, maybe you have had the mumps. You are never going to have those again. Why? Because those T cells that carry memory.

You also need suppressor T cells. You do not need an immune system that just fights and wars and kills and destroys because it is too much information. You do not want to be living in the middle of a war zone. So a suppressor cell says, “Hey, cool it down, man. We have won this fight. Let’s go back, set up, have a good day, have a good rest, and fight again when there is another challenge.” So that Th1 is keeping track of all of that and largely keeps track also of those nonspecific cells – again, the macrophages, the neutrophils, the natural killers.

How do they regulate them? Through what we call cytokines – chemical messengers. Think of them as chemical emails or faxes. And so that is very important. Not just the cells but also cellular communication. All this working, by the way Ty, we do not give one thought to it. There is more wisdom in one of

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these cells than there has been in all the libraries that have ever been, are now, or ever will be. I think that is pretty cool.

Ty: That is very cool. And this last few minutes where you have been explaining the immune system, this is something that I cannot wait for my kids to watch to learn more about the immune system. Because that is something that the way that you just broke it down, I think even children can understand that.

AJ Lanigan: There are some great graphics, you know, of course, the internet. When I was in school, there was not any such thing. You actually had to go down to a place called a library.

Ty: I have heard of those.

AJ Lanigan: Pull things called books, go over to the copying machines at twenty-five cents a throw. Education was expensive back then. And one of my most favorite lines out of any movie, I think it is called *Alligator*. And one guy was asking this real smart professor about, "How do you know all this stuff?" His response was very simple. He said, "You know, we keep this stuff cleverly hidden from the public inside books." [Laughter] I highly recommend them.

Ty: Books are great. My kids, we love books still. But you know, a lot of the education has gone online on the handhelds but I still love physical books. Because if the chip in the computer goes down, you may have lost that information whereas with physical books, you have still got it.

AJ Lanigan: That is right.

Ty: Yeah, you just summed up the immune system in a way that I have not heard it summed up that well before. I heard you speak several months ago in Atlanta and you gave a similar speech so you did – at that point, I think what you just did for us was even a little bit better than that. So I appreciate that because that is breaking down the immune system in a way. People need to understand that the immune system is – you have got your generals, you have got your helpers, you have got all this little army of immune cells and their main job is to protect you.

AJ Lanigan: That is exactly right. First, do self no harm. But if there is anything else, whoop it and get it out of there.

Ty: I like it. That is AJ Lanigan's version – tweaked version – of the Hippocratic Oath, right? First do no harm.

AJ Lanigan: Isn't that a nice – some human figuring it out, let the immune cell do it first.

Ty: So how can we use that knowledge of the immune system and how important it is, what can we do to strengthen the immune system, to modulate that immune system so that it protects us from cancer?

AJ Lanigan: Well, the beautiful thing again about the immune system is it knows already what to do. It already knows how to do it. But we end up hamstringing our immune system. We end up over burdening our immune system. Again, if you can imagine the immune cell as a guy or gal in the Army and they are dropped out there in Timbuktu and the enemy is firing and the enemy is advancing. And you know, they are doing their job fighting back and shooting and so forth. And all of the sudden, here comes the garbage truck and dumps all this rotten garbage in the foxhole with you. Well, you know, are you going to fight and shoot or are you going to tote garbage? So if you kind of get that figured in your mind, then it kind of helps you to understand this is why I do not need to consume so much sugar, this is why I do not need to consume or be around all these things that we have come to learn are not good for you. It was not just, "Well, my mama told me so." It is because the burdens that we are putting on the immune system prevent it from digging in and fighting the fight and protecting you. If your immune system has got to make its living toting garbage, you are not going to live very long. You know, you are going to be constantly besieged with disease and pestilence. And if that is the way you want to live, keep doing what you have been doing.

But we have determined that there are certain ways that we can cause that immune system to be better prepared. Vaccines have come along. My personal opinion on vaccines is this. Get down in the dirt and play when you are a kid. And I am not saying if you drop your candy bar into some monkey doo at the zoo that you pick that up and eat it. But do not be so afraid of dirt. In fact, many studies have been published that these third world countries where the entire family eats out of a single wooden bowl and when they are done with the meal, they take it outside and wash it with dirt and lean it up until the next meal. They do not have the asthmas. They do not have the COPDs and all the other problems that we are besieged with here in the United States and other advanced industrialized countries where everybody's is sucking on a steroid stick.

So the same thing is true of the immune system. If the immune system is constantly having its legs chopped off because when you get a little bit of a fever, you take some sort of antipyretic, something to kill the fever. Do not kill the fever. The fever is God's neutron bomb. It kills the bugs, leaves the building standing. The viruses and whatnot cannot stand just a couple of degrees – now I am not telling you let your kid to go 110 degrees until their hair melts, no. But that does not happen – rarely. You monitor the child. When I go to my doctor now, they do not have to stick anything in. They have got this thing, they just tap it up next to my forehead and can take my temperature in about three seconds. I do not know what these cost. I have got to have one just because I think they are neat.

But you know, when I was a kid, you know, they had the rectal thermometers and they have the – you know, all full of mercury. Of course, we are not competent enough as citizens to handle mercury thermometers anymore so they have been taken off the market. But there is plenty of electronic units out there that can be used.

Chipped ice is not that expensive. So giving your kid the chipped ice, keeping that temperature 100 and a little bit, then the kid is not going to develop a two or three-week upper respiratory infection with the eardrums exploding and all this other stuff. They are going to get over that bug and you know what? The immune system is going to remember it and that bug is never going to bother them again. That is the ticket.

Now, you know, we could spend how much time talking about vaccines and how they are given and how often they are given and all that. Suffice it to say that the claim of how many lives vaccines have saved, I believe they are right up there with Tupperware and not pooping out there next to your well water and refrigeration. All of those things have saved lives. So to say one, because you see the curve where disease went down. Well, again, that is the same as all those other things I just mentioned.

Most people who have young kids who ask me about that, I say, "If you are going to go with the typical vaccines, try to spread them out. Take as much time as possible. Try to use other forms of vaccines – you know, your nasal sprays, any kind of oral or whatever." It is expensive. It is expensive to have to keep going back over and over again. But you know, it can be done. But what can you do at home? What can you do at the office? What can you do when you travel? You know, you will be shooting yourself up with everything.

Beta-glucan – and beta-glucan, when I started 17 or 18 years ago, was a rare, rare commodity. In fact, it was rare to even be talking to people about the immune system. You said something about enhancing immune response, "I need to do that?" You know, I was born with a good immune system or I was not born with a good immune system. You know, I have gotten the deck I have been dealt. Well, we find that regardless of your current immune status, it can be significantly improved and we can measure that improvement. When I mentioned to you that the typical healthy immune response was only 30%, I just did not pull that out of the air. That has been researched, has been documented over and over again, measured and remeasured. And it is fact. It is a fact that the sun is hot and the sky is blue and tyrannosaurus rex was a meat eater. People that want to debate these things, I am sorry, I do not have the time. We can measure these things. They can be tested and retested.

Then you introduce a substance. Does the substance change immune response? The biological response modifier you mentioned, does this compound do it? Does this compound do it?

Now a lot of testing is simply done by sprinkling some stuff into a test tube. You do not really get a handle on dose that way. You really need a live subject. With a live subject, you can take just a little bit – we are talking micrograms. Now, a microgram is one-thousandth of a milligram. A milligram, one-thousandth of a gram. So we are talking about itsy-bitsy, teensy-weensy amounts in testing. Then you double the dose. Test again. Double the dose, test again. Double the dose – oh, we get an immune response that is better than salt water. Double it again. Oh, the immune response goes up.

So you create a dose curve that you do again and you do it again and you do it again until you have established, okay, this is a reliable dose curve based on this compound. And you do it for another compound. And different immune compounds, so-called, will have different dose curves. Then you just lay one of those and well, what is this one that goes way up here? I cannot even reach it, I have got to get on a stepladder. Oh, that is beta-glucan.

Ty: What is beta-glucan?

AJ Lanigan: Okay. Beta-glucan is a complex carbohydrate. It is a sugar molecule but not sugar like table sugar. It is an extremely long chain of carbon hydrogen and oxygen and glucan is actually a form of carbohydrate, just like lactose or fructose or glucose. In fact, it is such a complex chain, it might even be referred to as a fibre. It will not interfere if a person is diabetic, if they are taking medications. Carbohydrates are nonreactive, they are neutral. Unlike, say, vitamin C that is acidic. A lot of herbs that are alkaline, there will not be a chemical reaction or interference. It is extraordinarily safe.

Now here is the trick, and I did not think it up. Whoever made our immune systems thought it up. There is a unique receptor – think of a receptor as a key switch like in your automobile. Think of the glucan molecule as a unique key, a one of a kind molecule that fits that receptor on the surface on white blood cells – on the surface of neutrophils, monocytes, natural killer cells, eosinophils. You add all those up, arguably, 75% or 85% of your total immune army. Boom, it turns Woody Allen cells into Schwarzenegger cells. And if you have seen the movies, it does not take too many Schwarzeneggers to do the job.

But it also increases how many cells are in the fight to protect you. Remember I said 30%? Well, you take a particular dose, you can raise that to 40%. Take a little more, you can raise that to 50%. Take a little more, you can raise it to 60%, 70%. And so by doing that, you have raised an army that was already in you that pretty much was snoozing in the sack. Now, where is the cancer going to go? Remember I said neutrophils cannot see it but the beta-glucan, now they can see it and will chase it and will crush it. That is the benefit of a glucan.

Ty: That is amazing. So it takes these neutrophils that could not see the cancer before and now, it gives them goggles so they can see. Does it actually give them – not actual goggles, of course – but does it actually make them have the capacity to see? Or does it do something to the cancer cells so that they can then – because I have heard that the cancer cells have like a cloak that they are kind of invisible.

AJ Lanigan: The glucan has no effect on the cancer cell whatsoever. Keep in mind it is a carbohydrate, does not react with anything. Its sole reaction relative to cancer is the activation, the turning on, of that CR3 receptor, that glucan receptor. And it causes that immune cell to do what it is supposed to be doing anyway but more better and faster. And the numbers of cells that you would have never had coming to your rescue now are overwhelming – trillions. That is a lot of commas and zeros. Write it down sometime. If you can increase from 30% to 40% to 50% to 60% or more, that is a lot of can of whoop-ass, as we say around here sometimes.

Ty: That is. And you know what? It almost seems to me that this could be analogous to taking all of this immune army with all these soldiers and generals and taking them off of bread and water and sending them to an organic buffet and getting them the nutrition, getting them the sustenance that they need to do their job better.

AJ Lanigan: Do not mistake beta-glucan with a nutritional substance. Your vitamins, your minerals, your antioxidants and so forth, they are used to help the immune cells be healthy cells. The beta-glucan is all about immune function. You know, I can be the fastest man in the world but if I do not ever get up out of my chair, I am not going to win a race. What the beta-glucan does is it gets that runner up out of the chair and ready so that if the gun goes off, if the bell is rung, boom – it is ready to take off and run that race.

Ty: Okay, that makes sense. Thanks for that clarification there. So in other words, you can give a man that has his right arm paralyzed all the nutrition you want but unless you enable that right arm to grab the gun, he is going to be useless to defend the house.

AJ Lanigan: Yeah, the law makes us call the beta-glucan a nutritional supplement. But there is nothing nutritional about it. It does not make my mama's arms that she gave me any longer, it does not keep my gray hair turning back to its original color. But what it does do is it gives me an immune army that I can never have regardless of the diet, the exercise, the water, the air, the prayers. It is on a plateau alone in what it does and how it does it. And we have compared our materials directly with a lot of other compounds that tout themselves to be great immune enhancers – aloe vera, vitamin C, transfer factor, wolfberry – I mean, the list goes on and on. We have got list after list of different compounds over the last – oh, wow – decade that yeah, there is a measure if you take enough of it. And this is one of the shortfalls of most materials that are out there. That the dose that is shown on the bottle of these other immune supplements, your immune response would not change any more than if you gargle with salt water. You may end up having to take multiple bottles of some of these compounds that are out there before the needle moves at all. And some of these are embarrassingly low. We are talking 40, 50 – we have had some kinds of compounds 150 or 500 times the dose necessary of a 1X dose of ours to get the same immune response.

But again, as I am fond of saying, do not let that stand in the way of hundreds of millions of dollars of sales. There is something to be said for placebo. There is something to say – very seldom do you find somebody that just goes and takes a pill and does not change anything else. They change their diet, they change the way they deal with stress. There are many things that they will change, plus they are taking the pill. What really helped?

Ty: Good question. And it is almost impossible to determine at times.

AJ Lanigan: It is.

Ty: You mentioned hundreds of millions of dollars. I have got a couple more questions for you. We were talking earlier and you mentioned putting something up on your Facebook about the profits from chemotherapy.

AJ Lanigan: Oh, yeah.

Ty: Go into that a little bit and let me know what do you think about the ethics of this topic? The profits that are generated from chemotherapy drugs for cancer patients?

AJ Lanigan: Well, you know, I am a curious sort. I read a lot, I listen to talks and read a lot of books and so forth. I do not necessarily take things at face value. I am often found challenging. In fact, now with some of these Smartphones, you can actually verify the facts before the next sentence is finished. And I just like doing that. When the internet was first invented, you know, there is some debate on who did that.

Ty: Wasn't that Al Gore?

AJ Lanigan: I have heard that. When I first got on, you know, you had a DOS prompt and you had bulletin boards and then they developed, you know, other ways – HTML and so forth – so you could have fancy websites. Nothing like we have got today. And I got onto some of these groups because I know something. Yeah, I am really smart 25 or 30 years ago. And I am sitting there typing on this. They had a term back then, Ty, it was called flaming. Now I am not talking about certain sexual persuasions either. I am talking about flaming your butt. Burning you up because you said something stupid. You said something that was not backed up by irrefutable facts. And so I am in this site, you know, maybe talking about cancer or maybe I was talking about lupus or whatever I was talking about. Whoo, it took me weeks to get brave enough to get back on that computer again. In fact, I had to change my name. [Laughter] Back then, you did not use your real name anyway. You always had some sort of made up handle.

But it taught me a lesson. Do not go out there running your mouth about something until you have verified with irrefutable facts what you are talking about. Because somebody – because now the vast numbers – somebody out there is going to catch it. And the one thing about your reputation, you can do a thousand things right in your life and you get caught with one ill-gotten moment, it is going to cancel out everything you have done and everything you had hoped to do.

Ty: That is all everybody remembers.

AJ Lanigan: Forget everything else. And I may not have anything else but I have a reasonably good reputation. Not for my speech but for what I put out there as a fact. And I always differentiate in my opinion as opposed to what I know is a fact. And I do not care who fact checks me, they are going to find it in spades.

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Ty: So AJ, let me ask you a question. If you were personally diagnosed with, say, prostate cancer like your grandfather had, what would be the steps that you would take to treat it?

AJ Lanigan: You know, I have been asked that question many times. You know who William Donald Kelly is. I am a tremendous believer in what he has done not only because of what I have read in his book but I have probably, over the years, met close to 100 survivors. I am talking about not three-year survivors, five-year. I am talking about 10, 15, 20-plus-year survivors. One of my closest friends, Bobby John Tate up in Spartanburg, South Carolina, he a 40-plus-year cancer survivor from prostate cancer. I have met women with breast cancer. I actually met somebody, a 15-plus-year survivor of pancreatic cancer.

Ty: Fifteen years.

AJ Lanigan: Yeah. And to me, anecdotes, if that is all you have got, if all you have got is, "Well, Johnny was sick, Johnny showed up, Johnny got these pills, now Johnny is better," that is when I talk about an anecdotal. But when you have got the medical records, you have got the pictures of the tumors, you have got before and afters in spades – as a doctor told me one time, "Mr. Lanigan, you cannot argue with results. You do not have to explain it, I see the pictures." And I am inclined not to believe one doctor who told me one time, "You know, cancer sometimes cures itself." There is a reason. And after 15, 16, 17 years in enhancing the immune system using beta-glucan, I have seen tumors disappear. I have seen doctors in amazement, "Are these the right records? Is this my patient? I mean, because this cannot be because we have not treated you yet with chemo and radiation. Your cancer cannot be getting better. Your cancer cannot be gone."

People who have embraced certain diets – coffee enema is one of my favorites. As Dr. Tate used to always tell me, "Man, coffee is good but you are putting it in the wrong end." [Laughter] I actually tried a few coffee enemas. I will be honest with you – I would probably enjoy being in a fist fight but if I had cancer, I would figure out a way. Now Nicholas Gonzalez...

Ty: And I will be interviewing him in a couple days.

AJ Lanigan: ...I have never met him but I have seen many of his interviews on TV and I have read a lot of his work. And I would be seeking his advice. Gosh, what other things outside having to see a medical doctor?

Ty: Would you do anything as far as...

AJ Lanigan: Addressing my diet, sure.

Ty: ...dietary changes? Sure.

AJ Lanigan: Absolutely. Drinking the best water I could get.

Ty: I like what you said earlier, AJ. You mentioned the army out there, they are in the foxholes, and then here comes a trash truck and dumps a

bunch of trash on them. So instead of being able to fight the fight, they are spending their energy and their time getting the trash out of the foxhole. And so I think that is exactly what you are talking about was the diet there. You are bringing in foods into your body that are compromising that immune function.

AJ Lanigan: And trying to eliminate any and everything – and it is not a short list. There are a lot of things. One of my good doctors, a friend of mine, said, “AJ, do not ever shop up and down the middle of the grocery store. Always shop around the outside of the wall. Stay away from the canned, stay away from the preserved, and so forth. Get those fresh fruits and vegetables and juices and so forth.”

IV vitamin C. I think that it has a place. I think sometimes it gets bragged on more, given more credit, but I believe it has its place. I am fortunate enough to have a medical doctor here in South Carolina. My last good medical doctor, the Feds put him in jail for doing things outside the box and missed him. But this new lady I have got, I think she is doing a real good job.

And meditation. You know, I keep falling asleep. She said, “No, no, no, you have got to learn to hover.” ...but meditation and it has its place.

Ty: So it is a whole list of things.

AJ Lanigan: Exactly. There is no single cure. There is no single protocol, in my personal opinion, that is going to be the one-all-stop-all. You have been in groups, I have been in groups. Tell me what I need to do. You know, here I am. Hear me. That is what we are saying that a person can do whether the classically trained MD, me, you, or anybody else. Those people have got to take responsibility, educate themselves, and then pick and choose to do the things that – this innate wisdom inside them knows what to do.

Ty: Yeah, and you know what? That is the entire purpose of this whole documentary miniseries, *The Truth About Cancer*. To give people the information that they need so that they can do that – that they can empower themselves with knowledge. AJ, I could talk to you all afternoon. If there were a category in the *Guinness Book of World Records* for the world’s biggest brain, you would be right up there. I do not know that they measure brains that way but if they did, you would be there. Thank you so much.

AJ Lanigan: My mama could attest to the side of the head. [laughter]

Ty: Thanks a lot, AJ.

AJ Lanigan: Thank you.

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Dr. Charles Majors

Cancer Survivor, Author, and Lecturer
www.beacancerkiller.com

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Ty: So I am here today outside Chicago, Illinois with Dr. Charles Majors. Dr. Majors, thank you so much for spending time with us today. So tell us a little bit about yourself – your history, your education, your background. How did you get to where you are today?

Dr. Charles Majors: Well, what is interesting is my grandmother died when I was a senior in high school. And she died of cancer and that is what started leading me into the realm of health. My mother had been under chiropractor care, had been getting healthier throughout her life. And it was interesting because my mother, when she was 55 years old, she was never on a medication, she had never been in medication – to this day since she delivered me. But at 55, she went into work where they did a physical on her and the doctor said, "What drugs are you on?" She said, "None," and they could not believe she has not been any. And then she started asking her friends and her friends are all on medications. And my mother only did one thing in the last 15 years. She was getting adjusted on a regular basis, she changed her eating, diet, she was exercising. She was living a healthier lifestyle. No matter what the genes were, right, genetics did play a role because her father had died earlier. Her mother dies of cancer. At that time, I knew I needed to move into this field. This is what I wanted to do for the rest of my life.

Ty: Great. So what is it that you do? Are you a chiropractor?

Dr. Charles Majors: Yes.

Ty: What kind of ailments do you treat here?

Dr. Charles Majors: As a doctor, I look at the nervous system. And so the only way the body functions is through the nerves. So we look at the five essentials where we look at number one is we look at mindset because mindset is crucial. Without the proper mindset, nothing matters. You know, if you do not have hope, you do not make the right decisions. If you think you are going to die, you think that this is genetic and if you think that there is nothing that is going to help this, then you are never going to look for the answers. So getting the right mindset is crucial.

Stress is a huge issue because of the fight or flight stress creates this constriction in the blood vessels and when you constrict the blood vessels, you affect the immune system. You know, when stress is on the body, you are increasing your cortisol. Cortisol at higher levels affects the immune system. And so if you look at stress in general, it is constantly affecting the immune system. So we work on mindset, number one.

Number two is the nervous system. We make sure the brain and body are connected. We use corrective work. We use corrective chiropractor work. We actually make sure that nervous system and that brain is speaking to the nerves into the body and the organs are functioning. The third thing we look at is nutrition because nutrition is a huge component. You know, that every disease process we know comes from toxicity or deficiencies. So deficiencies of nutrients and deficiencies in the nerve impulse. So we look at what are the deficiencies in the body? What does the body need? What do those cells need?

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There are certain things that cell needs to survive every single day. We want to make sure we are getting the right nutrients into those cells.

The third thing we looked at is nutrition. Fourth thing we looked at is exercise – oxygenation. And we teach what is called Max T3, which most people have heard of as surge work or high intensity, short duration. So we know at this level, we are getting in more oxygen, our heart rate is pumping up. And at that point, moving blood around more, we build more growth hormone, and it is a healthier way to work out. And we are not working out for hours. A lot easier for patients – even cancer patients – to do 15 or 20 minutes than it is for them to go run for an hour or an hour and a half and do cardiovascular.

And then the fifth thing we look at is toxicity. Because obviously, you know, one thing we look at is that if you cannot eat it or drink it, you cannot even put it on your skin, right? There are so many toxins, you know, probably from the chairs we are sitting in to what is in the environment to what is in our plastics, what is in our food. We are bombarded with toxins. And there is no way we can sit here thinking that we are going to go around through life thinking that these toxins are not going to affect our cells. It is interesting because you always have patients, as well, “How did my grandfather – my grandfather has never eaten well, he has never gotten adjusted. He is 90 years old. How did he make it through?” And that is because he lived in an era number one, that was less toxic, less stressed. He lived in an era that food had nutrition in it. There are a lot of studies now that are saying that one apple 40 or 50 years ago is like 40 now.

Ty: I have heard that.

Dr. Charles Majors: So it is crazy to think that we are going to get all of our nutrition the same as our grandfather or grandmother did or great grandfather did 60, 70, 80 years ago. So being toxic, there is no way our body could possibly get it. So we make sure we are detoxing at a cellular level and we are cleaning out the body. And once we put all five of those together, the patient gets better.

Ty: You are sitting here today. You look like a picture of health but that was not the case four or five years ago.

Dr. Charles Majors: No, not at all.

Ty: Tell us your personal story.

Dr. Charles Majors: It has been almost five, five and a half, six years when I started having severe headaches. And obviously, you know, what I do, and I am taking care of people every day with headaches, you know? So I am thinking, “Okay, it is probably just coming from my spine and my nerves.” And I was getting adjusted, headaches were doing phenomenal but they kept coming back. I then finally started getting weak, I was losing weight. I did some blood work. In the blood work, my white blood cells, I was anemic. Things were going on. At that point, we knew something was going on. I was diagnosed with Lyme disease at the time so we started taking care of the Lyme. I ran another test. Still not feeling good, we ran another Lyme test. The Lyme was clear, we cleared out

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the Lyme. And so at that point, I knew that it was time for an MRI. So I had one of my doctors who is a friend of mine whose wife is a nurse said, "It is time to get an MRI." I knew it. I knew I did not want an MRI.

I got an MRI about 3:30 in the afternoon and I say that the timing for a reason. About 3:30 in the afternoon, I had my MRI. They told me they would let me know the next day the results. I went home and I slept pretty much 18 hours a day, 19 hours a day. I could barely stand up. I was laying on the couch and at that time, I woke up to my wife and my oldest son on top of me crying. And it literally was like someone died. And I knew something was wrong at that time and my wife was crying. She said, "They already called from your MRI." And I am thinking I must have slept until – I am thinking it is the next day already. It was, you know, an hour and half, two hours later. Literally, the radiologist held my x-ray up to the light – or my MRI up to the light – looked at it, and immediately, immediately saw two huge tumors in my brain stem. I had two small ones by the eyes. He said I needed to get to Northwestern Hospital immediately. They did not even want me to go through the night. They thought I really would not wake up in the morning. It was just that severe.

So I rushed to Northwestern immediately. It was about 5:30, got to Northwestern around 6:30. When I got there, they assumed that this was benign. You know, they did no other tests. They assumed this is going to be benign. We are going to go up there, you are young, you are healthy, it is going to – you know, we are not going to have any issues with the surgery. But I had so much cerebrospinal fluid in the brain because the tumors were putting so much pressure on the spinal cord, literally, the spinal fluid couldn't not get down my spinal cord. So all of the spinal fluid would stay up here so that is what would create my headaches. So if I would lay down for a while and relax, the spinal fluid would be able to settle back down.

So they came in, I walked into the room, my mother had driven about two hours quickly to be there. I walk in the room, my mother and my wife were in there. They looked at my wife and my mother and they said, "You do not want to see this." At that time, as they had to take a drill and drill down the top of my head here to put a tube down there and start draining the fluid there was so much fluid in my brain.

Ty: And you have still got a scar there.

Dr. Charles Majors: Yeah, I have got a scar here and I have a scar here. But yeah, so they went down this way to take the fluid out of my brain. They do not use medication when they put a hole in your head. So they literally – I had no medication at all. They have to drill a hole down through my head to put a tube into there. And it literally – and people say, "What did it feel like or sound like?" It sounded like somebody was going through tile or porcelain like they were drilling through the head and then pulling back. It is like a little saw it looks like.

So they put the tube in there and I will tell you. At that point, you are like thank God for modern medicine. Headaches went away immediately, they got the fluid out of there. And that is what medicine is there for. Medicine is crisis care. I was in a crisis, you know? But there was no way they were going to get me back to

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health again but it was definitely there for crisis. They got the fluid out of there. I could function. The next day the neurosurgeon came in and said, "This is going to be easy. We are going to go through about a week of preparation to get you ready making sure you can handle the surgery. They are going to do a brain surgery so they are going to go right up inside of there and they are just going to go in and cut out the tumors."

And so they did not do any other blood work, they did not test anything else but basic stuff for the surgery. About a week later, it was a Tuesday morning. I went in for surgery, they said it would be about an eight to 12 hour surgery. And Dr. Ben Lerner, who wrote the book with me, my wife. We had tons of the Maximized Living doctors and family and friends all in the room waiting for me to come out of surgery. And instead of being an eight or 12-hour surgery, it was pretty quick. They literally – it was over and I did not know this. They went in the room to tell my wife. They said, "We have bad news. It was not benign tumors. It was cancerous and when I went to cut on the first one..." When you cut on cancer or you mess with it at all, it swells. And the cancer began to swell and it started to bleed. And obviously, what does the blood carry? Well, cancer. So they said that the chances are that I may not wake up in the morning because the swelling was so big in the brain now and the cancer was spreading worse.

And so I woke up the next morning and I had a tube down my throat and I could not breathe. Tubes coming out of my stomach, tubes coming out of my head. And I am thinking the tumors are gone. I have no clue what is going on. No one is telling me anything. And finally, they told me that it was not benign, that this was cancer. I could not speak at all to anyone else. And they said, "We need to do more testing. It is worse than that." So what could be worse than cancer already in your brain and spreading? They said, "It is worse than that." It is secondary. It is coming from somewhere in the body.

So then they went in, did CAT scans and PET scans and did everything they could for the next three or four days. They could not find any cancer anywhere else. They could not figure it out. So finally, they had to do a bone marrow test. They went in and they drilled through bone marrow. They took out some bone marrow, they tested. About 37% to 40% of my blood was making cancer. And so I was diagnosed at that time with a multiple myeloma, which is the myelocytes that were reacting. So I had all these myeloma, these myelocytes. I had bone marrow cancer and because it was being in the blood, it spread. What was interesting is because of the way I was living, it never went to any other organ. Almost every single myeloma patient, you know, it goes to their spine, their bones crack, and it is a horrible death where mine only went up to my brain. So whatever I was doing, they said how I was living at least kept it out of the rest of my body. Because it should have been all through my bones, it should have been everywhere else.

At that time, they had two oncologists, they walked into the room with me to give me the bad news and they said, "You know, the bad news is it is incurable. It is already in your brain. The only thing we could do is bone marrow transplant, high dose chemo to radiation and that would only buy you time."

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Ty: So incurable and not really any kind of a positive long term prognosis, just basically...

Dr. Charles Majors: No, and they were absolutely correct. In their model, they were absolutely correct.

Ty: Making you comfortable.

Dr. Charles Majors: Yes, they would have made me comfortable. They said, "No matter what, get the things in order that..." They understood that the chances of me making it – I mean, here is what most people do not know is I walked in the hospital at 155 pounds. At the time of diagnosis, I was 118 pounds in a wheelchair. So through all the surgeries, laying in the hospital bed, going through everything I had to go through, I mean, I could not function. I could not eat because I have a tube going down my throat so what do you think they were feeding me the whole time? Sugar.

Ty: Sugar?

Dr. Charles Majors: You know, luckily, we worked with a nutritionist and as soon as he found out what was going on, we got off the sugar, got to bring our own stuff in and starting working on all that stuff. But in that moment they walked in and most people say, "What was going through your mind when they tell you it is incurable, there is nothing they can do, you have months to live?" You know, at the time it was weeks but with chemo and radiation, they said maybe it will give you a few months.

I literally said to myself if I cut myself right now in this room, if I cut my arm, what would happen in the next three or four days? It would heal. So if my brain can heal this cut, my brain can heal this cancer. My heart is working, my stomach is working, my lungs are working. The other trillions of processes are working in my body. So my brain – there is nothing wrong with my brain, there is nothing wrong with healing. It is just not healing the cancer. So something had to cause this. It was not an accident, it was not genetic, it was not bad luck. They kept saying, "Oh, it is just genetic." But the body is too smart to go into something that is so negative, right? But it had to be positive that I was laying there, as hard as it was, I had to see that what is going on in my body was the right thing at the right time. Every symptom is the body doing the right thing at the right time. Right now if I put handcuffs on you and locked you up and came at you with a knife, what happens to your blood pressure? Your blood pressure rises. What happens to your cortisol during stress? Your cortisol rises. What happens to your gut? You start taking away all the nutrition out of you, right? You cannot even absorb nutrition when you are in a fight or flight syndrome. So all the sudden, you are nutrition deficient, your immune system is shot, your blood pressure is rising, now your cholesterol is being affected. Is that a symptom? Is that your genetics? Or is your body adapting? Is that simply your body adapting to the stresses put on it? It is adapting.

Cancer is the same thing. I knew at that moment – luckily, I knew what I was supposed to know, which is the most important thing, is I knew my body is only

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adapting to the environment that I had in it, that I had to go in and change the environment.

Ty: So talk about that. You mentioned cancer as being a symptom. What is cancer? Talk about the environment of the body in relation to the cancer.

Dr. Charles Majors: The most important thing when I am working with a cancer patient, the first thing I want them to understand is you have got to understand what cancer is. You are walking in to talk to me or have a visit with me. You have no idea what cancer is but you are about to do chemo, radiation, and/or surgery, but you do not even know what you are dealing with. And so the first thing I had to do is I had to find out and figure out exactly what cancer was. Because if I wanted to reverse this, I had to know what it was.

So our body is made of 50, 60, 70 trillion cells. Those cells grow and die every single day. They grow and die. Every one of our cells has a cell death and a life. They die. They grow and they die, they grow and they die, they grow and they die. Right now as you are sitting here, your cells, you will lose over a million cells in a second. And what happens a second later? They regrow. There is an intelligence inside of you that is more incredible than anything else that your body heals, it regulates, the cells die, and the cells regrow again.

And so cancer is when those cells no longer die. It is called apoptosis. Those cells no longer die and they begin to replicate themselves and they grow. So what I needed to figure out is so why would those cancer cells show up? Why are they there and why haven't they gone away, right? We all get cancer every day. You know, some of the research shows between 5,000, 10,000, 20,000 cancer cells are showing up every day. We have an immune system that takes control of it.

So number 1, I had to know what cancer was. Cancer was abnormal cells. I also had to realize at first they are trying to get me scared – not on purpose but I was in fear of my life, going to die. That was not going to help me. So once I realized what cancer was, I also realized that this cancer cannot kill me. "I am alive right now," I said. "Cancer in my brain and I am still living right now. More cancer than they have seen in a brain in a long time and I am still alive. The cancer is not going to kill me unless it got big enough to finally shock my spinal cord or hit an organ. The cancer is never going to kill me," right? It is already spreading.

What had to happen was I had to figure out why is it there. It is there for a reason. It just does not show up for no reason. It shows up based on the environment. It is not our genes, it is how we live our life. We are above our genes, which means our genes are affected by how we live our life. The genes respond to the environment we put them under.

So I had to go back on the last 15 years and go, "Okay, what did I put my body under," right? So yes, I lived the last five or six years healthier and got into all the chiropractor and learning. But we always forget the first 25 years, of 12 years of college. We forget the years where I was vaccinated. My mother did not know that. We forget all these and the years where I was drinking sodas and I

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was eating horrible. And so I had to go back through time to figure out what happened.

Also, as the doctor said, toxins got right into my bone marrow and I had toxicity happening. Again, so I look at my life. I was working eight, ten, 12 hours a day, I was in college for 12 years stressing out not living a healthy life throughout this whole time. So I was stressed, I had severe damage to my nervous system, the spinal cord. My nutrition only got better in the last five or six years because I was not eating properly. And then I looked at my exercise. I was bodybuilding, not doing the exercise I teach. I was bodybuilding, which means I would work out an hour, hour and a half, heavy weights, you know, and it was a slow intensity. And my heart was barely even pumping at all. And so I was exercising wrong, I was toxic, my spine was damaged from all the work I did. And I was taking care of everybody else, not taking care of myself.

So if you look back and you go okay, so cancer can only show up in an environment that allows it to show up, right? So you look at a cancer cell versus a normal cell. So I started studying that. I am in the hospital, they brought me a computer, and I sat there and all I did was I am studying it. And I am looking at thinking what are the characteristics of a normal healthy cell, the normal characteristics of a cancer cell? And we look at that cancer cell and we realize that it is completely different than the normal cell. The normal healthy cell uses respiration to get its energy. It uses oxygen. And a cancer cell uses fermentation, which means that it brings in sugar and spits out lactic acid. So right away, I am looking at it going, "Well, these use two different things. One likes oxygen more, one hates oxygen," right?

Ty: And they love sugar.

Dr. Charles Majors: And love sugar. And we know this because when they were doing a PET scan, I mean, guess what they pumped into me to find the cancer?

Ty: Sugar.

Dr. Charles Majors: Sugar, they will pump in sugar water. Anytime someone wants to argue that – we will have a patient whose oncologist is saying it does not matter what you eat. What do you mean it does not matter what you eat? You just put sugar in me and it found the cancer faster than it found the normal healthy cells, right? And that is because the cancer ate it quicker. And so we cannot ever sit here in denial. If you go to the American Cancer websites, you know, ACS websites, it will say on there what a PET scan is doing. And what it does is they inject you with sugar. Why? Because sugar feed cancer. Normal cells do not need sugar to survive.

So I knew at that moment there were different characteristics where a normal healthy cell cannot live in a toxic environment. A normal healthy cell needs a nerve supply. A normal healthy cell needs an unstressed environment, you know. So I kept looking at it saying, "All I need to do is change my environment." The cell is where we have to go in and look at a cellular level. So some people will say, "Well, why did you not choose the chemotherapy and radiation and the conventional?" Because I was sick. I was not there because I was healthy. I

knew I had to get healthy and it could make me sicker to get me healthier. There was no way you could make me sicker to get me healthier again.

So I knew I had to get myself back to health again. And it literally started in that hospital room when I started studying it and reading and all this. Literally, they would get me up, my wife would come in, and I would walk that hospital every hour. I would be holding onto something, holding onto me, and I started moving. Every single day. I started exercising even before I was allowed to leave. The only reason I could not leave is because I could not eat because I had tubes coming out of me.

So they finally got the tubes all out of me. I told my neurosurgeon, “Thank you, but we are going somewhere else.” And it was interesting because we thought maybe there would be an argument there. He is like, “Yes, I would do whatever you can.” So he was fine in that but again he is not the oncologist but...

Ty: What did you do? What were your treatments?

Dr. Charles Majors: So at that moment – literally, that was a Thursday morning I was let out. I literally got on a plane at 5:00 in the afternoon. I went to Reno, Nevada to see Dr. James Forsythe. He is one of the premiere oncologists in the world. And I went there. I literally started treatments there on Friday, literally, within days. I knew that I was not waiting on this. And then at that point, what he was using there was IV vitamin C, Poly-MVA, he had his own Forsythe immune therapies. I was doing all that stuff. I was doing all the diet stuff, which I knew how to do, working on all the supplementation, all the exercise, I was doing all that. They were killing it.

Just like I teach now, the number one thing that has to be done when someone has cancer is you have to get to the cause. The second step is, you know, now kill it. But if you do not get to the cause and stop creating it, stop making it, it does not matter if I kill it or not. I could have killed all this cancer. It would have bought me some time, thank God, the chemo and radiation they do. But if I do not stop making it, if I do not get to the cause, it is going to come back anyway. So when I was in Reno with Dr. Forsythe, I was there so he could help kill it because it was spreading, it was in my brain. I could barely function. So he was helping kill the cancer. I was working on stopping – choosing the lifestyle, changing the environment.

I was there about three weeks. I left there, came home, began all the protocols at home. I had an ozone machine, which is rectal ozone, PEMF – pulsed electromagnetic frequencies. I was doing infrared saunas, I was doing high dose proteolytic therapies, Poly-MVA. I was doing probably 100 or 120 supplements a day throughout. And then my blood work was being read at that time by a top cancer doctor there. And he would read my blood and then I went out there about four months later. I spent two weeks there. Amazing following him, watching him do what he does. And now I send my blood there every three to six months to him. I do my blood work here. And now, obviously, it is going on almost four years now. I am feeling good, doing better than ever, blood work is still clear. The doctor said to me, “*Stop sending your blood to me. Send it next year.*” But I still send it all the time.

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Because for me, medicine is there – thank God. I could run every medical test on you, every cancer test on you. I could do every medical test there is, the only way to find cancer after you have it. Thank God we have those tests but I do not want to wait for a test. Medicine's early detection of a disease that is already existing, you know, it is not healthcare, it is not preventative care. The disease is already there. Thank God we have those things but those things are not going to get me back to health again.

Ty: So really, what you are stressing – and I am seeing this as a common thread among a lot of the interviewees for this miniseries – is that prevention is the key and also, changing the environment of the body that makes it inhospitable to cancer because cancer does not live in certain environments. Or it does not do well in certain environments. So the focus is really prevention and to change that internal terrain so that cancer does not feel like it is at home.

Dr. Charles Majors: Absolutely. Again, when we look at the normal healthy cell, it uses oxygen as its respiration. We know a cancer cell hates oxygen. So we know that we need to get more oxygen into the body and that is what ozone is doing. You know, I do a lot of vitamin C. Most people do not realize that vitamin C is helping get more oxygen into the body, I do IV hydrogen peroxide and I still do these things. I do IV H₂O, too. And so I am doing things that are also bringing lots of oxygen in my body, into my cells, giving it the environment that this cancer cannot live. I do my high intensity short duration workouts, you know, six days a week still. So I do all my protocols still to this day to make sure I am creating an environment where that cancer can never come back.

Ty: And you mentioned high dose vitamin C. That was a protocol that was made famous by a Nobel Prize winner, Dr. Linus Pauling.

Dr. Charles Majors: Absolutely, yeah. Without a doubt, most people see it as an antioxidant. It is actually a prooxidant and it does its job by actually bringing more oxygen in, H₂O into the cell. But IV vitamin C is not the same as taking my dosage of vitamin C, you know. If I took enough vitamin C as I do intravenously, I would have diarrhea all day long.

Ty: Question for you. If somebody comes in here to your clinic and they are diagnosed with cancer, I know you do not have a one size fits all protocol but give me two or three generalities that you would do with almost every cancer patient. Two or three things that are really important for a cancer patient to pay attention to in treating cancer.

Dr. Charles Majors: Number one is I do not treat any cancer at all. That is out of my realm. My job is whether they have cancer or any chronic – because all cancer is is a chronic degenerative disease process that is happening. I want to make sure number one when they walk in here that – the most important thing is their mindset. It is crucial. That if they do not have the right mindset, they do not make it. You know, I always say to them, you know, when someone has cancer, "You have three choices right now. You can do all the conventional, you can do it naturally, or you can do a combination of all of them, right? Or obviously, number four, you could do nothing." And I always say to them, "Which

one do you think works best?” And they always think I am going to say the natural. And I say, “Not necessarily.” Are there people who do natural and not make it?” Absolutely. Are there people who do conventional and not making it? And the opposite – people who have made it through conventional. It is very, very rare but there are a few who make it. Why? Because they are very focused and they know what they want. They are not stressed about it. They see the chemotherapy is going to kill their cancer, they see it as good, they go through it all. But they are also detoxing, cleansing their body, making sure that the toxins are coming in, the toxins are getting out.

Ty: And so a lot of other corroborating factors. Not just the one treatment, it is a lot of the other externals that will influence, I guess is what you are saying, whether the treatment is successful.

Dr. Charles Majors: Absolutely. Because toxins coming into the body create cancer as it is so chemotherapy is going to create cancer in other cells just by its nature being a toxic and poison. So I have to make sure I am protecting my body. So if a patient says, “I want to go through chemotherapy and radiation,” and that is what they have chosen, they are 100% in on it, great. Then let’s get you protecting your body, detoxing and cleansing it out. But now if someone says, “I do not want to do that,” then number one is my job is not to cure it, my job is I need to teach them what the cause is. Every cancer has a cause. They are not all the same. So you are right – they are not all the same. If someone has a breast cancer that is hormonal, they have a hormonal imbalance, right? The liver was not able to methylate as well, they were not able to balance out their estrogen levels. Take someone who has leukemia or myelomas or lymphomas, these are immune cancers. A lot of these are from viruses. A lot of these are from nonstop inflammatory reactions happening in their gut where their immune system is nonstop working. GMOs – these things affect more immune cancers. You have brain cancers, which we know are coming from more of a toxicity issue.

I can go through but every cancer is different. They are not all the same. So we cannot treat everything exactly the same, right? So number one is we have got to get to the cause – what caused this, work on the cause. Then number two is now, specifically, safely – so I would say that specifically and safety kill. And then number three is you have to rebuild your immune system, get your body strong again so it can heal the cancer.

Ty: So I appreciate that you do not treat cancer. What you do is make a body a place that it heals on its own.

Dr. Charles Majors: Yes. Because again, if you just got to the cause and stopped making your cancer, how long could you live? You could live another 50, 60 years. I had a pancreatic cancer patient who had, you know, three or four months to live and scared to death. And I said, “But if you just stopped making it, you could live another 15 or 20 years, couldn’t you?” And for the first time through all this diagnosis, he actually felt good and he was relaxed. He said, “I never thought of that.”

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There may not be a cure for your cancer but what if you just stopped making it? You could live – most cancer patients we have seen, especially Stage 1, even Stage 4, they look pretty good. They are still doing activities. So as long as it does not ever get any worse than where it is now, you can have an amazing life.

So you have got to first get to the cause, stop making it, get yourself back to health again. And for me, putting in chemotherapy, radiation, or even surgery is only temporary. And then chemotherapy and radiation is only going to create a secondary issue. And so for me, that was not what I chose to do based on I wanted to get myself back to health again. So if someone does say, “I want to do chemotherapy,” I am going to tell them, “Make sure you target it, make sure you do it through IPT – insulin potentiation therapy – where it is more targeted, it is safer. They are using a small fractional amount of chemo. And make sure that it has been tested, right? They know that your cancer will be even affected from this.” Because that is why most of them go through chemo and then if it does not work, it is because why? Because their cancer does not – that chemo never even affected their cancer. They base their tests on if you have, you know, a lymphoma cancer, they are going to go look at 100 who had lymphoma and then they are going to say out of those 100 people, they all got this therapy. There is a 40% success rate or 80%, whatever it is, and then they say, “We are going to give you this one.” Everybody is different. Our metabolism is different, or methylation pathways are different. Everything in our body is different so what would work for you would not always necessarily work for me.

Ty: Everybody is different but we all need to get our bodies in a state where they can fend off cancer naturally. That is what I am hearing you say.

Dr. Charles Majors: Absolutely. Changing your environment change the possibility of getting cancer.

Ty: Well, Dr. Majors, it has been fascinating being here and hearing your story today. Thank you so much for spending time with us. I know that the people that are viewing this program have greatly benefitted from your knowledge.

Dr. Charles Majors: Awesome. Appreciate it, thank you for doing it.

Ty: Thank you.

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Dr. Roby Mitchell, MD

aka "Dr. Fitt"

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THE TRUTH ABOUT CANCER

Ty: Today we have with us Dr. Roby Mitchell. Dr. Mitchell, thank you so much for being with us.

Dr Roby Mitchell: Glad to be here.

Ty: I appreciate you taking the time to spend with us today, really looking forward to picking your brain about cancer. But first of all, I want you to tell us a little bit about yourself, about your background, your experience, and then I want to get into your doctor fit moniker. But first, tell us a little bit about yourself.

Dr Roby Mitchell: Well, so I'm an AMD so I went to Texas Tech Medical School. I did their first MD/PhD program. And my proctor, Dr. Peter Pang, was from Hong Kong. And he had for some time been wanting to send a student over to China to study oriental medicine or he wanted to establish a student exchange program. So it just so happened while I was working on my PhD under him the opportunity came for me to go over to China and study acupuncture and oriental medicine. This was back in '85 when this stuff was really considered voodoo. But I had been in the marine corp., been a karate instructor in the marine corp. and had been very interested in trying to meet Bruce Lee. So this was my—I saw this as my opportunity to get over to China maybe to meet Bruce Lee. And so I said sign me up, didn't really know anything about alternative medicine or acupuncture or any of this other stuff except that it was classified as voodoo. But got over there and in that first week saw some things that opened my eyes a little bit. And as I stayed there and saw the—what they had was a marriage between conventional medicine and oriental medicine. So one wing was conventional medicine, one wing was oriental medicine. And there was just a unrestricted flow back and forth. If they couldn't help you they sent you over here and vice versa.

What they did have over on the western wing were the parametrics that I was used to that measured before and after whether things were working or not. So we could have a kid that came in with asthma and we could put them—put this little device that we use to measure the restriction of the airways so they blow in this thing and there's a little ball that goes up, right. And so the worst their asthma is then the less that ball goes up. So they would get tested over here and we documented their airway restriction and then they'd go over here. They'd get the needle stuck in them and then they'd come back over here and then they're blowing the top off the thing. So for me that was important in my belief system, right, to establish that really there was something happening and this was not mind over matter. And the last thing that really confirmed that was a cholecystectomy which is a gallbladder extraction and the only anesthesia was the acupuncture, right. So I came there, you know, with a pretty firm belief that there is some healing ability in the body but went on back and finished up my training and became an emergency room doctor. And as it happens with a lot of us, particularly doctors, you know, the drug companies bring in all the food and you're working all kinds of hours, and my weight went up. and with that my blood pressure went up, cholesterol went up, blood sugar went up, and I was 35 and I had a 37-year-old come in with a heart attack. And that got my attention and made me think I need to start doing something to address these, what we call,

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metabolic syndrome with the high blood sugar, high cholesterol and high blood pressure.

So I took a blood pressure medication, right. I just asked one of the cardiologists, you know, what's the flavor of the day pharmaceutical for blood pressure. And I took that and I had all these side effects, right. So that got my attention and made me think back to that experience in China where these people were using the innate ability of the body to heal itself. and so I said, well, let me give that a try. So now I started the fruit and vegetable stuff and changing my diet and lo and behold, you know, blood pressure, blood sugar, cholesterol all came back into order. And they also discovered that I had thyroid deficiency so addressing those things, the weight came down, everything came back in order so I started doing that more and more with patients. And I found out that there were a lot of people out there who were really interested in not having the pill for every ill, that they really wanted to address the root cause of the problem and get healthy again. So as I saw that more and more then I just kind of eased my way out of the emergency room and made this the type of medicine that I practice. In that evolution I looked for mentors and found some good ones. So Dr. Jonathan Wright out in Washington, I studied under him, and then Hugh Reardon in Wichita, Kansas, studied under him, Christiane Northrup taught me about bioidentical hormone replacement for women. And then there were several other mentors, Carolyn Dean, I got with Doug Kauffman and he mentioned to me about this yeast thing. And I did my due diligence on that.

So in the—long story short, I got very good at looking at what symptom a person had and being able to delve into that with my background in biochemistry and physiology and so forth and kind of like an investigator at an airplane crash—FFA. You know, I put all the pieces together to find out what went wrong and we put back the things, you know, the body needs to heal itself. And that's what happens, right. And so that's what I have been doing since maybe around '92.

Ty: Great! Great synopsis there. I liked your pill for every ill. That's indicative I think of a lot of the things that we see, a lot of the protocols that we see. So what you got a chance to visit firsthand in China was, what we call, integrative medicine.

Dr Roby Mitchell: Right. And it was really—I mean I think it was very important for me to not hear that third hand but to be there firsthand and to be able to witness it eye-to-eye because if I was over here and I heard that from somebody what was going on in China I would not have accepted it.

Ty: Firsthand knowledge, that will persuade you, won't it?

Dr Roby Mitchell: Right.

Ty: So you were in the marines.

Dr Roby Mitchell: Right.

Ty: And you came out and you learned how to—apparently you learned how to get healthy through nutrition...

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Dr Roby Mitchell: Correct!

Ty: ...primary changing your diet. When did Dr. Fit, your nickname Dr. Fit, come about?

Dr Roby Mitchell: So just as—I mean even through before—well, of course, you know, I came out of the marines and was just kind of an exercise, some people would call it a, fanatic but I kept my body in shape. And as I got into medical school, got the health nut moniker and as I became—started doing this with patients someone just said, oh, you're Dr. Fit. I thought that was a pretty good nickname so I kept it.

Ty: It kind of stuck.

Dr Roby Mitchell: Right.

Ty: Okay. I like it. I like it. So let me ask you this Dr. Roby, what is cancers?

Dr. Roby Mitchell: So cancer, when we look at it deductively and, of course, the oh, the conventional paradigm in the past was that cancer or these cells that have damaged DNA and its damaged in such a way that it incents them to multiply continuously. So normally a cell will be one cell and it'll multiply into two and then it'll multiply into four. So there's this exponential growth but at some point it will shut off growth, right, and it will just stay so your liver grows to a certain size and it stays that size—your brain, your heart, all these other cells, they grow to a certain size and they stay that size. So they have a built in regulator that keeps those cells from growing more than a particular number. In cancer cells that regulator is turned off and so they just keep multiplying, multiplying, multiplying, and because of their physiologic makeup that they absorb sugar and they absorb sugar better than your human cells then they suck up everything around them and people with cancer die of starvation. What we find now is that—and we've got very good documentation to make this a valid hypothesis—is that cancer cells are normal cells that have pleomorphed, and when I say pleomorphed I mean changed over a period of time, from a normal cell into a cancer cell and that pleomorphism is reversible. So there's an intelligence there that says that these cells are trying to survive a toxic situation, right.

And so when we look at—for instance, if you look at my prostate biopsies, right, when I had prostate cancer you'll see prostate cancer cells, right, we'll say adenocarcinoma right on several of the biopsies. But then you'll also see normal cells and then you'll see what's called PIN or prosthetic inflammatory neoplasia, which is the link between normal cells, that's the transitional cell between cancer and normal cells, right. So what happens with cancer is that its in that toxic environment, right. So let's say the colon for instance, so you create a toxic environment in your colon by eating the standard American diet. The first thing that happens is a process that we call hyperplasia. So we get more cells than normal, right. Look at the DNA of these cells, the DNA is normal DNA but there's just a lot of them. I mean like you would have a callous on your hand, right, if

you were working hard you'd build up a callous. So those cells are not cancer cells, they're normal cells but there's a lot more of them than normally because its trying to protect itself. Well, in the colon that happens to be a polyp, right. So in the colon there is this polyp. It happens, again, in the hyperplasia, right, more cells than normal. And that is the first stage. That polyp then will go onto another transitional stage, right, what we call neoplastic stage and then that will—if that situation stays there then it will go on to cancer, right. So this is why its really helpful for us to understand this concept because if that red light comes on, if you were down in the coal mine and one of those canaries dies, right, then it's a signal—you have a chance, right, to get out of that situation. So if there's a polyp, if there's benign prosthetic hyperplasia, if there is fiber adenoma in the breast, if there's just what we call Barrett's esophagus in the esophagus, right, those are all red flags, right, telling us that there's a toxic situation that's making these cells try to move into a cell form that will be able to survive a toxic environment.

So we know now that if we change that environment—so one of the—most any cancer doctor now that uses this, what we call, alternative therapies to any degree of success the first thing that they will have patients do is change what you eat. You've got to change that internal environment, right, so you can give these cells the heads up that you're not going to have to try to survive in a toxic environment anymore. When that happens then they start to pleomorph back into normal cells because its much easier physiologically to live as normal cell, right. Normal cells go through what we call oxidative phosphorylation which means you take oxygen, you take sugar, and you make 32 molecules of this ATP, which is our energy currency, right.

Ty: You said oxidative phosphorylation.

Dr. Roby Mitchell: Oxidative phosphorylation, right, so we put—take oxygen and through this process we add a phosphorous to this ATP and that's our energy currency, right. That's how we move about. And the more ATP the better, right? So if you're a cell that is able undergo oxidative phosphorylation, and again you're able to do that because of cellular genes is turned on you have to go through what's called the Krebs cycle. Then that's a happy state, right. If you have to move to this anaerobic, what we call anaerobic, metabolism for every molecule of glucose you can't get 32 ATP anymore. You can only get two molecules of ATP, right.

Ty: Right. And anaerobic means...

Dr. Roby Mitchell: Anaerobic means you don't have to have oxygen, right.

Ty: Okay.

Dr. Roby Mitchell: That means that I can survive without oxygen, right, which makes me able to survive in a more toxic environment but it makes my energy level a lot more restricted. So then that's why cancer cells are so ravenous about having to absorb sugar, right, because they can only make two ATP per molecule.

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Ty: Okay. Yeah. Because you hear the phrase cancer loves sugar so that explains why.

Dr. Roby Mitchell: Correct! You know, one of the tests that we use to diagnose cancer is a PET scan. So with a PET scan we take radiated sugar, right, and we inject it in you because cancer cells take up sugar so much more efficiently than normal cells they will take up that radiated sugar and then we're able to see on the CAT scan where the sugar is, which that tells us where the cancer is, right? So yeah, so we're very aware of the dependence on cancer cells for prodigious amounts of sugar. And that's why, again, cancer—I mean cancer patients die of starvation is because the cancer cells will suck up all the sugar from human cells—I mean from normal cells.

Ty: That leads me to the question then when you see a cancer patient, and what is it called when a cancer patient dies of starvation. It's...

Dr. Roby Mitchell: Cachexia...

Ty: When you see a patient that has cachexia and let's say their oncologist says you're wasting away, go out and eat anything you want. Is that wise advice?

Dr. Roby Mitchell: That's like you being stranded in the middle of the ocean and thirsty and you drink salt water.

Ty: Great analogy.

Dr. Roby Mitchell: Yeah

Ty: So I mean I don't know how many patients that I've dealt with over the years that have come and said, you know, I'm losing weight. I'm in the cachexia cycle. And my oncologist has told me to go eat ice cream, cake, whatever will put the weight on me.

Dr. Roby Mitchell: Right

Ty: So in other words...

Dr. Roby Mitchell: That's gasoline on the fire.

Ty: Well put, gasoline on the fire. So Dr. Roby, would you talk about the relationship between fat cells and cancers.

Dr. Roby Mitchell: So fat cells we have to delineate normal fat cells that are fat cells because of the inflammatory process, right. So you know, normal fat cells per se are not necessary carcinogenic. Inflammation is carcinogenic. And what inflammation is basically a war between your immune cells and some critter, right. It can be a virus. It can be a bacteria. It can be a fungus. It can be cancer, right. So if you remember back to the beginning of the Iraq war and that shock and awe. So that's very analogous to what happens in the—with the immune system when its trying to fight off a bacteria virus or a fungus to some degree.

So as your immune system, and it's a very apropos analogy to compare the immune system to the military because you do have all these different soldiers, T-cells and killer T-cells and macrophages and macrocytes and so forth for cells in the liver and specialized cells in each tissue in the body that are sentinels that are surveying the area and then if something goes array then they let loose and they have all these weapons of mass destruction to make things happen. So when your temperature goes up, when you get red, when you have diarrhea, when you have the sniffles, and the watery eyes, and all that, so all of that is not because of the critter. That's because of these chemicals that your immune system is able to release.

And these—you know, I was an emergency room doctor before and I can tell you that these chemicals are so powerful that they can kill you very quickly in a process that we call anaphylactic shock. So if you go into anaphylactic shock and, again, that's a consequence of the production of these weapons of mass destruction of the immune system you die very quickly if you're not in my emergency room, right. So we have to respect that the immune system has some really powerful weapons. and so in a condition less benign than anaphylactic shock where you've gotten fever and red and that type of thing then its just spitting out some chemicals that make the environment not so hospitable, not so hospitable for the bacteria, but also not so hospitable for human cells either, right. And so this is what creates that toxic situation that over a long period of time the human cell will try to protect itself from. One of the things that—the chemicals that is produced during this inflammatory process are called growth factors. So growth factors have an estrogenic effect and estrogens in general make cells go into hyperplasia that we talked about before so making one cell faster than normal changed to two, changed to four, changed to eight, again, exponential growth, right? So those fat cells that are born of an inflammatory situation, right, those then are linked the formation of cancer.

Ty: Now you mentioned estrogens, is estrogen the hormone that females have and males have testosterone or do we both have both? What is the difference between the hormones in females and males? And then I want to get to a question concerning the effect of estrogens on cancers.

Dr. Roby Mitchell: There's no difference in the molecular aspect of the hormones that are in men and women. Women have testosterone, men have estrogen, both have progesterone and corticosteroids and all these. What's different is the amount, right. So women have a higher amount of estrogen, men have a higher amount of testosterone. Women have a higher amount of estrogen receptors. And men have a higher amount of testosterone receptors, right. And so that's key, that marriage between the receptor the hormone such that a woman—I can give a woman testosterone injections. She will never get as big as a man because she doesn't have the receptors that a man has. We can put estrogen into a man and you're not going to turn him into a woman, right, because he doesn't have the receptors for those estrogens, right, so. But we all have the same—we all produce the same, exact molecules as for as estrogens and testosterone and DHEA and progesterone and these other hormones. Its important that we understand for these estrogens, the human ones anyway, that again the—one of the pharmacologic characteristics of estrogen is that they make cells multiply, right. And this is very important in

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pregnancy, right, because that fetus has to grow so much. And so during pregnancy estrogen levels go way up and we get, again, we get exponential growth of a fetus, right.

Other cells, if they get exposed to higher levels of estrogen, right, then they can grow faster also. So in breast cancer, in prostate cancer, and in other cancers if estrogen levels are elevated, right, or if we're exposed to a more potent estrogen, right, and this is where we're getting into environmental estrogens then that cancer can grow faster, right. And it's not necessarily that indigenous estrogens cause cancer, right, but they can certainly like insulin, right? That's the other cancer promoting hormone. They can make the fire burn hotter.

Ty: Okay, great analogy. So its like more gasoline on the fire when you have a higher level of estrogen than you should have...

Dr. Roby Mitchell: Correct!

Ty: ...which lots of articles today that we're reading about the effect of what they call xenoestrogens, which are fake estrogens in the environment. So can you talk about that in relationship to cancer?

Dr. Roby Mitchell: Right and then so that's one of the reasons why we see such a proliferation of cancer in the west, right, and have seen in this west. We're seeing it more in third world countries now. But because of our exposure to environmental and pharmaceutical estrogens, right, that has the effect of throwing more gasoline on the fire. So some of the insecticides, pesticides, fungicides that we use they have an estrogen effect, right. These are what we call xenoestrogens, xeno meaning foreign. So those, again, long term exposures so we have to think about estrogen exposure and lifetime exposure as we do like with radiation exposure. So if you're a radiation technologist, right, you where a little badge on you that gives us a Geiger counter amount of radiation that you are getting exposed to over a lifetime and you get to here, in other words, to where you can't be exposed to anymore radiation. the same thing with these estrogens, right, so there is a lifetime exposure of estrogen that dictates your risk for different cancers, right. So you are producing estrogens as a human. As a man, you're producing estrogen, as a woman, they're producing estrogens. Women produce more. So if we go adding on top of that environmental estrogens then that increases your lifetime exposure of estrogen. If you take birth control pills that increases your lifetime exposure of estrogen. If you take synthetic hormone replacement after menopause that increases your lifetime exposure of estrogen. If you stay overweight with these fat cells that are born of inflammation, these growth factors, right, that is increasing your lifetime exposure of estrogen.

Ty: So it's really a cumulative effective when we're talking about the exposure to estrogens...

Dr. Roby Mitchell: Exactly! Exactly!

Ty: as opposed to just one off.

Dr. Roby Mitchell: Right.

Ty: Okay. So if you could tell us a little bit about your personal experience. You mentioned prostate cancer. What did you do to treat your own cancer?

Dr. Roby Mitchell: So I had been vigilant about prostate cancer because my dad had prostate cancer. And I saw what he went through. So he had the prostatectomy And I saw the results of that. So I started evaluating or started being vigilant about my PSA as most men should around about—well, probably in my 40s, mid 40s. And so I would go every year and have a—I did a rectal exam, again, as all men should and a PSA. At around age 49 I think I saw my PSA go from one point something up to three point something, right, which was a fairly dramatic increase. And that got my attention. So I didn't do anything initially but then when I went the next year it had gone up to four. and four is kind of the cutoff point in conventional medicine for when you need to do something, so kind of the, what I now call, the boiling point. So in medicine we treat boiling points, right. So I'll give you this little analogy that if you were to take a pot of cold water and put it on the stove and then stick your hand in it, and then turn the heat on high, at some point you would take your hand out of that water because its getting so hot, right. And that may be a 130 degrees, it may be a 140 degrees depending on your pain tolerance. One you take your hand out of that water and it stays under there once it gets to 212 degrees, right, if we're talking about solute-free water at sea level then at 212 degrees its going to boil, right. Now if you stick your hand in that water at 212 degrees, right, you're going to get burned, right. If you stick your hand in there at 211 degrees its going to burn, 210 or 200. So its not a good idea to wait till the boiling point, right, to make that an actionable time for you to intervene. But that's what we do in conventional medicine, right.

So you—that water's getting hotter and hotter and hotter here and your A1C gets up to 5.7 or 6.0 or whatever the number is and that's the boiling point. Now all of a sudden you have diabetes, right. Let's say your hemoglobin A1C is at 6.0. Well, what were you at 5.9, right? You weren't boiling but you were still hot enough that you're getting burnt, right. The same thing with high blood pressure. So with the PSA the boiling point is four, right. So that's when they say you need to get a biopsy or whatever. Well, what was it at 3.9, right? We should be looking or investigating why PSAs are elevating when they get anything above 2.0, right, so above 2.0 you've either got some type of infection or you have—or you got cancer, right, if you haven't had trauma or some of these other things. So when it got to a 4.0 I approach actually one of my instructors here—you know, I've lived here, I went to medical school here, finished up medical school here in Amarillo so I know many of the doctors and many of them had been my teachers in medical school. And Mike Wilkerson is a local urologist that I had studied under, really good guy. So I went to him. And I was only 50-years-old and very good looking. And so its hard to believe looking at me that I've got cancer. So he didn't believe that I had cancer and told me most likely this was an infection, you know. Let's take some antibiotics and then we'll check it again. And so I went with his recommendation and we did that and the number had went up. And so I said, Mike, I think its time for us to do a biopsy. He agreed.

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And there was cancer and there was, not just cancer, I mean it was widespread cancer as you'll see on the documentation.

So I had taken care of my mother. She had been diagnosed with colon cancer back in 2000 and we did the natural immune boosting therapies on her. They had given her six months to live and she lived for six years. And so I started doing the same thing with myself. At this time I was headed on my way actually up to be with Dr. Jonathan Wright to work with him in the clinic up there in Renton, Washington. And so he and I put our heads together—we're able to put our heads together and to start to do some things in order to boost the one, boost up the immune system, two, maybe to kill off some of the cells because there will be some cells that refuse to change. And so we started doing those things. And you know, made the numbers come down. One of the things that we did out there—I was able to do it out there because of the laws out there, medical marijuana is legal. So we did the medical marijuana, we did high dose vitamin D. We did this immune therapy called the universal oral vaccine, of course, the diet was very important so did the juicing and away from any kind of grains, sugars, and that type of thing. And you know, and I saw that I had symptoms that let me know that my cancer had progressed. So I saw those symptoms reverse.

But it really had gotten up to a point, you know, where I had said my good-byes to everybody and let people know that this is we're in kind of in a no win situation here. But then things turned around and long story short, you know, went and had a repeat PET scan here back in, I guess, November that we'll be able to get a shot of also that, again, showed no cancer, so. And I've done this with person after person after person if they are willing to do what it takes to get off this toxic diet, right. That's usually kind of the stumbling block for a lot of people. They're just so addicted to the sugar and the wheat and so forth. You know, they just can't get off of it. But when people do we certainly do see, again, a reversal of his pleomorphism and cancers not there anymore. I mean the cells are still there but they have just chosen that they don't need to be cancer cells anymore.

Ty: Right. So in other words they reverted back into normal cells that live on oxygen.

Dr. Roby Mitchell: Right.

Ty: Okay. Wow! That's impressive. I'm impressed with the protocol. I'm also impressed—I can't believe you're how old? You're over 50—older than 50...

Dr. Roby Mitchell: 58

Ty: 58...?

Dr. Roby Mitchell: Yep.

Ty: Okay. Well, whatever you're doing keep it up because I had no idea that you were 58. You look fantastic. Talk a little bit, if you could, you

mentioned conventional medicine tends to treat when you get to a boiling point.

Dr. Roby Mitchell: Right.

Ty: So when it comes to cancer typically conventional medicine will treat with either chemotherapy or radiation or surgery or a combination thereof. What is your opinion on the efficacy of the conventional treatments? What—would you recommend that people go down that path or would you recommend that they go down that you went or would you recommend maybe an integrative approach?

Dr. Roby Mitchell: So each situation is different. And so we have to approach each situation as different. Unfortunately, in a lot of conventional medicine. Like I said, I was just down at MD Anderson. People are treated more like a feedlot situation where if you have this, you know, colon cancer, right, this is the protocol that we use. If you've got breast cancer this is the protocol that we use. And obviously, you know, that has failed.

So for instance with my prostate cancer had that been isolated to just the prostate, right, then I could have selected the treatment that my father did which was have a prosta—a total prostatectomy and the prostate taken out and that would have been curative. There are other modalities with using radiation or proton beams or ultrasound that can pretty much accomplish the same thing. So with prostate cancer I mean you have lots of alternatives. So if its confined just to the prostate that will be curative. So its just a matter of what side effects you're willing to live with, right, incontinence or impotency or some of these other things. So in that particular case the conventional therapy can work. I mean it can cure cancer. If you're a breast cancer patient and you have a lump in your breast that is circumscribed and hasn't invaded the lymph nodes or any other tissue then with a lumpectomy you can get rid of that, right, and you can survive, right. Our problem with conventional therapy is when cancer has moved from one place to another when there is a metastasis from the prostate into the bone or from the breast into the brain or from the colon into the lymph nodes then conventional therapy doesn't work so well, right. So it does depend on what type of cancer there is. There are lots of rarer types of cancers like the cancer that Lance Armstrong had, right, that was amenable to the conventional approach, right, and he goes on to be able to cheat and win some races.

Ty: And that was testicular cancer...

Dr. Roby Mitchell: Right, testicular cancer.

Ty: So cheating, yeah, cheating to win some races.

Dr. Roby Mitchell: Yeah. So it does—and there are some blood cancers, some blood born cancers also that respond to the conventional therapy, so. But for the most part the bread and butter cancers, so when we're looking at ovarian cancer, pancreatic cancer, prostate cancer, breast cancer, colon cancer, uterine cancer, once those—once the barn door gets opened with any of those then the conventional therapeutic model doesn't work.

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Ty: One last question for you Dr. Roby. You've talked about the importance of the environment for cancer cells to be able to revert back into normal cells. So what is an optimal diet that you could recommend people eat just generalities, of course, to make that environment in the body so that it would not be a good host for cancer cells, so that it would be a good host for normal cells and it would keep cancer at bay? What would be a diet that you—a general diet that you could recommend that would keep the immune system strong and prevent cancer?

Dr. Roby Mitchell: So when I started working with Dr. Wright, one of the things that I have been involved with was treating people for the fungal overgrowth that happens in our body. And the thing that I started to realize—one of the things that I realized years before that was that the common denominator of any of these natural herbal plant, exotic fruit, super food remedies that work, the common denominator with them was that they had some powerful antifungal in them, right, and that's what garlic, that's with aspirin, that's with these polyphenolic compounds in the skin of red grapes, the resveratrol. So I went into the lab and I started investigating, well, which foods are the highest in these—or not necessarily which foods are the highest but which foods had the most impact on controlling candida overgrowth. And so I set up Petri dishes right there in the lab. And we inoculated them with candida. And then we just went about inoculating them then with extracts from different fruits and vegetables and so forth to see which ones made the biggest, what we call, zone of exclusion in the Petri dish, right? And so we had the Petri control down here with a medication call Diflucan that we know kills yeast, right. And so we knew that it was going to leave a big clear space in there, right, where it didn't allow yeast to grow. And then down here we have just water, right. And so that plate just grew white with yeast overgrowth because there was nothing to inhibit it. And then all these other plates I was able to see, you know, which ones worked better or worse at keeping yeast under control. So with that, that was the spring board for what is now called the BALI eating plan—B-A-L-I. And BALI's standing for—that's an acronym for basic antioxidant/antifungal, and then low insulin.

So we want to—and regardless of the name that you call it, right, whether its the Gerson therapy or the paleo diet or Mediterranean diet or whatever, what is going to work as far as keeping cells out of an environment that incents them to pleomorph into cancer cells is one that keeps the yeast under control, right. It keeps you from developing fungal overgrowth because when that fungus gets up to a certain level then your immune system is going to response with the weapons of mass destruction and its going to create a toxic environment and your cells are going to cough and choke and they're going to start changing into a cellular form that will allow them to survive that toxic environment. So again, regardless of what you'd call it, the food that you eat has to be food that keeps fungal growth under control and doesn't throw gasoline on the fire. So when we eat foods that have, what we call, a high glycemic index, right, so the grains and sugars, right, in corn, wheat, rice, those things, then we're creating an environment, right, that promotes fungal overgrowth, right, and that's going to cause inflammation and that's going to, again, incent cells to turn to cancer cells, right. So we have just seen that more and more as our diets have gotten more and more refined. That was over here—it started over here in the western world. Now we see it as we have outsourced all of our computer jobs and

manufacturing jobs over to these third worlds, right, and they get money in their pocket and then we send coke and McDonald's over there. Now we're seeing breast cancer, for instance, in women that we didn't see breast cancer in before. We're seeing prostate cancer in men that we didn't prostate cancer in before in these third world countries, right. And its again, because they're eating the same food that gave us the problem over here.

Ty: Very, very good explanation of the relationship between fungus and cancer. I've read—some people take the position that cancer is a fungus. But if I understood you correctly, what you're saying is that fungal overgrowth creates the internal environment then that cancer feeds—that will then cause the immune system to respond in such a way that then could create cancer.

Dr. Roby Mitchell: Correct! We know that cancer is not a fungus because a fungus could never turn into a human cell, right. So if these cancer cells are pleomorphing back into human cells they can't be a fungus, right? That would be an impossibility, so. But what fungus does it can be a facilitator in that fungi, they are not passive, right, so they product what are called gliotoxins, gliotoxins or—they're kind of weapons of mass destruction that incapacitate the immune system, right. And so with the weakened immune system then that allows cancer cells to grow better, right. So they do work together, right, and so and that's another reason why a lot—one of the protocols for many physicians that treat cancer is to bring down the fungal load because if you bring down the fungal load then the immune system gets stronger, right. And one of the—and the one thing that does kill cancer or cure cancer is your immune system, right. Chemotherapy, radiation, these things, right, they—if you go to cancer 101 book it will tell you that they can't cure cancer. The cell kinetics are just against it. That will never happen. Its basically the same effect as when we give antibiotics, right. Antibiotics can't cure anything. They can bring down the number, right, the cell count, such that then your immune system can take over but its your immune system that does the curing right? So if you've got HIV and your immune system's compromised and you get an infection it doesn't matter what antibiotic I give you you're not going to survive because you don't have an immune system response, right.

So its important to understand the—you know, whether we come to a conclusion that we can use maybe a little bit of chemotherapy or a little radiation to bring down the cell number. And I have a belief that that can be done. We have to understand that the thing that cures cancer is your immune system.

Ty: Excellent explanation because that is what then would give your body—your body really is what you're saying then would take care of the cancer if its given the proper fuel. So if you fuel your body properly, if I'm understanding you right, then it can take care of the cancer via the immune system working the way that its supposed to.

Dr. Roby Mitchell: Correct! And again, you know, if we stay with the bacterial overgrowth analogy I might need to give a bit of an antibiotic, right, to get the number down, right, so that your immune system is just not overwhelmed, right, but then bring that number down and then your immune system can take over.

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There may be a role for chemotherapy, radiation therapy, in that sense. The overwhelming majority of physicians who treat cancer though with those therapies depends solely on the radiation or the chemo. And the consequence of that is a weakened immune system. So the very system that you're depending on to cure cancer, right, we kill that off, right, and that's why so many people with cancer they die of the treatment, right, rather than the cancer.

Ty: It almost sounds like at times the conventional treatments are the weapons of mass destruction.

Dr. Roby Mitchell: Well no, there's no question they are. I mean that is their objective, right, is to massively kill off cells that multiply fast and that's what cancer cells do. They multiply fast but that's the same thing with your immune cells, right, and the cells that line your gut, right. They multiply fast, right. And so any cells that undergo rapid multiplication they are going to be in the cross hairs of chemotherapy and radiation therapy.

Ty: So would that explain why people get nauseated when they take chemotherapy because the cells in their gut...

Dr. Roby Mitchell: Nausea—yes, right, esophagitis, right, all those problems with the gut from the esophagus on down to the rectum, yes.

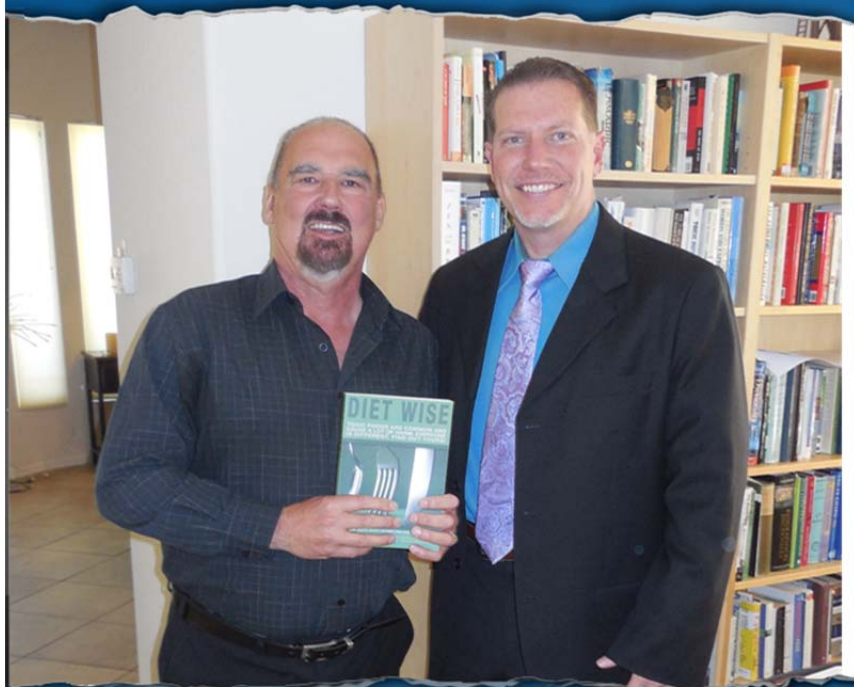
Ty: Okay. So if I understand what you've been saying to us over this last hour, if we give the body the nutrition that it needs, the fuel that it needs, then it can respond, the immune system can respond, and can actually take care of the cancer the way that its supposed to. So its really our body that's doing the healing when we provide it with the necessary fuel.

Dr. Roby Mitchell: Correct! So the necessary fuel, there are some hormonal balance issues you know that we address, some nutritional issues like with vitamin D. We see vitamin D deficiency a lot, thyroid deficiency a lot, but yes, if we just put the things back that a normal body functions optimally off of then it goes to work healing.

Ty: Okay. Well, Dr. Roby, thank you for the time that you've spent with us today. I love your analogies of weapons of mass destruction especially coming from a former marine. Or actually, once a marine always a marine, right. So you're still a marine. And I really appreciate your personal story that you shared with us about healing your own cancer and the protocols that you used and I really appreciate the influence that you're making on all of your patient's lives and in the lives of people around the world. I first met you just a couple years ago at the cancer control society in Los Angeles. And you made a huge impact on me. I was telling you earlier after your lecture there, I went home and watched the DVD several times, specifically your lecture because I learned so much of what you were talking about, things that I had not heard before. So I really appreciate what you've done and I thank you for your time today.

Dr. Roby Mitchell: You're very welcome.

Interview 20



Dr. Keith Scott Mumby, MD

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Ty: I'm here today with Dr. Keith Scott Mumby and we're here in Las Vegas at his home and I just wanted to thank you Keith for taking the time to talk to us today.

Dr. Keith Scott Mumby: Pleasure Ty.

Ty: So tell me Keith a little bit about your background, your experience, I know you're from the UK so how did you get to where you're at?

Dr. Keith Scott Mumby: Okay. Well first of all I should say I trained as a conventional doctor. Over there the M.D., the equivalent is called Bachelor of Medicine, Bachelor of Surgery so qualified surgeon. I won prizes. I was an orthodox model at one stage but pretty soon I jumped the fence and went into alternatives and sort of plowed my own furlough ever since. In the 80's I made my name quite strongly around the world with the subject of what we then called food allergies, I mean that's a relevant term but I made some amazing breakthroughs with a small group of colleagues around the world, maybe eight to ten of us, really pushed the envelope forward at that time. We found food allergies responsible for all kinds of things, like migraines, arthritis, eczema, all kinds of stuff would just improve like magic if you remove certain foods from the diet. It's important to say it's different foods for everybody.

The idea of a standard set diet doesn't really work. But you know there was some amazing recovery so it taught me nutrition in a different way. In medical school nutrition is kind of what are you short of that you need? Whereas I came to realize what are you eating that you shouldn't rather than what you're not eating that you should? It produces more dramatic recoveries, certainly in the western world anyway, obviously third world countries they're deficient but we are mostly eating too much of the wrong thing, emphasis there is too much. Through the years I built my reputation, I published books, I spent a lot of time on radio and TV sort of carrying the message. The beginning of the 80's I called a quack by my colleagues. There was an expression Mumby jumbo in my town for all that kind of stuff. By the end of the 90's I was official. The British National Health Service was buying my allergy formulas to give to government health patients. So I went from quack to respectable to in less than 20 years. In medicine that's fast.

Ty: That is fast.

Dr. Keith Scott Mumby: I came over to the States about ten years ago with the intention of primarily educating and writing and that's what I do mostly. I don't have a facility here at this time, although, that may change. I have a license here in Nevada and I'm reviewing the possibilities for using that because it's very sad, you know, people here can't get enough help basically. There's not enough people tuned into the right sort of approaches to health. It's all, as you know, big pharma oriented and it's not about patient care. It's about profits so the more guys willing to stand up and help the better. So that compression alone may call me out of retirement as you would.

Ty: Tell me about, before the interview today, you were telling me about a story that I think it was Brompton Hospital.

Dr. Keith Scott Mumby: Oh yeah. Well we are talking about cancer aren't we? I found, I mean I do a lot of research. We need a lot of stuff, I kind of have this sort of encyclopedia retention thing, which is very useful at times but I love following pathways, side pathways particularly. I was looking at early cases of cancer at the Brompton Hospital in Western London and I found a very interesting report. One of the consulting physicians there was taking his group of medical students to see this case and he said now look first of all it's a cancer case, which is very rare, you won't see many cancer cases but this is a rare form of cancer. You'll probably never see this again. So what it was Ty, it was lung cancer, which is now the number one world's killer.

So that was back in Victorian times. Cancer was virtually unknown then anyway. Today's number one killer was exceptionally rare. What's changed in our world? Well, of course, we all know it's lifestyle basically, which covers everything from how we live to what we eat and so on. Just such major, shocking changes that it's gone from that to being the number one killer. That was a very interesting story and I started to look for why would the Victorians be different and the answer is they ate a lot of food that on average there were no buses and cabs and nobody had their own vehicles in those days so they walked, literally and the average Victorian walked more than 20 miles a day, which gave them a lot of calories to burn so they could eat a lot of food to make up and that meant they got lots of antioxidants and nutrients, phytonutrients so all the other good things that we like, so it fits our present model and I think it's sort of a moral story that if you treat it right. It's one of the things I teach Ty is that cancer is not native to humans. If you go back to primitive or we shouldn't say primitive but you know early aboriginal types of societies, cancer is virtually unknown. It's a disease among men and as I like to say it's you. You know cancer is not some alien thing that was dumped in your body from a spaceship or something. It's you. It's your body kind of gone a bit wrong and if you fix things you're body will restore it's health. It's not a run away train that can't be stopped. I mean yes, it's a run away but you can put the brakes on and then reverse it. I mean that number of natural cures now are so vast that you'd have to be blind or dumb not see what's going on and not to realize that orthodox medicine isn't hitting the bar at all.

Ty: You mentioned the people in Victorian times in England they walked a lot and they ate diets that were high in phytonutrients and antioxidants. Just real briefly could you explain what is phytonutrients mean? What does antioxidant mean?

Dr. Keith Scott Mumby: Okay well let's go back to oxygen. Oxygen is a great paradox right? It's very poisons and yet we can't live longer than three or four minutes without it. We happen to need this in our bodies but it will do damage unless it's controlled. So our body has a built in mechanism for suppressing the damage caused by oxygen. For example, you may not know but the typical white blood cell, when it's going to attack a bacteria will go bizz with some hydrogen peroxide, which is deadly, you know, it's like very strong oxygen and kills the bacteria but then the cell has to very rapidly pour antioxidants on that

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otherwise it will kill itself. It's like having a gun that shoots all over the place and if you're not careful it will shoot you so you have to suppress it very quickly. That's what we need antioxidants for. It's just one of those things that oxygen is a great blessing and a great damage to our tissues that's why today you hear words like free oxygen radicals and things like that.

Phytonutrients, phyto is just a word that means green leaf or plants so nutrients that you get from plants. Well, of course, that's where we get all our food but what's become very clear is that there's a tremendous pharmacopeia in food, you know, with all kinds of effects. I mean, perhaps, one of the obvious examples is the poisonous stuff, you know, the alkaloids include things like mescaline and peyote but caffeine is one of those, tobacco and nicotine in tobacco is just leaf but nicotine is not good as we know. So not all compounds, in fact, let me tell you something else that I wrote in a couple of articles, somebody pointed out that if cabbage had to go through the tests that drugs have to go through so it's fit for humans, cabbage wouldn't pass. There are simply quite a number of toxic substances. Well we don't mind because we cook it and that disables the toxic chemicals. Carrot is another one that has a nerve toxin in it called carototoxin, which is quite like and organ or phosphate poison.

So it's a mix back but basically it's emerged. There's an awful lot of good stuff in food but it isn't all safe and that's a message that I will have recurring probably in this talk time, which is that foods can hurt and it depends on whether the person is able to metabolize them successfully or not. It might not be what we used to call an allergy in the old days but if somebody has tiny genetic variance and maybe they can't metabolize tomatoes like everybody else, that would become a toxic food and it is, in fact, in the toxic family, you know the nightshades the deadly shade tomatoes is one of those. So even though Steven Pratt put it down as a super food I put it down as an uh, careful food. It's not really a super food it's quite toxic but anyway this is a very complex subject but basically what I'm saying is that foods can be harmful, foods are very rich in good stuff too and you have to pick carefully. You must not assume because you read somewhere that this food is good for most people that it's good for everyone. I told you story didn't I just now about a lady with lettuce that had severe colitis, bloody colitis and slime in her stool, very old lady and she was doing all the right things and eating salads and being healthy and anyway, long story short, she came to me and I found it was lettuce that was making her sick. The only food. Stopped lettuce, she was totally cured and yet we perceive lettuce as a healthy food don't we as I say jokingly of course. I said, oh you'll be okay with the burgers and fries just stay off the salads right and she was.

Ty: That's amazing though because I think probably the people that are watching the show I'd guess 99 maybe 100% of the people watching would think that lettuce is always safe. As long as it's...

Dr. Keith Scott Mumby: Yep.

Ty: ...organic, lettuce is good everyone.

Dr. Keith Scott Mumby: If I tell you it's in the mustard family you might think, well okay maybe it's not that friendly but look carrots, you know, who doesn't

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juice carrots right. I had a patient back in the early 80's who was a young kid who had epilepsy due to anything in the carrot family. Not just carrots but dill, parsley, celery, those are all in that family of foods, any of those would make him have epilepsy. If he avoided the foods no problem, no drugs.

Ty: So what I'm hearing from you and this is fascinating because this is not really mainstream is that you really need to individualize a persons diet because one person might not metabolize lettuce well. You just gave us an example of that where somebody else might.

Dr. Keith Scott Mumby: Right.

Ty: So there's not really a one size fits all diet.

Dr. Keith Scott Mumby: Absolutely not.

Ty: You need to work with a doctor like yourself that understands that...

Dr. Keith Scott Mumby: Yes.

Ty: ...your intake of nutrients needs to be individualized to your own genetic type.

Dr. Keith Scott Mumby: Right. Well I did write a book about this. A self-help book. So if you can't get to an expert or practicing physician, it's called Diet Wise and it's hard to figure it out for yourself and 99% of the people could figure it out for themselves using that book. I think it's very important and it's a journey should—you know, whether you got cancer or not listen any—one of my sayings Ty that any good health measure is an anticancer measure. Okay, I'm not sure you see them as that instantly so this is a journey that everyone should do at sometime in their lifetime whether or not they got cancer but you got cancer you better do it now. Which is to figure out which foods are safe for you, which ones you tolerate and which ones you don't because inflammatory foods will load up the immune system, they'll cause it to misfire and we know that's the last thing you want to happen if you've got cancer. You want to a purring, smooth, sweet running immune system. I mean we already know it isn't if you got cancer but you know what I mean. You don't need to oppress it further. You need to lift the immune system and getting rid of stressful inflammatory type foods. That's what they are really. Food allergies is maybe not quite the right term. That's a specific type of reaction but all these other foods they cause inflammation in the body and you can't make assumptions.

For example, this will shock you too. I know a lot of people who can't eat whole meal brown bread are perfectly healthy if they eat white bread. You think wow, that's crazy that's not what we learned but, in fact, this is the explanation Ty, which is white flour and white bread is just fluff, there's not wheatiness in it at all so wheat sensitive person wouldn't react to it but me, for example, I'm sensitive to wheat. If I eat whole meal bread I get a belly ache, I mean a belly ache isn't that intolerable but if I had psychiatric problems or colitis or something of course I wouldn't do it and I only do it very occasionally anyway. So there are a lot of

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quirks to this approach to things that I find out by trial and error over the years that are very different, except first of all mainstream medicine is way off the page. They don't even think nutrition matters but sadly, a lot of alternative holistic and health practitioners don't get this right either. If you mention food allergies or Google it on the Web all that comes back is gluten and casein. That's all you ever see but it can be anything. I've had people sensitive to spring water. They can Pierre and they can't drink Avian. It's not just water, of course, there are organics in it and a person might react to one or the other or both so it's a big story. A very important aspect of cancer therapy, you know, nutrition is one of the absolute crucial keys to be beating cancer as you know.

Ty: It's interesting that you mention white bread versus wheat bread. It goes completely against what we're told that you should only eat whole grains but some people are sensitive. I know people just like yourself, they can't eat whole wheat bread but they can have white bread. They don't react to it. Not that it's a health food, but they don't react to it.

Dr. Keith Scott Mumby: ...yeah. If you want some toast obviously you don't want toast that's going to give you a bellyache...

Ty: Exactly.

Dr. Keith Scott Mumby: ...but don't believe that having white bread is going to give you any nutrients. There are virtually zero nutrients...

Ty: Right.

Dr. Keith Scott Mumby: ...so you have to get your nutrients some other way.

Ty: You mentioned a couple of things that were fascinating. You mentioned inflammation, you mentioned the immune system and white blood cells a couple times, which are part of the immune system. Talk about white blood cells, the immune system and inflammation as it all relates to cancer.

Dr. Keith Scott Mumby: Okay. Well part of the question Ty is what is the basic model for cancer. There's the stem cell model and the metabolic model and so on. Certainly at the core, if not the cause many people and I'm one of them, see cancer as basically a disease of the immune system. I don't think there's anyway you going to stop cells firing off and going wrong and turning into rouge cells. There's just too many toxins but a good immune system will pick them up very quickly and eliminate them so in a very strong sense, kind of sort of a disease as the immune system so you want to do everything in your power to help the immune systems. That means the right kind of nutrients that will help it. It also means removing the stressors that will stop it working and they're all inflammatory in nature. I mentioned food, inflammatory foods but that's chemicals, pesticides, pollutants, bisphenol all of these things, loads of those two and don't forget heavy metal toxicity, mercury and lead and these things, not only have their poisonous powers but they're highly inflammatory too. So it's very important to unburden the immune system. I've got to say, emotions can be pretty inflammatory too. The immune systems gets burdened even if a person is

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upset, sad, depressed or whatever and I would like a minute to talk about that with cancer. I think it's a very crucial element in cancer but really anything, that's what I'm saying, anything that's inflammatory is bad for cancer and yet we can get a good handle on it you know. There are ways, you can take your antioxidants, your phytonutrients, Omega 3's a brilliant anti-inflammatory but removing the triggers likely inflammatory foods and heavy metals is better strategy anyway. That's something we should all do and it's back to my saying any good health measure is an anticancer measure.

Ty: I like that saying. Talk about, you said you like to take a minute to talk about the emotional toxicity.

Dr. Keith Scott Mumby: Well okay. Now listen. This is the most undervalued and under performed part of cancer therapies and everyone's running around talking about oxygen therapies and things like that and different kinds of herbal helpers and things like that. Physical stuff, in other words right, but there is a cancer personality. No question. In fact, Galen, who was a Roman physician 2000 years ago first spotted it. Basically, he said cancer doesn't strike happy people. In our times we believe that and we've examined lots of, you know, like a Type A driver heart attack person, there's a classic cancer personality, typically a woman but not necessarily but a person who is self effacing, they don't fulfill their own needs, they put up and endure other peoples rages and stormy emotions and they don't respond, they can't assert themselves and that's the kind of person who is likely to suffer with cancer. If you read Benny Segal's book about exceptional cancer survivors, he talks about the ideal survivor. He said they're ornery as anything and they'll spit and shout at their oncologist and that's the kind of person who's likely to survive, not the ones who says yes doctor, no doctor, I'm sorry doctor. So there are other ways to bring this in but do you know Hamer's work?

Ty: Yeah.

Dr. Keith Scott Mumby: ...Ryke Geerd Hamer, he had this thing called the Iron Rule of Cancer to mean that all cancers are preceded, you know, three years some kind of shocking psychotic stress. Well he's very German, or German as I like to say and everything's got to be a 100% otherwise, it's not satisfactory, and he's not quite right but it's very, very, very common and always there's a stressor element and an emotional element but it may be back in childhood, you know, childhood abuse for example. Honestly I've done them all on all the things I've done, I've done a lot of alternative psychology too. When you start working with people, especially when abuse is on the table you begin to realize and it's often women isn't it but somehow they sit on it, the suppress it and hold it down and hold it down for about 30 years and then in their 40's it's like boom and they just can't hold it back anymore, it bursts out and so that's when a lot of women start remembering their abuse that they've been suppressing. All of that sort of bottled in hurt and resentment and pain and so is all very destructive indeed so it will often emerge—holistic expert in your own way aren't you and you know that if it don't come out one way it'll come out some other way. That's what nature does. If there's a disease process it has to come out. It's better if you shout and scream and fling properly across the room then don't but if you don't do it sooner or later you'll get something whether it's

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warts or something serious like cancer. I must tell you actually I had a wonderful case that I encountered. This is in Utah not far from here. A girl's brain tumor, I went to interview you because she survived a brain tumor. Without going into all the details of how and why it was uncovered that she had been a child abuse case. She was famously cold and unemotional and not responsive though she was married, her husband was very much in love with her and she couldn't remember a thing before the age of six. She was totally blank. Well when all that changed she remembered abuse. Her grandfather leading her out to the woods and she was tied to a table and abused by adults and if you ever tell anybody we'll kill you that kind of thing. So the child, of course, shut it all down, result brain tumor. As soon as she discovered that zoop, the brain tumor disappeared in about five, six weeks. All the markers went to zero.

Ty: **Wow.**

Dr. Keith Scott Mumby: She wouldn't even take vitamins and minerals and I say well that's going a bit far, I like your story but why don't you change some life style things you know, maybe protect yourself against any future sickness. Anyway she remembered, that was it, cured.

Ty: **So just the removal of that or releasing that memory?**

Dr. Keith Scott Mumby: Yes exactly. It's just releasing it. I mean the painful memory was still there but she didn't have to suppress it anymore and it wasn't controlling her so. So very crucial and one of the things that we find with cancer patients is if allowed the cancer will literally heal a persons life. The person who gets cancer is in a mess. I mean I say it's not death now but it is a wake up call. If you don't do something you're not going to survive. Most people have to face their issues and heal and that healing could just be bad diet, that's a kind of healing our toxic lifestyle or relationships and family and things and lots of people who finally figured out that cancer is saying something good, you know, you need to deal with this situation with your parents and so they do and you know what follows is their love, laughter and tears and all this massive healing and so on. Actually in a real sense cancer will heal a persons life if they let it but most of them are driven down a pathway of terror. The model of it is you're going to die unless we get enough chemo in you to stop it and this afternoon or you're going to die. It's not true. It really isn't true. It's very sad to panic people. Yes you got to take stock. Yes you got to figure out what you need to do but if you do it-it can be reversed.

Ty: **So it's a wake up call?**

Dr. Keith Scott Mumby: True.

Ty: **It's like I've heard people say it's like a check engine light in your car going off. Something's wrong and you need to take action to fix it.**

Dr. Keith Scott Mumby: Right. That's right. Of course the orthodox signature's blanking out but the warning light doesn't work. You need to fix causes and of course cancer has causes. Here's another problem. It's a multifactorial disease. It's not like malaria where the cause is a mosquito bite

and this plasmodium. It's not that simple. There are many, many—my three pillars, I call it the three pillars of healing of cancer, emotions, which I talked about. We barely mentioned chemical overload but our environment now is full of cancerogenic substances. We're a wash literally with carcinogens. Some of them are choices best not used like cosmetics. I love to see the gals looking pretty, you've seen my wife, she's beautiful so you like them to look good but most of what women put on their skin is dangerous. I think the average woman would probably do less if they realized that they absorb about two pounds, that's around a kilogram of cosmetics through their skin every year. That's two pounds of sludge and a slime, toxic sludge and slime that your livers got to deal with. You weren't given a liver to deal with cosmetics, it's supposed to deal with foods and environmental factors not man made synthetics such as now. So there's the whole of that element and then I've talked about—well I mentioned food. I don't think I really to into it enough. Can I just say a bit more about that because...

Ty: Absolutely.

Dr. Keith Scott Mumby: ...if you look at every simple, I'm using the word simple rather than primitive or aboriginal society, cancer is unknown. Now there was a famous Harvard Researcher called Vilhjalmur Stefansson I'm not sure how to pronounce his name, he's obviously Norwegian or Swedish name... I think, my best shot is Vilhjalmur Stefansson and he lived with Eskimos for about 30 years, I shouldn't say Eskimos, I knew it, but you know what I mean. He lived with them and he ate their food and lived their lifestyle and at first he couldn't tolerate the diet. It was about 50% fat, you know, it was just slopping with grease in the dish and so he said no, I can't take it. I'll eat more of the western way and within a few weeks he was pretty sick and he had to eat that way. Soon as he did his body recovered enormously and he was really fit and well. He was out on the ice. He could walk 50 miles in a day. He was a really fit man for his age and brought back a very interesting story and wrote a book. Basically in all his time in that territory he never saw a case of cancer. It's pretty well unknown amongst the—it's only when they came into the bases, started eating the burgers and the colas that they started to get diabetes and heart disease, cancer the same as the rest of them. That's a picture that repeats itself all over the world.

Albert Schatz is a famous humanitarian. He went to work in the Gabon in Africa and he said he never saw a case of cancer in anyone that was living the natural lifestyle. He directly attributed it to food. He was pretty sure that was the reason. They just eat differently and you've got your—it's tempting to think it's genetic, the arguments that just strong in the case of cancer. They do eat a lot of selenium from the seafood and we know that's a protectant. The real killer in the story Ty is they go and move into a different environment and eat somebody else's diet they sick as dogs just the same as the rest of them. So it's not really a genetic factor. You know that's pretty stark epidemiological evidence. You almost don't need any of the cause of the cancer if you know that people living the natural lifestyle in the Stone Age or the aboriginal way like a hunter gatherer and keeping their lifestyle pure never gets cancer. What does that tell you? It tells you it's probably the number one element anyway and why we get cancer because our diets are awful.

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Ty: Now and I would agree with that. When you mention modern foods that we should stay away from as opposed to the Indians or the Eskimos that are eating natural foods what are you talking about? What foods should people look to stay away from?

Dr. Keith Scott Mumby: Well let's see. Let me flip it right the other way first, which is basically we are on earth as hunt and gather, that's what nature put us here as, which means walking through the forest, you gather nuts and berries, by the way a great joke on the old caveman hunter model is bring down a kill and feed the tribe. It's BS. About 70% of the calories were gathered by women in ancient societies. Those are the nuts and berries and roots.

Ty: Right.

Dr. Keith Scott Mumby: Occasionally some meat and occasionally some fish and you drank water. That's what were supposed to do. Also included in that by the way is a lot of activity. Hunt to gathers were all nomadic they all walked. So we do the exact opposite. We have far too many, what I call, farmer foods. Those are really the last 10,000 years. In evolutionary terms what's 10,000 years, it's the blink of an eye when it takes millions of years to evolve a new animal or new lifestyle. So the farmer foods drastically across the grains, harvesting grains with dairy products too. Then you got all the weird and wonderful stuff like sugar, tea, coffee, alcohol, although I should be careful because alcohol technically is a Stone Age food. If you go on YouTube you can see animals eating fermented fruits and getting drunk. It's rather funny. So occasionally in the fall even man would probably eat fermented fruits and get drunk so there is kind of an argument of the fact of it being Stone Age but anyway you know what I mean.

Then we got non-synthetic things with colorings and flavorings. It makes you shudder really. It's viciated food, viciated means all the goodness gone and then plasticized in cosmetic food with the all the fancy outward appearance put back on so that people are tempted to eat it. It's a sin but it's certainly a health disaster to do it that way. So unless we learn better ways—people who eat that kind of diet are going to join the average statistics for cancer, which you know, are now pretty scary. One in two men and almost that many women will get cancer at sometime in their lives. I don't mean it will necessarily kill them but as I like to say we're all battling cancer because if you are married to somebody it's a 50/50 chance one or the other of you might get this disease. So you could say the big C in movie is coming to a movie house near you sometime and you need to be ready. Of course, that's not true if you do the right lifestyle. So all the people watching this video, your series of videos they're in a great position because they've been told what they need to do and it's stupid not to because eating probably is very enjoyable, taking in exercise is good for you and a healthy lifestyle you feel great. I've got another saying you'll like. I got a lot of sayings but if you don't leap out of bed in the morning, burn some of that energy and bursting to get things done something is wrong. Who takes that point of view. Most people get out of bed like this and think it's normal. It's common but that doesn't make it normal.

Ty: Right.

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Dr. Keith Scott Mumby: That means something is wrong. You're body's screaming at you in the morning, no you can't keep doing this is what you're body is saying. You know you fix your coffee, you fix your sugar and fix your donut or whatever way you go but that's again, the next morning. That's not health. That's a disaster.

Ty: It is a disaster and I would beckon to say that most people watching this might not be jumping out of bed in the morning ready to go.

Dr. Keith Scott Mumby: They will if they read my diet wise book and do it.

Ty: Talk about doctor interference and the fact that sometimes cancers will go away on their own.

Dr. Keith Scott Mumby: That's right. Well this is a very good point and I found a wonderful study a little while ago, I think was 2008, 2009, a Scandinavian study that showed very remarkably that if doctors don't get on the case that most cancers will actually, well let's say a large percentage okay, let's not get too exaggerating but a large percentage of the cancers will resolve. Now this fits with Ryke Geerd Hamer's work, which I just mentioned it, he thinks cancer has a healing principle. I think that too by the way but his idea is that it heals—cancer appears, something changes, the person heals, the cancer disappears and there's a very strong suspicion that the real problem is not the cancer, just leave it alone, take your hands off, in a lot of cases it will go away but doctors jump on it and then complicate the picture by saying you need chemotherapy, you have to do radiation, you know these are extremely stressful and give the cancer a real running edge so it can then break away and become out of control. I think that's very important and I think unless conventional doctors can learn a hands off, let's wait and see model than a lot of people are literally being sent to their death basically. I'll tell you another way, which I really don't like, I have a bee in bonnet about this type, which is doctors saying oh, you're going to die in six months, you only have six months, put your affairs in order.

Most doctors don't even know when they're going to die so it's totally arrogant to tell a patient when they think they're going to die. Let me tell you a lovely story I brought from a colleague in Reno a couple years back. The patient isn't mine it comes from a doctor colleague. She had a patient that came by who had been told by a doctor you're only to live six months, 20 years later, she's still rocking and rolling. The doctor that said that long dead. I think that's so funny. A doctor should not make these pronouncements. You know why, they become self-filling prophecies. Oh well the doctor, the expert knows all about this and says I'm going to last very long so the person just does down, they fold up and give in. The one thing that you need is a bit of spunk and a bit of spirit to fight back, you know, I'm really going to beat this puppy and it trashes one of their main resources, which is their will to live and they desire to overcome the disease. So doctors, their particularly bad news in this field because they're not getting competent results but they are standing firmly in the way of natural recoveries and good things and I what I would call proper healing and the things we've been talking about. Yeah a big issue for me.

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Ty: That's a common thread that I've heard from other doctors on this series is that when a doctor says you're going to be dead in three months, six months, whatever, it does sometimes become a self-fulfilling prophecy because I guess just the emotional trauma of having a medical doctor tell you that you're going to die...

Dr. Keith Scott Mumby: Right.

Ty: ...is that what's considered geopathic stress?

Dr. Keith Scott Mumby: Oh, no, no, no, no I'll come to that in a minute. No that's a bit different but don't forget I talked about that cancer personality, the self-effacing sort of crushed that can't assert themselves person that would naturally be very obedient to an authority figure like a doctor so if the doctor says I'm going to die the patient would naturally think well it must be true then. So they're the worst person to say that to. No let's move on to another aspect. There's a couple of things I'd like to bring in here, but let me talk about this thing then geopathic stress okay? Geo means the earth or the globe as you know that. I first encountered this back in the 80's. I had a clinic, I had several in London and Manchester but I went to Dublin and met some very interesting people there. It's a wonderful city, Dublin, I had a clinic there for a while. That's where I first announced, by the way to the world on the radio that I thought measles vaccine was causing Autism. I was practically the first person on earth to say it.

Ty: What year was that?

Dr. Keith Scott Mumby: 1983. I had a stream of cases coming in so, I mean I was certainly among the first. It was in Ireland that was thing, I released the information. Anyway I met all kinds of interesting people and they're accounts. Listen I'm half Scottish so I'm Celtic, you know Scot means literally means Scottish from Scotland and Kelts are very deep into mysticism should we call it lore. It's not Druids or Druidic but the tradition, the Druids were before the Kelts so they swept in and overran the Druids but that kind of modeled into this kind of thing and they told me about dowsing a house for black spots. I said what do you mean so they showed me some cases where they would draw map of the house and a person with a pendulum would dowse it and say that's a dangerous spot, they mark a black spot on the house and time after time it would be where the kiddies sleeping, his crib is over in that spot and there was a sick kiddy so you move it off the black spot, kiddy gets well. That's what we call geopathic stress okay. Now since then I met lots of experts all over Europe and realized what a vast model it is for cancer. It's to do with the earth radiation. The earth, first of all let me just give you a little bit of the electric model but the sun is a huge electrical plasma that's pouring all this energy towards us. The earth is kind of transmuting it. We have a plasma sphere around here. Lighting pouring every which way, millions of lighting strikes and it's a highly, highly electrical environment and the earths got an iron core so it's like, rotating like this, it's like a huge dynamo flinging off mega schoolings of gazillions of watts and—so we live in a strong environment like that. What seems to be the model is that the earth surface modifies this in certain places, it intensifies or depletes but certainly intensifying this earth radiation can prove extremely toxic to health.

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Now I—well I'm a professor. I've been a professor a couple of years and they do stories right. That's what I always thought a professor was for. Not for the knowledge you could just read that in a book but full of these stories Wade Barney right.

Ty: Yeah.

Dr. Keith Scott Mumby: So I've got one of these for this round, which is back in Germany in the 1930's there was a German Baron Friedrich Friar Von Pohl called and he was really hot dowser. Dowsing is very big in Germany by the way, about 40% of the doctors—don't know if you knew that but he was very good at it. He dowsed at a town called Vilsbiburg and he did it blind. He just took a mark, dowsed it, marked on what he thought was dangerous earth radiations. He had a scale of 1 to 16 and he thought anything 9 or above dangerous, marked them up. He then went off to City Hall to find out all the records of the deaths and interestingly every single cancer death in that town over 50 years had been cited over one of these dangerous radiation spots. He thought that was significant and he was that's what I'm just telling you it's called geopathic stress but of course all the other doctors they scoff and said well do it again. So they took him to another town, can't remember the name of that town but he did it again. Same result. Exactly the same result. Doing it blind he identified all the bad spots, which is where all the cancer patients died. He on to something you think?

Ty: Yeah.

Dr. Keith Scott Mumby: Then a guy called Dr. Hager in a German city called Schnitz and he was an no lightweight. He was president of the General Medical Association for something, no jerk. He did it the other way around. He took the houses and dowsed them and he dowsed 120 houses that had been cancer houses and found this bad radiation in all of them. What was wild in five houses it killed 120 people. More than 120 people had died in just five houses over the years. Don't forget this is Europe, history goes back two, three or 400 years right. Again, wow, if that doesn't set your alarm bells going what would. Then one final character a man called Manfred Curry he was a brilliant dowser too and he got this down to such an art he would dowse somebody's bed and say well, there's a strong radiation in the pelvic area or a strong intense radiation in the head area and he did this in front of a panel of doctors that are watching him do it and it was all blind. They would take him somewhere and say all right dowse that and tell us what you find. Every time he was right, whether it was in the pelvic area, one of those was the beds he was dowsing. I didn't say that but the dangerous places, the bed because you spend a third of your life lying on the black spot right? So he dowsed the beds and if it was in the pelvic area, one bed he found had killed two women with uterine cancer. Where he said it was in the head had brain tumors and so on so it's a very fascinating phenomena. It relates to the issues we've got with cell phones, microwave radiation and so on but the name geopathic stress really reflects the fact that it's the earth itself that's doing it. Now, how to get an angle on this. If you've got cancer you should do this but a good dowser is still the best tool we've got and I've known one of the best dowsers in the world. I paid to have her book translated into English published back in the 80's. Wonderful lady. She taught me how to dowse but

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there are good ones and bad ones and it's difficult to say how you'd find a good one but they half to be good but I followed around the very best and I would do things like take on a TV set, you know, they say this is a bad spot but I would walk across it with the TV and the TV is working fine and it would so shhh white noise and things while I crossed it and at the other side worked again. There was definitely strong electromagnetic radiation forces coming out of these spots. So that's the whole phenomenon and it's very important to a cancer sufferer to check if you're on a geopathic hot spot because if you are you need to move. The very least move your bed but we've had people moving out of the house. There are other sort of remedies like putting in metal spikes around the house to try and deflect the rays and so on. It's not unscientific but no question would be the best thing to do is to just move. I tell a story in one of my books Ty about how this comes about you know, farmers and vets know this. If you want to learn medicine go and look at farmers and vets cause they know, they keep their animals healthy. They go bust if they don't so vets know more about medicine and nutritional needs than any of the average doctors. So what happened is the farmer would notice these things called bad land and they're a tradition in, I doubt if you have them here, I know you have the word but there's a tradition, if you turn cattle out onto this field they get sick and die at extraordinary rates so you must not put cows on that area so, of course, what happens is the farmer says well that land is no use to me, I can't raise livestock so he sells it. Along come the real estate developers, cover it with houses and people live on this bad land spot so it's the worst possible formula for health and a lot of modern subdivisions are put in the worst possible place.

Ty: You know that makes sense. I've not heard about geopathic stress before but the principle makes sense in light of the fact that we know the harmful effects of radiation on people especially with cancer. So that does make sense. You've mentioned chemotherapy a couple times. I know you're not a big fan of chemo but let's say—I'm sure that there are millions of people watching this that are already doing chemo. Is there anything they can do nutritionally to mitigate the side effects?

Dr. Keith Scott Mumby: That's a good point Ty. It's one of the best questions because I'm not, you know, I'm a holistic viewed practitioner but I'm not part of the herd and, you know, I don't like the way—it's almost sneering and scoffing at people that do chemo like you dummy, why would you do that. It has to be the persons own choice but it should be an informed choice and that they all take a look at the facts and figures and I don't why you'd choose to do it but be honest a lot of people get frightened. They want to hedge their bets. I'll do it and maybe I can take vitamins and I'll be okay. I don't think that's enough but it is true that if you use proper holistic health approach, the kind I've been talking about, you know, change to really killer nutrition, take lots of antioxidants, I mean, antioxidants will protect you against chemo and radiation, that's what it does. It knocks off all kinds of free radicals. So it's possible to protect yourself. This is, perhaps, the best way of saying quickly. You can protect yourself against the damaging side effects of the orthodox therapy if you want to do that. As I told you before Ty over a ten year period not one of my patients lost their hair even though they were taking the chemo and things like that and yet they recovered so the oncologists silly story. That was stopped, they stopped chemotherapy working is nonsense. It did—it's just as poisonous as ever but the person was

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taking steps to protect themselves and didn't even lose their hair so that's a valuable tip if a person really wants to go that route.

Ty: Give us some maybe three or four different foods that people should look to eat if they are on chemo and they want to get the antioxidants...

Dr. Keith Scott Mumby: You're falling into the trap already. Remember what I said in the earlier part of this interview, a person must find their own good, safe foods...but you clearly need to remove the junk foods. They're not going to do you any good at all. There's not protective nutrients in something synthetic manufactured food, white flour as we were saying, sugary foods, colas, anything cola flavored. Basically if it's in a tin or a package you need to just eat whole foods the way that nature made it but with the caution of what I said before, of being aware that they may not all be obviously safe. But that's very important. Then you got vitamin C. Vitamin C is a whole therapy in itself. You shoot an IV line loaded with vitamin C that is actually cytotoxic to cancers and I saw a very good study on that where at about three milligrams percent, it's called milligrams of a hundred of mills of blood, it was actually cytotoxic to cancer cells without doing anything harmful at all to healthy cells. So you know the value of that and it's an antioxidant, it's a detoxer. If somebody is in a toxic environment vitamin C will help that too. So if you can't find somebody who will give you an IV vitamin C is you can Lypo-Spheric vitamin C where 1 gram in a session one session will give you the equivalent of ten grams of oral vitamin C if you just took it as a powder. That's a pretty good dose, ten grams, 20 grams would be great.

Ty: Why does the Lypospheric vitamin C work that way. How does that deliver more than you would normally get?

Dr. Keith Scott Mumby: Well because basically vitamin C is a bit toxic to bile beyond a certain level. You get this phenomenon we call fill and flush. We used to use that as a measure back in the 70's and 80's. You take more vitamin C until it gives you diarrhea and then take less. So if ten grams causes diarrhea you take eight. That would be a limit that if you try and take any more of that you get diarrhea and you lose more vitamin C then you're swallowing so it becomes counter productive. The Lypospheric protective form does that because it's so complete absorbed it delivers almost all of the vitamin C—it's not just Lypospheric getting through the gut wall but it's getting into the cells and you're now taking it where it counts in the body so it's a very, very valuable technique thing to use.

Ty: Talk a little bit about homeopathy. I know you're a homeopath.

Dr. Keith Scott Mumby: Indeed and I'm on a homeopathic advisory board back in Europe. The only thing is I can't talk a little bit about hemopathic. I can run out the camera batteries...

Ty: I'm sure you could.

Dr. Keith Scott Mumby: No seriously I'll try hack it down okay but first of all it's important to understand the model because a lot of people have probably

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heard the word and they're probably seeing all the scoffing and saying there's nothing in it. You know we proved there are no chemicals in it therefore it's a fraud and think well it must be a fraud when, in fact, it's one of the most healing restorative modalities I know. The thing is it's not based on the amount of stuff. It's based on an energetic signal and information signal if you like. So this like homeopathy in two or three sentences. You pick a substance that copies the illness, not one that opposes it but one that copies it, for example, if someone has scarlet fever you chose you belladonna because if you take belladonna you're face goes all bright red and your throat's sore, hectic temperature, you feel ghastly, taking belladonna is like having scarlet fever so it's a good remedy for scarlet fever. It's called like cures like. So you're looking for a mimic of the disease. A conventional adult would take an antagonist so you take your aspirin to lower temperature, different kinds of opposing ideas. This is, first of all, identifies something that copies your illness then you dilute it. Now this is the weird part that doctors and scientists can't get a hold of, it's called potentization and you can dilute it one in ten, one in ten, one in ten, one in ten, one in ten, and after 12 dilutions you've passed the Avogadro number so we know there is no belladonna left. Well interestingly if you hitch it up to a spectrographic transmitter you find that the more you dilute it the more it starts transmitting energies and now—I'll give you spectrograph, it's the most exquisitely sensitive scientific instrument we have. That's what tells you there's manganese on a star that's thousand billion light years away. You can't argue with a spectrogram and yet the homeopathic remedies actually start to broadcast the more you dilute them.

There's another series that goes a hundred, by a hundred, by a hundred, by a hundred. That's called a C sieve so you got the D or ten series or the C, 100 sieves so get rid of any concern that you've removed the substance, that's true but, of course, what's happened is that you've imprinted signal in each dilution and gets re-imprinted on the water and that's the third point of homeopathy. It's like cures like then the dilutions and then what we call succussion. In making the dilutions the homeopath will bang it on his hand like that a few times then due the next dilution into plain water, bang it on his hand, that's called succussion and it enhances the transmission of the signal from each substance and although you'll read all over the place that homeopathy has been proven not to work. First of all you can't prove anything doesn't work. You can only fail to prove it does work. There are thousand of studies showing it's highly effective. In fact there's a very good one that was published in 1994, they did it three times because they couldn't believe it was working. Three times it performed better than placebo. Well what I want to say—so that's what homeopathy is.

Now what I want to say is that you can take healing substances like pokeweed or *Viscum* is one, that's the mistletoe, we'll talk about that it in a minute, mistletoe. You can dilute those. You can also dilute healthy organ signals so you if somebody has lung cancer you can administer them healthy lung signals using homeopathy. It can also look for historic shadows of diseases that call they call miasms and remove those. So there's many ways of tackling it. Your viewers I'm sure will be very interested in studies that were done in India originally but they were repeated here and they found that using three or four homeopathic remedies were actually effective. Listen to this. Glioma, you know the brain tumors pretty deadly. They found two remedies, *Phytolacca* and one

cause, that's pokeweed and carcinogens made from cancer itself, actually resolved six out of seven gliomas and results showed all the tumors disappeared, the markers disappeared. There's not enough follow up on that to know, you know, this was famous five years or however it was but that's a pretty remarkable result for taking what the orthodox doctors say is just water. It's a fake. There's nothing in here. Well, you know, the patients certainly did better. Then maybe I should just mention an alternative type of homeopathy sometimes called complex homeopathy or German homeopathy and it was invented by a guy called Hans-Heinrich Reckeweg and basically it's mixtures that classics homeopaths think that's all wrong, you know, you got to get the exact remedy. He said mixtures are good and so you'd have mixtures of things like drainage to drain toxins, mixtures of things that would help liver, mixtures of things that would help the brain and blood flow and all those things. I'm an international advisor in this particular branch called Homeotoxic Ecology is the preferred. We got turned out of a hotel once for our meeting cause they heard the word homo and thought homosexuals and you're not going to you're people here. That's Europe for you. Homeotoxic ecology because it means auto toxins, our body's own toxins and the model here is not cells so much as extra cellular fluid. Cleansing it of toxins and you can do this with interesting mixtures. The most famous one is called Iscador. I'm sure you've heard of that on your travels. Somebody's got to be talking about it. Suzanne Sommers made it famous. In fact she took it. It's basically mistletoe, *Viscum Album* it's called. I think I have enough time on the camera to just tell a little story about mistletoe all right.

Ty: Sure.

Dr. Keith Scott Mumby: You'll like this. It's one of these little things back in druidic times they used to have these sort of—at Christmas time they had, what's it called, the winter solstices they'd have all these big festival feasts and wild parties and what would happen is the women would drink a draft of mistletoe juice and it would render them infertile for a few days so they had all this wild sex and didn't get pregnant right. Fast forward 3000 years so now we have a little sprig of mistletoe and you just kiss the girl under the mistletoe. You're not smiling. Have you got it Ty? It's the echo of the earlier orgies right using mistletoe as a contraceptive but now it works as this little symbol of an affectionate kiss at Christmas time. Of course the winter solstice was the old Yule festival which how became Christmas.

Ty: What is the action though in the mistletoe to treat cancer?

Dr. Keith Scott Mumby: Well mistletoe is highly toxic. Now listen this is you got me going on another thing but we don't want too much in alternative holistic treatments of the toxic stuff. You know that's what I call chemotherapy thinking. You know I take stuff and it'll kill the cancer and I don't even have to change my diet. That's not going to work. You got to do all the good things I've been talking about. Mistletoe, you can't say it's safe in natural and holistic's it's extremely poisonous but if you take it in the right dose and it's got a tradition of hundreds of years now—Iscaidor itself was developed by Rudolph Steiner back in Victorian times and it contained, there's a few things, it's a mixture. One of the important ones is mercury iodide and the iodine is great for the thyroid because that's something else I haven't got time to elaborate on but 20 years ago I

noticed that many surfaced in all the literature, I keep seeing it, but I noticed it because I use those EAAV testing machines and it would tell you hidden signals. Time and again with cancer you get a signal on thyroid. The thyroid wasn't performing and the under performing thyroid is one of the biggest reasons why the immune system goes down. You can't not afford to have an inefficient thyroid if you've got cancer so you need to beef it up and you need to have your thyroid checked, in fact, there's another hot tip. All that's built into Iscador remedy.

If you take it as it should be it's very safe and I got to tell you that something like 60%, it's the most prescribed oncological treatment in Germany now. You wouldn't believe that but 60% of the cancer patients will take it whether the doctor says to or not. They will it's got a very strong tradition and I said over here if you don't think German means it could be could then Suzanne Sommers is your reference. She liked it. She claims it really, really helped her. I've used it a lot across—I used a slightly different variation. It's called *Viscum compositum* forte from a German company and I found it very, very valuable. So there's another tick. You see homeopathy is very safe because it's very diluted. The complex homeopathy depends on what's in it and how safe it is. We still dilute it. I mean *Viscum* you still dilute lots of times so you're not going to hurt yourself. That's the message. Yet it's got this powerful effect. It really does help shift body metabolism and body disease. It depends of the skill of the homeopath. Listen you go to whole foods and buy complex homeopathic remedies. Have you heard of *Tromine*? It's on sale there regularly. That's made by the same firm that's *Viscum compositum*, it's a German firm called Heel. It was founded by Hans-Heinrich. Anyway that's probably a good way place to shut up.

Ty: Well Keith your explanation of homeopathy there was amazing. I've read about homeopathy. I've had it explained to me but the way that you just explained the dilutions and the way that it affects the energy, something I've never heard before. So thank you for that. I know that the viewers gained a really important knowledge of homeopathy from that. Fascinating information about mistletoe. This has been great. Unfortunately we're out of time but is there anything that you want to leave the viewers with? Just a couple of quick tidbits that they take away from today's talk?

Dr. Keith Scott Mumby: Yeah well okay in one phrase it's like *"life is like cancer cause only the fighters are going to survive right. Don't give in."* Churchill, I'm British, let me quote Winston Churchill. *"Never, never, never give up."*

Ty: Well Keith thank you for your time today. Been enlightening and we really appreciate it.

Dr. Keith Scott Mumby: Pleasure.

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Dr. Patrick Quillin

Author, Lecturer, and Nutritional Expert
www.PatrickQuillin.com

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Ty: I'm here today with Dr. Patrick Quillin at his home in Carlsbad, CA. And I want to say thank you to start with Dr. Quillin for taking the time out of your busy schedule to share your knowledge with us today.

Dr. Patrick Quillin: It's a pleasure Ty. Thanks for including me and sharing your viewers with me.

Ty: Tell me Dr. Quillin what would you like people to know that are watching this docu-series about your hobbies, your education, your passions, what do you want people to take away from this?

Dr. Patrick Quillin: Well, the academic background, I've earned a bachelors, master's and doctorate degrees in nutrition. I'm a registered dietitian, a certified nutrition specialist with the American College of Nutrition. I taught college nutrition for eight years. I've work with LaCosta Scripts Clinic. I was a consultant to the National Institute of Health Office of Alternative Medicine, US Army Breast Cancer Research Project. I worked for ten years as vice president of nutrition for Cancer Treatment Centers of America so I'm in a hospital shoulder-to-shoulder with oncologists. I've written 17 books that have sold over two million copies all on health and nutrition. And I guess if I had to summarize the sound byte what I'm trying to do here Ty is to empower people to improve their lives. I think too often people sitting around waiting for that demon, that ugly random demon of disease or cancer to appear in their lives when, in fact, we have overwhelming evidence that we can lower the risk for getting cancer by 90 percent with a healthy lifestyle. And if you get cancer you can use nutrition as part of a comprehensive program to dramatically improve your quality and quantity of life while going through cancer treatment, and better chances for a complete remission. So my quest is to try and empower people. And I guess a lot of it came from my childhood curiosity about what makes it tick.

It all started when I was a kid and in which case I was very curious about what makes it tick in nature. I would be taking watches apart trying to figure out what's inside there. And when other kids were disgusted with their eighth lab where they were supposed to cut up a frog or a worm I enjoyed it because I said, what's inside here, what makes it tick? And so nutrition really is an important part of what makes us tick. We're here at my home. I've got all these fruit trees. We're going to take a little tour later and essentially feeding the fruit trees which then feeds us. There's some powerful metaphors that come out of the whole business of nutrition. And now our bodies are much like a garden, how you need to nourish and tend it and eventually hopefully we'll get a good harvest. My interest and hobbies include music. I love to play, sing, guitar, and play piano. We'll talk about music a little bit later if we have time. I've traveled extensively. I have a million mile card with American Airlines. I enjoy my work. I read, walk, camping, all kinds of stuff. So basically I practice what I preach too. I try to exercise and eat appropriately.

Ty: You are very credentialed for this interview. I'm impressed. I honestly did not know all of the things that you had done with your educational background. So wow! Thank you for being with us today and sharing this knowledge that you're going to share today. I have no doubt its going to impact people's lives and that's what this project is about is spreading

knowledge to impact people's lives, telling them how to take control of their health.

Dr. Patrick Quillin: Excellent!

Ty: Your beautiful fruit trees. You've already given me a small tour. We're going to take another later around your yard, at least a couple dozen different types of fruits. So I can see from the place that you live that you understand the impact of nutrition. And so talk about the impact of nutrition specifically on cancer. What does cancer and what does nutrition have to do with cancer?

Dr. Patrick Quillin: A great—a broad expansive sort of global question here Ty. So forgive me if we take a couple of side spurs. My book, *Beating Cancer with Nutrition*, which has sold a half million copies and is considered the definitive work in that area. Its been translated into five languages. I organized three international symposia on the subject of adjuvant or healthful nutrition in cancer treatment. And then the textbook came out of that, *Adjuvant Nutrition in Cancer Treatment*. So all of this is not just hear say in any window. But essentially there's five main reasons why all cancer patients need to use nutrition as part of their comprehensive cancer treatment. And a forewarning, I would not use nutrition as sole therapy against cancer. Is insufficient but it is irreplaceable.

And so given that let's just think of the five main reasons why every cancer patient needs to include nutrition as part of their comprehensive therapy. Number one, nutrition actually is a big part of the malnutrition. 40 percent of cancer patients die of malnutrition, not of the cancer. Cancer is a wasting disease. Appetite is affected. You end up in the hospital with food that you're unfamiliar with. Chemo and radiation can induce cachexia or lean tissue loss. So malnutrition kills 40 percent of cancer patients. The only therapy for that is proper nutrition. It sometimes needs to be aggressive with the metabolic support team such as total parenteral nutrition and other things. Number two is that nutrition can help to make chemo, radiation, and surgery more of a selective therapy. In other words, chemo and radiation are non-selective toxins. They're cytotoxic poisons. They kill everything in their pathway. And there is what they call collateral damage. So a patient who is receiving chemo is going to have a certain amount of hair loss, nausea, vomiting, weight loss, all as part of the chemo but nutrition can make chemo, radiation, and surgery more selectively toxic to the tumor and less toxic to the patient.

This is where a very important part of my message is to get the oncologist and the nutritionist and the cancer patient in the same room together and they all have the goal of beating this cancer. And the fact is a well nourished cancer patient can better manage the disease and the therapies that are used for it. So number two is nutrition makes chemo more of a rifle rather than a hand grenade. Number three we find that sugar is—cancer is a sugar feeder. Cancer is what's called an obligate glucose metabolizer meaning that there's a dramatic uptake of glucose in the cells of tumor cells. If you can lower gut and blood glucose you can help to slow down cancer. and there's a number of therapies now that target this whole unique Achilles heel of the cancer cells. Number four we find that your immune system is supposed to recognize and destroy cancer

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cells. In a cancer patient the immune system has failed its duties. There has to be some ways of up-regulating the immune system. So that's a whole study in itself.

And number five is that nutrients can become biological response modifiers. Back in 1971 when Richard Nixon launched the war on cancer he said, "we will have the cure for a major cancer within five years by the bicentennial, 1976." We don't. We don't have a major—we don't have a cure for any major cancer today either. We have some better treatments but essentially we're launching the war on cancer and we have now spent in the neighborhood of 50 billion dollars on research at the National Cancer Institute, and over a trillion dollars in therapies, and we now have 40 percent of men born today can expect to develop cancer in their lifetime. In the year 1900, three percent could expect to develop cancer in their lifetime. We got a problem there. But one of the things we know from cancer research and nutrition research is that nutrients can become biological response modifiers. They change the way the body works.

A blatant example of that would be every fall in America, August/September, about 30 young men athletes will die from heat stroke. They're big people, they're not properly hydrated. They're out in 80, 90, 100, 110 degree heat. They're practicing twice a day. They don't hydrate properly and they can die from dehydration. The only cure for heat stroke or dehydration is water. And so water becomes a biological response modifier in those patients. There are many cancer patients for whom fish oil, coenzyme Q, lipoic acid, curcumin, there's just a long list of nutrients, vitamins, minerals, probiotics, glandular extracts, many different substances that can become powerful therapeutic aids for the cancer patient to restore their host defense mechanisms because here's a beauty. A healthy human body is self-regulating and self-repairing. Now the cancer patient has lost that ability for some reason. The job of everyone in the hospital and everyone in the clinic should be to restore that patient back to their self regulating and self repairing ability which is what nutrition does as part of the package. So we mentioned that 40 percent of men born today will develop cancer in their lifetime. That means 60 percent won't. Why not? We're living in heavily polluted times, a lot of people eat poor nutrition. Why are those people protected? The answer is the body is self-regulating and self-repairing. It has mechanisms to go out and engulf tumor cells if they appear based upon a healthy host defense mechanism. They call it homeostasis in basic biology 101A.

Ty: Dr. Quillin, why do not more people today know about the importance of nutrition that you just described to us in overall health and specifically what we're talking about today in treating cancer? Why, in your opinion, is it that people are still on those basic facts that you so eloquently just described?

Dr. Patrick Quillin: Well, we have to admit that healthcare is a business in America. And while we would all hope that all hospitals and all clinicians are working feverishly to get the patient well, in fact, they're a vested interest in this business of healthcare. It's a 2.7 trillion dollar a year medical industrial complex we have in America, that's one out of seven healthcare dollars are spent. And one might argue that a lot of that has nothing to do with health or care or

prevention, that much of it is symptom management using drugs and surgery to manage symptoms. A patient comes in with a list of problems and symptoms and pain. The doctor has seven minutes to review the symptoms and prescribe a drug and move onto the next patient. That's not a viable system. So nutrition is not respected right now for a number of reasons. We have this production line in medicine that is very profitable for many people and they're not really interested in changing it towards something that would be more humane, scientific, effective, cost effective. There's just many reasons why nutrition should be embraced. There's textbooks. There's thousands of studies. There are some very bright people in this field—MDs and PhDs—in abundance—Noble prize winners who have voiced the same opinion that nutrition is an integral part of our body.

And I think its wonderful that you came to my home where I have this garden because I was—I mentioned that I was born on a farm in Illinois. And in Illinois you spit a watermelon seed onto the ground in April and come July you have some watermelon to eat. End of the game. Its not that difficult. You come to California, the soil is different, its an arid climate. Its dry. You have to figure out how do I water but not too much? How do I fertilize but not too much? What about the pH? All of these things have to be taken into consideration. The same thing with your body. And so too many people assume that, well, its on the grocery store shelves. Its on the drug store shelves. Its got to be safe, the government must have approved it. So they assume you can live on—right now, let's just think about it. There's over 300 studies showing that a diet rich in fruits and vegetables can dramatically lower the risk for most cancers. That should be enough evidence. Meanwhile, the United States Department of Agriculture claims that the top three most commonly consumed vegetables in America is ketchup, French fries and onions. And I know that sounds humorous because those are not vegetables in my opinion, they're highly processed. Ketchup is mostly sugar, corn syrup. And the others are high in hydrogenated fats. So there's very few vegetables and fruits being consumed. The government sort of bends rules to basically accommodate big business.

So we need to get back to the essence of healthcare which is to help the patient get well. And that's why I'm really pleased to be a part of your project because you're going to be educating the public. And this is a consumer driven movement. It's not going to change from the top down. Its going to change from the bottom up. Nutrition is not embraced right now. Let's just think about it. The RDA, the recommended dietary allowance, it is a political football because the federal government decides what are the poverty standards based upon—they go out and shop for a family of four, two adults, two children, they buy what food is necessary to achieve the RDA, recommended dietary allowance, reference daily intake, and they say, well, that's the poverty level. If we raised the RDA of vitamin C, let's say, from 60 to 200 mg, which would be a realistic guideline, you're going to throw about 20 million people into the poverty standards. No president is going to tolerate that. So these guidelines for nutrition has become a political football. Then we start talking about lobbyists. Why do we have so much corn syrup in our products today? The corn farmers went to Washington. They got good lobbyists. They lobbied that we need to have support for corn. Now we have GMO, genetically modified organism corn, which I would not recommend. And from that corn comes all this corn syrup, which is now so

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cheap that when you go to a major airport its cheaper to buy a Coke or a Pepsi than a bottle of water because the corn syrup has been made so cheap because of government subsidies.

So there are many conflicts and vested interests involved in inhibiting the public's knowledge of nutrition. I believe, for instance, that there's a campaign of disinformation. There's basics of nutrition that most nutritionists agree on. Eat foods that are as close to their natural state as possible, eat as much fruits and vegetables as your colon will tolerate. There are many basics that most nutritionists agree with and yet there are media announcements that vitamin E, for instance, increases the risk for early death. There was a study that came out a couple years ago. It was completely discredited. However, the public thinks, well, if the experts can't figure this out I guess I'll just go back to eating whatever I want. So vested interest, disinformation, but the public is becoming more in demand. Wal-Mart, for instance, now has an organic produce section. This is a good sign. People need to know that we dump two billion pounds of pesticides, herbicides, and fungicides on our fresh produce every year, and none of that's good for us. And one might argue that its bad for us. Some of those are neurotoxins. Fungicides are poisons in general. Eat clean food. Most people would agree to that whenever possible. So there is a number of forces that are preventing this advance of nutrition but I'm admiring the fact that your team is going to get the message out to hopefully millions of people through the internet and TV.

Ty: Thank you Dr. Quillin. You mentioned clean foods. So I'm going to take a break here. I'm going to eat a little bit of a clean food. This is mulberry that you just gave me from your yard.

Dr. Patrick Quillin: Yeah, that's rich in phytoalexins, anticancer to the maximum.

Ty: That is good. I've never had a mulberry that's that shape. Why is it so long?

Dr. Patrick Quillin: There's several different types of mulberry trees. That is a Pakistan mulberry that you just had and I have an Oscar mulberry too. And when I was trying to select fruit trees—you know, first of all, I live in California. Its a desert. We have a water shortage. We have a particular water shortage this year with the drought. Why would you water something if you can't eat it? That doesn't make any sense to me. So I'm watering just the fruit trees. And among those are fruit trees that are high in nutrients. And one of the sound bytes I mentioned is go for the color. In the color, in those pigments, the reds, orange, yellows, dark colors, and the mulberry's a dark purple color, what you have is mother nature has sunshine coming down and hitting the chlorophyll and the chloroplast and its through photosynthesis making sugar. And from that comes all of life. That's the beginning of all life on earth. How does the plant protect itself from the damaging effects of sun? Because you've got both sunlight that is mutagenic, carcinogenic, its all kinds of—it's a damaging x-ray. How does a plant protect itself? About 20 thousand different bioflavonoids and about 800 different carotinoids are in colorful fruits and vegetables and they protect the plant from the sun and from the effects of photosynthesis. Given that,

what we're talking about is I was choosing fruits and vegetables that would be, not only tasty and not readily available in the stores, for instance, figs.

Figs don't travel well that's why most people don't find them in the stores and most people, including myself, the only figs that I had had while living in the Midwest was fig Newton's. But in fact in figs is not just a delicious taste but there is a phytochemical, phyto means plant, chemical is a substance in it. In figs, a substance called ficin—f-i-c-i-n, which the National Cancer Institute has been researching hoping to find a synthetic analog so they can make a patented drug. Meanwhile you have access to that through figs. It's a powerful anticancer—bio regulators. This is where it really hits me Ty as to how powerful nature is. And I'm hoping that I can infect the viewers with a sense of respect for what God has given us in the good mother earth and in our food supply. And here's a simple sound byte. This human body, 60 trillion cells, orchestrated like no other organism on earth. There's no robot or any machine that we will build that we will ever come close to what the human being does. Then we have our food supply. No food ever has just one nutrient in it. And they keep doing mono nutrient studies studying one nutrient. That's not the way nature works. We tamper with our food supply by slice, dice, chop, and blend and add hydrogenated fats and color flavorings, 28 hundred different FDA food additives most of which have not really been tested for their carcinogenicity.

And so we tamper with the food supply. We tamper with our body. A child by 30 months has had 30 vaccinations some of them with mercury in them. This is not a good idea. Many of these kids are not properly nourished. So we tamper with the body. We're exposed to extraordinary amount of EMFs, electromagnetic fields, everything from cell phones to Wi-Fi to radio transmission. We're tampering with the body—our ancestors lived outside for a couple million years. We stay inside and we'll all have a vitamin D deficiency because we're not getting enough sunlight. So we tamper with the body that God created, we tamper with the food supply that God created. Put the two of them together and we have epidemics of diseases in this country. Right now the numbers are kind of stark and I'll get the bad news over with. As I mentioned three percent of people in the year 1900 would die of cancer. Today its 24 percent. 1.4 million Americans will be newly diagnosed with cancer this year. Eight million Americans are being treated for cancer in America today. There are some cancers which can be treated acceptably with some of the traditional therapies. For instance, some childhood leukemias, testicular cancer. Lang Armstrong was one of the rare ones who had a cancer that can be well managed with chemotherapy. In fact, chemo is used in about 60 percent of all cancer patients but its only effective in about three to five percent of advanced epithelial cancers.

So what we do is we're tampering with the body, tampering with the food supply, then we end up with this incredible parade of diseases—diabetes, 20 million diabetics in this country, another 20 million who are pre-diabetic. 80 million Americans have hypertension, high blood pressure. The number is about 70 million Americans on psychotropic drugs. And that's antidepressants, anxiolytics, sleep problems, etc. So we're tampering with the food supply, we're tampering with our body, and we end up with all of these diseases. And my simple message is use this body the way nature, God, intended it to be. Eat

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foods that is close to their natural state in the diet that our ancestors consumed, which was a little bit of meat, a whole lot of fruits and vegetables. I'm a big fan of whole grains and legumes and nuts and seeds, a semi vegetarian diet meaning a little bit of fish and chicken and grass fed beef and lamb in conjunction with mostly raw foods so you're going to be eating a lot of relatively unprocessed. I stay away from gluten as much as possible, less gluten. There are many other grains that you can consume, rice and corn and others that are far preferable to the wheat and gluten intolerance issue that we're getting to.

Ty: You mentioned infecting the viewers with this information. I love that quote. You've infected me thus far today. You tossed me this earlier and I said, ah, a lemon. You said, no, it's a lime. I've never seen a lime this color. You mentioned that figs don't travel well. Neither do limes, do they?

Dr. Patrick Quillin: Well, what happens is they pick them green, ship them green, because they're a lot more stable and so a lot of fruit in this country is picked green. And actually if you think about it among the greatest inventions in human health, and this was actually according to Christian Bernard, who was the pioneering heart surgeon. And when they asked him in a book what do you think is one of the greatest medical advances in the last 500 years? He didn't talk about drugs or surgery or his heart transplant. He said the invention of the indoor flushing toilet. And with that we ended many of the pandemic plagues of cholera, diphtheria, typhoid, many of the plagues that came from contamination between fecal to food and water contact. So the toilet was one of the biggest advances in human health in the last 500 years—"Sir John Crapper." We move onto the refrigerator is right behind it in one of the greatest inventions for human health. We now have access to clean, healthy food if we want it, if you're willing to choose it, with produce. What they do is they pick limes green, ship them, and hopefully sell them quickly while they're hard. But if you want a lime ripened it'll turn yellow and its even a little bit of sweetness to it. They're delicious. And the deliming [ph] in there—of course, we can talk about what's in citrus. Deliming has had some interesting press recently about its anticancer activity.

A good friend, Dr. Isaac Elias, who was raised in Israel. And his mother said to him, wouldn't it be nice if some of this citrus could eventually have some therapeutic potential? And Dr. Elias took citrus pectins, the white part of citrus, was able to refine it down to smaller particles so that it can be absorbed into the blood stream, modified citrus pectin, which has extraordinary anti-cancer abilities as well as detoxification and other things. What I'm back to is the planet earth is one of the greatest pharmacies ever invented and we're ignoring most of it. And we go down to the drugstore and spend 280 billion dollars a year on prescription drugs in this country. And according to an article in a journal in the American Medical Association there's a 140 thousand Americans each year who die from the on label use of prescription drugs. That means following doctor's prescriptions, a 140 thousand. That means that somewhere around the third leading cause of death in America using drugs that may be useful, oftentimes are toxic. Go with the—try nutrition first. In many cases it can solve the problem.

Ty: When we got here today you said *"welcome to my pharmacy."* And we went out to the back yard. The way that you've just described the

importance of nutrition in your overall health I have never heard from a single medical doctor, why have I never heard a medical doctor talk about nutrition with the knowledge that you have?

Dr. Patrick Quillin: Well, I respect the medical profession. I have many friends who are medical doctors, doctors of osteopathy, DCs, OMDs, and I bless all of them in their pursuits. And you realize that a medical doctor is essentially trained in emergency medicine. That's what they're trained to do. They're taught drugs in surgery and if you're in an accident, a car accident, if you feel out of a tree, a knife, gun wound, there's no better place to be in the world than near a big city hospital in America. So emergency medicine is highly refined, extremely effective. However, you take that same drug and surgery model and move it into someone who has 20 years of poor diet, stress, toxic exposure, lack of exercise, sunlight deficiency, on it goes, they have all those underlying factors and said their body is not healthy. They get seven minute with the doctor, the ER doctor, let's say. It doesn't matter what their specialty is, and they prescribe one or actually the doctor's new sound byte is you should have a prescription drug per decade of life. If you're eight-years-old you should be on eight prescription drugs. That's their sound byte.

So they don't study nutrition in medical school. They don't have time to. I've had many medical doctors who've said its an incredible foot race to get through medical school. I bless them in their quest. What we need is a cooperative effect here. What we need is medical doctors to say, look, I think exercise has got something to do with health. I have no idea what it is. I want you and the team to help. I think nutrition has got something to do with health. I want you and the team to help. Someone can be the coordinator. Someone can be the gatekeeper. Medical doctors, I don't care. But we need to start respecting the fact that our body's as well as our gardeners, as well as the planet earth is fueled from, built by, repaired by, what you put into your mouth.

If we can just talk about obesity for a second, two-thirds of Americans are overweight. Half of them or one-third of them are medically obese. You realize that obesity increases the risk for diabetes, hypertension, a whole—a couple of different types of cancers, colon and breast, gallstones, Alzheimer's, and the list goes on. And yet, the more we focus on obesity the more nutrition supplements that are available for it seem that the fatter America gets. And a big part of that has been some of the misinformation that came out. In the 70s and 80s they said don't eat fat. You won't get fat if you don't eat fat. So they said, what can I eat? Well, anything but fat. So we loaded the food with sugar. Now we've got more obesity than ever. I'm coming back to why isn't nutrition used in medical circles? Because its not taught. It needs to be embraced. And one of the problems right now is we have this dysfunctional system Ty.

When I was in Tulsa I built a steel framed home. Tulsa's a beautiful city. I loved it. I loved the people there, and Oklahoma, the play Oklahoma. [Singing] Oklahoma where the wind comes rushing down the plains. And of course, there's a lot of wind there. There are some occasional tornadoes. So I built a steel frame that has five times the wind shear strength and it has—you know, bugs can't eat it. Its more fire resistant, etc. All of the tradesman showed up at this steel framed home like what do I do here? I don't know what to do. This is

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not part of my production model. And America's healthcare is the same. It's a production model. And someone steps in and says, you know, I think Mrs. Jones, who recently had a mammogram and we have some suspect lumps, before we do any surgery doctor, said she is low risk and those lumps were relatively small. Let's see if we can do a preventative program to see if we can shrink those lumps because in many woman, for instance, they find that women who have mammograms have a 20 percent higher incidence of breast cancer—either, A, mammograms cause breast cancer or, B, because you're doing a mammogram you're catching a lump or a fibrocystic breast disease that may have gone into remission by itself. These lumps go away. So instead of saying seven minutes, doctor gives a prescription, we need a new system that says what's the underlying cause. Let's see if we can nip this thing in the bud.

Etiology is the official scientific phrase that says let's look at the patient's diet. Do they have mercury poisoning? How much sleep are you getting? Let's look at pesticides. Let's look at your bowel habits. We could spend the rest of the time just talking about the 100 trillion organisms in our gut. They're called commensal. They're called commensal. Commensal is eating at the dinner table with us. And for better or for worse they have a huge influence on our health. We don't even talk about that in medicine. In 1908 Elie Metchnikoff won a noble prize in medicine for his work with the immune system. He's considered the father of modern immunology and his work with the bacteria that makes yogurt. And he said death begins in the colon. And for many patients that's true. And so what do we do? We put—give them narcotics which is going to—it causes a slowing down of nerve impulses. That's good, shuts down the pain, slows down the nerve impulses that go to the muscles too, which now causes constipation. If the patient had a problem with dysbiosis or a lack of proper organisms in the gut its going to get worse now. So I guess modern medicine needs to look instead of this being just a business, and its okay to make money at healthcare as long as you're helping people, but instead of it just being a business let's make it a business that looks at underlying causes. And instead of Mrs. Jones the new diabetic, saying 20 years worth of annuities, look at this. We're going to—she's worth a quarter of a million. Let's see if we can get her out of diabetes. Let's see if we can change the underlying cause, the same thing with cancer.

Ty: I agree with you and your analysis of most medical doctors, brilliant people, and I'm with you on the trauma medicine and just the things that modern medicine is good at. There's a lot of things that modern medicine is good at. And I agree with you as well on the fact that they've just not been taught nutrition. I wanted to bring that into the context of your book because your book—and you mentioned noble prize winners earlier, the brilliant people out there. Dr. Linus Pauling who highly praised your book, Beating Cancer with Nutrition. I have several medical doctor friends of mine that have actually used your book to learn about nutrition after they got out of medical school. So I thought you would be interested to know that. These medical doctors that are just ignorant of nutrition and its not that they're stupid people, they're very brilliant people, they just haven't been trained in nutrition, maybe used your book.

Dr. Patrick Quillin: I appreciate that. it's a compliment. Thank you Ty. And again, back to the business of among your backgrounds you're a CPA. There's

a lot you had to learn. You couldn't become an expert in plant biology. You couldn't become an expert in astrology. They don't teach classes in CPA school on astronomy. You don't have time. The same thing with medical school. And my hope is that as more physicians are coming out now the new numbers, there's more than 50 percent of medical students are females. I have hope that its going to become a little bit more holistic rational is a better thought for me and that will include the therapies that are the basic underlying premise of all life up until 1950, which was the beginning of the chemotherapy and the chemical age of the dawning of better living through chemistry. Up until 1950 most of healthcare was basically diet. Hippocrates 24 hundred years ago said, let food be your medicine and let medicine be your food. And now you could look at so many conditions could be prevented or dramatically reversed with cancer. The experiences I had with cancer treatment centers, ten years working with thousands of patients, showed that nutrition can have a huge impact in cancer outcome while they're being medically treated. Again, I'm not saying nutrition is sole therapy.

Ty: I've heard you say that health is like growing a garden. Why do you compare those two?

Dr. Patrick Quillin: Well, if you think about not everybody in America has access to a garden but I hope you at least have some appreciation that I don't care if you live in Central Park or near Central Park in New York City. I've been to New York a dozen times and it's a beautiful, vibrant city. But go to the nearest botanical gardens and have a look at nature and have an appreciation for it because when you find a patch of land and say I want to grow a garden here, the first thing you're going to do is take out the weeds and sticks and stones and detoxify that patch of land. Then you're going to go in and till it up and make sure that it has the right levels of nutrients. You're going to nourish the soil with, of course, the common agriculture is NPK, nitrogen phosphorous, potassium. But in real plant botany plants need more like 15 different nutrients and actually there's a 112 in the periodic table of elements. So we're going to take that piece of land and we're going to nourish it with what the plant needs and with what I need because a plant may not need selenium but I do. And that's why we're going to put it with soil. So we're going to nourish the soil then we're going to put in the right seeds and inoculate the soil. And then we're going to water it, pray over it, and hopefully in two or three months we will have a productive garden that's feeding us--the same thing with the human body.

You find a body that's not well, all kinds of symptoms. We mentioned some of the common killers in America. And from those symptoms the first thing we would do is say, we're going to take you just like that piece of land. Let's detoxify you first. Let's take out the heavy metals, the volatile organic chemicals. Studies have been done looking at Americans where these are legitimate labs, FDA approved labs that have looked at urinary output from a volatile organic chemical, BPA, bisphenol A is one that's commonly found in almost all of us. Flame retardants in almost all of us. You think, well, how did it get there? You know, the fact is that many of us have been exposed to frightening levels of chemicals that in many cases are hormone disruptors. That is they effect the ability of the body to make male or female hormones, insulin, the many hormones are now disregulated. So those chemicals, the heavy metals, the

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toxic burden in the gut, many of those are causing what's called autotoxemia. Auto as in self, toxins in the gut, back to that hundred trillion cells. Those hundred trillion micro organisms are making—if you're doing things right they'll make vitamin K2 which is an anti-cancer substance. If you're doing things right they'll make a little bit of gas as in hydrogen which actually is a—will be absorbed into the blood stream and is a powerful antioxidant. They'll make a little bit of butyrate, which is such a powerful anti-cancer substance that its being researched at the National Cancer Institute.

If you're doing things right, if you eat right, if you don't drink too much alcohol, drugs, antibiotics, then you're going to have a healthy level of bacteria in the gut and it will make you healthy. If you don't things right those organisms start generating their own toxins which are then absorbed into the blood stream. And if things really get ugly then you might—your intestinal lumen will become dysfunctional, hyper permeable and now what you have is what's supposed to be a screen door that keeps the bugs out. Now we've got tears and rips in it. Now we have micro organisms moving into the blood stream. Its called bacterial translocation. And now you have yeast, candida albicans bacteria, yeast, virus, other organisms that can move into the blood stream and generate autoimmune diseases, even cancer. There's a whole chapter in my book, *Beating Cancer with Nutrition*, that talks about is cancer in some cases actually an infection? And that's a whole fascinating subject. Back to the business of what does a garden have to do with our body? Detoxify. The next thing you're going to do is you're going to nourish the soil in us too. Take that patient and make sure they're optimally nourished so that we can go in and embrace that sound byte of a healthy human body is self-regulating and self-repairing. You want to get the soil doing that and we want to get our body doing it if we're optimally nourished. And then we're going to do the water and check the pH. pH is an important issue in the human body as in the soil. Its not just right you're not going to thrive. Pray over it. Stress reduction, an important part of healthcare.

I've worked with enough patients to know that what you're eating may not be as important as what's eating you—forgiveness, love, tolerance, a mission in life, people who love you, useful things to do, a good night's sleep, all of that down regulates the stress hormones of the 400 different neural peptides that our brain and body make. We want them moving in the right direction. Deepak Chopra says it best, “every cell in your body is ease dropping into your thoughts.” So if we do it right we talk that garden patch, we do the same thing in our body, then our body goes back into self-regulating, self-repairing, and hopefully it comes—and goes into remission from whatever it is that you had that you went to the doctor for.

Ty: You talked about stress. What kind of a role does music have in the overall health equation of treating cancer or other diseases?

Dr. Patrick Quillin: Good question! I started playing guitar at age 17 and it was enjoyable, fun. It was a stress reliever, an emotional life raft, if you will. And then I put it away when my career got busy thinking I don't have time for this nonsense. Its just there's other things that I should be doing, higher priority. And then I found a text book from the New York Academy of Sciences called, *The Biological Foundations of Music*. And this is a hundred dollar textbook from all

these academically affiliated MDs and PhDs. And what they found is they showed that when you play music, and actually you can show things when you sing too. Music, in general, is therapeutic. Singing and playing is even more therapeutic—just listening to music that relaxes you is good for you and it can have extraordinary healing capacities. The studies are beyond argument now that the music that you're listening to, making, singing, or playing, actually changes the way the brain works and body and outcome. It comes back to those 400 neural peptides and these are chemicals that connect nerve cells. Nerve cells don't touch. They have a chemical that flows between them. And your thoughts dictate which chemicals are being communicated which dictates are you going to digest and absorb your meal well or are you going to have poor absorption of that? Many of the nutrients went through you. Is your immune system at maximum capacity or is your thymus gland shrinking because of stress? Hans Selye and his incredible work, Dr. Selye was the grandfather of stress. And there's many others in the field who have clearly proven that stress is a killer and music is a healer.

Ty: Fascinating! In the same line of thought, here's a quote by former President John F. Kennedy. *"Humor is the balancing stick that allows us to walk the tightrope of life."* So you've talked about music, talk about humor.

Dr. Patrick Quillin: Absolutely! We were given this funny bone for a good reason. And I realize that there's many people who say you think that's funny. This is funny. Look at my life. And I can tell you things about my life that you could easily get very discouraged about and yet John Kennedy's quote is absolutely true, that we're all walking this tight rope of life and that that humor is the balancing stick that allows us to manage it well. Let me give you a couple of examples. What do the following longevity experts have in common? Bob Hope lived to be a 100. George Burns lived to be 99. Art Linkletter lived to be 97. Jack Lalane lived to be 95, I believe. Phyllis Diller, I believe, is in her late—early 90s. Betty White, who's still alive and doing great in her early 90s. What do they all have in common? A great sense of humor. And what happens is we're all exposed to a certain amount of stress. Some of us, not me, but some of us—God bless you combat veterans who are returning with a lot of stress mentally and physically, more than I could handle. But somehow we have to be able to take that stress and use humor to try and dissipate the stress. So what happens is here's this big, ugly balloon that's blocking our view of the beauty of life and humor says pop the balloon or at least slowly let the air out of it. And it is—a great metaphor would be it's the shock absorbers that allow us to ride that rocky bumpy back road of life. And it says, I can tolerate this because of humor. I can dissipate the energy because if you can get a sense of humor about things, and Bob Hope, of course, had so many great lines. He traveled the world many times with the troops. And how can you go into a combat scene where people are dying and suffering and afraid and depressed and offer humor? Not only how can you, you have to.

Ty: So Dr. Quillin, last question for this interview. If you were personally diagnosed with stomach cancer, colon cancer, what would you do?

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Dr. Patrick Quillin: Good question! First of all, I would hope that my lifestyle gives me that 90 percent protection that we can cut your risk by 90 percent of getting cancer if you do things right. However, there's still that 10 percent. And what I would do is I'd work with the brightest medical staff that I could. I'd look for good diagnostics. There's reasons for these diagnostic equipment—you know, MRIs, CAT scans, PET scans, find out how invasive is the tumor, find out how much time do we have? There are some people who you better get in there and do something aggressive right now or you could be dead within hours or days. I would hope that I would have some time to look at non-toxic therapies—very important for me is don't burn bridges. Too often the medical therapies that are used for cancer patients, surgery, to take out 20 lymph nodes in breast cancer. Now the patients going to have lymph edema, swollen lymph in their arm for the rest of their life—pain. Maybe they need narcotics. They've burned a bridge. Was is necessary? Radiation therapy, you know, you can damage the esophagus to the point of where its like parchment paper from radiation. Was it necessary? Using targeted therapy—so for instance, instead of a whole body radiation I might think about using IMRT or intensity modulated radiation therapy, which is more of a rifle than a hand grenade.

But the first thing I would do is I'd say I'd like to have some information about why I got it. What's the underlying cause here? And here are many very bright physicians in this country who look at etiology, toxic burden, stress, malnutrition, take blood samples and look at what's the level of everything from vitamins and minerals to what's the pH of your body. Look at saliva samples, fecal samples, looking for parasites. So an aggressive look at etiology, what caused this and a second aggressive look at what's the stage, how invasive and aggressive is it? And from that make some decisions that hopefully would lean towards a relatively non-toxic therapy. For instance, intravenous vitamin C helps many, hurts none, infrared therapy, far infrared, cooking the cancer, fever therapy helps some, hurts none. So I always look at a risk to benefit to cost ratio saying I don't want to do any damage. That's what Hippocrates said. And the oath that all physicians give is first do no harm. I would look at IV vitamin C, hyperthermia. I would look at—there are some relatively non-toxic therapies to modulate blood glucose lower blood glucose to try and starve the tumor. There are some herbs that are extremely powerful. I mentioned everything from this modified citrus pectin to there's an extract that is a fermented version of wheat germ. Not to mention too many names but there is a pharmacy. There is a list of therapies that are effective, clinically proven, relatively non-toxic, and relatively inexpensive. If you think about treating a cancer patient one year is going to cost about a quarter of a million average. There are cheaper, more effective, more humane and scientific ways of doing cancer treatment.

Ty: Dr. Quillin, your information today has been amazing. I honestly can't wait for my kids to see this interview. You've really shared some good nuggets with us and I want to thank you for taking the time with us today.

Dr. Patrick Quillin: Thank you. It's been a pleasure. Thanks for sharing your viewers. Let's hope that the ground swell movement is going to change the way America and the world looks at healthcare and cancer treatment.

Ty: Absolutely!

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Dr. Irvin Sahni, MD

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Ty: I'm here this afternoon in Austin, Texas with Dr. Irvin Sahni. Dr. Sahni, thanks for taking the time to speak with us.

Dr. Irvin Sahni: Thanks for having me.

Ty: So tell us about yourself. You're a doctor, a medical doctor here in South Texas. How'd you get to where you are?

Dr. Irvin Sahni: Well, I grew up in Houston, in Katy, went to high school, went to college with you. You and I were actually roommates for a time at Baylor in Waco, went onto Baylor College of Medicine in Houston, Texas, chose orthopedic surgery as my profession and ultimately decided to sub specialize in spine surgery, and met my wife at Methodist Hospital. She was a dentist there—a dental student there. And she convinced me to come out to this part of Texas to the New Braunfels area, which is where I practice, New Braunfels and Seguin. And I practice spine surgery there.

Ty: So your kids should have no problems with back issues or teeth issues.

Dr. Irvin Sahni: Well, I hope not. I hope not, I hope not. We'll certainly do our best to try to avoid—to try to remedy that for sure.

Ty: Tell me about your mom, she had a bout with cancer.

Dr. Irvin Sahni: Yeah. My mom had cancer actually when she was very young. She had breast cancer. I'm trying to remember. She might of even been 39, but she was certainly right around 40-years-old. I was—she might have been 41—41 – 42 actually because I was around 20. So this was when I was in college—when we were in college. She was diagnosed with breast cancer. She was treated in Houston. I'm not—I'm trying to remember if she was treated at MD Anderson or not from the very—she may have just been treated in the Texas Medical Center near MD Anderson for her first experience with cancer. She actually had three total, so. When I was in college she was diagnosed with breast cancer and she underwent chemotherapy and surgical—and surgery, lymph node dissection I think at that time. She was treated with FAC, which is—you know, honestly I was going to—I talked to her about this this morning to try to refresh my memory of what happen because its been 25 years and I didn't get a chance to look that up. But those are—it was a very caustic like most chemotherapy regimens a very caustic regimen, a very toxic regimen.

Ty: So it was a type of chemotherapy?

Dr. Irvin Sahni: It was a type of chemotherapy. In fact, it was three different medications. I think one of them is probably Adriamycin. Again, I just didn't have a chance to go back and research that. I don't think it—I don't even know that its used as much anymore. But it was something that was used 25 years ago, made her extremely ill. That's when I really—this is before med school—really got a taste of how difficult it is to have a loved one with cancer being treated with traditional treatment. She did—then ultimately contracted or ended up with CLL, which is chronic lymphocytic leukemia 13 years later. You know, I can't say for

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sure that the chemotherapy was the cause of that but it certainly is possible, it's certainly a plausible theory that the chemotherapy that she received 13 years earlier affected her immune system in a way that ultimately resulted in having CLL.

And then about another 10 years later, which is 2012, a couple years ago, she was again diagnosed with breast cancer. Some debate over whether it was the recurrent versus a new cancer at which time she had both radiation and chemotherapy. In this case, it was Taxol that she received. Interestingly though, when I talked to her this morning, I knew that she had done something with her diet but I didn't really remember to what level she had done something with her diet. And so we really—that was the biggest part of our conversation this morning. I knew that she had been—she had tried to avoid certain foods but there was a guy who I had tried to actually call before this interview because I wanted to talk to him about what he'd done. I think he's deceased. His name was Owen Robbins. And this is a guy who 25 years ago was against traditional cancer treatments and he was in Indy and he was recommending to her—she went through the whole thing. I was like, wow, it sounds kind of familiar. But you know, he was recommending that she avoid sugar because cancer lives off sugar, putting her on fruits and vegetables and having her avoid processed foods, try free range chicken, selenium, and a number of other supplements, antioxidants basically to try to scavenge all the free radicals out of her system. This is in 1989.

So I was pretty shocked. And I remember thinking, you know, at the time I didn't really have an opinion. I was going to say, oh, I thought my mom was crazy. I really did. And probably if this had happened to her in med school I probably would have been more likely to think she's nutty for trying to use food instead of chemotherapy to treat her cancer. At the time I thought, you know—probably in college I remember thinking, what the heck, what's it going to hurt to eat healthy? But looking back—I was talking to her about it and told her that he had probably saved your life. I mean he's probably the reason that your therapy was successful. I doubt it was the chemotherapy. You know, I don't know. But I know that she had to—she did remind me that she had ten total treatments and that her immune system was so blown apart that her tenth treatment had to be delayed for some period of time because they literally said if we give it to you on the schedule you will die. We'll kill you, so. I mean that's pretty toxic stuff. And so, you know, there's no way to know exactly what the truth is but certainly she was employing a diet program that is very similar to what a lot of people do today and she did it for a couple years and ended up being cancer free. So was it the chemo or the surgery or the diet, I don't know, she did both, so. But she ultimately is now 25 years out. She's had a couple of more bouts with it but she still employs a lot of those same dietary techniques that she learned from Owen Robbins who I didn't even know that she went to. He's in Indy so it was kind of shocking to me that to really hear the details. I'd never really asked her those details in a long time. She may have told me this years ago but I kind of forgot. I think that guy did her a lot of good.

Ty: Yeah. I think that's a good lesson for people that are watching because I know that there's people that are watching that are on chemo and radiation now. And so a good adjunct to that would always be to

improve your quality of food that your intaking. You can always use food to boost your immune system so that you can help to get your body to that state where it does fend off the cancer better. So I think that's a good object lesson for people. Just because you haven't—let's say that you've gone traditional. It doesn't mean that there's nothing else you can do. You can always supplement with a good food regimen. I remember you telling me that your mom had gone a little bit whacky on her food.

Dr. Irvin Sahni: Yeah. Well, I thought she was whacky but apparently now that I've got a little bit more nutritional education, which really has just occurred in the last few years, I realized she wasn't quite as whacky as I thought. So sorry mom for calling you whacky but she clearly wasn't. She was ahead of everyone. She was 25 years ahead of her time. And her doctor that she—he was considered an alternative medicine doctor. She goes I went to specifically an alternative medicine doctor and that's what was considered alternative medicine. I think 25 years ago this thinking was probably a lot less prevalent than it is now. And so its impressive to think Owen Robbins is gone but you know, I kind of wish I could shook his hand because he was a pioneer I think in a time when this was not really an accepted way and still isn't in a lot of people's eye, an accepted way to approach this.

But you know, you're right. I think that there's no harm for someone who's currently undergoing traditional therapy to eat healthy. I mean what could it hurt. You know, I could understand if it cost a million dollars but it really doesn't. You know, it's a heck of a lot cheaper than chemotherapy and it just takes a little bit of work, a little bit of perseverance to eat better and I clearly think, you know, I don't know what the outcome would have been if mom hadn't changed the way she ate but I certainly would like to believe that what she did under his guidance, which was very specific. He had her on a very specific diet. It wasn't just some haphazard thing. He had her on a very, very specific regimen that included before she could remember the selenium and some of the other antioxidants that are very similar to regimens that people who believe in alternative medicine use now.

Ty: You mentioned that if you had learned about her diet in med school you might have thought even worse. So talk about med school. When you went through medical school how much nutritional training did you get?

Dr. Irvin Sahni: Pretty much none. It's interesting. They don't teach us how to run a business and they also don't teach us how to provide nutrition to our patients. So really, I would say that we literally almost had no nutritional training. If you consider learning the biochemistry of B vitamins and C vitamins, nutritional training, then yes, we had nutritional training. But it wasn't ever really discussed in the context of specific foods or specific therapies or ways to make people healthier. We looked at how certain vitamins or actually coenzymes, how they operate, how they function, on a molecular level, and the chemistry behind those. But they were never really put in the context of nutrition. So I guess you could argue that we had some nutritional training depending on how you define that but certainly we never really discussed how nutrition impacts a person's health on a practical level. And I think that was nearly zero. You know, I graduated from med school in 1996. And so I'd like to believe that's changed. I

don't think it has. I'd have to talk to a person who recently graduated from medical school. Maybe its changed a little bit but the bottom line. There's definitely not any sort of significant focus. Now we had—we did have electives I think that people could take. And I don't remember if we had something along those lines. I never saw the option to take it. We have a few electives that we would take. But it certainly wasn't something that they really focused on.

Ty: It seems odd that going through medical school that there would not be required courses in nutrition to me...

Dr. Irvin Sahni: Right.

Ty: ...but that's a recurring theme.

Dr. Irvin Sahni: Well, no it is. And in a lot of the common things that we consider healthy weren't focused on any. I mean we didn't really have an exercise class either. We understood that exercise was good for you. You know, its kind of like what a lot of doctors do, including myself for a lot of years, I've gotten a little bit more specific. But it is, its tough and its basically the way the system is designed. But someone comes in and you say you need to lose weight. Okay. that's it. You lose weight. I mean that's what a lot of—you really need to lose weight. No guidance. No nothing. You know, you need to lose weight. So there just isn't the type of structure in medical school to teach people. You know, to tell someone to quit smoking or lose weight, okay great. How do I do that? I don't know. Go figure it out. You know, go read a book. I don't know. You know, so—and I'm not accusing all doctors of that but there's—its the way that the system is structured, the way the doctors are paid, and the way that, as you know, from the Flexner report and from some other things in history, the way that our medical educational system was set up and the influence of big pharma, big food industry influences how medical students are taught.

And you know, we're not taught to teach people to be healthy. We're taught to write prescriptions. We're taught to use drugs to deal with problems and not really try to change the situation that causes the illness but simply try to cover up the symptoms or allow the bad behavior to continue and just deal with it using medications or drugs or, in some cases, poor food. I believe that in 50 years we're going to look back at food now the way we look at smoking 50 years ago. You know, there was commercials with doctors with cigarettes in their hands saying that cigarettes are good for you and we would all agree that that's laughable now. You know, that that's absolute insanity and criminal. And I think that's probably what we're going to be saying about processed foods and McDonalds and sodas and things like that 50 years from now how crazy it was that we'd really put that stuff into our body and build up a level of toxicity probably similar in some ways, and maybe even worse in some ways than from cigarettes, from smoking cigarettes.

Ty: You mentioned exercise. One of the best exercises that I've been getting over the course of this investigative report from different doctors and researchers is that jump on a mini trampoline to stimulate your lymphatic system to help you detoxify. Talk about the lymphatic system. What is the lymphatic system?

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Dr. Irvin Sahni: Yeah. So the lymphatic system is something that I think people aren't as aware of as their lungs and their heart. The lymphatic system is basically to some degree and overflow valve for the body. So what happens is we all know our heart pumps blood out to our distal extremities. They go from arteries and the arteries go to capillaries and then the capillaries—so most of the blood that pumps through your body is constantly bumping through your body goes from arteries to capillaries and passes back into your heart through veins and goes in a circuit through your heart and your lungs. There is some bleed off, okay, and that's what we call interstitial pressure in tissues. And there's some bleed off where fluid, and a lot of it has to do with osmotic forces. I don't know if you remember—people remember osmosis and basically tissue pressure gradients and some of this fluid will bleed off into that interstitial pressure because the pressure inside the vessels is greater than the pressure outside of the vessels and there's some bleed off, some loss of fluid.

Well, that fluid doesn't jump back into your veins. It has to go somewhere. That's why some people get edema. They'll get swelling in their ankles and swelling in different parts of their bodies. Well, how does that—where does that fluid go? Does it just disappear? It goes into your lymph system so your lymph system is a system of vessels. There's different components to it but your lymph system is a system of—its like—it's kind of like vessels. They don't have muscular walls like bigger arteries but the lymph system grabs this fluid and then returns it back into the system, ultimately back into the venous system through a large duct in your chest called your thoracic duct. But this extra fluid that sort of bleeds out through these capillaries will then feed back into that system. It also passes through other parts of your body including your spleen. Okay. That's also sort of considered part of your lymphatic system, your thymus, your tonsils, and your adenoids what a lot of people have removed as a child. There's lymph tissue or there's lymphocytes and those lymphocytes recognize pathogens, viruses, bacteria, or things that are considered non-self that your body builds immunity through those lymphocytes which is what's effective when someone has an immune deficiency disorder whether you believe in HIV virus or not. There's certain immune deficiency disorders and T4 cells and helper cells, different classes of cells are effected when the immune system falters. And those are the little soldiers that are facing these pathogens, these bacteria, these antigens, toxins even as they pass through the lymphatic system and sort of as a—kind of like your oil filter, I guess, they're filtering out some of the nasty stuff. So the reason jumping on a trampoline is useful is because your lymphatic system unlike other parts like your muscles or your heart or your skeletal muscle, it doesn't have its own muscle. It doesn't have a muscle wrapped around it like arteries have muscle around them. It's called the tunica, tunica media. Its what helps vascular changes. You can actually change the pressure by those muscles clamping down or letting go.

Well, the lymphatic system doesn't have that ability. And so it depends on the skeletal muscles for that return. So by compressing your thighs, by just simply walking you're actually pushing lymph through your body. It's sort of passively pushed through by the other muscles in your body. And so by hopping on a trampoline you're basically forcing those muscles to contract and you're helping that drainage instead of having it collect in your ankles like you see people with swollen ankles, you're helping some of that return. And that's why when people

start having problems with blood pressure and their heart they sometimes will get swollen ankles because that big pressure differential is pushing all that fluid out into their interstitial tissues and their lymph system can't keep up especially if they're sedentary. If they're sitting around, they're sick, they're hurt, they have cardio—they have congestive heart failure and their heart has poor return so they get dizzy quickly. They're not going to be able to get up and walk around to help push that lymph back into their venous system. And so a healthy person can just constantly contract their muscles and keep that going. It also prevents you from that constant activity is what also helps you from getting deep vein thromboses. I don't know if you remember—I can't remember who he was. There was a reporter who was embedded in either Afghanistan or Iraq just kind of curled up in a ball and got dehydrated. He got DVTs because of inactivity, okay, because he wasn't walking around. And that clot was thrown to his heart and he died. He was 44-years-old. I know he was in his early 40s when it happened. Very usual but, again, inactivity is bad for you. And so the converse is true I think. Activity is good for you. And that's why that specific form of exercise helps push—helps assist the lymphatic system in returning that fluid back to the venous system.

Ty: So it seems like that that kind of motion, especially the fact that the typical person today is pretty inactive. We work at our computers, we sit around, most jobs are sitting down, not a lot of labor type jobs. The majority workforce sits. That's why jumping up and down, walking, any kind of exercise is really crucial now to stimulate the lymphatic flow.

Dr. Irvin Sahni: The other thing that you may not want to talk about, and I'll just say it and you can do what you want with it, is that the other reason jumping is good for you is because this is also how your bones heal. I deal a lot with people who have osteoporosis and so we're dealing with people with compression fractures, dealing with people with hip fractures and wrist fractures. You may be aware that when an astronaut goes into space for a certain period of time their muscles waste but so do their bones because our body actually builds bone and strengthens muscle in reaction to gravitational forces. And so when you get into a zero gravity situation the cells, there are certain cells that build bone, osteoplasts break down cells and osteoblast build cells, they become confused by being in a zero gravity situation. Gravity itself is called Wolfe's law, creates what's call piezoelectric forces. And so basically the fact that when you're putting weight on your feet and walking across the ground you're actually creating electrical charges or forces that travel through the cells that show them the alignment. And bone actually grows parallel to those forces. And so the cells actually react to that.

So the activity also helps you with bone development. Now certainly you need your vitamin D and vitamin K2, calcium, and the hormonal integrity to build bone as well but even if you have those things, if you're not exercising you're not stressing your bones, your bones are constantly turning over. Some people think, oh, your thigh bone that's in your leg right now is not the thigh bone that was in your leg a few years ago. That bone is constantly turned over. That's where calcium is regulated, the big reservoir for calcium that gets in the blood stream is from the bones. And so your bones are constantly being turned over and they're very much influenced by activity and by gravity. And people who are

inactive therefore are sort of like halfway astronauts and that's why their bone integrity is so adversely affected by the inactivity along with some other factors that ultimately leads to fractures, to fractures that I deal with in the spine program and osteoporotic, vertebral compression fractures.

Ty: Interesting! I didn't know that. Dr. Sahni, talk about far infrared saunas. I know that you're a big believer in far infrareds. So talk about the health benefits specifically for cancer by lying—let me start that again. Dr. Sahni, talk about far infrared saunas. I know that you're a big proponent of far infrareds. Talk about the effect that this can have on cancer.

Dr. Irvin Sahni: So far infrared saunas, the way they work is relatively simple. They exploit or take advantage of a portion of the electromagnetic spectrum that basically increases the temperature of the body, creates hypothermia without exposing the body to some of the negative portion of the spectrum which we know is the ultraviolet spectrum. Go out in the sun too much you can get skin cancer especially if you don't wear sunscreen and you're light complected. So far infrared sauna takes a part of that spectrum that creates heat but not necessarily damage in the way that being out in the sun does. I think the Indians were probably—you know, the American Indians were people who were doing these more ritualistic heat treatments on themselves long before far infrared saunas were around kind of. Maybe they didn't understand the science behind it but they knew it was good for you. But basically what it does is it raises your body temperature and then your body has to release that heat. The way we release our heat is by sweating and that sweating helps—the sweat helps carry the heat away from the body. So by stimulating that mechanism—people don't realize this but you excrete just as much urea, okay, through your skin, maybe more. I'd have to go back and look up the numbers, but a significant amount of toxins are excreted through your skin as they are in your urine or your stool. And in some cases probably specific toxins even more. And so by exposing yourself to a reasonable timeframe and a reasonable level, a safe level of heat you can just basically stimulate your body to sort of accelerate that excretion of toxins and you can make that happen faster.

The other reason a far infrared sauna is so useful is that normal cells are able to withstand heat because of their normal anatomy compared to the abnormal anatomy of say a cancer cell especially in relation to its vascular supply. And so a cancer cell doesn't do well in a hyper thermic situation. This has been shown in mainstream science to be the case. And so by exposing your body to that heat you're selectively killing or eradicating those less viable cells, those cancer cells without hurting your normal cells. And so a far infrared sauna is useful because it can help you sweat, excrete toxins, and in theory eliminate cancer cells which can't survive the heat as well as the normal cells.

Ty: Two great reasons to use a far infrared sauna then.

Dr. Irvin Sahni: And a lot of people will find them very useful for weight loss.

Ty: Last question Dr. Sahni... You mentioned earlier that modern medicine tends to treat symptoms with drugs, writing a prescription as opposed to getting at the cause of things. Elaborate on that.

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Dr. Irvin Sahni: Well, I think people—I think commonsense kind of tells you this is true. But I'm going to actually give you a specific example. I'm going to tell you why exactly based on our current legal structure, our funding structure, through Medicare. Some people may not like to hear this but so there's a way that doctors—there's a way that doctors are paid. The bottom line is this. Doctors are incentivized the wrong way in my opinion, they're incentivized the wrong way. So if you believe that the goal is so prevent disease to begin with rather than just simply treating it once it occurs. In other words, if you believe that being proactive is more important than being reactive then you would agree with what I'm about to say. If I see a patient who has Medicare, just because so many doctors see Medicare and the fee schedule is constant, I will bill Medicare based on certain variables. Okay. And some of those—its very complicated, of course, just like the tax code is very complicated. But to simplify there's two very commonly used codes. It's a 99213 and a 99214. A 99213 is just an evaluation of visit, an existing patient, I've been seeing them for years. And when he comes in I can either bill—I can bill a 992—a 12345, okay, almost never a one, almost never a five, things usually lay in the middle depending on what kind of doctor you are and how sick your patients are. But an average, normal person comes in and I'm going to bill Medicare. If I bill Medicare at 99213 in Texas right now you get about 40 bucks. Okay. If I bill Medicare a 99214 I get about a 100 dollars—pretty big spread there. 60 dollars is quite a bit. So if there's something you could do to get an extra 60 dollars you're going to do it.

So one way I can get a—convert a 99213 to a—it's not totally simple. You have to have asked a lot of other questions but the bottom line is at the very end you have to show medical decision making. Its called medical decision making. So I can sit there and ask a bazillion questions but if I just say take an aspirin and I'll never see you again a 99214 would be inappropriate because you haven't done anything. You haven't used your brain. Okay. So assuming all the right questions are asked up to that last step I would then—if I make a difficult decision, okay, then I get paid more for making that difficult decision. And if I don't I have to down code that. So how can—what are the ways to convert a 99213 to a 4. One is I can sit there for exactly 45 minutes and document that and educate that patient. I can talk to them about diet, nutrition, far infrared sauna, whatever I want. I can sit there for a full 45 minutes and have a completely valid conversion that Medicare would have no problem with.

Ty: You wouldn't get as many patients then.

Dr. Irvin Sahni: I wouldn't get so many patients that way. But if I simply change a drug, if I change their blood pressure medication, I change their pain medication, I change their diabetes medication, or I sign them up for a procedure, I'm a proceduralist. I do do a lot of procedures. If I sign them up for a procedure that dictates higher level of medical decision making an instantly I go to a 99214. So let's focus on the medicine side because so many doctors do that. Well, what are people going to do? I mean we all have bills to pay, right. And so if I can see ten patients an hour by simply flipping from one drug to the next and make a thousand dollars by seeing—ten patients in an hour would be a lot so maybe I'm exaggerating. But let's say four patients an hour, okay. If I could see four patients an hour and just flip some drugs I just was—I just billed out 400 dollars. Or, I could sit there and actually educate the patient, try to help

them prevent their disease, to truly find solutions, true healthcare solutions, but I'm only going to get that extra 60 dollars and I'm going to spend 45 minutes doing that. So people—so doctors are unfortunately put in a position where, number one, the patients also, by the way, don't want to hear a lot of times how they need to lose weight, quit smoking, change their lifestyle—some do, some don't. So I mean I don't want to be unfair but the doctors also don't want to take that time to do that because they can make so much more money. I mean, you know, and I'm not trying to beat on doctors here. I'm really not. This is just, you know, if you're a mechanic and you can fix alternators for 100 dollars a pop and you can put air in tires for five dollars a pop and they take the same time. Where do you think you're going to put your efforts, right? I mean you know, certainly there's doctors that are very altruistic and do mission work and things like that. But I mean most doctors are trying to make a living.

And so the system is designed to create chronic disease. There's no money in being healthy. There's no money in being dead. All the money is in being chronically ill. And so the way the remuneration works for physicians even with Medicare is that it encourages more drugs to be written, switch from one drug to the next. So by design I feel like the system is flawed. And that's, you know, and who do you think is paying the congress people, you know, money for their next election campaign, some small town doctor who's trying to educate people on how to lose weight or Pfizer or Merck? And I'm not picking on any specific company here. But it's just simply true. That's where the money comes from.

And that's why—that's how these jobs are created and billions of dollars are paid out to different individuals and, of course, you know my feeling on the way the government interacts with corporations. And so that's why the systems flawed. That's my opinion. That's one aspect of it that's very easy to sink your teeth into and no one can tell me that I'm wrong because it's true. It's just a fact. I mean this isn't something that's up for discussion. This is just pure and simply a fact that our system works that way. That's a code that every day 99213s and 214s, every doctor across this country is generating tens of thousands of those codes every day. This is happening right now as we're speaking. This is happening. No one's interested in talking to you about losing weight. No one's interested in talking to you about quitting smoking. We do that a little bit and there's actually codes for quitting smoking. There's some little fine nuances there but the bottom line is there's no real incentive to promote true health and there is an incentive to write lots of prescription medications by the way the system is designed.

Ty: Fascinating perspective! Thanks for sharing that and thanks for spending time with us today Dr. Sahni. I appreciate it.

Dr. Irvin Sahni: Thank you.

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Jeffrey Smith

Filmmaker, Researcher, and Lecturer
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THE TRUTH ABOUT CANCER

Ty: So I'm here today with Jeffrey Smith. We're here in Las Vegas, Nevada. And first of all, I just want to thank you for being with us today and taking the time to share some of your knowledge with our viewers.

Jeffrey Smith: Happy to be here Ty.

Ty: So tell us Jeffrey about your background, your education, anything you want people to know about you.

Jeffrey Smith: Well, I just talk about one thing, GMOs, genetically modified organisms. I've been interviewing scientists and translating the science into English for over 18 years. And I've traveled to about 40 countries and I founded the Institute for Responsible Technology. We explain to people why to avoid GMOs and how. And we have a shopping guide, a nonGMOshoppingguide.com and a free iPhone application, Shop No GMO.

Ty: When you were a kid you probably didn't dream that you'd be a GMO research and advocate.

Jeffrey Smith: When I was a kid I never heard of GMOs. They hadn't existed yet. So no, you're right.

Ty: So what got you into this kind of research, this line of research?

Jeffrey Smith: Well, I went to a lecture from a genetic engineer and he was absolutely adamant that it was completely inexcusable to use that technology for food because the technology was prone to side effects. It would be absolutely unpredictable. And not only that, but even those that could be tested for were not being evaluated properly and they were able to be planted. This was in 1996 when I went to the lecture. And moreover, once they were produced and released into the environment they would cross pollinate, seeds would travel and they would become part of the gene pool, a self-propagating pollution of the gene pool that would last forever. So the only thing that lasted longer than genetic pollution, not global warming, not nuclear waste, is extinction. So when they realized the profound implications of this technology for all living things and all future generations I figured this guy needs a little help and he needs to get the word out in a way that'd be effective and to wake people up. And I wasn't expecting it to take this long but now we're actually seeing a big wakeup in the United States. People are rejecting GMOs in very large numbers and we see it coming tipping point very, very soon.

Ty: Yeah. And you know, I want to thank you personally. You are probably the most vocal, the most well known, anti-GMO researcher person that's getting the word out about GMOs, waking people up on that. You were the reason that I've learned about GMOs. So I just want to thank you for that because I know that you're impacting the world and making it a better place, waking people up. Let's take a step back though. What are GMOs?

Jeffrey Smith: Genetically modified organisms—you take genes from one species and force it into the DNA of other species. Now the GM crops on the

market, there's nine of them, and the primary traits are either herbicide tolerance or pesticide production. So herbicide tolerance, Roundup Ready is the most popular. Roundup Ready soy, corn, cotton, canola, sugar beets, and alfalfa. They're engineered with genes from bacteria and pieces of virus, etc. not to die, the plant doesn't die when it's sprayed with Roundup herbicide which normally kills plants. So it makes weeding easier for farmers. They can simply spray over the crops and kill all the weeds but not the Roundup Ready crops. And the other genetically modified trait that's popular is pesticide production. They take a gene from bacteria in the soil called the bacillus thuringiensis or BT for short. And take that gene which produces a known insecticide and put it into corn and cotton. So when a bug, certain types of bugs, eat or try to bite the plant the toxin gets released and then it breaks open little holes in their stomach walls and they die. So now we eat that insecticide and we also eat the Roundup laden crops. So we're eating two types of poisons in these GM crops.

Ty: So what are the effects on humans of eating BT toxin and Roundup pesticide?

Jeffrey M. Smith: Well, it was promised to us up and down that BT toxin was safe because it only affected certain insects. That turned out to be not true. The BT toxin in its natural form, which is used as a spray or even organic agriculture has been linked to inflammation, immune problems, and also tissue damage in mice, but immune problems in humans. The toxin that's produced in the corn is thousands of times more concentrated. It's designed to be more toxic. And it was found to poke holes in human cells. So it pokes holes in insect cells—it pokes holes in insects' cells. BT toxin pokes holes in the cell walls of insects and breaks open their stomach to kill them. It's now found to poke holes in human cells. So this means that it might create leaky gut or holes in the walls of our intestines that allow undigested food proteins, chemicals and bacteria directly into the blood stream. And this is linked to cancer. It's also linked to autism, autoimmune disease, food allergies, inflammation in general, Alzheimer's, Parkinson's, a whole host of diseases and disorders.

Ty: So in light of the fact that the research has shown that this does cause leaky gut, which is...

Jeffrey M. Smith: No. The research has shown that BT toxin in a laboratory setting can poke holes in human cells. It would say its preliminary to say that the research has shown that it causes leaky gut in humans. We just know that it has—the entire apparatus is there. It's a hole poking toxin. It also can promote immune responses in humans. So we're eating corn that can possibly create immune responses, food allergies, not just to the corn but to other things, possibly poke holes in human cells that can possibly cause autoimmune disease. All of these things we say possibly because there's hardly any research conducted from independent scientists on the dangers of GMOs. And when scientists do discover problems they're often fired, threatened, gagged, attacked, they're just treated terribly so that no one else wants to weigh in on the issue. And so there's really very, very few scientists willing to risk their jobs and their reputations by doing GMO research.

Ty: So you have these—this BT toxin, Roundup, these potentially dangerous substance being sprayed on food. They've not been proven to be safe. We think that they may be potentially extremely harmful. How is it that they are—that the companies are allowed to make these and spray them on our food and we're ingesting them without being warned about the potential dangers?

Jeffrey M. Smith: The companies are in charge of determining if their genetically modified foods are safe. The FDA does not require a single safety study on GMOs. Now this was determined in a policy in 1992 that was overseen by Michael Taylor. Michael Taylor is the former attorney to Monsanto. And he was given a position that was designed for him by the FDA when the agency was told by the White House to promote GMOs. And Taylor's policy falsely claimed that the agency wasn't aware of information showing that GMOs were significantly different, therefore, no testing or labeling was necessary. Companies like Monsanto could determine on their own if their GMOs are safe. And Monsanto told us that agent orange and PCBs and DDT were safe and got that wrong, maybe they'll get it right with GMO's is the thinking by the FDA. Taylor then became Monsanto's vice president and chief lobbyist, now he's back at the FDA as the "US food safety czar."

Ty: It's almost like you have the fox guarding the hen house.

Jeffrey M. Smith: It's more than almost. We have a situation where the claims in the policy, they weren't aware of information showing that GMOs were different, was a complete lie. It was a total fabrication. The lawsuit forced 44 thousand secret FDA memos into the public domain and it showed that the overwhelming consensus among the scientists working at the FDA was exactly the opposite. They said GMOs might create allergens, toxins, new diseases, and nutritional problems, urged their superiors to require testing, complained about the draft of the policy and their concerns were ignored and even denied.

Ty: Now when you say that they are not significant, or at least Monsanto said they are not significantly different than what?

Jeffrey M. Smith: Thank the normal foods.

Ty: The normal food...

Jeffrey M. Smith: Right.

Ty: Oh, so since they're not significantly different than normal food it doesn't—they don't need to tell us that they're doing this to us.

Jeffrey M. Smith: They don't need to tell us, they don't need to test it. They can just put it on the market and assume that it's safe. And if they want to do tests they can do tests. And if they don't want to—and the tests that they do tobacco science, completely rigged to avoid finding problems. We catch the red handed.

Ty: So the only testing is required are self tests that they submit and then, of course, it's going to—

Jeffrey M. Smith: They can submit them if they want and they usually—if they do submit just summaries they will never give a reviewer enough information to determine safety. The tests typically on animals end in 90 days. So you feed an animal a rat, for example, let's say 33 percent of its diet is a genetically modified corn for 90 days. And if it looks good after 90 days you feed it to humans for their entire lives. Now a research team headed by Dr. Seralini decided to extend the study of 90 days to two years, the approximate lifespan of a rat. Now Seralini had been reviewing the submissions to France and to the European union by Monsanto and saw that Roundup Ready corn fed to rats showed more than 50 different statistically significant changes in the animals compared to the control. And Monsanto said, oh, there's no problem. And Seralini says, what do you mean there's no problem? This is very serious and published it showing that there was very significant signs of toxicity. So he secretly extended the study using the same type of rats, the same control group size, but many, many more parameters that they tested for and starting after the 90 days in the next month the first rat started to get tumors. And by the end up to 80 percent of the female rats had tumors, almost all of them mammary gland tumors, up to 50 percent of male rats had tumors compared to far less in the controls.

Now its interesting that the tumors came from the rats that ate the Roundup Ready corn that had been sprayed with Roundup. But they also came from rats that ate the Roundup Ready that had never been sprayed with Roundup. Now this was never done because if you plant Roundup Ready corn you do it in order to spray Roundup. But he wanted to see what was the cause of any problem that was encountered. So he had a group of rats that ate the Roundup Ready corn that had never been sprayed with Roundup, a group that ate the Roundup corn that had been sprayed with Roundup, and a group that ate the Roundup with no Roundup Ready corn, just the Roundup. All of them got massive multiple tumors as large as 25 percent of their body weight. They also died earlier and had damaged their liver, kidneys, and pituitary.

Ty: So what is—how do you summarize the three different groups? What is the significance of the group that ate just the Roundup, just the corn, and the corn that had been sprayed with Roundup? What exactly does that mean?

Jeffrey M. Smith: It means that there's something in the corn and there's something in the Roundup that appears to promote tumor growth. And Roundup we know more about. There's more studies on Roundup than on the GMOs. Roundup can promote cancer in many, many ways. first of all, its an antibiotic and it kills off beneficial gut bacteria causing overgrowth of the bad gut bacteria. Now this overgrowth of negative gut bacteria is linked to certain cancers—colorectal cancer, for example. The overgrowth of negative gut bacteria can produce Zonulin which can create leaky gut. It opens the gaps of the cell walls on the intestines. And leaky gut is linked to cancer. Roundup also damages a set of enzymes called the CYP enzymes which are part of the detoxification process and CYP enzymes are linked to cancer. And so its interesting, and they're linked in different ways but if you're damaging the CYP enzymes or

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certain parts of that family you may be linked—you may be promoting cancer and no one is looking. The CYP enzymes also should help the body detoxify chemotherapy. There's certain one that will help the liver detoxify. And one of the problems with Roundup is it can disable some of those enzymes that are involved with detoxification. So any toxic influence from the environment can be much more toxic when you're also exposed to Roundup, or its active ingredient, glyphosate. So even the chemotherapy taken for the cancer which may have been promoted by Roundup may actually not get out of the body as easily and be much worse.

Roundup also chelates or binds with certain trace minerals like zinc and zinc becomes—would become more deficient in the presence of Roundup. It'll still be there but it can't be assimilated because it's locked in and bound with the glyphosate molecule. And zinc deficiency is linked to certain cancers and it's been tested as a possible adjunct or supplement for cancer therapy. In addition, Roundup specifically can promote enhanced breast cell growth and in tiny, tiny amounts, in parts per trillion. So this is—these are the amount of—this is the amount of Roundup that's already in our air and in our rain water and in our drinking water because of the overuse of Roundup because of the Roundup Ready crops. So Roundup has all these different ways. It also can promote inflammation through the gut bacteria. Through the gut bacteria overgrowth it can promote inflammation in the gut. And inflammation is also linked to cancer. So Roundup has all these different ways like a perfect storm. Now there are certain tissues that are the target tissues for Roundup and they—it accumulates in those tissues and those are the cancers that are on the rise in the US population, for example—thyroid cancer, liver cancer, and kidney cancer. So there's a lot of indications out there that Roundup and its active ingredient glyphosate may be promoting the growth of cancer in the United States.

Ty: Wow! So it sounds to me like we're going to have millions people who are watching this. I guarantee there's tens of thousands of cancer patients watching this. To me it sounds like one of the most important things they should avoid in their diet is anything that contains Roundup or has been sprayed with Roundup because of all of these factors, all of the linkage to cancer but also the fact that it inhibits the CYP enzyme from detoxing the chemo because many of the people are probably taking chemotherapy.

Jeffrey M. Smith: Yeah. And I would say its not—it used to be just important to avoid the GMOs, the Roundup Ready soy and corn which are in practically everything. And they contain higher levels of Roundup. The cottonseed oil, the canola oil, sugar beets, sugar, which is mostly sugar is from sugar beets. But actually its worse now because Roundup is used as a ripening agent on all sorts on all sorts of grains and beans and fruits and vegetables. So its used for sugar cane. So you'll find it in molasses and what not. You'll find it sprayed on wheat. Its spray on barely and rice and lentils and potatoes and sweet potatoes and berries and citrus groves. So the way to go really to avoid Roundup, I mean you can find the 160 types of fruits, vegetables and plants that have been approved for high levels of Roundup residue by the EPA but its jut easier to go all organic. And that would be anyone that has a diagnosis of cancer might want to do that to prevent exposure to glyphosate and some other nasty chemicals that are found on conventional foods. Now the BT toxin produced by the corn, because it

promotes allergic reactions or immune system reactions, in humans and animals can create inflammation. And again, inflammation is linked to cancer. Now the BT toxin, its interesting, they found the BT toxin and Roundup in the blood of pregnant women tested in Canada. In fact, 93 percent of the pregnant women had BT toxin in their blood and so too did 80 percent of their unborn fetuses. Now the BT toxin may have gotten into the blood through the leaky gut that it itself created by poking holes in the cell walls. If it gets in the blood it can be cytotoxic damaging the red blood cells, and this was found in the case of a mouse study where BT toxin damaged the red blood cells. If it gets into the fetus the fetus don't have blood brain barriers well developed so it might end up in the brains of the fetuses. So you have a hole poking toxin in the brains of the next generation in North America.

Now what's interesting is 93 percent of the pregnant women tested had the BT toxin in their blood but BT toxin washes out quickly. So they must have had a frequent intake of BT toxin but it wasn't Mexico where they eat corn tortillas every day. It was Canada and most of the corn they're eating is already devoid of BT toxin, high fructose corn syrup has no BT toxin left in it, corn oil doesn't. So the authors of the study guessed that the source of the BT toxin was probably the milk and meat of animals that do eat BT toxin as part of their daily regimen. And so for some reason they were saying that the BT toxin survived digestion in the animals and then survived digestion in humans and then maybe poked holes in the walls of the intestines and then got into the blood. I think a more plausible explanation comes from a 2004 study, which is the only human feeding study ever done on commercialized GMOs. They found—and this was with soybeans, Roundup Ready soybeans, they found that the Roundup Ready genes that were inserted into the soybeans to allow the soybeans not to die when sprayed with Roundup those genes, part of them, transferred into the DNA of bacteria living inside our intestines. And that bacteria was unkillable with Roundup suggesting but not proving that once the gene transferred the gut bacteria it might still function. And to function means it might produce proteins. So we may have these Roundup Ready proteins produced continuously 24/7 inside our digestive tract.

Now as soon as the pro-GM UK government who was funding this study found out they pulled the plug on any additional funding. So they never found out if eating a corn chip from genetically modified BT toxin corn also transfers to the DNA of gut bacteria. If the BT gene transfers to gut bacteria and continues to function it can convert our intestinal flora into living pesticide factories producing BT toxin 24/7 which might poke holes along the cell walls causing inflammation and all sorts of gastrointestinal disorders, possibly creating leaky gut, which is also linked to cancer. and that might explain this production of the BT toxin, why 93 percent of the pregnant women tested in Canada had it in their blood because they are producing it in their gut.

Ty: Wow! This is pretty disturbing.

Jeffrey Smith: Yeah, it gets—it doesn't get much more disturbing than that.

Ty: It's pretty disturbing because you may be very cognizant of the foods that have genetically modified organisms, the BT toxin, and avoid them, but what you're saying is its possible...

Jeffrey Smith: Like six months ago before you knew about GMOs you might have colonized your gut bacteria. Now people ask me all the time what to do about it. The good news is this. Actually its terrific news. People when they stop eating GMOs they get better from all sorts of diseases and disorders. And we interview them and we hear about it all the time. When I speak to a room full of say, 500 people, you know, dozens and dozens of people will say, yes, I feel better and got better, symptoms went away when I switched to non-GMO foods. And its completely predictable which categories of diseases and disorders get better. The one that is far greater than anything else is gastrointestinal. And you have things like immune system problems like allergies and asthma and autoimmune disease, skin conditions, headaches including migraine headaches, people lose weight when they stop eating GMOs, people who couldn't lose weight before, many of them. We have mental problems like brain fog, depression, aggression, and we understand why that may be the case.

We understand why, for example, consuming Roundup might cause mental problems because the gut bacteria normally produces tryptophan and tryptophan is a precursor to serotonin which is important for mood and the tryptophan-producing metabolic pathways dismantle with Roundup. So if you're cut shot on serotonin you might have problems with depression. You also might not feel full when you eat. When you get to a certain point it's this tryptophan that kicks in that says I've eaten enough. Without that you can just continue to eat. It's also a precursor to melatonin and so you may have problems with sleep as well. So the gastrointestinal problems, immune system problems, reproductive disorders, organ damage, all these things that people are talking about getting better from when they get rid of GMOs those are the same categories of diseases and disorders that afflict the lab animals fed GMOs. And it's described in the review study by the American Academy of Environmental Medicine who said these animals are causally being creating these disorders form eating GMOs and every doctor should prescribe non-GMO diets to their patients. Thousands of doctors are telling their patients don't eat GMOs and many are telling us that the patients are getting better from these same disorders and diseases.

Now when a human gets rid of GMOs they have to do a strategy because it's not labeled in the United States so they'll have to switch to organic or reduce processed foods to avoid the soy and corn derivatives. And so there's competing cofactors that might explain why a person feels better and why their symptoms disappear. But when livestock are taken off of GMOs there's no competing cofactors. It's just switching from GM corn to non-GM corn, from GM soy to non-GM soy. And the animals get better from the same problems that the humans are getting better from. And this is reported by the farmers and by veterinarians. And now we're hearing from pet owners, cats and dogs taken off of GMOs are getting better from gastrointestinal disorders, immune problems, fur issues, things like that. And we see this all the time.

Ty: I hate to interject this, but I was just speaking with a lady last week and she had had a pet, a dog, that was having all kinds of issues. She took the dog off the of the GMO feed, got organic feed and the dog's doing well.

Jeffrey Smith: I have heard so many stories like that. In fact, I have—I'm putting together a little film with many veterinarians and pet owners, saying the exact same thing. You see, in my situation, Ty, I hear more testimonials than anyone on the planet from people who get rid of GMOs for their dogs or cats.

Ty: Yeah, I bet you do.

Jeffrey Smith: Because that's what people tell me. And in fact, I ask audiences to tell so that other people can hear. So to me it's so absolutely predictable. And I originally was skeptical even though I was talking about the dangers of GMOs from a scientific perspective for more than a decade people come up to me and say I react to GMOs. And my skeptics say, well, how do you know? I didn't say that. I was very—it was very how do you know? You don't know if it's from GMOs or not because there's no easy way to do it. And I didn't really get a sense that it would be so blatant except for very, very sensitive individuals. Then I went to the American Academy of Environmental Medicine for the fourth time. I had been speaking to their group for four years—three years—and people started to prescribe non-GMO diets and I wasn't aware of them. I started interviewing them and they said, oh yeah. My patients react more to GMOs and the allergic reactions get worse and I take people off of GMOs. They all get better and GMOs cause inflammation. They weren't speaking like the scientists. The scientists are like GMOs might and it appears and it could be and it suggests. These doctors are saying, oh no, GMOs are doing this to our patients. And it occurred to me that they treat thousands of patients. And they're experimenting on us. So when they say get rid of GMOs they get to see and they get to see well. If I don't tell them to get rid of GMOs then sometimes the treatment is not working so well. So GMOs are linked to gluten related disorders according to research that we've done and others. And one doctor says when you get rid of gluten I say to the patients get rid of GMOs at the same time because the recovery is quicker and more complete.

Ty: That's encouraging. It's encouraging to see that removing the GMOs from the diet actually shows promising benefits. I like the good news after the devastating, there's the good news, I like that, that we can recover. And that you don't necessarily—can keep the BT toxin in forever or at least the effects of the BT toxin.

Jeffrey Smith: As far as the gut bacteria I mean it is now a huge source, a huge topic of study. Everyone's into the micro bio now. It's like it's the new tofu. Everyone's into the micro bio. And so we have a situation where the devastation of Roundup becomes bigger and bigger the more they realize this because it is a potent antibiotic but it is selective. It kills the lactobacillus and the bifidobacteria, the stuff that's good for us.

Ty: The ones that you want in yogurt.

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Jeffrey Smith: The stuff that you're buying and paying for and then you wash it down with something with Roundup in it and you just kill everything you've just put in there plus more. And it allows the overgrowth of salmonella or botulism or e.coli, the negative stuff.

Ty: Let me ask you this. So you've talked about the Roundup Ready corn and the soy potentially that's spray with Roundup. Do they use Roundup or glyphosate on other non-organic vegetables as well or is it just the corn and soy?

Jeffrey M. Smith: No, no, it's used as a ripening agent. They spray it on wheat, on barley, on rye, on lentils, on sweet potatoes, on sugar cane—there's a 160 or so different fruits, vegetables, grains, beans, etc. that are allowed high residues because of this now practice of using it as what's called a desiccant or ripening agent. Not every farmer uses it but it's hard to tell where it is and where it isn't because its not labeled. So that's why buying organic is much safer.

Ty: I'm sure that on your website that you have a food guide that we can look at.

Jeffrey M. Smith: We have nonGMOshoppingguide.com. Now we don't list which foods contain sprays of glyphosate or not because there's an extensive list. We just say in order to avoid glyphosate and Roundup buy organic. In order to avoid GMOs we have close to 17 thousand products in our shopping guide.

Ty: This is a huge warning for people I think. And this is a reaffirmation to me. My family tries to only eat organic and stay away from the GMOs, the BT toxins. This is just a reaffirmation to me to be extremely vigilant to not ingest GMOs, and the BT toxin, the Roundup Ready foods.

Jeffrey M. Smith: And it may get worse because they have now up for approval, we call it Agent Orange crops, crops that are tolerant to be sprayed by 24D which was half the component of agent orange which can create dioxins which are linked to cancer. And so it's expected that if that gets approved the use of 24D will increase in the United States by as much as 20 fold, and so it'll be in the food, it'll also in the air because it can vaporize and then move and then land and kill other crops and hurt other people and livestock. So it's an absolute disaster. Now we hope to stop GMOs soon. We actually have seen a tipping point of consumer rejection. We expect to end GMOs soon. And it's because consumers are becoming awake to the dangers. So in Europe because of a high profile food scandal related to GMOs most people decided they didn't want to eat them. In very short time, huge headlines, hundreds and hundreds of articles, the food company said, okay, we won't use them. Then bovine growth hormone was kicked out of Wal-Mart and Starbucks and Yoplait and Dannon in most American dairies because of its link to cancer. And that became popular and people didn't want to eat it. And so it had a tipping point. There's now a tipping point against GMOs in the natural products industry and we expect a tipping point in the conventional food industry any time.

Ty: And recently we had legislation in Vermont.

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Jeffrey M. Smith: Vermont passed a labeling law, yes. It was very, very exciting. So this was passed this year and it'll go into effect on July 1st, 2016. They expect to be sued by Monsanto and the biotech industry. It's possible the FDA will come in and preempt it. They're up still against some potential obstacles but it's the first state to pass a labeling law that will go into effect immediately as soon as the date hits. Two other states have a requirement of other states also passing similar laws before theirs become enacted. And most states actually have introduced labeling legislation that has not yet passed.

Ty: That is encouraging news. To me its ironic that Monsanto says that the GMO crops are safe but they're fighting labeling the crops. So if they're safe why do they care if they're labeled?

Jeffrey M. Smith: Well, there's a schizophrenia in Monsanto that's rather deep. I mean they tell the FDA there's no difference. They tell the patent office, its completely different and patentable, you know. They say to consumers its completely safe and it'll produce better crops but we don't want you to know that its in your food. Well, they told us that agent orange was safe and PCBs were safe and DDT was safe and got that wrong. And they are really—they're voted every year as the most hated corporation on earth with stiff competition.

Ty: Yeah

Jeffrey M. Smith: And I think they have deserved that award every year. Now they also introduced bovine growth hormone. RBGH, recombinant bovine growth hormone is a genetically engineered drug injected into cows to increase milk supply. And it does a lot of things to the milk. There's more pus, more antibiotics, more bovine growth hormone in the milk but there's also more IGF1 which promotes cell growth and it promotes cancer growth.

Ty: What does IGF stand for?

Jeffrey M. Smith: Insulin-like growth factor-1. Now the IGF1 increase in the milk was the primary reason why it's been banned in the European Union, Canada, Australia, New Zealand, Japan. And a former Monsanto scientist told me that three of his colleagues found so much IGF1 in the milk from treated cows, and they were doing the safety studies in the milk, that Monsanto's own scientists, the three of them, refused to drink milk thereafter unless it was organic. One bought his own cow.

Ty: Wow!

Jeffrey M. Smith: So they wouldn't even drink the milk from treated cows but they promised it was safe to everyone else. Now soon after the bovine growth hormone was approved someone went in and did some research and found out that milk duct tissue cancer went up in parallel with the introduction and expansion of the RBGH in dairy by about 60 percent. And it's also possible in many other cancers, slower growing cancers, less aggressive, are also on the rise because of RBGH. And there was a study done in 2006 that linked the use of RBGH in the United States with also higher levels of fraternal twins because

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in addition to promoting cell growth it also promotes the multiple eggs and also fraternal twins.

Ty: Wow! Now concerning RBGH, I noticed that if you buy milk on the label you'll see no RBGH or RBGH free. Can we trust those labels?

Jeffrey M. Smith: With RBGH there's no assay or test to apply to the milk to see if RBGH was used with the cow. So it's done in an affidavit basis. So farmers will sign an affidavit to their bottler that they don't use it. That's as good as we have right now.

Ty: But its better to buy that because everybody buys milk and so your recommendation I'm guessing would be if you're going to buy the milk buy organic and RBGH free?

Jeffrey M. Smith: Organic—there's three levels. There's organic at the top. They're not allowed to use RBGH and they don't feed the animals GMOs. Then there's non-organic but no RBST or no RBGH, same thing. They will feed the animals GMOs but they won't inject them with bovine growth hormone. So that's a second mess. Then there's conventional which is the worst of the three.

Ty: Okay. But it seems to me though the middle category where they might not inject them with RBGH but they still feed them the GMO crops, they cows are what they eat. And to me it seems like its going to—

Jeffrey M. Smith: There you go.

Ty: ...you might as well go organic.

Jeffrey M. Smith: Oh well, if you have the choice its kind of a no brainer.

Ty: Right

Jeffrey M. Smith: Because they found that even feeding the animals GMOs versus non-GMOs changes the milk content. And that was found back in 1996 in the same study that Monsanto claims shows that there was no difference between Roundup Ready soybeans and conventional soybeans. The fat content was different in the milk from the cows that ate one versus the other. But they just ignored it as being not important.

Ty: Let me ask you this. One of the common arguments that you get from those that are producing the GMO crops is that we need this to feed the world.

Jeffrey M. Smith: No, no, they need it to pay their salaries. GMOs are so inept at feeding the world that the biggest paper in the world, the biggest study, more than 400 scientists, sponsored by the UN and signed on by more than 58 countries concluded that the current generation of GMOs has nothing to offer feeding the hungry world, eradicating poverty or creating sustainable agriculture. That's the ISTAD report. In fact, the Union of Concerned Scientists study showed that it actually doesn't increase yields and the USDA recent study

verified that GMOs do not increase yields, and in many cases, reduce yields. Now not only do they not increase yields but they concentrate the ownership of agriculture. They bind farmers in a cycle of dependence on agricultural inputs like Roundup. They also disallow farmers from saving seeds year after year. And by spraying the Roundup on the Roundup Ready crops it kills all the other plant bio diversity. We call it weeds in this country. They call it food in the developing country because they eat a lot of those greens as part of their biodiversity so its not designed properly for feeding the hungry world. And its really an accident prone, very dangerous technology, which we think by its very nature is linked to diseases.

The process of genetic engineering—you take a gene from one species. You make millions of copies, put it into a gene gun, shoot that gun into a plate of millions of cells and clone the cell into a plant. So now every single cell of that plant has that gene in it but also its caused massive collateral damage, two to four percent of the DNA is different mostly mutated. So you could have hundreds or thousands of mutations up and down the DNA. Now that means that you can turn on genes, shut off genes, or change the levels of gene expression. Now that can be extremely dangerous for diseases and disorders, allergens, etc., because you can have toxins go up, allergens go up, Monsanto's corn has a gene that was switched on that produces an allergen. Monsanto's soy has as much as seven times the amount of a known soy allergen. You can end up switching on an oncogene causing a carcinogen to flourish or an increased level of a cancer causing compound. You can also change all of the secondary metabolites or the natural products by the plant which we're now discovering today can fight cancer. But we know like just a handful of them. But even before we understand them and catalog them we're changing all that with genetic engineering because when you change it at the DNA level you change all these different expressions at that higher level.

So one study, for example, this was done in the UK, they fed potatoes that were genetically engineered to a group of rats. It was engineered to produce an insecticide. Another group was fed non-GMO potatoes. A third group was fed non-GM potatoes but their meal was spiked with an insecticide, the same one that the GM potatoes produced in the same amount. Only the group that ate the GM potato got sick. Those that ate the non-GM potato spiked with the insecticide did not. So it wasn't the insecticide that was being produced by the GM potato that caused the problem. It was the massive collateral damage, the side effects that result from the process of genetic engineering that cause the problem. And one of the problems was potentially pre-cancerous cell growth in the digestive tract. So they didn't find tumors in these rats but within 10 days their stomach lining was increased by double and this proliferative cell growth is a precursor to cancer in some cases. They also had smaller brains, livers, and testicles, partial atrophy of the liver, and a damaged immune system. And it was not because of the gene, the specific gene, that was put in. It was because of the process of genetic engineering, the same generic process that's used on the food that we eat. That potato was never commercialized but the soy and the corn that we do eat is produced from the same process that resulted in potentially pre-cancerous cell growth in the digestive tract of rats in 10 days.

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Ty: It sure seems to me that if you want to avoid cancer or you have cancer GMOs are something that should be number one on your list to stay away from.

Jeffrey Smith: Well, you can choose your disorder you want to avoid at this point. I mean you can be avoiding cancer, you can be avoiding Crohn's and colitis and acid reflux, and migraines, so many things we've heard people describe getting better when they get rid of GMOs. But absolutely, there's so many ways that GMOs—and I have to be careful I have to say maybe promoting cancer. You know, I have to make friends with my inner attorney.

Ty: Gotcha! Now let's say we're in Kentucky. Iowa's the better state but for my knowledge we've got Farmer Hatfield and Farmer McCoy in Kentucky and they're both growing corn. Now Farmer Hatfield is growing GMO corn. Farmer McCoy is trying not to. What's to stop the cross pollination if their farms are close to each other?

Jeffrey Smith: Well, first of all, I just want you to know that if you're a farmer growing GM corn you're now at higher risk of the—getting the spray into your own body. There was a study done, just an epidemiological evaluation, finding 300 percent higher cancer rates in areas where they were using Roundup in Argentina and 400 percent increase in birth defects. In an entire area in one little hospital area, there was 70 times the amount of birth defects with a high exposure to Roundup. So the farmers themselves are at risk. Those in farm communities are more at risk. The US geological survey found Roundup residues in 60 to 100 percent of the air samples and rain samples in the Midwest. Now when you plant GMOs and non-GMOs in side-by-side fields if you're planting the non-GMO you want to hope that the wind is blowing in the other direction especially during the time of pollination. So the pollen can transfer. Seeds can be moved by birds. They can be moved by rain. The cross contamination is a very real situation and it has been so pervasive that even organic products and products that are labeled non-GMO you can't guarantee a 100 percent purity even with non-GMO project verified label. It still has a 0.9 percent threshold and that's because of the contamination that's already out there as part of the background. So that's the bad news. If we do switch to a non-GMO world we can't with current technology eliminate all of this contamination. We can make it a tiny amount. If all you're doing is adding more non-GMO seeds and the amount of GMOs that's in the gene pool will get less and less when we have no technology to clean it up completely today.

Ty: Talk real quickly if you would about—I've read about terminator technology where the seeds don't reproduce or you can't use the seeds for next year's crop. Could you address that?

Jeffrey Smith: There's a technology developed in part by the USDA which allows a crop to produce sterile seeds. Now it hasn't yet been commercialized. The uproar of the international family was immediate and intense because the purpose of terminator technology was to target the 1.4 billion farmers who save seeds every year. Now the saving of the seeds provides an increase in the quality of that crop that's customized for the geography and weather. And so you have incredible diversity. The biodiversity, because of seed saving, is

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millions upon millions of different types of seeds. The biotech industry wants to eliminate all that biodiversity and force farmers to buy seeds from the catalogs. So they're betting the food security of the plant which is based on this biodiversity at a time of global climate change in order to drive more profits into their pockets. So they want to introduce terminator technology. Right now they have farmers sign contracts that they won't replace the genetically modified seeds. And they'll go after farmers even if they suspect that the farmer is saving seeds. They'll sue or threaten and there's been some horrific stories about that.

Ty: So Jeffrey, you just said the key word here in Las Vegas -- "betting."

Jeffrey Smith: Oh yeah, yeah.

Ty: So your blockbuster, one of your blockbuster documentaries, *Genetic Roulette, The Gamble of Our Lives*. Talk about that and making that documentary. It's a movie that I have seen, has really influenced my family's choices. So if you would talk to us about that.

Jeffrey Smith: Well, first of all, I've been very happy with the impact of *Genetic Roulette, The Gamble of Our Lives*. It won movie of the year. It won transformational film of the year. And when I go to lectures now and I say, how many people have removed GMOs and noticed some big improvement in their health so many people say, yeah, I saw your film and stopped eating GMOs the next day. It's the number one tool that we have found to be most convincing to change people's diet the quickest. And people can watch it at GeneticRouletteMovie.com. It shows scientists and doctors and veterinarians and farmers and people all describing the problems that we have found with GMOs, and the cover-up by the biotech industry, and all the takeover, the political machinations by the very powerful biotech lobby, etc. So it lays it all out there. But most importantly it's driving more and more people to avoid eating GMOs. It was seen by millions of people and we are now seeing a tipping point under way. Let me explain the dynamics. In 2013 in March the president of Whole Foods said, "*when a product becomes non-GMO project verified it increases sales by 15 to 30 percent.*" Everyone in the natural products industry heard that and it became clear that using GMOs in the natural food industry was a liability.

So there's 20,000 products that are either verified or on their way to be verified this year most of them in the natural products industry. But there are a few big ones in the conventional food industry like the original Cheerios, the original Grape Nuts, soon Smart Balance, soon Ben & Jerry's completely, etc. Now when they start selling more than their competitors in places like Wal-Mart and Safeway, it'll inform the rest of the food industry that they can't afford to wait until their competitor declares non-GMO first in their product category. So it becomes—they're like the test hanging out there especially Grape Nuts, which is in the front of the package, non-GMO project verified as opposed to Cheerios which sort of hides it on the side. So if those move the needle in sales we may see a tipping point this year or next. And so it's interesting Ty that when you look about—look at protecting the genetic integrity of all living beings and all future generations it may come down in historical context that the most important thing was sales of Grape Nuts at Wal-Mart. And that that moved the whole needle.

Ty: Yeah.

Jeffrey Smith: So we think that it's going to be moved this year or next and we think that the animal feed will be moved within five years, and that we want to ask people to help us.

Ty: And so how can people help you?

Jeffrey Smith: At responsibletechnology.org we have a website. People can sign up for our newsletter and share the pieces that we send out. Sometimes we have petitions, etc., sometimes actions. And we would like to invite people to make donations. We have a master plan to end GMOs within five years, food and feed. We've helped engineer the tipping points that we've currently seen against bovine growth hormone and against GMOs in then natural products industry. We know exactly what to say. We know who to say it to. We know how to say it. Its simply a matter of funding the staff time and the production time to make this a reality. So we need about five million dollars a year for five years which turns out to be not that much. More than two million people came out to protest in the march against Monsanto. If even 50,000 people gave \$100 a year that's five million dollars. That's less than ten dollars a month. So in order to protect all who eat and all living beings and all future generations its pretty easy. And so we also have people—an opportunity for people to be involved. We have the tipping point network where close to ten thousand people are involved in over a hundred organizations. Let me say that again. We have the tipping point network where over—we have the tipping point network where nearly ten—We have an opportunity for people to help get the word out in their local communities through the tipping point network. We have a speaker training program. We've trained close to 1,000 people. We have a lot of information. So we would like to invite people to go to our website, responsibletechnology.org, and connect with others and connect with the information and become a click and send non-GMO revolutionary from here on in.

Ty: Well Jeffrey you are changing the world and you're making it a better place with your information. And so I just want to thank you for your time that you've spent with us today sharing your knowledge about GMOs. I know its benefitted our viewers quite a bit. So thank you so much.

Jeffrey Smith: You're welcome Ty. And I want to say I've had mothers come up to me and when they meet me they burst into tears. And they say that we saved their kids lives or turned their family around. It's very real. It's very real. You know, it used to be more theoretical for me. Its like I wanted to get rid of GMOs but I wasn't paying so much attention to the individuals. A few years ago that all changed. And now I am listening to the stories and I have this pressure. I want to share this with the world because I don't want to be the only one that knows this. And I'm not. Right now GMOs have become a very popular topic. So I want to thank you because I have the pressure to get what I know out to the world. So thank you for that.

Ty: Thank you Jeffrey.

Interview 24



Suzanne Somers

Cancer Survivor, Author, Actress
www.SuzanneSomers.com

THE TRUTH ABOUT CANCER

Ty: Well, today I am here with Suzanne Somers - one of America's most beloved personalities. Suzanne, thank you so much for taking the time to spend with us today.

Suzanne Somers: My pleasure. This is my passion. I love talking about the things you and I are going to talk about today.

Ty: Awesome. Well, Suzanne, if you could, just let's go back about ten-years, actually 14-years now, in time and tell us about your bout with breast cancer and what you did to treat it.

Suzanne Somers: You know, when I look back 14-years, what I am so glad about is what I did not do. I remember that I got the recipe right away; we will do surgery, radiation, chemotherapy and aftercare drug of Tamoxifen. And even at that time, because all of us in the alternative world, from year to year you know so much more. I cannot do that. The idea of putting chemical poison into my body to cure me just does not make sense. And he said you will die if you don't. And I said, I think I'll die if I do what you want me to do. So I did end up doing radiation because a doctor I respected very much, who is an alternative doctor, said, well, you have to do radiation. And I said, "Really? You would do it, too?" And she said, "Absolutely."

I think today, knowing what I know about radiation and knowing what I know about a nutritional approach to cancer, I really do not think I would have done a radiation. Because any problem I have health wise is as a result of radiation. So, I have a whole different feeling about it. But, you know, we do the best that we can with the information we have at the time. And that is what I knew at that time. So I was looking around at that time for what could I do. And I read some books about Rudolph Steiner. And back in the 1920s, he was doing something call anthroposophic medicine. And one of the medicines that jumped out at me was Iscador. It was said that it builds up your immune system to be so strong that nothing can invade or attack and that kind of made sense, because clearly I had cancer because there was some flaw in my immune system. So I injected Iscador for – I started to do it for two-years. I got it from Weleda in Switzerland. It is legal to bring it into this country. But they, at that time, at least, they were not selling it in America. Maybe they are now. And then I kept on taking it. I took it for – I took it up until the time that, and I am sure we will get there – I ended up in the hospital again, being diagnosed with cancer, which was a misdiagnosis. You know that movie, *Genetic Roulette*, that was really eye opening, *Food Inc.*, really eye opening.

I ran into Laurie David the other night, who just did the movie, *Fed Up*. And I said, "*First of all, I have name envy.*" I said, "*I am always looking for great titles and Fed Up is an incredible title.*" And I said, "*I wish you had interviewed me for that movie.*" She said, "*Well, you're mentioned in the movie.*" I said, "Okay." But there are people of influence and substance out there starting to alert the general public that our food has been hijacked. Our food has been degraded to the point where it no longer holds nutrition that a human body needs for support. And nutrition is the fuel of the body, so the higher quality of food you put in the more your body will operate at max, all kind of simple.

Ty: It makes too much sense, doesn't it?

Suzanne Somers: Right. But I was doing a radio interview the other day and they are talking about the obesity epidemic with children. And I said, "Let's just stop for a minute. Do you really think by giving kids smaller sodas and less French fries that that's going to tackle the obesity issue?" I said, "No one wants to call it what it is. The kids are eating chemicals, processed foods, packaged foods." And, you know, chemicals, like I remember when I was interviewing Dr. Russell Blalock, he said, "They design chemicals to taste scrumptious. And so if that is the first food the kid get," he said, "You have to bribe them to get a floret of broccoli in them and a piece of chicken so that they can have the foods they really love." And that is what needs to happen in schools, is education about there are no safe levels of chemicals for any human body. That needs to just be known. And I do not believe in our lifetimes or our children's or children's children's lifetime we can clean up the planet. It is such a mess. So that is why a show like yours, books like mine, just keep educating people who are starting to go, hey, what is happening. Or they get cancer, you know, which turns out for me was a gift to get cancer, because it changed my whole life. It changed the thrust of my career.

And you can control little world. And then if you have a louder voice, like you do and I do, then you can preach to the choir. And those who are ready to hear will hear. And those who are not, will remain deaf. And you just hope that they get their hearing back before it is too late.

Ty: Hmm, that is true. You mentioned Dr. Blaylock. An interesting statistic that I have heard him quote, and it is regarding breast cancer and mammograms, that mammograms actually increase the risk of breast cancer with each one you get. And then, I have heard you talk about that. Could you expound on that?

Suzanne Somers: Well, I no longer get mammograms. It was Dr. Blaylock who said, "*If you start off at age 40 with no breast cancer and you have the prescribed yearly mammogram. By the time you are 50, you will have increased your chances of getting breast cancer from radiation exposure by 33⅓%.*" He said, "*And if you carry the BRCA gene, every time you have a mammogram, you increase your chances 15% with each mammogram.*" And he said, "*And most people with the BRCA gene get two, maybe three mammograms a year. So they are actually ensuring that they will get breast cancer.*"

You know, ever since I met Nick Gonzalez, he makes so much sense. I do his protocol preventatively. I do not ever want cancer again and by doing his protocol, I am not afraid of cancer anymore. And I think cancer is one of the motivating fears that most people have tucked away inside them. You know Nick and how altruistic he is and how he is not in it for the money and this is a good guy. And the flack he has taken for having the audacity to treat serious cancers with pancreatic enzymes, coffee enemas and nutritional supplementation, and a designed diet for their genetic code. But when I wrote Knock Out, I interviewed 17 of his patients. I said, "*I'd just like to talk to Stage IVs.*"

And I remember there were these two older women. You know, when I interviewed them, I thought they were older but they are sort of close to what my age is now. Isn't it funny how time flies? And they were both in their 70s. And one had Stage IV breast. One had Stage IV ovarian, only been treated by Nick. One had Stage IV ovarian four 17-years, the other Stage IV breast, at that time for 12-years. I haven't asked Nick recently, but as of last year they were both still alive and thriving. And I played Devil's advocate. I said, *"Really? You're going to do coffee enemas every day?"* And they started joking and the older one said, *"Yeah, I particularly like French Roast."* She said, *"It gets me kind of all juiced up."* You know, I said, *"Okay, whatever."*

But it makes sense that if you keep cleaning out the liver and a coffee enema goes back to Egyptian, you know, early Egyptian, you know, Cleopatra era. Cleaning out the liver of toxins in a time in the world where our livers are groaning from intoxication, it almost – you wonder how anybody can be alive without doing regular liver cleanse. And then the idea of the pancreatic enzymes, and I always have to do everything visually. So, what I see with his enzymes is you take them in between meals and it is a lot of them. I think I take, and this is where I get ridiculed, but I take about 80 a day because I had cancer and I had a big tumor. So I am not worried about getting it back, but I have to do everything I can in my power to make sure. But, so I visualize the little enzymes. And in between meals they are eating all the debris and what better debris to munch on than cancer? And when you keep yourself cleaned out, then there is no reason for the cancer to grow a new self. So, I believe in him. But also, I think my belief is a big part of why I am so well. You know, if you believe it, you manifest it, and I believe it.

Ty: Yeah, it is obvious that you do by the passion that you speak with. And that does make sense, doesn't it, with the pancreatic enzymes, the way that they digest the proteins. Because the proteins and the cancer cells have a protein lining, so they are attracted to those cancer cells.

Suzanne Somers: Right.

Ty: It makes perfect sense. It makes just too much sense, doesn't it? The fact that if you use pancreatic enzymes to digest cancer cells. You actually eat clean, organic, raw foods to fuel your body and stimulate your immune system. It almost makes too much sense.

Suzanne Somers: Well, you know, it's a Happy Meal for the little bad guys. Now, in my particular genetic coding, I am not a raw food person. I am a moderate vegetarian. So I am allowed to have chicken a few times a week. I can have a steak once a week. And for me, I love the way I eat. People see me eating a steak. And they will go, *"You're eating steak?"* And I go, *"Yes, yum. I'm feeding my brain. I'm feeding my GI tract."*

I have another visualization that I do with the GI tract, because what most people have is an imbalance of the GI microflora. And the bad pathogens have overtaken from the toxins because of a lack of people understanding the necessity for probiotics. Anybody who has ever had antibiotics probably needs

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to replace probiotics for life. You know, anti takes away, pro puts back. This makes sense to me. It is all simple.

So, now, how do I – how do I control strong desires to have sugar and carbs, because don't we all like them. They are good. I envision the little bad guys in my gut that would like to overtake the good guys and creat havoc. I do not have icky gut right now. I know what it feels like because I have had it. And interestingly, I had it before cancer. So let's connect those dots.

When I get tempted, because I have this ice cream shop down the corner that I – I love ice cream. I love ice cream and cake.

Ty: Who doesn't?

Suzanne Somers: Who doesn't? I thin envision the little bad guys in my GI tract going, *"Come on, you can have some. Come on, give me some."* Because all they want is sugar. The need sugar. They thrive on sugar. They have to have sugar. And I say to them, *"No. I am going to starve you to death. My job is to stamp you out so I'm never giving you your Happy Meal. In fact, I'm going to flood you with fats, which eventually you'll just have to die and go away."* And that is how I have chosen to get rid of my bacterial overgrowth. And it works.

Ty: I love it.

Suzanne Somers: Yeah, yeah.

Ty: I love it. It's a great technique and I have heard that from many medical doctors on this journey. That if you hate your cancer, starve it don't give it the sugar --

Suzanne Somers: Starve it.

Ty: -- that it needs to thrive.

Suzanne Somers: But how can the oncologist's office, and I have seen it where you go into their office and they have candy bowls with candy there. Because cancer patients on chemotherapy are so weak and they need a little pick-me-up. And I have looked at that different times in an oncologist's office going, *"What are you thinking?"*

Ty: Yeah.

Suzanne Somers: Right, right.

Ty: It makes no sense whatsoever. Your diet, actually, Suzanne, sounds very similar to ours. We do the same. We live here in Texas on five acres and we have about 25 laying hens, so we eat – we have fresh eggs every day.

Suzanne Somers: Mmmmmm.

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Ty: We eat a lot of pastured hens and then grass-fed steak.

Suzanne Somers: Yep.

Ty: People do not understand that steak is okay as long as you are eating meat that was cow that was eating grass and not injected with antibiotics, and no hormones and so forth. The cows, the animals are what they eat, as well. And so if you are eating a cow or another animal that was eating a clean diet, you are going to get good meat.

Suzanne Somers: Right.

Ty: Yeah.

Suzanne Somers: You know, it is a, let me just get rid of something here. It is interesting – you have to also think about what was your mother's eco balance in her GI tract and what was your father's? Now, I am at an age where no one would have ever known. But in realizing that the good or bad eco balance of microflora in the pregnant mother's stomach, then gets passed on to the child, only worse. And then that child bears a child who has had digestive problems all their life. And the child that that one has has GI problems, only worse. But right now, there is an epidemic of ADD, ADHD, OCD, autism, schizophrenia, bipolar, asthma, eczema, dyslexia, dysphasia. And it is the dirty little secret nobody wants to talk about. Because if you get to the bottom of what that is, it is all chemically induced, all the shredded GI tract lining, creating generations. It is not genetic. It is generations of poor health in the GI tract, which then it gets exacerbated by all the chemicals. And now our children are really suffering. Our children are... their brains are under attack.

At my grandchildren's schools, I would say half the kids that I am aware of are on mood stabilizing drugs, Vyvanse, Ritalin, Concerta, Adderall. And this is only going to aggravate the problem more. And what the kids need is to be put on the diet that you – what you and I eat. What is so wrong with you and I eat? I love – eggs, fresh eggs, great steak.

Ty: Yeah.

Suzanne Somers: You can put a pat of butter on your steak, if you want. You can have vegetables tossed in butter, all of what, I mean --

Ty: Yeah.

Suzanne Somers: I love the way I eat.

Ty: It is great.

Suzanne Somers: True nutrition, and true nutrition is not a smaller diet soda.

Ty: Right, exactly. Less toxic chemicals to eat holes in your brain.

Suzanne Somers: Right.

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Ty: Now, Suzanne --

Suzanne Somers: Uh-huh, yes.

Ty: No, yeah, go ahead. Finish your thought and I will ask you --

Suzanne Somers: Well, what you are describing is the foods we all grew up on. I'm a baby boomer, so I grew up on -- there was no organic food, because it never entered anybody's mind to put chemicals and poisons on our -- you did not say give me the one without the poison. I always say in a grocery store, if in the vegetable section they put up poison food and non-poison food. Well, it would be a no-brainer what you bought. But because they cannot label GMO foods, although there are two counties in Oregon in the last month that have voted on labeling GMO food.

Ty: Right.

Suzanne Somers: That is the beginning of a turnaround. That will be really important to do.

Ty: It is huge, huge, in Vermont, as well.

Suzanne Somers: Vermont, too? Okay, I didn't know about --

Ty: Vermont and then, as you know, out there in California, you guys have turned down a couple of propositions. But I think it will pass there one day soon.

Suzanne Somers: Yeah, well, I wonder -- I mean, they are deep pockets of big business. And they can outspend. And I cannot tell you when that was up, I started a campaign my own Facebook and Twitter. I cannot tell you how many people said, "Yeah, but it is going to make more expensive." I said, "That is a crock."

Ty: Yeah.

Suzanne Somers: A penny, a penny at most, if at all.

Ty: Fractions of a penny.

Suzanne Somers: Yeah, fractions of a penny, or go watch *Genetic Roulette* and look at the little insecticide factory in your intestines then go make your decision.

Ty: Exactly. And then, as Joel Salatin likes to say, "Have you priced cancer lately?"

Suzanne Somers: People are so ill and the chemical treatments, chemical poisoning. I don't even like to call it chemotherapy, so that people will really get a sense of oh, I didn't know I was taking chemical poison. Yeah, that is what chemotherapy is.

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Ty: That is exactly right.

Suzanne Somers: It doesn't really work. It, you know --

Ty: Well, it is not – cancer is not a deficiency of chemotherapy. So you cannot really give a long-term cure for it by treating with chemotherapy, especially in light of what we talked about today, with the immune system being so key. If the immune system failure is one of the reasons that you are diagnosed, then why are you going to be treated with chemicals that will destroy the immune system further?

Suzanne Somers: Further, right. And on the other hand, why don't you make a concerted effort to rebuild your immune system. And you can do that through probiotics and healthy fats, and no chemicals. Even when your GI tract is shredded like a tire on a freeway, even high fiber vegetables at that point can turn toxic on you until you get things healed. So you have to even be careful about the amount of – the kinds of vegetables that you take in during that time. And eventually, you can go back to all vegetables. But kale, and cabbage, and those gaseous kinds of vegetables, while you have GI distress, is going to aggravate the situation for a while.

Ty: Yeah, sorry I am laughing. Because we – one of the dishes that we love, we cook up kale, cabbage --

Suzanne Somers: Love it.

Ty: -- onions and we put a lot of coconut oil and shook them up. And we did that last night, but it does cause some indigestion, if you are not ready for it.

Suzanne Somers: Yes. You have to be really comfortable with your spouse. Because it's a sort of noisy evening.

Ty: Yeah, absolutely.

Suzanne Somers: But it is good. I probably have four spoons of coconut oil, just on its own, during the day because that is so appealing to the intestines. And then I use it in my cooking. Coconut oil is incredible. In my Suzanne Organic Skincare Line, we have coconut oil in so many of the products. My products are certified toxic-free. I don't know of anybody else who has that, organic, and so certified toxic-free means it has to be grown organically, extracted organically and nothing upwind or downwind of the product can be toxic to contaminate it. And I am developing a nice little business of people who want high quality cosmetics and skincare, and makeup, and do not want any chemicals. You know, I think about how much lead have taken in through lipstick over the years. I make lead-free lipstick.

Ty: Oh, it is phenomenal. Yeah, it is phenomenal the amount of lead of that people have been taking. And I was going to say, my wife is looking for this, so you have another customer.

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Suzanne Somers: Oh, go to my website and it is honestly, you know, it sounds self-serving, but it was developed because this is what I wanted. I have never used a line of makeup or skincare as good as this. It is just wonderful. And my skin has gone to a new place, so how nice, coconut oil.

Ty: Awesome, yeah, coconut oil is great.

Suzanne Somers: Over the years, I do not know why, I had been keeping a file of doctors who were curing cancer without drugs. Nick Gonzalez was in there. Stan Burzynski was there. Julian Whitaker, because he is integrative and I assemble this coterie of doctors and because of – because of my being poisoned and writing that book, so many people have had access to these other kinds of doctors.

Ty: Yeah.

Suzanne Somers: And, you know, I look at the people walking into the chemo world and I think what makes you think it is going to work for you? It doesn't work for anybody else, unless you're lucky and you have childhood leukemia, or even adult leukemia, testicular cancer and non-Hodgkin's lymphoma. After that, zip. And those chemos for those cancers do not work all the time.

When I look at Nick Gonzalez and Stan Burzynski and Whitaker, and Forsythe and the other doctors in that book, Taguchi, I think open – if you are diagnosed. It is so devastating and so heavy to be diagnosed. Open your mind. Look at all the options. They get you with fear on the day of your diagnosis. Like the doctor said, *"What we can do is start you on chemotherapy today."* And most people would be so afraid that they go, *"Okay, alright, I'll do it."* Cancer is not fast growing. You have time. You have time to think about it and look at another way. And because of what I have learned, because of that incident it has taken away my fear of cancer. And it doesn't mean I may never get it again. It would be hard to get it with my body. It is so clean and so cleaned out and toxic-free, but were it ever to find its way in there --

Ty: Right.

Suzanne Somers: I know exactly what I would do. I would go to Nick and I would have him up the ante.

Ty: Right. Well, you know, it is all about the knowledge, isn't it?

Suzanne Somers: Yeah.

Ty: And that is why your book, your Knockout book has been so powerful and so useful to tens of thousands, and potentially more, hundreds of thousands of people --

Suzanne Somers: What a privilege, what a privilege, yeah. And people from all over the world to these doctors. And I feel that this is probably why I am famous. I didn't go after fame in the early years. I really, I was a teenage mother and I needed money, and I started as an extra in movies. And one thing led to another

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and it is a long story. But sitting on the *Tonight Show* one night, and the man who was running ABC was looking for a Chrissy Snow. And that unbelievable visibility at that time, the number one show in the country, when there were only three choices, gave me a fame beyond anything that people can accomplish on network television anymore. If you really know how to work the internet globally, you can do it a few of those international stars. But I always wondered, when you are not seeking fame why does it come? And why, then why did I get fired at the height of my success, because I asked to be paid what the men were being paid? It all makes sense to me now. I needed that kind of visibility, that kind of fame, to have a louder voice, to use it for the better good, to write these books, to lecture to these groups so that others can find another way. So, I feel like I am doing what I am supposed to do.

Ty: You definitely are, Suzanne. That has to be reason for the fame is so that you could do something like this, that is really important, that is helping people.

Suzanne Somers: Yep. Very satisfying work and passionate, compassionate.

Ty: Yeah, you clearly are. You know, it is very encouraging to hear your story. It is really amazing the number of people that are now waking up to this line of treatment, these natural treatments, that can help the body be healed. And I just want to say thank you for spending the time with us today to share with us your story, your success story, about beating cancer naturally. And then, the things that have happened in your life since then that now you are impacting so many people with just – you have become one of the most outspoken voices for alternative medicine and for natural healing. And so, it is a real privilege to interview you for this series. And I want to say thank you for spending the time with us today to tell about it.

Suzanne Somers: Thank you very much. It is very nice to talk to a like-minded person, who eats steak, too.

Ty: Well, Suzanne, you take care. Thank you so much.

Suzanne Somers: Thanks a lot, Ty, bye-bye.

Interview 25



Jason Vale

Cancer Survivor
Arm wrestling Champion
www.apricotsfromgod.info

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Ty: All right so we are in New York City at Marjio Organics Restaurant with my friend Jason Vale. Jason it is a pleasure to finally meet you face to face. We have done interviews online. I think you would have beaten me with the arm wrestle.

Jason Vale: We just have to meet like that, that is good.

Ty: The arm wrestling champion here.

Jason Vale: That is good.

Ty: But I am not going to arm wrestle you because you will probably flip me over.

Jason Vale: You are blushing.

Ty: Yeah, I am embarrassed man, because you would probably knock me off.

Jason Vale: No, no.

Ty: But anyway, Jason and I have never met before but we have interviewed on the radio for several times and I am so excited to interview you tonight because this is the reason that I got involved with alternative cancer research almost 20 years ago when my Dad was diagnosed with cancer. The first thing that I did was do some research and I found Jason's video. He was on a show called *Extra*. They interviewed him on the show about the protocol you used to cure your own cancer. What I want to do is just get your story tonight. Talk about being diagnosed and the treatments that you used, and then eventually the time that you spent in jail. So Jason, take it away my friend.

Jason Vale: Please, interject whenever you want to keep me on track or whatever. But when I was 18 years old, actually, when I was 15 years old, honest truth, I felt a pain in my back. Later on when we did research, we saw that everybody that had my type of cancer, which was called the Askin's tumor, it started at 15 years old. There is only like 15 people diagnosed. At 15 I remember, I had smoked pot, excuse me, but this is in New York, up there at the handball courts. I remember going home and being real sensitive to my body. I felt something in my back and I actually said, I will never forget the Lord, I said, "Lord, if this is a tumor please do not let it come out now because my life..." You know at 15, ninth grade, it is like your life is like, you feel great, you are the best. Then, nothing happened.

At 18 years old, I remember when I got really sick at 18 years old; actually I was in a lot of pain. I was playing handball that was my thing, handball. Every day eight hours a day, six hours a day, excuse me. And hitting that ball and I came home at night and I could not lay down anymore. I had to actually sit up when I was sleeping, or my mother would just rub my back. That was the only thing gave me any relief. We did not know what it was and I was coughing some. I went to camp, actually had to leave camp from upstate New York. I had to leave

in the middle of the, you know, the sleep away camp. I had an x-ray done and they said, "You have pneumonia." Now I do not know if you know, but when you have pneumonia your whole lung is white and that is what it was, it was white. And if you have a tumor in your lung, a tumor is white. So they did not see this huge tumor, which was actually a grapefruit size.

So about two months later I still have pneumonia and my, the doctor, my personal doctor, Mr. Ribinowitz said, "Listen, I am going to put him in for exploratory surgery because this is not going away." I went in for exploratory surgery because they thought I might have an Empyema. Empyema is like a pus pocket that is on the outside of your lung, which causes pneumonia to stay a couple extra months, and they have to go in and get that out. And you have a chest tube and all that stuff. Anyway, they operated on me and I woke up eight hours later, because it was not a normal operation, they actually, when they went in they found a tumor the size of a grapefruit, a connecting tumor the size of a lemon next to it. When I woke up, they told me that and I did not realize the seriousness of it because I just did not realize anything. My mother and father they know they have to get a pathology report and we are going to know in a week or two if it is cancer or not. I was not even thinking along those lines yet. So it turns out, I am still in the hospital and they came back with the diagnoses that it was cancer. It was a very, very rare cancer. It was a very deadly cancer. Everybody had died from it in one year.

Ty: Less than 20 people in the world with that type of cancer.

Jason Vale: Yes. That had it diagnosed and right. There is probably much more than that but not on the books. So we are in the hospital and they were really nervous. My mother and my father, like I said on the Inside Edition of the Extra show, they were at the foot of the bed and they were like just about crying. I felt very confident and I was brought up, not that I was brought up so much in the church, which I was, but I really had a deep relationship. I was praying every day. At Halloween, we did not go trick or treating, we actually had a 24-hour prayer meeting at night, with the kids. So I just told them, "Listen, there is a reason for this." I told my mother and my father, "and I believed it is going to be okay."

Over that year after I got out of the hospital at 18, my father took me to the medical library. It is a good thing he did because we saw that everybody that had this type of tumor did either chemo or radiation, never did chemo and radiation, but did either chemo or radiation and they still died within six months. One person lived eight years. Other than that, everyone had died right away. And they all had the tumor, originally 15 or 16 is when it came out originally. Now there is more cases of it. But back then, that was all that was there. So I said we are not going to do chemo and radiation, there is no way I am going to do this, because everybody died. So I just went right back, got my hockey equipment out, and just went back to playing hockey again. Literally twelve months later to the day about, I was in tremendous pain again and went and got a CAT scan. By that time, I knew how to read the CAT scans. Not that I knew how to read it so much, except that in this spot if there is any white, you have a tumor.

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Ty: That is not good.

Jason Vale: I knew that, right. I went in the other room after they did the CAT scan and learned that they do not let you, the technicians do not let you, they do not give you any diagnosis. They are not allowed to, they get in trouble. They do not even really let you look at the stuff. But they let me look. I begged them. I said, "Listen, please, this is my life, my body and I want to know before I get a call." Who wants to get a call from the hospital saying we have news. So anyway, it was there. I saw it. Same thing tumor, same as the other time, it was just as big already.

Ty: Within a year.

Jason Vale: Within a year. It was big, it was huge, a very aggressive, it was not like just starting out or anything.

Ty: By this time, you are 18 or so?

Jason Vale: I am 19.

Ty: Nineteen, okay.

Jason Vale: Already had it once, they did the thoracotomy on me, they took it out, and now it came back now. This time I remember I was getting pretty sick, I was at home, I was actually laying on my mother and father's bed. They were sleeping on the couch. I could not walk. I did not know it but the tumor had, a tumor. Then remember before I said there was a lemon piece? Well, it was a tumor then there was this trail that went over to my spine and ate on my spine and was just about to eat my spinal column.

Ty: Wow.

Jason Vale: I could not really walk, I was having a hard time, actually, I was stepping before I hit the ground. I mother said, "Don't worry, we have an appointment next week." My father immediately called the hospital and said, "We have to come in now." So because of my father I can walk. My mother was listening to what they said, my father just steamrolled right over and said, "We have to get him to the hospital now." So that is what we did. We went to the hospital and they said we are not going to do it now because it is twelve o'clock at night, whatever, we are going to have a fresh team in the morning and we are going to operate on you in the morning. So morning comes and all I remember from that day is that they laid me down on the bed, Dr. Cosgrove, Dr. Batey, this was Sloan Kettering, and Dr. Berglund, he was the nerve doctor that was going to take over when they got to the cancer that was near the spine. Dr. Batey was the chest doctor; he was going to take it out from there. Dr. Cosgrove turned out to be a friend to this day and a good friend. He was like an intern at the time. A resident or whatever, you know. So they told me count back from ten and by the time you get to one, you are going to be asleep. So I remember saying I was going to play a trick on them, I will never forget this. I said, "Ten, nine, eight, [snoring noise]." I went like this and the whole team; you hear them starting to get their stuff together, getting on. Three seconds later I went, "Just kidding." To

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this day, they all say that that really brightened the whole attitude of the operating room. Another second I was out cold.

Ty: **Okay.**

Jason Vale: It was really afterwards that that really gave them a new outlook. They do not like seeing an 18-year-old kid with a deadly incurable cancer in his body. Anyway, they did an amazing operation and so forth and that time I said to them, I did not know better, and I still do not know until this day what did what. But I do know that I said to them if I am going to do this chemo and radiation, everyone did chemo and everybody did radiation. I was strong; I felt I was strong as an ox, even though I had the cancer the year before. I said let me do a chemo and the radiation. So they gave me the most poison you can possibly take in the world without dying. I almost did die. I remember like four months into the treatment my blood was down to, I think it was a four. Your hemoglobin is like a 14, when it goes below nine or eight you get a transfusion.

Ty: **You had a four?**

Jason Vale: It was like really super low. I thought it was a one, but it could not have been a one. Anyway, it was really super low and that is when I stopped, I think I went for a transfusion, I am not sure, that is when I stopped doing the chemo. I did four rounds of chemo, did the radiation. We waited two or three weeks and I could not walk again. They tell me know, something was going on in the spine. A couple of things happened. I remember I went out one day in a bouncer ran by me and hit into me. I fell on the floor. When I saw the CAT scan, I had a scan after that, it was a big, the whole thing was white. Turn out it was just puss and fluid from getting hit, but we thought the cancer was back. We were already talking about bone marrow transplants and that would have been it. There was something wrong with my spine again and we went for radiation treatments just on my spine. It was not cancer, I think it was just fluid, I am not 100 percent sure, but my mother tells me that it was just fluid. Anyway, so everything changed from that day. My taste buds changed, I did not like Kentucky, McDonalds, Chinese food. There were certain foods; I remember that I detested them at that point. Even until this day, I really cannot eat them anymore, except for Kentucky once and a while. I really got grossed out by certain foods. My mother started making chicken soup. I started eating sunflower seeds. I knew nothing about the apricot seeds yet, nothing about them. For four years, five years, nothing happened. I do not know, for those four years, what did it? I was not taking any drugs; I was not taking any painkillers then. I had stopped the painkillers. So I do not know if it was my immune system, it was prayer. Because we had in our church a 24 hour prayer chain. Everybody would sign up. You would sign up.

Like from 12 o'clock until 12:30, you would sign up from 12:30 until 1 o'clock, 1 o'clock until 1:30, 1:30 until 2 o'clock and all the rest, pretend there is a million people here, from 2 o'clock until 2:30. Anyway, everybody throughout the night was waking up and saying a prayer. No one had lived through this thing. Five years later, actually once or twice they thought they saw something, turned out it was nothing. It was a big scare, you know. But five years later they found something, maybe six years, they found something in my kidney. I think the size

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of it was 3.5, when they found it originally. I think I was going for a scan every year or so. First it was every six months, then it was every year, and then they found something that was 3.5 centimeters in my kidney. They said it parallels renal cell carcinoma. I said I did not want to get a biopsy because you get a biopsy of you are going to, who knows.

Ty: Spread it.

Jason Vale: Spread it. Doctors say that, or other people say that. Biopsy.

Ty: Many doctors that we have interviewed say the same thing.

Jason Vale: Good because the needle aspiration, they pull the needle out it can pull, I do not know. Some doctors believe that, some doctors actually do not believe that. At this point it was that I found out about the apricot seeds. This is when I found out, the man's name is Sal Calapano, this has nothing to do with the seeds. This is someone who gave me a typhoid vaccine, which was going to build the immune system. He was working with AIDs patients that had their T-cell counts were maybe like 100 or 200, and they are supposed to be higher, whatever, I do not know, 900, 800. My T-cells were kind of low, 400 or 500. He gave me the vaccine, which at the same time doing the apricot seeds. This is why I am not sure which was doing what because I did the vaccine for a while and my tumor got under control. Then I stopped the vaccine, continued with the seeds and it seemed like the tumor kept shrinking. Every time we went to the doctor's we saw it. The first time I went it only down from 3.5 to 3.2 and I was discouraged, but kidney cancers can be very slow growing, slow shrinking also. I did not let it discourage me much, but every time I went, it was going down a little bit more. Three point five, 2.8, 2.5, 2.0.

Ty: All the while, you are eating apricot seeds?

Jason Vale: I am eating seeds, yes. I actually stopped doing the vaccine. But the vaccine could have built the immune system, I do not know, because as I am finding out know the seeds are amazing for certain cancers and especially amazing for metastasis, stopping things from growing other places. Certain people tell me for kidney cancer it is not that great. So I am not 100 percent sure about my cancer and about, I mean kidney cancer is known to be something that your immune system is number one. Really all cancers are, but when it comes to kidney cancer it is, they are more emphatic about it. Saying that it is your immune system that has to take over with that one.

Ty: Jason, here let's talk about, once you successfully used the apricot seeds and your cancer was under control, talk about apricots from God and what happened with your website and then the FDA issue that followed.

Jason Vale: Okay. Well at about, I was like 26 or 27, I was arm wrestling and I was starting to become the New York State Champion, and you know, I was U.S. champion at one point, I was the World Champion at one point. But before I was the World Champion the show Extra from Inside Edition, they are not connected. I am not sure. I have been saying that for years though, so

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anyway. The show Extra they called me up and they wanted to do an interview. I said sure, I will do an interview because they saw that this guy with can... that this very good arm wrestler also had cancer had beat the worst cancer.

Ty: Yeah, that is good fodder for TV.

Jason Vale: Right. So they came over, we did the interview, and the next thing I know they were calling me up and saying, "Listen, Jason, we have hundreds and hundreds of people calling the show. They want to know your phone number; they want to know how they can get in touch with, to talk to you. Is it okay if we give your phone number out?" I said sure, give my phone number out. Immediately people started calling me and I put together a business package. I found a way to get the seeds, which I could only find like a place that had five or ten pounds at a time. Like the video says, "Well without cancer," about this whole thing.

Ty: I still remember it was a video tape about cancer.

Jason Vale: Oh, you ordered it.

Ty: Yeah.

Jason Vale: All the people, who know the health food stores in the past, the FDA would break the windows; shut the stores down because they had these seeds. So until this day a lot of health food stores, or until that day, when I was talking about. I was 26, I am 46 now. They did not carry them. I could not find them anywhere. If I did find them somewhere, it was like an underground Chinese health food store in the city that had like five pounds in the back somewhere.

Ty: Right.

Jason Vale: So anyway, I got the seeds and I made some, I got a duplicating machine and I put the seeds, for like 50 dollars I sold the seeds and the DVD. It was probably cheaper than that because the seeds were only like 15 dollars. Anyway, I put it together and I got a credit card account and put up a quick website. I just started selling tons of these things. I would tell each person, "Now, listen, I do not want to be, if this is not true, I don't want to be touting something that is not true. Call me back if there are any success stories." I started getting calls immediately. People saying, look I had a tumor in my skin, it shrunk down. Or I had a tumor in my arm and it got bigger, swelled up and then shrunk down. It started itching, or something. I got every story in the book and I asked the people, can I put your phone number at the website? Can I put your email at the website, because people do not believe this? So they said okay, and then I learned how to spam. Which I do not know if you know what spamming is. Spamming is bulk marketing. Back then, it was easy to do. I would buy like 30 million email addresses and I set up a program, which turns out to be a fellow arm wrestler writes these programs. Amazing coincidence, we found out. I put the emails in, I put my thing The Answer to Cancer is Laetrile. If you want to know more go to this website and I pressed the button. It was just like you see like there was a drop all over the United States. Millions and millions

and millions of emails, it was four hundred, I remember the highest was about five hundred thousand an hour were being dropped around the United States. At the website, I had a counter at the bottom, which would say like, say it started at 5000, I would click it like ten seconds later and it was 5100. I was getting 100 hits an hour; no excuse me every ten fifteen minutes, maybe less than that. It was just so many hits I was getting at that website. Then the next day the phone calls started coming in. Some people saying, "Don't spam me," some people saying, "Is this true what you are saying," some people ready to order right away. So I immediately called some kids from church and said come on over. We have to answer calls. We need to take orders. I got a phone system where I could take six calls at once. I started selling the seeds more, a lot more than the gorilla marketing way.

Ty: So how did you get sideways with the FDA, what happened?

Jason Vale: At that point, I was learning about, you know all these like, they say you do not have to pay your taxes because of income things. This amendment was never ratified. They are really like extremists out there. One of these extremists taught me, like, if your name is on something, your commercial name, I do not know if you have heard of this, the CC.

Ty: The UCC, sure.

Jason Vale: The UCC thing and all that, which, please I went through it to the end and it does not work. But anyway, the FTC sends me a letter, and they spelled my name wrong. So should have stuck with them, but I said listen I do not know who you are talking about, there is no this name at this address so we went back and forth. They sent the letter saying we have proof of this happening and proof and showing the proof.

Ty: So they are saying you are making unapproved claims for curing or what was it?

Jason Vale: They kicked it over to the FDA and the FDA started saying that. So at that point they had my right name and right address, I just had a lawyer, Mr. Dillon [PH], and I do not know if he is alive to this day, but Mr. Dillon was in the middle of this fight forty years ago when this whole thing was going on. He told me, "Listen we just have to change the labelling." Which I did, then the FDA said no good, then we changed it again. They kept saying no good. To everything we did, they kept saying no good. Then I realized that there is nothing we can do to make this work.

Ty: It is a stacked deck.

Jason Vale: It sure was. That is when they got a temporary injunction against me and the injunction was not to sell, the whole crux of it was they said we cannot sell seeds. At first, they said you cannot sell them as a cure. You cannot sell them according to FDA law. Which only means I cannot sell them as a cure. Does not mean I cannot sell them period, because then I cannot own a grocery store.

Ty: You just cannot say that they cure anything.

Jason Vale: Right. In the end of them adjusting and marking things out and redacting things from the injunction, it read a lot more to say you cannot sell seeds, period. This is when I said, "You cannot tell me I cannot sell seeds." You cannot tell me I cannot sell apples because it has the same thing in it. They stuck to that and the judge, it was a stacked trial, they actually had, then they had a permanent injunction against me. They said I violated both, but I would say, listen you have to prove that I sold them as cure. Which I stopped, I did not do that anymore. I told people that, I gave the FDA warning at the bottom. I also told people it was third party information. I just said, I never told people it was going to cure you. I would never say that to people, even if it does. So I had a trial basically. At one point I actually ran away when I was going to the initial, whatever that is, not arraignment.

Ty: Hearing?

Jason Vale: Yeah, the initial hearing. I left. I was on my way with a bunch of friends, all dressed up and I just, I am not kidding, this sound weird, but a flock of birds, like as I am heading this way a flock of birds came right over the car going this way. I was like, I am sorry, I am not superstitious like that but I was like, I am not going. This has got to be a sign. I am not going. Anyway, I left. I went to my other apartment for three months. They were looking for me, I was talking to the marshals, and finally I turned myself in. There was a million dollar bail they gave me.

Ty: A million dollars.

Jason Vale: Eight hundred eighty three thousand dollars.

Ty: You could have raped children and killed them and not gotten that kind of bail.

Jason Vale: Right. Exactly. But you know, I think it is a little pretense. You are, you know, defrauding older people, so you are killing older people. If it is called, to them though it is like you have killed thousands of people by defrauding them. So in that sense.

Ty: So in the trial they acquitted you, right?

Jason Vale: I almost won the trial. My lawyer, who was telling me I will get you eight years. What do you mean you will get me eight years? This is a, this is contempt of court. Contempt of court is like a six-month thing the most if you are guilty. I was not even guilty and they were saying. So it was a trial but there was no statutory maximum and no minimum. So it was a very, they would say he could get 20 years. I said, listen, if I am going to go to prison, it is going to be I am doing my own trial then. So I kicked them out and the judge would not let them completely get off. The judge made them sit at the table.

I will never forget the one question that I asked that the lawyer jumped up on my side and said, "Don't answer that question." I was going to ask, the FDA agent

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was up at the, he was on the witness stand and I was redirecting. I was doing my cross examination, excuse me, and the question was, I was going to say, "Did you have like 40 or 50 complaints about me?" The lawyer got up and said, "Hold on, wait, time out." He told him do not answer that question. I said; listen, I am asking this question, because I was going to come down to the end saying, "Did you ever get a complaint against me?" So I made him sit down I said did you have 30 or 40 complaints. He said no. Did you have 20 or 30, did you have 10 or 5. Did you ever have one complaint about me with the seeds, about me defrauding people? And he had to say no. I have those transcripts at the website actually. Where he had to actually admit **no**.

So who, why was I on trial. That is the point. Nobody was injured. There has to be an injured party for there to be a trial. This should not have even been a civil thing. Anyway, it was a big kangaroo court. It was a big farce. The jury is over here, the place is immaculate. The prosecutor is over here, and I am over there, the defense is over there, so the prosecutor, anything that they wanted to enter into evidence, they could whisper over hear. But we cannot say that they did this and they did that. They could hear everything. It was just completely, you can completely brainwash the jury by being in the spot where the prosecution was. It was just unfair. The one argument that I had was that the injunction was ambiguous. It did not say that I could not sell seeds. It said according to the FDA law, and that is what I am saying. And the judge actually stopped me from saying and said, "You cannot argue that." That is my defense, what do you mean? He says, "You can take it up on appeal. You cannot argue that." I am like what are you talking about. Anyway.

Ty: The whole claim was that you violated an injunction, but he would not let you talk about the injunction.

Jason Vale: He would not let me talk about that aspect of the injunction. I was sick to my stomach. That was my whole argument. My whole defense is that. Actually, there were four charges. One of the charges was, the charges were I broke the preliminary injunction, the second one. I broke the primary injunction. One of them was that I defrauded the people by selling these B17 seeds against FDA law. They dropped that charge. I refused to let that charge be dropped. I said listen, I don't want, I want you to try me on that charge. The judge says, "No, I am not going to let you do anything that can injure you." I said, no I want that charge in there. They would not allow that charge to be dropped. And that was the whole crux of the case that I wanted to prove and they would not allow it. The judge just wanted the people to think I was not allowed to sell seeds period. Which is not really it. The injunction, if you read it in the original form, it says, "You cannot sell it against FDA law." Which of course is how it is. They cannot tell a person you cannot sell apples. They just cannot do it. But they did and it was not fair.

Ty: So in the end you got a sentence of how long?

Jason Vale: In the end, well, almost at the end, someone from my family put out these fliers on the outside that said, "You're right to the freedom of speech." There was a case in England where, I think it was some type, it was a freedom of speech case but the king wanted a guilty charge and the jury stayed

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in the room and said, “We have the power.” And the king said, “You stay in this room until you come up with guilty.” They said, “No we are not, period.” A week later, they won. And this paper had that, the paper I had had that stuff on it. Like the jury has the power. You do not have to listen to this judge; you do not have to listen to what they are saying. When the prosecutor came in the morning of the trial that day, he came in waving these fliers, “We found these on the car, and he is the only one that could have done this.” Out of all the cases that were going on in the place. The judge looked at me and I could not lie, I said, “I think it was one of my friends, maybe.” At that point, he said right away, you are in contempt, you have to show me why you should not be held in contempt by the end of this day or else they were going to detain me anyway that day. I was guilty that day, and that was it, they held me from that day. I did not come out for five years from that day.

Ty: Five years.

Jason Vale: Five years. Four years eleven months.

Ty: County jail? Where did you go?

Jason Vale: I went to MDC, not county. This was federal.

Ty: Federal prison.

Jason Vale: Oh yeah. County is a whole other world. I am glad I was not in county. Yeah. I had a blast. A lot of the time, I had a good time. Actually, the judge, on sentencing day the judge actually could not help laughing. I said, “Can I go to Florida?” I had heard good things about the Florida thing. I did not know better.

Ty: Talk about real quick for the five years that you were in prison; you told me a story a few years ago about when your mother would come to visit you and she brought you mixed nuts. Tell us that story.

Jason Vale: She could get arrested. I do not want to say that. She would sneak stuff in for me. She would sneak apricot seeds in all the time for me. Every week she would bring seeds. Meanwhile the tumor is growing in me a little bit. She would sneak apricot seeds in. She would go up to the vending machine and buy some nuts. The seeds exactly like almonds, and put them in there, that was it. If she ever got caught with them, she could just say huh.

Ty: It is almonds.

Jason Vale: No one knows. Even if they are seeds, no one knows that that is what I am in there for. Even though the inmates did. They called me Johnny Appleseed and stuff like that. I learned how to laugh at myself in prison.

Ty: So you did five years and you got out, what was it 2008 when you got out of prison?

Jason Vale: 2008, yeah. Five years.

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Ty: Well, to me it is amazing that you actually spent five years in jail for that, but I am glad you made it out and now you are back to. What is your website so people can get to your.

Jason Vale: Christianbrothers.net or apricotsfromgod.com.

Ty: apricotsfromgod.com.

Jason Vale: Goes to the same place.

Ty: Okay, same as you had before.

Jason Vale: Yes.

Ty: Well, Jason, I want to thank you for sharing your story with us tonight. And I just want to thank you personally. This miniseries The Truth About Cancer would not be happening if it were not for you.

Jason Vale: Thanks Ty.

Ty: Because you are the first person that woke me up to natural cancer treatments back in 1996. A long time ago. So it was 18 years ago.

Jason Vale: 1986?

Ty: It was 96 that I saw it.

Jason Vale: I think it was '94.

Ty: Ninety four is maybe when you filmed the show. Ninety-six is when my dad died and that is when I first saw the video. So I just want to thank you personally. This would not have been happening without you.

Jason Vale: Ty, everybody mentions you. So many people that called up my company, they all say, "Ty." I wish there was a way I could have, I mean I owe you a lot too. There is a lot of people; they owe you a lot, too. A lot of people read your book the way you market it. A lot of people read it and they got better. Or they lived an extra five, ten years, which all counts.

Ty: With quality of life. We are all in the same fight. We are all here to spread the truth and to spread knowledge about this so it was my honor to interview tonight, man.

Jason Vale: Thank you.

Ty: And we will arm wrestle in a second, but off camera.

Jason Vale: Yeah, sure.

Interview 26



Chris Wark

Cancer Survivor, Author, and Lecturer
www.chrisbeatcancer.com

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Ty: So I'm here today with Chris Wark and I'm really looking forward to this interview; we're going to get your take on treating your cancer and we're actually going to get your take on what is cancer. We are going to go all across the board today, but first of all just thank you for being with us Chris.

Chris Wark: Thanks Ty. Great to see you again.

Ty: Yeah it's good to see you again too. I'm really excited to have you here today. You're going to be a really beautiful edition to this project? So first of all if you could --

Chris Wark: Thank you.

Ty: You didn't like the beautiful --

Chris Wark: No I loved it. I like it when men call me beautiful.

Ty: So if you could please tell us your story about diagnosis to start with. Tell us about being diagnosed with cancer. What did that feel like, what was the recommendation from your oncologist? Just go back in time. Put yourself at that place and give us the story from step one.

Chris Wark: Well I was 26. Okay so I was a newly wed, been married two years. I was working in real estate business buying rental property and renovating houses and I've been doing that just a couple years so you know I really just kind of felt like I was just being an adult, you know what I mean? Like out of college a couple years, working, newlywed and I started having abdominal pain.

Ty: And this was what year?

Chris Wark: This was 2003.

Ty: Okay.

Chris Wark: And I thought I had an ulcer. I've never had any illness before, never had any major -- you know the flue when I was a kid or something but nothing major. And I thought "I don't know is this an ulcer; like what's going on"? And I had this pain that would come and go and it was kind of like Groundhog Day, you know because every morning I would wake up and I'd immediately think like "How do I feel"? Like "I feel good, okay no pain". And then I'd go throughout the day but then I would get these twinges of pain you know, most days and I'd be like "Oh, there it is again". And then I'd go to sleep kind of worried about it and then I'd wake up and I'd "Well no pain", right and so that kind of went on for many months. And I kept thinking "Maybe my body would get better because my body had always healed in the past and I believe that the body is designed to heal" and so -- but the problem was I didn't make any changes in my life, right? I didn't understand cancer at the time and so I just kept living my life the way I was living it, which was in a very unhealthy way.

And this pain got worse and worse and eventually I went to a doctor and they thought I had an ulcer and gave me some medication that didn't help. And then I through a series of doctor's appointments eventually ended up at a gastroenterologist who did a colonoscopy and found a golf ball size tumor in my large intestine. And you know I came out of the procedure, they put me under and I woke up and you know I was still medicated, you know it was like "Where am I? What's happening?" And the doctor came in and he was -- he basically said, "We found this tumor, you might have cancer. We have to send it to the lab" and you know my wife started crying on the nurses shoulder and I was just like "What? What's going on"? You know I wasn't even --

Ty: You were at that time, how old were you?

Chris Wark: I was 26.

Ty: 26 years old.

Chris Wark: And so at that moment I wasn't even sober, you know what I mean? So it didn't really make sense; it just felt like a dream that I didn't understand. But a couple days later I got the call from the doctor and he said, "Listen you know, the lab report came back and you have colon cancer". And so that was heavy and you know, that's kind of when my life came to a grinding halt and I thought "Well okay, I guess I'm the cancer guy now. What does this even look like", you know? I don't even understand what this means. I'd never had anyone in my family diagnosed with cancer so I had no experience. Never seen anybody go through treatment. I've seen a few people out in the world that were like "Oh that's a cancer patient" and "Whoa they look really bad" and that's all I knew about cancer. And so I was a very typical patient, clueless. They said -- the doctor said, "We got to get you into surgery right away; we got to get this thing out of you before it spreads and kills you". And you know they used fear to manipulate you and motivate you to take immediate action.

Ty: And so I take it that you were scared?

Chris Wark: Of course; yes. Confused, scared, just you know bewildered, you know? Just a total -- that time was very, very surreal and I was just kind of in a daze you know? I went into shock I think, mentally and emotionally.

Ty: What I've heard from other patients is that that's supposed to happen to someone else. But when it happens to you it's just the time when mentally it's hard to grasp.

Chris Wark: Yeah and of course at any age it's not great to get diagnosed with a potentially life threatening or terminal illness. When you're 26 it's so far off the radar, I mean it just completely blindsided me so you know the next step was surgery and they said, "We got to get you in surgery right away" and they basically I was like "Okay you know I guess this is what I have to do"; I didn't really know what else to do. And they -- on New Year's Eve they took out a third of my large intestine, a third of my colon. You know 18 cm or something like that and I was in the hospital and doped up. My wife was laying in the bed next to me you know, keeping me company and we were just I mean what do you do?

You're just sort of trapped. And that's how I felt and the -- they came in and said, "You know it's worse than we thought. You have stage three C", which it had spread to lymph nodes. It was on its way to other organs, my liver or whatever.

Ty: Is that what the C means, spread to the liver?

Chris Wark: Yeah the difference between b and C I really honestly don't know but I mean stage three typically means its spread to lymph nodes. But then there's stage three A, B and C which you can ask an oncologist. C is obviously worse than B.

Ty: But it's just shy of stage four?

Chris Wark: Yes, yeah it's like one click away .Stage four means it's in another organ, okay so it had not yet appeared in another organ. It was just in the lymph nodes trying to spread. So you know they took out the tumor, they took out a bunch of lymph nodes, the surgeon said, "Look I took out everything I could see. We got clear margins, but you're going to need 9 to 12 months of chemotherapy". So they brought an oncologist into the -- into my hospital room to introduce me to him and I thought, "Okay well this is my life now and I guess I have to -- I'm a cancer patient and I have to do what that entails". But there were a few things that happened in the hospital that were very serendipitous that really started the wheels turning. And one of them was the first meal that they served me.

Ty: And this is after you were -- after your operation?

Chris Wark: After my operation --

Ty: Where they removed 18 inches --

Chris Wark: Yes they cut out 18 inches of my large intestines -- 18 cm, a third, right? And the first meal they served me was a sloppy Joe and I'm kind of famous for the sloppy Joe story because it's the most ridiculous food that you could serve a sick person, right? It's the best example of the worse cafeteria food, you know what I mean? What is the worst cafeteria food you can think of? It's a sloppy Joe. And that's what they gave me first meal after you know cutting my abdomen open, removing part of my guts. And they set it in front of me and I was just looking at it going "This doesn't seem like the best thing for me right now".

Ty: Just innately you knew?

Chris Wark: Yeah, right? I wouldn't even eat that -- I wouldn't want to eat that any time, okay? I'm never in the mood for a sloppy Joe and so not only was I night really happy about that as a food choice but I just thought like "This is like a hospital; this is full of sick people. Shouldn't they be feeding them better than this?" Like "Shouldn't I be eating some applesauce or something"? At that time I really didn't know anything about nutrition but just my instincts you know, the red flag kind of went up.

The next thing that happened was the day I was checking out from the hospital the surgeon came in to check on me and I said, “Hey you know is there anything I need to eat or avoid or whatever”? And -- because I was a little concerned. I didn’t want to go home and like eat something like some Doritos and like screw it up. And he was like “No, just don’t lift anything heavier than a beer”.

Ty: That was the nutritional advice you got?

Chris Wark: Yep that was it.

Ty: So where did that leave you mentally? Did you check out?

Chris Wark: Confusing. No I mean it’s like wait a minute, really? Like I get it, he’s trying to kind of pal around with me and like hey, you know but I was really concerned about my health, you know and it mattered to me. And when -- the sloppy Joe and then him saying “Don’t lift anything heavier than a beer”, no nutritional advice. I was really starting to think “What’s wrong here? What is wrong with the medical system when there is such a huge disconnect between nutrition and health care”, right? Health care needs to involve nutrition and they just didn’t seem to think it mattered. And so I went home and I was thinking about my life, I was thinking about was I going to -- how many birthdays was I going to see? Was I going to be able to have kids? I’m an only child; I was thinking about my parents and you know what it would be like to bury their only child. I thought about my wife and what it would be like to bury her husband and person that she’s you know, dated for six years and married to for two; so we’ve been together for eight years, a third of her life basically with me. Not that I’m super important but it’s just I’m important to a few people, you know? My parents and my wife.

And I thought about chemotherapy and this idea kept coming back to me about the fact that it was poison. And I couldn’t understand poisoning my way back to health. Like I couldn’t make sense of that and I thought “I’m sick, why would I want to get sicker to get better”, you know I just couldn’t make sense of it. Now I understand there’s a lot of very sophisticated explanations about why chemotherapy is a good thing but instinctively and intuitively I didn’t like it; I didn’t like the idea and I didn’t want to do it.

Ty: Did you go to the oncologist and tell him why?

Chris Wark: Well I didn’t want to do chemotherapy but I didn’t know what else to do. And so it was at that point that my wife and I prayed and we’ve been praying. It’s not the first time we prayed; we’ve been praying a lot but we prayed specifically together about my next steps. And I basically just said, “Got if there is another way, just show me because I don’t know what to do”, you know I was really conflicted. And I needed an answer, you know and so I just said “If there’s another way just show me” and two days later I got a book that was mailed to me from a man in Alaska, all the way to Memphis, Tennessee. I’ve never met this man to this day, it’s been 10 years but he knew my dad. And he was very bold and he sent me a book that was written by another man who had healed his own colon cancer using nutrition. Tons of raw food and juicing.

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And as I started to read this book, turning the pages I was sitting at home on the couch one morning just reading it and I just choked up you know; I knew it was an answer to prayer, tears coming down my face. I was just like "Thank you God; this is it". I asked for something else, right. I asked for another way and this is what I got. And so I was super excited, right? It's like there's times in life when you ask God for something and you just get a clear answer and it just happens so succinctly, right? Instantaneous and you just know he's working, you know in your life and I just knew in that moment that he was and so I called my life at work and I was trying to tell her about the book and I was really excited and "I'm not going to do chemo and I'm going to start juicing and start eating raw foods" and she just thought I was nuts you know? She was like "What do you mean you're not doing chemo? Of course you're doing chemo".

And then I started getting calls from family members "We heard you were thinking about not doing chemo and you know you have to do chemotherapy. You really need to do what the doctors says because this is the best treatment they have and don't you think if they had something better they would be using it"? And when I heard things like that from people around me that made me very, very confused and I started to doubt that this was an answer to prayer and that this was even possible, that it was possible to heal the body. And that was very hard because I had all this pressure, new pressure from people who love me, right? They weren't against me, they love me and they care for me but they wanted me to follow the doctor's advice. And so I reluctantly agreed to go see an oncologist and we go -- we're sitting in the clinic and -- well first of all the parking lot is packed; couldn't even get a parking place. And the waiting room is packed. I sit down and I'm looking around and there's no one in there even remotely near my age. I'm 26 and I've got long shaggy hair, a handlebar mustache, like rock dude and I'm just kind of checking it out, who else is in the cancer club, it was me and a bunch of seniors -- senior citizens, not high school or college seniors.

And I just thought "God I don't belong here". The television was on and out comes Jack Lelanne right as I'm sitting in the cancer clinic couch and he starts going off about nutrition and fruits and vegetables and the reason we're sick is because we're all eating junk food, right? And you need -- if man made it, don't eat it. And I was like "Oh man he's just speaking to me through the television right now", like this is exactly -- he's reaffirming everything that I just started to understand.

And we go into see the oncologist finally, it's like you wait in a waiting room for an hour, then they put you in a smaller waiting room for another hour and then you get in another little room. Eventually the oncologist comes in and it's just very robotic, you know they see 20 patients, 30 or 40 patients a day and he just comes in, he looked at my chart I'm sure for two minutes, "What's this guy got"? Comes in and gives me the standard pitch, he said, "Look you've got stage three colon cancer, you have -- with therapies you have a 60% chance of living five years". And I thought --

Ty: At the age of 26, what did you think of those odds?

Chris Wark: Yeah I mean I was not impressed by those odds and I thought “Gee that’s not much better than a coin toss”.

Ty: That’s true.

Chris Wark: Not much and I asked him if there were any alternative therapies available and he said, “No there are none. If you don’t do chemotherapy you’re insane”.

Ty: He literally said “You’re insane”?

Chris Wark: Yeah, yeah. I asked him about the raw food diet and he said, “No you can’t do that it’ll fight the chemo”.

Ty: Why would it fight the chemo?

Chris Wark: At the time I was like “What does that mean”? Well later I realized I found out that raw food diet is a very aggressive detoxification diet and when you’re on a raw food diet your body starts kicking out chemotherapy and it doesn’t do what they want it to do. It doesn’t destroy your body. And it doesn’t do the damage they want it to do. And so they don’t want you to go on a raw food diet. The other reason is because chemotherapy is also very destructive on your immune system and bacteria that’s normally harmless on an apple let’s say could pose a potential problems in your body because your immune system is so weak from chemo. So they won’t let you -- they don’t want you to do raw food.

I was already on the raw food diet; I’ve been on it for a weak. I was like hard core. I’d just adopted it, right? I was excited about it, I felt going into the clinic, I felt very confident about what I was doing. And everything else he’s told me, everything else the oncologist has said to me is really a blur because he really scared me so bad that I kind of shut down. And I walked into the clinic confident and I walked out terrified. And I went to the desk and I made an appointment to get a port put in to start chemotherapy.

And my wife and I walked out into the parking lot and we sat in her car and we held hands and we cried and we prayed and we were just terrified. And I believe that was on a Friday because I had a few days before they were supposed to put this port in; I think it might have been like a Monday or Tuesday or something.

Ty: And when you say a port that’s -- they’re putting in a port so they can -- they don’t have to inject you with chemo; they can just put it directly into the port each time?

Chris Wark: That’s right; they put a port in your chest that’s basically a direct line into your arteries or whatever your arteries so they can -- it’s easier than giving a --

Ty: IV.

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Chris Wark: Yeah, it destroys your veins so a port is a better way to do it because chemotherapy is so toxic that it destroys your veins. So yeah I -- they just scared me so bad that I agreed to chemotherapy even though I had originally decided not to. And but over that weekend you know I kind of came to my senses again and I thought about my life and I thought about this book and I thought about Jack Lalanne and I thought about the weird stuff the oncologist said to me. One other thing he said I forgot -- he said sort of in the middle of his pitch he said, "Look man", he said, "I'm not telling you this because I need your business". And I just thought, "Why in the world would you say that? What does business have to do with it, right?" And then I was "Wait a minute, this is a business. This is his business. He needs patients to make money".

Ty: And this is the same oncologist that told you you were insane if you didn't do chemo?

Chris Wark: That's right, same guy. And it was like a Freudian slip, you know what I mean? Either that or it was the push away, which is a sales technique and where they -- you know you kind of give someone like "I don't really need your business" and then it kind of makes them want to do business with you, you know what I mean? And -- but I thought about everything and I thought you know what; nutrition makes more sense to me. I would rather overdose on nutrition and give my body everything that it can use to repair, regenerate and detoxify and heal and trust God to lead me in the process than let someone who doesn't even know me at all, probably has already forgotten my name, poison in me -- poison me and experiment on me with a 60% chance of living five years.

I found out later that he was lying. When he told me was a -- that I had a 60% chance of living five years, but that's the average for all cancer patients; so if you take every cancer patient, lump them into one group and average it out you get 60% of them make it to the five year mark. It doesn't mean they're cancer free in five years, it just means they have a beating heart. Some of them are on life support, right; some of them are knock, knock, knocking on Heaven's door, they are dying. But they still are counted as a success towards five year survival. Well the odds for stage three colon cancer stage three C were about 30% make it to five years. And only 16% make it 10 years.

Ty: Wow.

Chris Wark: Here I am, 10 years without their therapies.

Ty: Okay so 10 years out and cancer free without -- so you decided not to do chemotherapy?

Chris Wark: That's right.

Ty: So before you got the port put in I assume?

Chris Wark: I was a no show for the port. After that they sent me a certified letter, they were calling my house, they were after me to try to get me to do -- to do chemotherapy. And I just was you know, avoiding their calls and like "Leave me alone; I've made up my mind this is what I'm doing".

Ty: Did you ever talk to the oncologist about the phony statistics or the incorrect statistics that he gave you because that was not accurate?

Chris Wark: No, I never went back. And I know why he did it; he did it because he new the truth was extremely discouraging. If he had come in and said, "Look with the therapies we have available you've got about a 30% chance of living five years". I would have been out the door in five seconds.

Ty: Right.

Chris Wark: See ya, you know but he told me 60% because he thought "Well maybe this will sound better; this will be more encouraging. Maybe it will give him more hope", right? It will make the treatment sound more appealing, right? 60 is way better than 30. So that's why I did it, you know? That's why I did it. It's just basic economics, you know? They need a steady supply of patients to make money and you know doctors aren't bad people but they're trained -- they go to med school and they go to -- they have residency and it takes 15 to 20 years for a doctor to go through all the training and actually go through enough practice before they realize that everything they've been trained to do doesn't really work and that most of their patients end up dying.

By that time it's too late to change careers and they're making a high six figure income. The average oncologist makes almost \$300,000.00 a year. And yet in a survey that just came out about a month ago on Med Scape 52% of oncologists reported that they were unsatisfied with their income.

Ty: Wow and they're making -- the average makes over --

Chris Wark: \$290,000.00 a year.

Ty: That's a lot of money.

Chris Wark: That's a lot of money to be unsatisfied.

Ty: That's not enough apparently.

Chris Wark: So from there basically it was -- I just -- I was totally trusting in God to lead me at that point because it's like "All right, everybody thinks I'm crazy. I'm alone, you know"? I was very much alone.

Ty: Well tell us about overdosing on nutrition; I like that quote.

Unidentified male: Ty can we just real quick, as a layperson one thing I want to know is like when she made that decision then told me, your family like what happened with that because when you decided "This is what I'm doing" did you go back to them and have a -- could you frame that question for him?

Ty: What did your family do or say?

Chris Wark: Yeah sure.

Ty: So once you made the decision to avoid chemo and to overdose on nutrition as you put it you told your family, what was your reaction like?

Chris Wark: Well they -- they weren't comfortable with it you know; they thought I was being stubborn and hard headed and foolish. My mom was a big supporter of me, she always been -- my mom has always been into health food. She's always been sort of a health junkie and so she was a huge, huge ally for me at that time. And I love my wife, we're still married. We've been together 18 years and she was terrified --

Ty: Congratulations.

Chris Wark: Thank you. She didn't know what to do, she didn't know how to help me and she really thought I was making a mistake and a lot of other people did too. But I had to trust that God was leading me, that he had answered my prayer and if so that I could trust that that was the route I -- that would lead me ultimately to health. So I had very little support; I was very much alone in the beginning. But what's neat is my mom had a bunch of books about alternative cancer therapy and a bunch of books about health and stuff written by Paul Bragg and all kinds of these just great health books that she had collected over the years for now real reason and as soon as I started reading and researching and found out about different authors and books and health leaders and experts and I would mention them to her she'd say "Oh I have that book". And I'm like "You've got this library of books like for me", you know there was no other reason -- she was like saving them up for me and I didn't realize it.

Ty: She was collecting them for you over the years and didn't know what the purpose was until now?

Chris Wark: Yeah, yeah and it was stuff -- obviously she was interested in them but she'd saved them all and so that was -- that was amazing, I just knew God was in control. I knew he was working; so what did my diet look like? It was very simple and I think a hard core nutritional approach to cancer needs to be very simple because there are a lot of options out there, it can get very complicated and a lot of people have -- they're seeing so many different directions they don't even know where to go and they get paralyzed.

And so I realized "Okay what is the most fundamental foundational part of my healing approach and that's food. I've got to get as much nutrition in my body as I can from the earth. And so I started juicing and I drank about 64 ounces of vegetable juice every day, mostly carrot juice. I ate giant salads full of perciphorous (ph) and allium vegetables that's broccoli, cauliflower, kale, cabbage, onions, garlic, peppers, right? Just spinach, all that good stuff.

Ty: Sounds good.

Chris Wark: Yeah I mean the amazing giant salad you can -- we shared one at Jason's Deli recently. Yeah just a giant salad full of like all this really amazing food from the earth, that was put here for us and I ate that twice a day and I would eat fruit smoothies with a fresh coconut and berries, two cups of blueberries, blackberries, raspberries, strawberries; berries are very potent

anticancer fruits. And that was it, that was the daily diet and it was every day and I did that for 90 days. It was 100% raw food for 90 days. I was working with a natural path and he checked my blood work and my urine and my hair samples and all kinds of stuff and he helped me modify the diet and he had me on different supplements that he thought would help boost my immune system, help deal with any parasites or help detoxify, just sort of address those things that are common to a lot of cancer patients.

Cancer is the product of a sick body. Now you're sick -- you have cancer because you're sick, not the other way around.

Ty: So cancer is really the symptom?

Chris Wark: Cancer is the symptom of sick body. And you cannot cut a tumor off or shrink a tumor or poison a tumor and expect to stay well and stay healthy because you're not addressing the real problem here you're only addressing the symptom. And it's like cutting off your nose to get rid of a cold; it doesn't solve the real underlying problem.

Ty: Yeah I've not heard that before but it makes sense --

Chris Wark: It's cause I made it up.

Ty: You got a runny nose so you cut it off.

Chris Wark: Yeah and the problem is that most people think cancer is a physical problem and they treat it physically, right? With surgery, chemo and radiation they're treating a physical symptom or they even maybe they nutrition and they're using nutrition and supplements to treat a physical problem and those are important things. There is a physical component that cancer is a life problem; it's mental, physical, emotional and spiritual. And what I tell cancer patients often is the reason you have cancer is because the way that you're living is killing you; the way you're living is killing you. And the only way to solve that problem is you have to change everything in your life, everything has to change.

Ty: You said cancer is a life problem; as you look back at your own personal story I remember that you mentioned that you had been eating -- your diet was full of junk. So that apparently was a big component of your life? That was part of that life issue. What were other issues as you look back in retrospect that may have contributed other than the junk food you were eating what other issues might have been part of that cancer equation for you personally?

Chris Wark: Well it's hard to know what all caused or contributed but what we do know from all the science that's been published, from the cancer industry we know that we live in a world that's full of cancer causing toxins, they're in the environment, they're in the air we breathe, they're in the water we drink, they're sprayed on the food we eat. We're eating a nutrient deficient food that's mostly man made, processed junk food, right? So all of these -- all these factors are all physical factors that affect the health of your body and ultimately suppress your

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immune system and create an environment in where cancer cells can thrive. Everyone has cancer cells in their body; the only permanent cure to cancer is your immune system. And nutrition gives your immune system the fire power it needs to keep you well. So without nutrition you're fighting with no weapons. Without your immune system you're fighting with no army. Chemotherapy destroys your army, destroys your immune system.

Not only that it causes secondary cancers in the body, it makes existing cancer stem cells more aggressive and it causes a host of life long, potentially life long damages to the body from brain damage to hearing loss to neuropathy with loss of the use of your hands and feet, to kidney and bladder damage. I mean bone damage, heart damage, lung damage; it's just total collateral damage from chemotherapy and I didn't know that in 2004, but I researched it for 10 years and its mind blowing how destructive it is and yet we've been conditioned to accept that this is the way you treat cancer. And you have to suffer, right? Cancer is a battle. If we frame it as a battle and use the war analogy, right the war on cancer, it's a cancer battle. You got to fight cancer, right? You got to be a warrior. The reason all that -- all of those terms are necessary is because the current model of cancer treatment involves suffering. So if you believe you're fighting then it means it makes suffering necessary. If you believe it's a fight and it's a battle and you're at war, right?

And it cognitively the cancer patient is more likely to accept it if they're told it's a battle, it's a fight and you have to suffer. The truth is you don't have to suffer, and you will not suffer from nutrition. Nutrition will only do you good.

Ty: I like your analogy earlier that -- or your statement that cancer is a result of a sick body and not vice verse. So this is a bit rhetorical then so I'm gathering from you that in light of all of the different symptoms, in light of all of the different -- let me say that again. From gathering from you in light of all of the different problems that chemotherapy causes in a body that you're not a big fan of that in light of the fact that it makes the body sicker and if cancer is a result of a sick body and we're treating with something that makes the body sicker, there's not a lot of wisdom in that.

Chris Wark: I don't see it; it doesn't make sense to me and I think what's amazing is so many cancer patients when they're diagnosed and they're told they need chemotherapy almost all of them don't want to do it. Instinctively they don't want to do it; they don't want to be poisoned, they don't want to suffer, they don't want to get sicker but everyone tells them they have to and so they reluctantly agree to do it and for most of them it doesn't end well. They get a treatment or series of treatments and there will be a very short window of time where they -- the doctors can't find any tumors and so they'll say, "You're in remission, you're cancer free. Yay", right? We see celebrity headlines all the time, "I'm cancer free now after having a tumor cut off, right"? But the truth is you're not cancer free, you still have cancer cells in your body. You still have a sick body, you still have a depleted immune system and it's just a matter of time before new tumors form. And it's really sad to watch cancer patients go through this process of "Oh I'm in remission" and they think everything is great and they go back to normal life. And in a few months later they have another scan and there's a new spot or several or it's migrated from what started as a tiny lump in

one breast is now in their brain, in their liver, spots on their bones, in their lungs and we know that's from the chemotherapy. It's causing it to spread, it's making it more aggressive and it's causing secondary cancers in the body -- radiation as well.

Ty: Yeah that was my next question is do you think that it's related to the chemotherapy?

Chris Wark: We know it is because of the industry studies. The studies that have come from the cancer industry tell us that chemotherapy is carcinogenic, it causes secondary cancers. It's -- there are many chemotherapy drugs that are known carcinogens and listed by the US National Toxicology Board as carcinogens that cause cancer.

Ty: So why don't the doctors tell the patients about the fact that these chemotherapy agents that are being used could cause further cancers, or do they?

Chris Wark: Most doctors are good people, but you know there's good people and bad people in the world. There's good doctors and bad doctors in the world. Just assuming all doctors are good for the sake of this conversation they're trapped in a system that pays them very well to do three things, surgery, chemo and radiation. And they don't have the freedom to use nutrition, right or what people call alternative therapies, which are really just other non-toxic therapies, right? It's not like they're experimenting on patients with nerve gas, right? But they don't have the freedom to use anything else and if they do they risk losing their license and losing their income and their job. And so I think there's a lot of well meaning doctors out there that are really hoping that "cure" is developed soon, right? Because in the meantime all they can do is prescribe chemotherapy drugs, watch their patients suffer and eventually most of their patients die. And they have to celebrate these small victories like "Well we shrunk a tumor, yay", right? And they have to find some kind of comfort or job satisfaction in their ability to shrink a tumor you know, it's not in curing cancer and it's -- so again I can empathize with oncologists because I feel like they've probably gone into it with very high hopes and good intentions and it takes 20 years to realize "Oh these treatments don't really work and most of my patients aren't restoring their health and going back to normal lives and they're living cancer free".

Ty: Do you think that -- pause one second. Okay do you think that most oncologists or even just normal medical doctors do they have an education in nutrition that they would be able to properly advise someone on how to regain or maintain their health through nutritional advice and through traditional protocols?

Chris Wark: It appears that doctors get almost zero nutritional training. The vast majority of medical schools, the curriculum is really underwritten by the pharmaceutical industry. Doctors are trained on anatomy that they need to understand the human body and then they're trained how to prescribe drugs and memorizing which drugs do what in the body. And then if they become specialists they may be trained in radiotherapy or they may be trained surgery, obviously, trauma care. By the way trauma care is where medicine is at it's

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absolute best. If I get a gunshot wound or break a leg, I'm going to the emergency room and that's where doctors do amazing things. But doctors that are involved in chronic disease management like heart disease, diabetes and cancer they're really just prescribing drugs that don't work and alleviate symptoms, but they don't heal the body. They don't solve the real problem; they just make you a little more comfortable living with the problem.

Ty: And as you said earlier they might actually cause more symptoms.

Chris Wark: Well we know that they're hundreds, if not thousands, of side effects caused by pharmaceutical drugs. I mean it's too many to even talk about, but any pharmaceutical drug is an unnatural substance, it's a chemical that was never meant to be put in the body and it causes a -- an unnatural biochemical reaction in the body that will have unintended side effects. And some of those are cancer; look at -- watch television. Actually I don't recommend you watch television, but if you watch television you will see prescription drug ads and at the end of every drug ad you'll hear a disclaimer about all of the side effects it may include and many of them say "May include cancer", "May cause cancer". So here's a drug for your restless legs, which by the way can be completely solved with diet change, but it also may give you cancer.

Ty: It's funny you mention that because we don't watch a lot of television but when my kids see a commercial we always watch the drug commercials because of the fact that I've tried to teach them you know, "Listen to what the side effects are" and it's really mind blowing. As a matter of fact sometimes you'll have a drug that is used to treat X, Y, Z that actually in the list of side effects may cause X, Y, Z.

Chris Wark: Well yeah, chemotherapy will be one of those. It's true -- it's just unfortunate because money is really the driver of medicine. Money is the driver and we live in a world where there are the industry is trying to promote itself and rebrand itself as science based medicine. And the truth is it's not science based; it's patent based and it's profit based because the only science they're interested in is science that will lead to the development of a patentable highly profitable drug. They ignore the huge body of scientific evidence on nutrition, it's completely ignored. And yet medicine tries to claim that it's science based but again it's ignoring nutritional science and lifestyle medicine. So it's a pretty bogus claim but you'll see -- there's people out there with blogs and whatever claiming to be all about science and they use this blog as the platform to promote conventional therapy, surgery and drugs. And -- but they ignore all nutritional science and so you know there's a journal called nutrition and cancer, it's been published since 1979, medical journal. You're not going to see any studies from that published on some of these websites that claim to be all about science.

Ty: So they're very selective.

Chris Wark: Absolutely and you know that a lot of the science is fraud. A lot of the science is fraud science that has to do with the development of drugs because you look at the number of drug recalls that happen every year. You look at the side effects that happen with drugs and you look at the fact that the

FDA panels consist of many conflict of interest researchers that work to develop a drug and then sit on a panel with the FDA that supposed to be neutral to get that drug approved.

Ty: Isn't that illegal?

Chris Wark: It's not illegal in the US; it should be, it's unethical and there's a huge conflict of interest and they have to disclose their conflict in these drug studies, a lot of the researchers that promote drugs and do studies to show that the drugs work, they're effective. Also have to disclose that they work for the drug company but no one seems to mind. Just like "Oh that's fine, no problem". I'm sure they wouldn't have any reason to manipulate the data on this study; they're income has nothing to do with the results of this study.

So it really is a really -- it's mind blowing how much money has influenced medicine and how little real truth is out there in the medical world, it's all built on how can we make the most money off of sick people. What procedures, what drugs make the most money and how can we sell more of them?

Ty: That's sad and disturbing.

Chris Wark: Yeah and that's why nutrition is never going to be a part of conventional medicine because there's no money in it. There's no money in broccoli, there's no money in green tea, there's no money in blueberries. There's no money in --

Ty: But they sure --

Chris Wark: They're amazing for you, right? Amazing for your body -- they have so many nutritional components, vitamins, minerals, nutrients, enzymes, antioxidants and thousands of chemicals that exist in plants and fruits and vegetables, beans, nuts, grains that all support your health. You don't even need to understand the studies, you don't even have to read the research if you don't want to. You don't even need to know the science, you just need to know put them in your body, eat them, right? By the way I don't own a grocery store; I'm not selling fruits and vegetables --

Ty: Right, so you can tell the truth?

Chris Wark: Yeah, I've got no financial incentive to tell people to eat fruits and vegetables.

Ty: You mentioned earlier that this is an industry that's based on patents and profits so while we're using iterations tell me a bit about the relationship between sugar and stress and cancer?

Chris Wark: Yeah stress is a major component and we haven't even talked about this in the interview, I'm so glad you brought it up because what are three causes of cancer? If we're looking at the three main causes its pollution, right? Environmental toxins, diet and lifestyle, right? Unhealthy diet and lifestyle choices are going to produce sickness and disease in your body eventually. The

smoker who gets cancer, right? Hello, obesity is the number two cause of cancer, smoking is number one. Those are diet and lifestyle choices but the third major cause is stress and stress is a huge topic but what happens is stress comes from negative emotions, it comes from unforgiveness, it comes from bitterness and resentment and all negativity in your mind and in your life raises your anxiety, it raises your stress which starts in your mind being anxious, but that translates into your body. It raises your stress hormones to cope and that's adrenaline and Cortisol and those hormones are immunosuppressant. The Cortisol tells your liver to dump sugar into your bloodstream to give you energy, that's what that nervous energy is, stress energy. It's because Cortisol is dumping sugar into your bloodstream, but then it cause intense sugar cravings to replenish. This is why there are such -- this is why the term "comfort food" was coined because people that are stressed seek high sugar foods because they're living on stress energy, they're depleting their sugar reserves. Glucose really glycogen, which is glucose and they need to replenish it with sugar and so in our world the nearest source of sugar is soft drinks and junk food and pizza and ice cream. And so that -- the relationship between stress and stress makes you eat crap food.

When you're stressed you make bad choices. You make irrational, impulsive and illogical choices not only about the food you eat but just in life in general you make bad choices and fear is a major stress emotion and when cancer patients are afraid and they're stressed they make illogical and irrational decisions and they agree to therapies and treatments that they look back on and say "What was I thinking; why did I let them do that to me"? And I hear that all the time from cancer patients. "I don't know why I would ever let them give me chemo; I never wanted to do it." And now the cancer is back and its spread and its worse and the chemo was a total waste, it did nothing for me and pretty sure it made me worse, hear that all the time. And why? Because fear is so powerful and stress is so powerful and it affects the way you think and the decisions you make.

Ty: So and then that's something -- that's something that many people don't really get that relationship between stress, between fear that emotional relationship and that's something I've heard consistently over this interview series where people have been diagnosed with cancer from doctors that treat cancer is that there is a big emotional component to cancer and that when you clear that out that's a big step towards recovering. So let me ask you this, last question, what is the typical Chris Wark diet each day because I would ask you what you recommend that people eat because I know that you're eating is the way that you would think people should eat to avoid or to recover from cancer because I know you practice what you preach?

Chris Wark: Yeah and again I do want to acknowledge that something you said is so important; it's not all about diet. Diet is one important component in maintaining health, right? There's three, you got to -- if you're working in a chemical factory, eating a healthy diet like Chris Wark it'll help you but you got to get out of the chemical factory, you know what I mean? You know if you're living with tons of chronic stress in your life, if you've got -- you're in an unhealthy work environment and toxic relationships and you have unresolved emotional

conflicts with people in your past those are very powerfully health destructive forces. But the diet is one part of that puzzle and it's very important; so how do I eat now? The diet that I eat today is basically the same diet I've eaten for 10 years; it's 90 to 95% plant based. So I eat a little bit of animal protein. Clean, organic, wild or free range or wild caught type animal proteins -- that's about three times a week.

Ty: Okay.

Chris Wark: And the rest of the food I eat is fruits, vegetables, beans, grains, food from the earth.

Ty: And those sloppy Joes --

Chris Wark: I haven't had a sloppy Joe since the hospital in December 2003.

Ty: So that's the diet basically you started out eating when you wanted to overdose on nutrition and treat your cancers that you're continuing to eat today?

Chris Wark: Absolutely now I don't juice as hardcore today as I did then, I'm not drinking 64 ounces of vegetable juice a day; that's a medicinal food, right? I don't think that health requires juicing 64 ounces a day for the rest of your life; I don't think that's necessary. But I love to juice and I love to drink fresh juice and I make smoothies, and I eat oatmeal and I eat cooked veggies and I eat raw veggies and I eat you know lots of fruit. So anything from the earth, I eat rice and beans, I eat sweet potatoes; if it comes from the earth, yes I'll eat it as long as it's non GMO and its organic then that passes my sniff test.

Ty: I've heard it if God made it's good; if man made it its madness.

Chris Wark: I like that.

Ty: Whatever you're doing Chris it's working; you look like you're the picture of health and I really appreciate you taking the time to talk to us today; your story has been inspiring to me and I know it's going to encourage people that are watching.

Chris Wark: Thank you Ty.

Ty: Thank you Chris.

Interview 27



Wendy Wilson

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Ty: So today I am here with Wendy Wilson. Thank you so much for being with us Wendy I really appreciate it. To start with I want to say thanks.

Wendy Wilson: Thank you for having me.

Ty: Now Wendy you are an herbalist.

Wendy Wilson: That is what I am.

Ty: So tell us how did you get involved with herbs? Tell us your background, your history, your education.

Wendy Wilson: Well, that is a long question, but in a nutshell I have three children and my youngest I had a really bad reaction to his one year vaccinations and of course I did not know what I know now about that. So long and short of it when the pediatrician failed to help us and my son had encephalitis for a minute and it is the MMR. I called Bruce West who is a friend of mine in LA he is a natural path and he said, "Your kid's got serum sickness." I did not even know what that was. Anyway so...

Ty: What is serum sickness?

Wendy Wilson: Well, you have an allergy to the horse serum in the vaccine.

Ty: Horse serum?

Wendy Wilson: And they usually put those in the MMR shot.

Ty: Okay, wait hold on. They put horse serum in the MMR?

Wendy Wilson: Yes.

Ty: Okay.

Wendy Wilson: And so we had a beautiful healthy baby at 10 am on a Friday by 3:00 we had a screaming maniac. So I did what Doctor Schultz...he put me in touch with Doctor Richard Schultz; he is a big name in herbal medicine and he told me what to do. We did a combination of things and we boosted the immune system and we got the impurities out of his system and in 24 hours my kid made a total recovery and he has not had any residual negative side effects from of. And of course he did not get any more shots after that, but I just had to know more about herbs when I saw that. So I decided to go to the same school Doctor Schultz went to and that was the School of Natural Healing in Springville, Utah. And from then on it was just herbs, herbs, herbs.

Ty: How long have you been doing herbs?

Wendy Wilson: Let's see. Well, the company Apothecary Herbs I started in 2000, so probably about 20, 25 years I have been doing herbs.

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Ty: Talk about the relationship between the current cancer epidemic, the nutrition or lack thereof that most people get with the standard American diet and the cancer war; are we winning that cancer war?

Wendy Wilson: I do not think we are winning the cancer war. Basically we have a lot of nonprofits that do a lot of research for cancer and they are the most wealthy nonprofits in the world. What they usually raise money for in research is for earlier detection for cancer and more efficient delivery of the cancer medicines, but it is more of cancer management not a cure in my opinion.

Ty: So when you say cancer medicines mean chemotherapy.

Wendy Wilson: Chemo and things like that sure.

Ty: So how effective based upon your research, because I know that you have researched cancer quite a bit. How effective are the what I call the big three treatments; chemotherapy, radiation, surgery. Let's talk about chemo first. How effective is chemo at treating cancer?

Wendy Wilson: No they are not really effective. Actually all these treatments have the...they have 100 percent mortality actually. So you just stave off the inevitable basically. Now you do have one or two people that are kind of rare and they supposedly beat cancer, but what they have is a remission of cancer and remission just means a lessening of symptoms it does not mean you are cured. So the cancer will come back as soon as their immune system is under stress. So there are some cancer survivors that live 20, 30 years, but in the end they usually have a recurrence. But getting back to some of the cancer medications and so forth, we have got actually aside from the cancer drugs tide we have almost 250 regular medications on the market that encourage cancer to develop including your statin drugs, your blood pressure meds.

Ty: How so? How would they cause cancer? How would they increase the frequency of cancer?

Wendy Wilson: Well, on a cellular level they break down the system and they weaken it and then this allows the immune system to become further compromised which allows cancer cells to get a foothold. Basically we all have cancer cells we have all heard this and it is our immune system that keeps them in check.

And so when I was in herb school it just dawned on me some of the simplest things are the most effective and if you just cleanse out the toxins and do not retoxify your system with bad foods and choices and lifestyle and you beef up or boost up the immune system you got most things whooped as far as a lot of these major diseases and a lot of people heard, well, my doctor told me we cannot boost the immune system that is a myth. I said well, when you look at generation after generation after generation of people with immune system compromise through antibiotics and vaccinations when we say we are trying to reverse that damage and bring the immune system back up to normal. That is what we mean.

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Ty: So that would...I read your website and you talk about cleansing and nourishing.

Wendy Wilson: We do. Cleanse and nourish the system. Healthy lifestyle that is a conscious effort everybody can do that and everybody has the power right now in their hands to be healthier than they have ever been in their lives they just have to make that conscious decision. And I am about empowering people and taking that power back for themselves, so they do not have to be dependent on lifelong drugs, because I am one of these people who does not think you need to rely on the pharmaceutical industry to be healthy.

I did not think our creator designed it that way. And if you look at a lot of the sources out there that are beneficial for not only cleansing the system and boosting the immune system and taking care of targeted diseases like cancer what you are talking about today; a lot of those plants are so powerful. That is why they are bitter. Have you ever had your kids ask why that herb tastes so bitter and yucky? Did you ever had an answer for them?

Ty: No. Why? Why are they bitter?

Wendy Wilson: My kids always ask me that. I have three and they would say why does it taste so bad? And I say well, it is an herb. It is medicine. It is powerful and it is bitter and God did not want you to take too much, so that is why. Now strawberry is nutritional food not medicine food, so you can eat a lot of that. So once they understood that part they were okay with it.

Ty: So that kind of explains one of the natural substances that I read about that has an amazing effect on cancer cells are bitter almonds or apricot seeds or apple seeds. They are very good and it is the compounds in them that actually target the cancer cell and that is why they are bitter.

Wendy Wilson: Yeah, they will have a lot of tannic acid sometimes in them just depends, but also fortified with lots of minerals and I think minerals are a big key to a lot of the herbs you have on your list there where it comes to using them for cancer situations. I know recently Windsor Medical Center in Canada they came out with a big story and now they are getting all kinds of grant money thrown at them from the pharmaceutical companies to figure out what is in dandelion root that makes cancer cells commit suicide and leaves healthy cells alone.

Dr. Carolyn Hand discovered that her leukemia patients just did better when they were sipping on dandelion tea and so she asked Dr. Pandey who was a chemist to figure out why. And he has not isolated the particular alkaloid; chemical alkaloid in it, but he says there is something in dandelion that does that.

Ty: So it kind of targets cancer cells and it causes them to commit suicide.

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Wendy Wilson: Yeah, and he tested a stronger form not just dandelion root tea; he is an extractor and he tested not only on leukemia, but all cancer cells, so it is very versatile for almost across the board cancer.

Ty: So in your experience as an herbalist name one or two of the most potent anti-cancer or that have the most pronounced effect on cancer cells.

Wendy Wilson: Well, blood root is one, yellow dock is another, yarrow, burdock root. We have a ton of herbs and a lot of times you can layer them into a combination for synergist effect for more power.

Ty: Okay. One of the main things I want to pick your brain about today as an herbalist is there are many different herbal combinations that have been shown to be effective at treating cancer. One of them is called Essiac tea. Essiac tea was the tea that was developed by the Ojibwa Indians in Canada; they passed it down to a nurse and her name was Caisse. She reversed that spelling E-S-S-I-A-C and that is what she called the tea. The tea contained turkey rhubarb, burdock root, sheep sorrel and slippery elm were the four main ingredients. So can you talk about those ingredients; why the Indians may have used those ingredients to fight cancer?

Wendy Wilson: Yes. Now your slippery elm is one of those type of herbs that are soothing to a system, helps coat and desensitize anti-inflammatory action, so it is very soothing. So once you get a lot of inflammation and swelling out of the way a lot of healing can pick up more circulation to the area. And that is what a lot of those herbs will do is they will just reduce inflammation and they will also increase circulation to the area and they will also put a lot of antioxidants into the system, so they reduce the oxidative stress as well. So it is just helping the body do what it normally would do and get the roadblocks out of the way.

Ty: Right. Okay, then let me ask you also about another combination of herbs and it is called the Hoxsey tonic herb. It was a tea that was formulated by a man named Harry Hoxsey. Actually, it was formulated by his grandfather and it was passed down to Harry and it contains red clover. I wanted to speak with you specifically about red clover, because one of the later combinations of the Essiac tea contained red clover and Hoxsey tea also did. Talk about red clover in treating cancer.

Wendy Wilson: Yeah, red clover is a blood purifier and so basically our blood system is going to be the cancer highway it is going to help spread the cancer cells. So red clover is a nice way to sweep those cancer cells out of the blood system. If you layer it with blood root and burdock and yellow dock you get even more power in doing that. So it is like a blood cleanser if you will. And blood when it is laden down with impurities cannot carry enough oxygen and nutrition to the cells to help them power up and defend themselves and get rid of cancer.

So red clover is an excellent herb. Most people have it in their yards, but they usually spray it with Roundup or something, but if you have some do not spray it

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with Roundup and if you do decide to collect it, it is usually going to be at the fall in September when the buds turn bright red.

Ty: Okay. Now you mentioned it acts as a blood purifier; to my understand the Essiac tea that was really the main function of the Essiac tea was as a blood purifier, so I am seeing that these herbal remedies act to purify the blood since it acts kind of as a cancer transportation highway. So if you can purify the blood then the cancer will not spread.

Wendy Wilson: Right. And a lot of times people that go for medical treatments for cancer and they will go and have surgery and the surgeon comes and tells the family that are waiting the operation was a success we got all of the cancer. Well, that is not true, because it will take over a billion cancer cells to clump together in one spot as you probably know to show up on a study. So there are hundreds and thousands of cancer cells that are probably floating around that they cannot see that they did not know if they got or not.

Ty: So the importance then of these herbs as I am beginning to see this picture that you are painting the importance is that they are going to purify the blood, they are going to...you mentioned earlier the immune system, they are going to provide the immune system with nourishment, so that it can then defend your body the way that it was meant to against cancer.

Wendy Wilson: Cleanse and nourish, boost the immune system and you will not give disease a foothold. That is my position.

Ty: That is a nice simple mantra. Now I have heard it said and with a couple of different people I have interview thus far in this investigative report they have mentioned that, you go into the woods and it is not which herbs, which plants, which trees are medicinal; it is try to find one that it is not.

Wendy Wilson: Right. Absolutely. Yeah. And around here we have got black walnut trees that is a treasure trove right there. Black walnut is excellent not only for humans, but for animals to so it is good for the thyroid, because of the natural iodine plus it takes care of parasites, because they do not like iodine. So yeah, you could go into the woods and stumble upon just everything there that has a medicinal use.

Usually if you come across let's say poison ivy, oak or sumac usually within three feet is the antidote which would be plantain. And plantain is what the Native American Indians would use and it has got that broad leave that grows close to the ground. Most people think it is a weed and they will get rid of it. But they would crush them up in their mouth with saliva and put it on and it would neutralize the oils from the poison oak or ivy or sumac.

Ty: That is fascinating that you mention that, because we used to live outside Nashville and plantain grew everywhere and I remember it was right after one of my boys first baseball games when he was seven or eight years old; one of the boys got stung multiple times by a bee and we

took the plantain and my wife Charlene chewed it up, we put it on the bee stings and he went literally from convulsing, because it was very painful within a few minutes he was sitting there completely calm, had not more pain and the swelling went down.

Wendy Wilson: It is a wonderful herb. The Indians used it for like you said venomous bites, snakes, even brown recluse spider bites. I mean, you can reverse a lot of that with those types of herbs. I think that is what most people should learn, so that they can be empowered.

Ty: Let me ask you this concerning foods; let's say that you were approached by someone that had cancer and they said I am eating the typical standard American diet, which is really a good acronym SAD in my opinion it is sad. So eating the standard American diet I know that you are heavy into nutrition and you understand the importance of nutrition and staying healthy. Somebody approaches you, I have got cancer can you help me change my diet? Give me a few steps that you would give them.

Wendy Wilson: That is really easy and the change is going to be easier than you think. Basically if you look at any of the cultural studies all over the world there is an area of the world that has the lowest IVs and cancer and heart disease and that is the Mediterranean area. And it is because they have a lot of Omega 3 fatty acids in their diet.

They do not over do the meats, they have lots of fruits and vegetables and whole grains, olive oil. So if people can switch to that, which is pretty easy it is not too far off the grid from the American way, but if they just turn down the meats to like four ounces if they are going to have any and really pile high on the raw foods they will do much better much better. That is what I do. That is how I eat.

Ty: Raw foods. And then would you recommend organic?

Wendy Wilson: Absolutely. Organic. Stay away from the modified the genetically modified ones as much as you can. I think it is going to get to the point we are all going to have to be farmers. We are going to have to have our own gardens and grow our own foods. So right now you can get pretty much a good fair...certain stores...we had one Earth Fair here. All organic product it is wonderful and the flavor in the produce is wonderful, so you spend a little more there and you stay out of the doctor's office.

Ty: Now do the organic foods...so they are organic, they do not contain the pesticides the conventional produce does, are pesticides and insecticides really that bad for you?

Wendy Wilson: Yeah, I mean, it is really nice if you can get any of your produce grown to tilth standards...a lot of people do not know what tilth, T-I-L-T-H means.

Ty: What is that?

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Wendy Wilson: It is the highest standard in organic growing and they started that in California back in the 70s. And what that is, is the land has been allowed to rest and they have not planted anything or harvest anything from soil that has been treated with chemicals or even fertilizer for at least five years prior to the planting. So those are going to be the healthiest crops that you can get.

Ty: And so the plants literally they pull up their nutrients from the soil and so if the soil is depleted the plants do not have as much nutrition.

Wendy Wilson: They will have more minerals and minerals are really important if you want to stay away from cancer.

Ty: And why is that?

Wendy Wilson: Well, minerals basically are the uptake requirement for vitamins and other nutrients. Let's just take an example of calcium. A lot of people think you have to get a lot of calcium from strong bones and connected tissue and stuff; calcium is part of it. The body is real picky on how it likes to get calcium. It likes it two parts calcium, one part boron, one part magnesium. Now if you look at any of your food sources like your green leafy vegetables or your citrus that have calcium they will always have that ratio and you will absorb more calcium than you will in dairy products. Dairy products you may absorb 17 percent calcium, because it will not have those minerals and this is why a lot of people have osteoporosis even though they are drinking lots of cow's milk. So go to your plants for that. You can typically...we have seen people reverse osteoporosis with less than four months when they use plant based calcium.

Ty: You mentioned the dairies. The dairies also...most dairy products that you can buy today in the stores they are pasteurized and homogenized and so why is that bad for you if it is...is it bad for you and if it is why is it bad for you?

Wendy Wilson: Well, basically that is heat and heat will ruin nutrition. It is a flash of heat and what it does is it takes out the good healthy flora, but it leaves the bad bacteria still thriving. So what you get is a milk with little nutrition and a lot of bacteria in it.

Ty: You said it kills the healthy flora which is...what is flora?

Wendy Wilson: Well, the health bacteria that are good for digestion and enzyme nutrition and amino acids and the heat will destroy that. So they do not heat it high enough for long enough to kill the bad pathogens that are in milk.

Ty: They just kill the good stuff...or the pasteurization. And then homogenization is not really heating it is actually mixing, like a blending up the fat globules right?

Wendy Wilson: Yeah, they try to equal out that...

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Ty: To make it smoother.

Wendy Wilson: Yeah. Creamier.

Ty: Do not want that lumpy milk.

Wendy Wilson: I do not drink milk. I have milk allergies.

Ty: Okay. Question for you. If you were diagnosed with cervical cancer, what would you do? Give me your steps to treat cervical cancer.

Wendy Wilson: Well, I would go through the organ cleanses, I do them twice a year. You can do them as often as every three months if you want. Most people are able to get them in twice a year. They pick a season spring or fall.

Ty: What do you mean organ cleanse?

Wendy Wilson: Organ cleanses you want to do the five major ones and this is to make sure you have toxins coming out of the body. So when you have too many toxins it compromises the systems, it becomes a weak link in the chain and you can develop a problem. So you do your bowel cleansing...you do it in this order, because you want to open the last state of toxin removal first.

So normally the blood would be filtering toxins to the liver and then the liver will neutralize those impurities with an enzyme called P450 and then the residues go to the gall bladder and the gall bladder will dump those through the bowel through the duodenum and the urinary tract to leave the body. So you want to open the bowel and the urinary tract first, so those are the colon cleanse and the urinary tract cleanse you want to do. Then you can move to the liver and gall bladder and then the blood system.

So once you have got the system purified make sure you do not put anything in there that would compromise or re-congest the system is usually how I put it, so do your green vegetables, you may want to do some juice therapy, do some spirulina and chlorella protein in your juicing and just get some organic whole foods into the system and get away from the processed foods, not processed foods.

Now there is even some herbal formulas that we instruct folks that they can use to get to the area a little quickly. The can do castor oil packs to draw more cancer out through the skin. You can do a combination of things not just one thing when it comes to cancer. You can kind of pound it from different areas and just get it to leave the body faster.

Ty: Well, that is consistent with your cleanse and nourish.

Wendy Wilson: It is. It is real basic, but it is an old therapy, I mean, it is hundreds of years old if not thousands of years old and it seems to be very basic and doable; people can do to and it is not going to cost them hundreds of thousands of dollars like they would for medical treatment in a hospital.

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Ty: Right. So I am seeing how the cleans and nourish mantra works, because you are cleansing, you are removing the toxins that have compromised the system, you are nourishing now that will build up the system and then if you give the system what it needs to function properly you have solved half the problem.

Wendy Wilson: You are working with the system not against it. You are not forcing an area of the body to work when it is not feeling well.

Ty: So Wendy I just want to thank you for being with us... Wendy, this has been fascinating. I have learned a bunch from just listening to you talking about these herbs and the effects that they can have on the body as a whole and cancer specifically, so thank you so much for being here with us today. I appreciate your time and I know that the people that are watching they have learned a bunch from listening to you.

Wendy Wilson: It was my pleasure. I enjoyed it also. Thank you.

Ty: Thank you Wendy.

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Dr. Darrell Wolfe

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Ty: I'm here today with Dr. Darrell Wolfe who was kind enough to fly down here to Los Vegas all the way from Kelowna, British Columbia, Canada. Dr. Wolfe, thank you for being with us today.

Dr. Darrell Wolfe: And thank you for having me Ty.

Ty: So Dr. Wolfe, tell us a little bit about yourself and your education and what you want people to know about Dr. Darrell Wolfe.

Dr. Darrell Wolfe: Well, first of all, my education, I first started off I went to the Canadian College of Massage and Hydrotherapy. From there I went to the Australian Naturopathic College. And then after that I went to the open University of Sri Lanka. And what I'd like to say is no matter how much education you have the first thing that you can never lose as a practitioner is logic and where we came from.

Ty: So Dr. Wolfe, what made you become interested in getting involved with nutritional research? I know you treated cancer patients in the past with your clinic. Talk about your history as far as getting involved with this line of work.

Dr. Darrell Wolfe: Well, Okay, cut, sorry. Do you want to know my—is this about my experience?

Ty: It's about whatever you—whatever influenced you.

Dr. Darrell Wolfe: Okay, well, what—do you want me to talk about what my experience has been up to date or leave that alone and then just go right into what influenced me into health?

Ty: Yeah. Let's go with what influenced in health and we can go back to your experience later if you want to touch on that. but I think that makes the most sense logically here, so.

Dr. Darrell Wolfe: Okay. Well, my experience would be like two minutes and what it'll do is it'll set the format I think.

Ty: Okay. Let me ask you that question. So talk about your experience Dr. Wolfe.

Dr. Darrell Wolfe: My experience—well, I've got 30 years—33 years—in practice. And I ran the Wolfe Clinic for 28 years until I left the Wolfe Clinic. And now I run the Wolfe International Training Institute because we used to do more clinical one-on-one. And what our belief is now is that you don't want to continually treat people. You need to train people. Like when you treat people its like giving them a fish. You're giving them a meal. When you actually start training people its like giving them a fishing pole and you're giving them a way to look after themselves because we have to empower people. But as far as my background goes I was the director of the North American Institute for the Advancement of Colon Therapy for 15 years. In 1988 I wrote an in-depth manual on colon therapy that was used by the United States Senate for the

study of colon cancer. I also run a school which is—which deals with a method that I put together, a manual method of relieving and ridding the body of internal scar tissue. As we will talk today, scar tissue and crystallization is 95 percent of all the pain that people experience day in and day out. And unless you address the scar tissue within the human body then you will never ever release those invisible bonds. And the other thing is that I've written three books and my latest book is called *Sick, Fat, Exhausted; Are You Ready for Permanent Change?* And that is a compilation of my 33 years experience and to empower people so that they can reclaim what is rightfully theirs.

Ty: So what got involved initially into your interest in health? Can you go back to maybe your childhood?

Dr. Darrell Wolfe: Yeah. Well, you know, I was thinking about that the other day. And this goes back to when I was six-years-old, the first time that I ever really even thought about health, okay. We were all watching TV and they were just talking about how they put man on the moon for the first time. And I looked over to my mother, and I said to her, if they can get a man on the moon why can't they keep people well and why is grandma sick all the time? You know, I couldn't understand that. And you know, I think as a child we think more logically. We're more organic and we haven't been brainwashed yet. Anyways, as far as my grandmother goes that was back in 1966 and we used to go visit her.

My grandmother, when I'd go visit her, it was hard to take your eyes off of her because back then hardly anybody had an abdominal muscle or a belly that looked like they were nine months pregnant. Now, I mean yesterday just walking around town I mean its everywhere. Its like a plague. That's what its like. But anyways, so even back then when I was that young I could not understand it. Did she had a beach ball in there? You know, I didn't understand why. And my grandmother got rushed to the hospital I mean a dozen times that I know of because she thought she was having a heart attack. And back then I didn't realize it but it was a fart attack. It was a gas attack. See, what was happening was is she was putrefying and the gas was rising. And it was pushing on her heart so she—but I didn't realize it. So that was one thing that really sticks in my mind.

So the next thing that's in my mind is we do not teach our children properly because adults have not been taught properly. You know, bowel care is so important. You know, adults should be talking to their children, did you have a bowel movement today? What did your bowel movement look like? Was it painful when it came out? Because, believe it or not, your mouth is your front door, your rectum is your back door. Those are the two most important openings that are happening in your body when it comes to your health. And what comes out the other end tells you what's going on. I used to have severe cramps that sometimes would buckle me over and I would not want to talk about them because I thought I was dying. And I didn't want to give my parents anymore grief. See, when it comes to real true health we are unconscious.

Ty: Talk about that. What exactly do you mean that we're unconscious about true health?

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Dr. Darrell Wolfe: Well, first of all, I'll take a little bit of a side step, okay?

Ty: Sure.

Dr. Darrell Wolfe: The only way that you can ever awaken yourself if you don't watch TV, you don't read the newspaper, and you don't listen to the radio, because whatever you hear and you focus on most of the time becomes what you are. Now you can tell me that you're not going to buy into drugs. You can tell me you're not going to buy into the fear of cancer but I'm going to tell you that you are going to because whether we like it or not we are robotic and we are programmed by what we focus on and what we hear the most. So if you do not want to live in fear then you've got to shut that TV off. You've got to stop reading that newspaper. And you've got to turn that radio off and you cannot listen to general information because I'll tell you, the medical system, the pharmaceutical system, they own the air waves.

And they want to own you. And you know, whether you want to believe this or not everybody's fighting for a piece of you. Okay. Human beings are the greatest commodity on this planet and I'm going to tell you something, I'm very passionate about what I do. And when it comes to life and I see people suffering in pain continually this planet has a foundation of pain. Unless you are in pain and suffering you don't even know that you're alive. Every day we feel pain and we take that as a normal thing. It may be normal but its not natural Ty. Its not natural. And they make us believe that pain is a natural thing. And then they try to give us their drugs to suppress the pain.

You know, its like, okay Ty, you're married. Your wife has a problem with you but you ignore her, continue ignoring her, or try to suppress her, try to muffle her up, and I guarantee you will be in divorce. You try to suppress that pain and that inflammation and I guarantee you you'll have a disease. Now that pain and inflammation is just a symptom. That disease is just another symptom. So you want to treat it like a cause. That's caused derailing thought. And derailing thought is called profit margin ... bottom line.

Ty: Dr. Wolfe, you're very passionate. I appreciate that. I'm getting that through this interview. So talk about your passions.

Dr. Darrell Wolfe: Well, I have a really deep passion. I've been working with a group of people that they are on a mission. That mission is to bridge patient and therapist together and therapist to patient, and to bridge patient to heart [ph] to find information. I mean you can go on the web and you can search and you're going to get maybe 50 searches, right. And you can get lost in it all. And the biggest problem that—the reason why I got together with this group is what we found was, okay, 99.9 percent of the population know nothing about health. They got it off a commercial, okay, or they got it off of somebody that was providing them information through the media. And when anybody provides information through the media its only a half truth. So when a person finds somebody in their family that's sick what do they do, first thing? Fear because when you didn't prepare, okay, when you went and you got into that plane and its ready to crash and you've got no parachute you will sell your soul to the devil.

So my biggest thing is it's not about product sales. It's not about continually trying to sell people things. It's about empowering them.

So I've got together with a group and we're creating a worldwide platform, the first of its kind, a digital platform, that a small local therapist to an international one can be on there, that people with truthful, factual information can put on this platform, a person that's trying to find a therapist or trying to find information is going to get exactly what they need. And it's called ehealer.com. And we intend to make this a worldwide platform. It's free for everyone because just like the medical system has the AMA in the United States, in Canada they have the CMA. Well, now we're going to have ehealer.com because we have to make it accessible to people, friendly to people, and easy to get. If it's not easy to get you stop, you get frustrated.

Ty: So Dr. Wolfe, talk about your family, the history of your family and how that's impacted you as well.

Dr. Darrell Wolfe: Alright, well, I'm going to talk about three people being my grandfather, and my mother and father. I'll make it short and sweet. My grandfather ended up getting rectal cancer, okay. And he was a beer drinker. But if you're—if you drink three beers a day—the best way to get rectal cancer is three beers a day, right, if you do not detox. Remember something. In the medical system there's two things they never talk about because they're not allowed to talk about and that is diet and that is detox. Meanwhile, if you talked about diet and you talked about detox you wouldn't need the medical system except for emergencies and things of that nature. Alright? We all have a place to play but when we get greedy and we try to own everything that's when corruption comes in. So anyways, my grandfather got colon cancer, he came with us to stay with us, and then he went into the hospital. What happened was he got impacted so he was in pain. Well, and they couldn't do anything for him. We brought him home We got him—we broke the impaction which was in his bowels. We got him on a proper juicing and cleansing diet. This is when I was younger like I was a teenager that we did this. And we got rid of his pain but we didn't get rid of his cancer. It was way too late.

Then there was my father. My father lived in Nova Scotia, I was living in Toronto. I was in—I had a clinic for only about four years now. So anyways, he gets leukemia. I get a call from my brother. My brother says, dad's in the hospital. He's got leukemia. I said why didn't he call me. Well, of course he's not going to call you Darrell, you're just going to get mad at him. And I said he's got leukemia Marcel. And he said, yeah, but they're only giving him two weeks to live. I said, Marcel, you listen to this. I know one thing and that's one thing for sure. Nobody is allowed to play God. The next thing is, okay, nobody's allowed to give an expiry date. And the only reason they can give an expiry date, okay, alright, is because they go by rules. Those rules are we're not going to teach you about diet, we're not going to teach you about detoxification, we're going to give you some drugs and we're going to send you home and let you continue to do what caused the cancer. And we're not going to do anything else. And then we're going to attack you with the three big—with the big three cancer treatments, right? So anyways, I said, Marcel, you go into that hospital and you get a wheelchair and you get him out of there. Darrell, they said that they're not

going to let him go, he's got two weeks to live. I said, listen to me, he's only got two weeks to live. If you have to take a baseball bat in there you do it but you get him out. So he got him out. He put him on a plane. When he landed in Toronto, okay, he had cold sores all over his lips. His—the eyes—his eyes were yellow. His skin was yellow and he was like just drooping down. My heart just broke. And I just went, okay, so we took him home. I'll make a long story short. He's got two weeks to live, right? Two weeks later—I won't tell you what we did but two weeks later my father had his suitcases packed to go visit his cousin. Okay. and they couldn't find the leukemia six weeks later in his system. We don't have time for that right now. But this story can be verified.

The next thing is my mother calls me 12 months after this, okay, and she calls me up. She can't talk. Her boyfriend says to me, listen, your mother's in trouble. They want to cut her tongue out and they want to cut a piece off her butt. And make a tongue for her because she's got mouth cancer. I said she's got to come see me. So she lived in Kitchener so she came to Toronto. So she can't even speak. She speaks like this. And she couldn't even talk. Well, anyways, I put her—we did fasting, we did some cleansing, we did a bunch of things, right. In eight days my mother—you could—she could talk and you could hear her. You could understand her talking. So right away we know we're doing okay. So then I have to go to Salt Lake City to do an international conference. So I leave to go to Salt Lake City. I come back. My mother takes off back home back to her McDonald's, cigarettes, and her alcohol, nine months of super pain, and then she passes on. So everything is a choice here. Okay. and all I want to make sure is that we are giving people that choice.

When I was 16-years-old I lived with my mother in Halifax. And she was a wonderful woman. You know, people are wonderful, they really are. They truly have big hearts and you love them to pieces. And no matter how much you love them sometimes they just don't change. She was an alcoholic. So I went to go live with my grandmother in on Ontario. My grandmother—you probably don't know this, but it was called Nipissing Manner and this is where the quintuplets, the first quintuplets were born. There was five children born all at once. They were called Dionne's. Anyways, so she bought this, turning it into a nursing home. So where do you think I lived? I lived at a nursing. And I want to tell you if you want to tell something that changed my life I would go in and visit the elderly people and I'll tell you the one thing I noticed was, and I wasn't brain dead but I wasn't totally into health, but everything they were being fed was salt and it was refined salt. So we know what that does to them.

But their food was terrible. It was all mash. And the one thing that they all complained about Ty was the same thing that kept haunting me through my life. I was meant to do this. I was meant to be this. I was meant to be the how-to guy for detox. And that is everyone of them were constipated. A lot of them didn't go to the washroom or I would be talking to them and they would tell me how the drugs are numbing out their bowels. They can't go to the washroom anymore or they got diarrhea and they're so embarrassed because they keep crapping the bed. Okay. And they're always in pain and its always about their abdomen. It's always about that because this is the core. This is the core of your lifetime.

Now, if this is the core of your whole body and the tone that you have externally and internally is going to determine your health, where do we stand right now Ty when everybody's intestines are falling down and out of their stomach and when everybody is comfortable? Do you know how many people out there are comfortable with looking like they're three to nine months pregnant? There's comfort in numbers but guess what. They are teaching their children that its okay to be obese, that its okay to just continually eat dead food. And do you know what? Television, radio, and the media, they're winning Ty. They're winning.

Ty: So Dr. Wolfe, you have written a pamphlet that I think has been turned into a little booklet. Its called, Spoiled Rotten. And that has to do with what you've been talking about, people that are walking around that look like they may be pregnant but they're really not. Can you talk about Spoiled Rotten.

Dr. Darrell Wolfe: Well Ty, "spoiled rotten" ... hmmm ...you know what that means? What does spoiled rotten mean Ty?

Ty: Well, I mean typically we hear spoiled rotten and you think of a child that you have spoiled rotten. But in this case it means something different, doesn't it?

Dr. Darrell Wolfe: It means that you do no longer take ownership for your decision making. It means that you no longer take ownership for your decision making or for the responsibility of the body that you've been given. Think about this one. We have been given a body and a chance to come down here and experience a life here. Okay. We have everything we need. We even have more than everything we need. But meanwhile, everybody is in pain. Now why are they in pain? Because they're spoiled rotten. Okay. Because they have a conscious level. Most people have—and I'm not trying to down people, okay, and I mean that.

But most people have a conscious level, Ty, of four inches. That's from their mouth to the back of their throat. And then they have 30 feet of hell. Okay. And we have been brainwashed to only have four inches of pleasure and give up 30 feet. Now why are we spoiled rotten? Well, I don't know Ty. How many people can go to the wash room and they don't leave a stink in the washroom? How many do not wake up with bad breath. Bad breath is not something you ate yesterday. Bad breath is cause because you have food stuffs that have been rotting in you not for days, not for weeks, but for years. You know what Ty, a person will change the vacuum cleaner bag out when its full because they don't want to burn out the engine. The average guy will make sure that he has his oil change and tune up on his car. You won't allow the garbage to sit under the sink for more than a day because it might stink up your house.

But you know what, you have the conscious level of thought that you will allow yourself to use toxic chemicals under your arms, you will use breath mints and brush your teeth many times to hide the putrefaction that's happening in your stomach. You use spray and deodorant throughout your house and mainly in your bathroom to hide the rot that's inside of you. You give me one symptom Ty

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from the top of your head to your toe and I will tell you that if you got into gentle daily cleansing of your detoxification system which is your large intestine which is the mother of all organs, it is the mother of all organs. It is more important than any other organ in the human body because how could your blood be dirty, your liver be over taxed? How could your kidneys be in trouble? How could you have skin conditions? How could you have mucous coming out your eyes? Okay. How could any of this happen unless you are reabsorbing your own toxic waste allowing your large intestine which is the sewer system of your body to become a cesspool. What does a cesspool breed Ty? A cesspool breeds parasites, viruses, bacteria, fungus, that is a parasite party. And then what are you going to do?

Listen to me. They don't tell you to detoxify because they know that detoxification is the greatest weapon against the medical system. If you don't detoxify then that means that you're going to have inflammation, if you have inflammation you're going to have pain. Eventually that pain is going to bring your immune system down just like draining a battery and you don't know why. When that battery gets drained then anything—we take in viruses, bacteria every day but they don't harm us because we're strong. But they allow you to drain your energy out because you're a sugar carbo junkie. And you eat dead foods and guess what dead foods don't vibrate. They don't have energy so it sucks the living force out of you. They're winning again.

Then when that happens Ty you're in so much bloody pain that now this infection comes in, a bad bacteria has a feast on you and now what? You've got some kind of illness. You go to the doctor. Well, he's just going to write you a script for an antibiotic. 250 million scripts are written every year for antibiotics. Now—and that's in the United States. You need to take one course of antibiotics to totally create a life of hell if you don't know how to detoxify because what happens is when you take those antibiotics to kill off that invader what happens then? What that does is it takes the good bacteria which are the main part—you know, the main part of your immune system lives in your large intestine and that's your good bacteria. They do more than you'll ever dream of. Now those good bacteria—what happens when antibiotics come in they don't all get killed off because remember something, antibiotics go in and they obliterate.

So when they go in they take that good bacteria and they change it over to a bad bacteria. That bad bacteria now, guess what, you just finished yourself. Because remember something, 85 percent of all pain is where? Oh my god, right here. Well, wouldn't that make us wake up. Oh, let me see here. I'm in pain here all the time. What's happening? And then that creates pain through other parts of the body. So now those bad bacteria, what do they crave Ty? And tell me, the medical system knows this.

Ty: Sugar, carbohydrates...

Dr. Darrell Wolfe: That's right, sugar and carbohydrates. So, you know, look at people how they drink wine now every night. That's good marketing but they crave that. They crave alcohol. They crave chips. They crave pop, anything with sugar in it and then that sugar goes in and guess what it does? It feeds those bad bacteria and they give off what's called endotoxin. That endotoxin goes into

your body and creates more inflammation. That inflammation then creates acidosis which is the root cause of all disease because now you're messing with your pH. That acidosis creates crystallization. Listen to me. The older you get you're like wood, you're like board. You're stiff. Oh my achy joints. Well, that's all crystallization. And what happens when you have pain in the body? The body goes into helping you. It goes into a mode of helping. What does it do? It sends fibrin which is like scar tissue to an area. So if you're always in inflammation you're going to have tons of scar tissue. If you have tons of scar tissue you're blocking your circulation. If you're blocking your circulation you're creating mutation. Let me tell you something. Antibiotics, they're pushed more than anything else. And antibiotics are what are going to bring people down and create a life of hell if they don't start detoxifying and especially after. What do you think they need to do? I mean people aren't going to change their diet really quick. Do you know how people learn on this planet? They suffer—only through suffering and pain. And some people never learn. They just go to the bitter end because they believe they should suffer for some reason.

So anyways, who's dispensing all these antibiotics Ty? Doctors. Well, they're the storefront for pharmaceutical people. You tell me that you go to that doctor that you admire. Well, when you leave that doctor are you empowered to go home and make a change? If go to a doctor and you're not empowered to go home and make a change then you're going to the wrong doctor. And I'll tell you something else. If he doesn't talk about diet and he doesn't talk about detoxification where you can become the master of your own body and take control of your life, what, you're going to wait for something to always break and then run for someone to fix you. I have a really, really big news for people and that is superman's not coming.

Ty: Okay. So Dr. Wolfe, I'm convince based upon what you just told us that we're all toxic to one degree or another and detoxification is something that I believe now based on this information everybody needs to learn about detoxification. So how do we detox?

Dr. Darrell Wolfe: I'd love to answer that question but if I can just bring something up front first. Okay. When you say that we're all toxic from one degree to another I just want to say one thing. From one degree to another are we crazy? Everybody showers in chlorinated water almost, almost everybody. One shower you can absorb 10 to 12 glasses worth of chlorine through your skin in one shower. Most people drink chlorinated water. That destroys your digestive tract. That is one of the biggest things for creating cancer in the body. And we—just because its sanctioned. Do you understand that all the things that are killing us today are sanctioned by our government and kept hush by the medical system? Why is that Ty? That is true deception.

We need to wake up. The next thing is when we're talking about water, why would anybody drink out of this? The PCBs in this are enough to kill you. I see people going to Costco and I see them loading up with three cases of this for the week. They're actually paying money and they're trying to lift these big cases up and their tummies are sticking out like they're three months pregnant and that's the husband too. And they're drinking this. Did you ever open up a bottle, right, and then take a drink and you can taste the plastic? Well, that's your cancer fix.

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Now there's chemical—there's cancer causing chemicals in this every time you open a bottle whether you taste it or not. So there's the water. Now why am I talking about water? Well, because Ty, you're almost 80 percent water. And you know what? Water's really important.

The next thing is most people eat out of packages, plastics. The other thing is everybody's got Wi-Fi in their homes now Ty. And whether you believe this or not Wi-Fi is going to bring people down. We need to hardwire our computers. That's toxicity going in creating acidity as well, so. And then the foods we eat are mainly packaged. Okay. If you don't eat live foods that a high vibration then you can never become a high vibrational being. You cannot have the energy you want. Dead foods create death. Live foods create life. We just want to stick to logic.

Now when it comes to cleansing, you know, how Ty, remember how Norman Walker, Bernard Jensen, they would do like a really deep cleanse every three months and they'd do it for like two weeks to three weeks? Guess what? You can't do that today. And I can prove it. If you do a deep cleanse like your spring cleanse or do a deep cleanse every few months its devastating to the human body because most of us, our immune systems are being attacked every day so our immune systems are always love. Okay. So what happens is is when you go and you do a detox and you go into a deep detox where you're taking all kinds of nutritional and you do a fast, its like a damn. You've been holding all this back and then all of a sudden what happens? You release all these chemicals all at once. And when you release those chemicals your body's overloaded, all those chemicals get to go around and they get to resettle in different places.

If you want to be truly Ty you need to gently cleanse on a daily basis just like you need to have certain rules. You don't have to be a health nut. But you need to have certain rules that I am going to always reach for something that's alive not dead. I am always going to reach for something that's not packaged. I am always going to drink water that is structured and dynamic that will actually bring in a life force into my body. If—it's like, okay, do you know how you work really hard and then you go, oh god, I need a holiday. So then you go away on this two week holiday and you feel like wow. It takes two weeks for you just to calm your system down. And then you come back and it only takes you three days to get back to where you were before.

Simple, life changing steps will keep you away from all disease. And they will also pull you out of being fearful all the time because you're just doing the right things and loving your body. If we gently cleanse every day and we don't allow the toxins to build up why would you let all this waste buildup and feel real crappy and then dump the load like a dump truck and you can't handle it? So when you get up in the morning just like the animals, what do they do? Well, first thing animals do in the morning when they wake up because we are part of nature and we're disconnected from nature. When we return to nature we will never have to live in fear again. So the first thing you want to make sure you do every morning is have a really good bowel movement and really evacuate and clean out properly. Then you want to hydrate like we should do. You want to drink—if you weigh 200 pounds then you need to drink 100 ounces of purified

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structured dynamic water a day. And you want to drink—so that would be like four quarters, right Ty?

Ty: Uh-huh

Dr. Darrell Wolfe: But guess what? You want to drink two and a half quarters by noon and you want to have the other one and a half quarts drank by 5:00 because that's when you're all heated up and you like eradicate or you want to keep your body cool. And you want that detoxification to happen. So if you don't eat whole plant based diet and drink plenty of water and then take something like a master cleansing herbal concoction that will go in and gently cleanse your body of what you pick up each day then I'll tell you something you're going to need a dump truck.

Ty: So what do you tell the millions of people that are watching this right now that are toxic and that they're not able at this point to go in and just begin to gently cleanse? They don't even know how to start. Give me a few practical steps that 99 percent of the people watching this need to follow to detoxify all of the toxicity that they've built up over the last few decades?

Dr. Darrell Wolfe: 99 percent of the people are going to listen to this and not detoxify. So I just want you to tell them—tell you that, one percent might if we're really lucky.

Ty: Well, let's talk to the one percent then. Give them some steps.

Dr. Darrell Wolfe: I will. But I will tell you about the 99 percent. They're scared of what lives in there and they shouldn't be. They need to lighten the load. Everybody needs to lighten their toxic load but everybody lives in fear and they've got to reach in and get that courage and just do step-by-step.

Ty: So Dr. Wolfe give us a roadmap for people that are interested that are watching this now that they say, you know what, he's right. I'm sure that I'm toxic. How do I detoxify? Give them some practical steps that they can detoxify.

Dr. Darrell Wolfe: Okay. I'd like to take an external point of view and then an internal point of view.

Ty: Okay.

Dr. Darrell Wolfe: So externally we know that we've got to look after our water. We can't keep on having chlorinated water come into our homes. Okay. So somehow we need to look after that. The next thing, if you've got Wi-Fi in your home you've got to hard line. Okay. Next thing, if you own a phone, remember phones aren't phones anymore. They're computers. So every time you're taking and putting that thing up to your face your frying your brain. So you need to make sure that its on speaker phone. Don't put it to your head all the time. The next thing is you have to sit down and you have to have a meeting with your family. If one person tries to detoxify in the family and they don't get everybody

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on board, and when I mean on board, not meaning that everybody has to do it, but on board that I'm doing this. Please do not down me, do not call me a health nut, and do not try to undermine me because family's get jealous. When a person starts getting healthy in a family and the others aren't doing it they will undermine them. And that's a fact.

So these are important issues. And I talk about this to all my patients. And I teach people this that you must let people know where you are and what you stand for now, that things are changing. The next thing is you meet with the family. The rule is that from this point on nobody will bring in anything into this house unless its alive, high vibrational, whole plant based diet food. There will be no more pop. There will be no more sugar. There will be no more chips. There will be no more the greasy packaged food coming in the house. If somebody in that family wants that then they can eat all they want outside the home but cannot bring it in. There! So it doesn't matter if you start a cleansing program. If the rest of your family is not helping you, then the support, everything breaks down.

Ty: Okay.

Dr. Darrell Wolfe: So let's get that out of the way. Next thing is, which I've already mentioned, is we've got to make sure that we take in ample water and that we do that throughout the day, that we actually hydrate because when you're thirsty you're already toxic. Okay. and the other thing is when you feel tired you're probably dehydrated again. The other thing is when you get up in the morning you want to do things like blender drinks. You can do blender drinks of fruit, like let's say blueberries. You can go to Costco, get a big organic bag of blueberries. You can pour in almond milk or you could pour in coconut water, okay, and then you get yourself a good plant-based protein powder. Okay.

And you put half a cup of blueberries in there and you blend that up because what you're trying to do is you want something good and tasty because we're all about taste. So don't think that you can do something that doesn't taste good because its not going to work. Okay. And for myself what I do in the mornings, okay, I can only say what I do, is I do raw eggs. And I'll let you do your own research on that one. I'll do raw eggs and that satisfies me. And then what I'll always try to do is attempt to have salads. And when I have salads I'll always be trying to do things like lemon or lime or olive oil or coconut oil, trying to make sure the—the salad dressings are full of chemicals so we want to avoid that.

Ty: So Dr. Wolfe, tell us what we can do, the people that are watching that have that belly that look like they're pregnant but they're not, how do we get rid of the toxicity internally now? You've given us the steps that we can do externally. How do we get rid of the belly?

Dr. Darrell Wolfe: Well Ty, I'll tell you something. I've worked with—when I ran my other clinic we had over 200 products because you get lost in this whole product thing. I'm not there anymore. You know, it's the simple steps in life that actually make the big differences. Okay. I use a product called Master Cleanse Tea. And I want to just say this, that I already said that you need to do things gently on the body. You know, we need to start loving the body, not attacking

the body. You know, we've been taught to attack it, right. Its like its the war on cancer. You know what? When you attack cancer you attack the whole human body. Anyways, so we need to gently love it. So I have my patients and people who are interested in detoxifying do what's called Master Cleanse Tea. It takes like iced tea. They do this. They drink only an eight ounce glass twice a day.

Now how difficult is that? It's inexpensive. It's simple. It's effective and that's all we have to do because see once you start cleansing out the large intestine, okay, and how long does the large intestine take to clean? Do you want to know? Not two weeks, not three weeks. Did you know that the normal large intestine with no problems to it if you've never done a detox takes nine months. So after doing the tea for nine months now the tea is going in and it's working on your liver, working on your kidneys, working on your blood stream. Do you understand? So a little bit every day will keep everything else away? Do you understand?

Ty: Yeah

Dr. Darrell Wolfe: So that's a really important thing. The other thing is remember I told you that the core is really important. So what you put into your mouth just ask yourself this one thing, because there is no such thing as a neutral food. Will this food give me life? Does it breathe life or will this bring in toxins? That's all you need to ask yourself. The more man touches it the less I want to eat it. The closer it is to nature when I replug myself in I will be healthy and I will be vibrant. That is that. Now as far as the core, which is everything what we do is we have our patients focus on the core.

You know as well as I do, you've exercised before, if your core is not strong nothing else can ever be strong. This is your digestive tract, your liver, your everything that's important functions in here. So if you can strengthen your muscles on the external and you have a—if you have a flat tummy and you've got tone then you've got health, not a 100 percent of the time but very close. Okay. So what we have our patients do is we have them do things like rebounding. Rebounding is one of the best exercises against cancer and every other disease because it moves your lymph system better than anything else and moving your lymph is the most important thing against cancer and disease.

Ty: That's fascinating Dr. Wolfe. Tell me why, tell us why, why is rebounding so important?

Dr. Darrell Wolfe: Well, let me—remember what I said. I always want you to question people. I want all my patients. I say you question me and you question everyone else. If they're not speaking logic, if one and one don't make two or if you go there and you go I'm confused, or if you feel fear from something I said chances are I'm lying or I don't know I'm lying. Okay. So rebounding, think about it. When your children were young and they couldn't walk and they were like little babies and they were crying, what did you do for the Ty? Do you remember? You bounced them on your knee or you rocked them on your shoulder. Why'd you do that? Because you aren't totally brainwashed. You still have some instinct left.

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So you rock the baby, right. And you rock the baby because the only way that the lymph system can move is by up and down motion. And your lymph system, okay, you've got eight pints of blood but you've got 12 quarts of lymph. Don't you forget that. And when you find that you're getting all puffy and swollen that's your lymph system and you're in big trouble. So you know, when people they swell up like a puff ball, well, that's because they're retaining water because they're so bloody toxic and they've been backing up waste for years. So when you start cleansing out the colon and you rebound you're moving that stuff. If you move the circulation it's like if the water doesn't move you better not drink it because its going to kill you because it has to circulate. So rebounding also exercises every cell individually toning it.

So I have my patients do light weights and do exercise that way. And then we have a device that's called a core master. When you want to—when you've got a towel and you want to get rid of the—and you used it to clean up the floor and its got dirt and water in it, what do you do? How do you get it out? You twist it.

Ty: You wring it out.

Dr. Darrell Wolfe: You wring it out. So we have a little device that people get on and they just do this. Now what am I doing Ty?

Ty: You're wringing out your body.

Dr. Darrell Wolfe: Yeah. And guess what? Your toning the internal and external muscles faster and more effectively than any other exercise on the planet. So we want to get a strong core. We want to hydrate. We want to ask ourselves, will this food give us life or will this food give us bloody well death? Okay. And I'll tell you something, as soon as you start eating a live food diet that's connected with nature you will have better communication with people. You will love every day and you will love your wife that you stopped loving because you're so toxic you can't even think straight anymore.

Ty: Dr. Wolfe, this has been fascinating. A couple of things that you said that really stick with me is you said that what we need to do is to train versus treat and to empower the individual. I think that's a great nugget of information that people take, can take from this interview, that if you have a doctor that wants to just medicate as opposed to giving you information that will allow you to take control of your health, which you've mentioned a couple times, it may be a good idea to try to find somebody that will teach you because doctor means teacher. So Dr. Wolfe, and one more thing that you mentioned that really stuck with me is that you want to grab for foods that are alive because live foods bring life. Dead foods, the packaged foods, bring death. Is there anything else that you want the listeners, the viewers to take away from this interview because we're almost out of time?

Dr. Darrell Wolfe: Yes. Okay. Yeah, there is Ty. There's just a few more things then I promise I'll be quiet.

Ty: No, we're loving the information Dr. Wolfe.

Dr. Darrell Wolfe: Alright, Well, that's what its all about, loving it. There it is right there Ty, if you're not loving your life and loving your body then we don't want to be here, right. Okay. So do you notice how every group has an icon like a figure that they look up to? For the medical system what's their icon? Their icon is Hippocrates. Hippocrates was the father of medicine. And if you don't mind I'd like to read this because I don't want to get it wrong. So their leader who they look up to because they took the Hippocratic oath, right? Okay. This is what they look up. "Let food by thy medicine and medicine by thy food." I don't know. They don't talk about diet. I mean that's the root of all life. So right there they've failed greatly. "Make a habit of two things, to help or at least do no harm." Meanwhile we've got a war on cancer. You can't go to war with anything Ty. You want to go to war with me. What happens?

Ty: We both die.

Dr. Darrell Wolfe: That's right. Thank you. Next thing..."natural forces within us are the true healers of disease." So where have they forgotten? They have forgotten, I haven't forgotten, you haven't forgotten, so we must go within and we must understand something, that nobody's going to save your butt Ty. When you got that body and you came down here on that planet you made a promise to somewhere somehow that you were doing to respect and love your body and you were going to make the decisions. Every decision, okay, has a consequence and it can be either good or bad. Now do you let somebody else look after your finances Ty? Well, why would you let someone else look after your body? Okay. One last thing that Hippocrates stated. "*Whenever a doctor cannot do good he must be kept from doing harm.*" What happened to the Hippocratic oath? I think the only thing that's left is called a hypocrite.

In finishing I want to say one thing, okay, you know, its always about the run for cancer, right. Cancer this, cancer that, you can't turn on the radio or the TV, you can't get away from it. The pharmaceutical companies own all the media. So I want to say this. You can run from cancer, you can jump, you can sing, you can beg, you can pray, right, but none of that's going to do any good until you learn that you are the master of your body. Everywhere we go its cancer, cancer, cancer. And the reason they do that is because it breeds fear in you and you feel hopeless and helpless. And when you feel hopeless and helpless you make dumb decisions. We are not weak and we are not feeble.

Once we go inside ourselves and realize who we are and what our true potential is and start really taking and mastering this body that we've been given we are living breathing organisms, and where we infuse life there will always be life. And if you don't protect yourself from yourself nobody else will. The one thing that I really learned and that's this, we came down here to create. Everything that you have Ty, you've wanted. And some things that you have you didn't want. And if you listen to all the propaganda and that cancer is a death sentence then you create a death sentence for yourself. Cancer's like a cold or a flu. It really is. They make it to be the big, bad monster and then it gives you nightmares and then you feel like you're helpless and hopeless and then you make dumb decisions. You are not weak. You are not feeble. And what you focus on you will create. So you decide today to only focus on that which you desire and you will get it.

Ty: Well. Dr. Wolfe, you have given us a perspective today that is unique and empowering and I think you've shed a lot of light and truth on the subject. I thank you so much for spending the time with us today.

Dr. Darrell Wolfe: And thank you for having me.

Appendix



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THE TRUTH ABOUT CANCER



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The Quest for The Cures

"Thank you! The series is fantastic! I really appreciate Ty exposing the truth. It's a horrible crime to have this info hidden from mainstream medicine." ~ Marjorie Aleo

"I think this is beyond fantastic. We can't depend of the government to tell us the truth as they are funded by Big Pharma." ~ Adrién Coluccio

"I want to congratulate you for putting together an excellent docu-series about cancer. It was informative, educational, comprehensive, professional and more than anything I believe it provided hope to those individuals suffering from this dreaded disease that there are indeed positive, safe, non-toxic alternatives to deal with it as opposed to the standard cut, burn and poison routine." ~ David Neumann

"From the bottom of my heart, I thank you and all those who participated in the docu-series, 'The Quest for the Cures.' It was absolutely fantastic!" ~ Trish Martinson

"I think what your group is doing is remarkable, courageous and much needed in this time of medical crisis. It is inspiring to see others empowered to make their own choices in healthcare and wellness and for you to give them the information they need to make informed decisions. I truly hope and pray that your light will shine ever brighter on a system that is unwilling to open up to the infinite possibilities of healing." ~ Tammy Oak

"I am totally LOVING this series. Kudos for your dedication, hard work & love for your fellow man. May God continue to bless you & your endeavors." ~ Erica Enchanda

About the Host:

Ty Bollinger is a happily married husband and father of four children, devoted Christian, medical researcher, health freedom advocate, former competitive bodybuilder, and best-selling author. After losing several family members to cancer (including his mother and father), Ty refused to accept the notion that chemotherapy, radiation, and surgery were the most effective treatments available for cancer patients. He began a quest to learn all he possibly could about alternative cancer treatments and the medical industry. In 2006, after almost a decade of cancer research, he published "Cancer – Step Outside the Box" which has become a best-selling book with over 150,000 copies sold. Ty has now made it his life mission to share the most remarkable discovery he made on his quest: the vast majority of all diseases (including cancer) can be easily prevented and even cured naturally, without the use of drugs or surgery.

