10 Real Cancer Reversals: Nutritional Immunotherapy In Action Transcript

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Introduction to cancer case histories and nutrition

In this presentation, I want to go over with you ten sample cancer case histories from my practice that are fascinating in the outcomes and the message of hope they give us.

Also, we can review how this works with or without chemotherapy based on type of cancer. I'm also going to discuss how you modulate protein intake and about the keto diet for cancer, and of course how to get enough protein without eating animal protein.

Let's roughly break up cancer types into three general types. The first cancer type are the slow growing and the cancers that are rarely life threatening, such as ductal carcinoma in situ, a type of breast cancer, and prostate cancer.

With a Gleason score of six or below, thyroid cancer, basal cell carcinoma, esophageal cancer, and clear chronic lymphocytic leukemia. These very slow growing cancers are not responsive to chemo, so the reason chemo is not effective here is because when a cell is growing and dividing rapidly, it opens up the tightly wound ball of DNA during replication, making it susceptible to be poisoned by chemotherapy.

Three broad cancer categories and chemotherapy response

That's why chemo doesn't destroy our muscles, our heart, or a brain. We can lose our hair or injure our digestive track because those are cells that are more actively dividing.

So the slowest growing cancers are the ones where chemo generally is ineffective. The second cancer type are still somewhat slow growing, but can more likely to impact lifespan.

And here chemo still doesn't work very well and it doesn't significantly extend lifespan such as the garden variety extreme positive breast cancer like the like would come in breast cancers like invasive ductal or lobular carcinoma, lung cancer and prostate cancers with Gleason scores between 8 and 10 and colorectal cancers.

So that's the second type. And now type three are cancer types that are more aggressive and can result in early death if not treated. Those are cells that are obviously aggressively replicating faster like pancreatic cancer.

Certain types of lung cancer liver, ovarian cancer, glioblastoma is and melanomas and testicular cancers, and Hodgkin's lymphoma and acute leukemias. This group includes the triple negative breast cancers that are more aggressive and the more aggressive pre-menopausal types of breast cancers because it's growing faster and therefore could be more deadly.

But it also means they can respond more favorably to chemotherapy. The slow run ones are like semi cancers, conditions like ductal carcinoma and garden variety prostate cancer not only did not respond to chemo, but they do respond to nutritional interventions.

For example, I've seen hundreds of men with prostate cancer respond to the New Criterion diet with the appropriate supplements and see their PSA velocity slow, and then stop and then and even see their PSA drop back into a normal range.

The same is seen with early stage breast cancers, chemotherapy, yields little benefit, but nutritional excellence can be huge and even induce remission.

Consider a 2018 study involving over 10,000 female with hormonal with air positive Her2 or EGR two negative and actually no negative breast cancer found that 70% of them did not get any benefit at all from chemotherapy.

Another recent study, called the Taylor X trial, found that these these thousands of women with early stage hormone positive as estrogen positive, H. R.

two negative breast cancer did just as well with hormonal therapy alone compared to those cancers that got hormone therapy or with chemotherapy.

Nutritional protocol, immunotherapy, and chemo calorie restriction

So common variety breast cancers that are estrogen positive and negative for age for her to have a lower risk of recurrence. And if you have a vocal you can find cancer and spread to the lymph nodes.

These individuals can skip chemotherapy and just take hormone therapy with nutritional therapies and get better outcomes. And those who don't tolerate hormone therapy, which not everybody can take it.

The mushroom extracts in higher doses. Can you be used as natural aromatase inhibitors. And they can keep the estrogen nearly undetectable. So we can adjust that.

Now invasive ductal carcinoma is the majority of most diagnosed breast cancer. And unless it's left the breast then local surgical removal the cancer is just as effective as surgery plus chemo.

So here it's where the nutrition where this approach, this nutritional approach shines because most women can avoid chemo and just do the nutritional approach presented here and of course with better and safer outcomes.

So just have the surgery, remove the the cancer. And just to the nutritional approach. The exception, just to be clear, is women that are younger. They have you know, below the age of 60.

Generally they have more aggressive cancers and have more benefit when chemotherapy is added to the hormone therapy. So in many cases, even those with cancers can avoid chemo and only do immunotherapies or hormonal blocking treatments or even no treatments.

Certainly, this protocol I've developed as an adjunct cancer intervention is a form of immunotherapy, right? It enhances our body's own ability to recognize and successfully block abnormal cancer cell replication.

Abnormal cell replication, right. Blocked abnormal cells. And this is effective even when a person needs chemo because chemo doesn't kill all the cancer cells.

Some cells escape or hide as cancer stem cells. And then in a few years later, when the cancer can reappear, grow back from that cell line. That line scroll back is the line that was resistant to chemo to begin with, and can be resistant to chemo so the person could die from the reoccurrence of their cancer.

So what happens now with this new criterion protocol that we're talking about and we're learning here, is that we heighten the ability of the body to seek out and destroy abnormal cells, meaning those cells that are remaining that escaped being killed by chemo initially because instead of attacking a mass that the immune system can't get to, it can get to the stray cells.

So chemo was needed because the mass of cancer cells and the rate of growth was too much for the immune system to control. But now after chemo, when the load of cancer cells has been then decimated to very low levels, the immune system, now supercharged with nutritional excellence, can successfully take over and finish the work.

And this is what we've seen. There's one additional tweak I want you to learn about that. We change in the protocol when chemo was needed. It's just a few days before chemo and one day after chemo.

What we do is we cut the calories back, whatever your normal caloric intake is, but your normal needs are. Now we're cutting back to about a third of that, about 400 to 600 calories a day, just for the three days prior to chemo, the day of chemo, and the day after chemo.

We do that to reduce the side effects of chemo, because when we cut back our calories and we follow this diet program, this protocol, it prevents normal cells from replicating because they don't have enough calories to replicate.

So when the normal cells are not replicating, it protects them from damage from chemo, reducing the potential side effects of chemo so the doctor can give you the chemo with less side effects.

All right, you guys understanding what this is about? It's not that complicated. We just follow the same healthy diet, but we have to cut it back to much less calories.

And then then you don't worry about weight loss here because your body will catch up and regain the weight. And it's very it's important to add this proven process to reduce the side effects of chemo.

Why keto diets are discouraged in cancer

That means the 460 hundred calories you're eating is mostly green vegetables, mushrooms, onions, garlic seeds, nuts, and avocado. Right. It's a little bit carbohydrate restricted for those days.

And don't worry if you get into a little ketosis, that's okay. So this brings up the question of why I don't recommend keto diets for those with cancer, because there is some science that shows that cancer cells can be stressed by keto, but to make it easier to kill but it's not really doesn't really work.

Let me explain now. First of all, we know that most keto diets are full of animal products, and animal products are rich in, methionine and other types of amino acids, which can promote and accelerate tumor growth.

But here's the thing they promote the growth of unfavorable bacteria in the gut, which then produce byproducts that can drive inflammation, and substances like TMR or trimethylamine oxide, which is an inflammatory substance, and p cress or sulfate from eating animal products.

The bacteria in the gut, which produce pea cress or sulfate, which can make cancer worse in the long run. One of the problems here, one of the advantage of attacking with the new nutrient diet is when you avoid animal protein, you lower methionine and the amino acids that can allow cancer cells to replicate.

And now we have several studies that utilize traditional keto diets and people with cancer. And they don't show better long term outcomes. What we found from the research already is that the tumors metabolically adapt to the ketosis.

And they don't really and they're not hurt by it after a time. And even though they may aid in the shrinkage of the or slowing the primary tumor initially, they can induce cells to leave the primary site and metastasize faster so they advance the stage of the cancer.

The cells attempt to escaped the glucose deprived environment and we see more metastatic nodules developing. So not a great idea. Cancer is a whole body disease and with the new criterion diet, we get the whole body healthier to combat the cancer, we get the immune system stronger to combat the cancer.

We don't just try to damage the primary tumor. Now I want to give you ten quick cases, summaries of my patients to highlight the effects of this type of nutritional excellence.

I'm withholding the names on request. Case one was a 58 year old woman with a diagnosis of grade two. Stage four non-Hodgkin lymphoma. In 2003.

Case 1 to 3: lymphoma, melanoma, and metastatic breast cancer

She began my recommended nutritional protocol at that time, and she received no chemo and no medical treatment at all within four months, she was 40 pounds.

Her total cholesterol had dropped from 230 to 164, and her CT scan showed that the tumors had reduced in size by more than half, and in two years later, there was no signs of any further tumors that completely disappeared with no residual.

No residual tumors confirmed by T by CT scan, which was further confirmed in 2019, is 16 years later that she followed up and had no further recurrence of cancer or any other health condition.

Case number two was a 35 year old man who weighed approximately 250 pounds, and was diagnosed with stage four melanoma in December of 2009. He had additional severe health conditions, including vision loss in his left fly and his left eye due to retinal occlusion.

He of course, he had high blood pressure. He had obstructive coronary artery disease at this young age, and he underwent surgery to remove the primary tumor and to biopsy the lymph nodes.

It confirmed that the melanoma had spread, and at this point he was told he had a very small chance of two year survival, let alone five year survival.

But he started on a nutritional protocol in January of 2010, an improvement in his eye and his heart conditions were not were were were pretty noted pretty quickly.

And after one year on the diet, he weighed 165 pounds. It's 185 pounds as it's 85 pounds lighter. His elevated blood pressure, his arterial blockages, his visual loss went away, his lymphedema all resolved, and all signs of his melanoma were gone.

So his melanoma literally disappeared. At present, this is 12 years later. His experience no recurrences and his weight remains right at 165. And he's an excellent health case.

3 in 2011, a 46 year old woman was diagnosed with estrogen positive invasive stage four breast cancer that had metastasized to three locations in the liver, and she was treated with six months of, a real adjuvant chemotherapy followed by lumpectomy and radiation.

You know, her and Carl just reported that they expected her live, you know, less than two years. She began the new sharing protocol between the first and second chemotherapy treatments.

And as of 2019, which is eight years later, she has had no recurrence and has lost approximately 100 pounds. And she feels confident about her health and future.

And she has no health issues. Case four is a 41 year old man who was diagnosed with testicular cancer.

Case 4 to 6: testicular cancer, ovarian cancer, and thrombocytosis

It was a classic, seminal and this was diagnosed in 2012 after six years of taking capital purine as a treatment for his ulcerative colitis. So he had ulcerative colitis and now he has testicular cancer.

And his physicians had concerns about surgery and chemotherapy and radiation because of history is also of colitis. So the use of the immunosuppressive drugs could have hurt his colitis.

So he delayed treatment and began began this new criterion protocol. And within six months the imaging showed shrinkage of the semi-normal, which eventually became undetectable one year later, and during this time, under medical supervision, he gradually reduced and eliminated the more capped a purine for active colitis, and his ulcerative colitis went away and never returned, and as of 2020, he's an excellent health with no recurrent medical problems.

And you know, normal conditions anymore. Case five is a woman, age 52, visited us in 1997 immediately after being diagnosed with stage four metastatic ovarian cancer.

Her right lung had collapsed and four liters of fluid was removed from her chest. The patient was given a poor prognosis in spite of treatments with 12 rounds of chemotherapy, and she opted to start a new tutoring protocol.

And now, over 25 years later, she's remained healthy for decades and her cancer remains undetectable. Case six was an overweight female with elevated platelet counts for 30 years before being diagnosed in 2016 at age 55 with jack to induce thrombosis, ptosis with spine immediately, spinal miglia and other complications.

Her platelet count then was approximately 900,000, so following this diagnosis she was prescribed hydroxyurea, but decided to delay treatment and try the new criterion diet and this approach first, and with a nine months, her platelet count had dropped to 300,000, and she's maintained a normal platelet count since, with no further additional problems and her weight loss and her blood pressure and cholesterol, of course, all normalized as well.

Case seven was a normal weight, previously healthy woman who was diagnosed with pre-menopausal invasive ductal carcinoma breast cancer in 2010 at the age of 46.

Case 7 to 10: breast cancer, metastatic bone disease, ovarian cancer, and prostate cancer

A 3.7cm mass was palpable in her breast, and she began a new territory in diet with vegetable juicing immediately upon diagnosis, and neoadjuvant chemotherapy was given prior to mastectomy and lymph node excision, but no residual tomb was found on pathology after surgery.

In other words, that the tumor disappeared before surgery, so she remains in the new charity diet. Since then, I mean free of cancer, with subsequent evaluations being for the last 15 years.

Casey was a 68 year old female diagnosed in 1995 with invasive ductal carcinoma. Breast cancer that matched that already was metastatic to the bones shown on bone scan.

She had poor hope for survival with chemo and therefore refused treatments. Believe it or not, she made a complete recovery in one year and the bone scan cleared and repeated bone scans since then confirmed that the cancer was no longer detectable.

See survived more than 20 years after the initial metastatic cancer diagnosis. Case number nine was a young 45 year old female vegan with metastatic ovarian cancer, a germ cell tumor.

She went through chemotherapy combined with a neutral terrain approach, which was recommended. She took the supplemental the supplemental protocol to and she had a complete remission and no recurrence of her cancer.

Now, 18 years later, generally speaking, most people with these severe cancers have reoccurrence of the cancer six years, five years and later. And in these cases, we're not seeing that happen.

Case ten the last case, which is common theme with prostate cancer, is 2011. In 2011, a 66 year old male with a PSA reaching a height of 20, with a subsequent biopsy being positive for prostate cancer with a Gleason score of seven.

He was told he needs surgery and radiation of the prostate, which he chose. Watchful waiting not to do that. So that means he received no treatments. He just followed his PSA every four months for the next two years on this program.

And his PSA, in four months dropped from 20 to 16. Then in 12 for eight months to ten. And if the first year of the program in year two was PSA was below five and then became eventually stayed at 2.5 thereafter.

Now, over ten years later, he's had no further health issues and obviously no prostate cancer. Now you have a pretty full picture of how effective this approach can be, and I hope most of you don't have to have a diagnosis of cancer, and I hope most of you don't have it yet.

But then don't wait and start to embrace this new criterion.

Closing encouragement and summary

Diet was just means nutritional excellence or eating super healthfully, right? And those of you who have a cancer diagnosis, I hope this program helped you to be more positive about your future and realize you can still control your future health, and wishing you all good.

Health and happiness always can be yours.