Welcome and Introductions

Hello and welcome, everybody to the Global Cancer Symposium 2.0. I'm Nathan Crane. I'm your host for this symposium. I want to welcome you to a great conversation here with Doctor Daniel Roney at the Cancer Center for healing.

He's the director of the Cancer Center for healing here in Irvine, California. I've been doing some amazing interviews here with your colleagues and your team.

It's really fascinating to be in a place like this where you have this incredible team of people that's working hands on with thousands of patients. Obviously you have the cancer center, which is specifically focused on helping people with cancer, and you have the center for New Medicine, which is also helping people with all kinds of things, all kinds of illnesses and, and diseases.

And so you really get a, a very integral, viewpoint and approach to treating people who are dealing with cancer and other chronic diseases. Yeah, yeah.

It's fantastic. The resources are fantastic. Yeah. It's incredible. I mean, I'm learning. I've been, you know, researching and interviewing, not only in the natural health field for 15 years, but also specifically cancer.

Since 2013, I've done hundreds of interviews, produced conferences, summits, documentaries, interviewed, you know, the top minds in the world, right? And I come here and I'm learning new things I've ever even heard of.

And I'm like, wow, it's fascinating. Maybe new tools and resources and gadgets. And it's that curiosity, you know, especially Doctor Kimberley, Doctor Keneally surely email me on the weekends.

She'll text me on the weekends. Yeah. She's always looking for, things that could help the patient and that that funnels down to us. And we want to be as great.

So, with the providers here, it's just this constant, almost a little competition. Yeah, yeah. Which which is a good thing, a healthy competition. Great. Try and do your best job for the patient. That's exactly right.

It's all about the patient. Well, thanks for being with us. Yeah. It's your time. Pleasure. Be it pleasure to be here. Share a little bit. So we're going to talk about what you call the four pillars.

From Sports Medicine to Functional Cancer Care

Four pillars of cancer care. Okay? We want to get into that in a moment. Which is you were telling me is foundational to to really how you work with every new patient that comes through here. Correct.

Before we do give, just like a couple minutes of, like, your background, your history, where you came from and how you came to be involved in. Yeah. And, in the center.

Love to so, so, started out undergrad athletic training, sports medicine. Was an athlete in college. Really wanted to go that direction. Wasn't really sure.

Should I do the PT route, athletic training route? Should orthopedic and get into orthopedics? I decided on chiropractic. This is probably back late 90s, early 2000.

Because I felt it could accentuate what I could do for the athlete. Yeah. And, as it, graduated and as it played out, you open a practice and you just get flooded with people like us.

Less. Less of the athletes and more of the people just going through their day having a rough time. Neck backs, what have you, these shoulders, etc.. So we set up a, a facility that had, chiro rehab, acupuncture, massage and, felt like we were doing a good job.

However, there was a segment of the population that just wouldn't improve. Yeah. Couldn't figure it out, you know, called colleagues. Now, at that point, I'm young in my career.

So you're thinking you're missing something. And the reality is I. I put together files that weren't getting better, and we started to see a common thread.

They had gut issues. They had inflammatory conditions. They had, autoimmune diseases. They had thyroid and adrenal imbalances. So you started to see that these are these are just people dealing with like chronic pain mostly. Exactly.

And they weren't getting better. And you notice these underlying chronic conditions. That's exactly right. So a light bulb kind of goes off and you're thinking, okay, there's probably more to the story now.

Even at that time, when you're seeing a good amount of people, you get a good amount of caseload to, to work from. Right. So the experience gets more and more.

And what I started to see was this concept of, man, people are just getting overloaded. They're getting overwhelmed, whether it's their foods or whether it's their lifestyle or their stressors or what have you.

And I thought, if I'm going to really be able to, change people's health as opposed to just Band-Aid, potentially their problems, I'm going I'm going to have to really learn a little bit more here.

And actually, it turned into a can of worms where it was 20 years later, it's a lot more and learning every day. Yeah. So, that was that was how I got into this functional medicine, world.

And I'll tell you, it's probably the best decision I've ever made. Because the ability to help people went, went just from here to, to here and not just help them, but really help them heal at a metabolic or cellular level.

And we took that approach and we applied it here with the cancer patients as well. What were some of the things initially in your functional medicine training that gave you such a huge That helped you to actually recognize how you could support those patients that weren't healing?

Yeah, I mean, it was it was this I call it a checklist. Now. I call it a checklist. Back then you're just learning things. But the checklist included number one information.

Right. So if you really delve into the research inflammation is at the core of most if not all chronic disease. Yeah. So that's the start of it. So I learned the pathways that that basically become aberrant if you will, that lead to this inflammatory response.

Yeah. So if we're if we're briefly we'll get into that. Basically you have fire I'll call it fire of the immune system. Okay. And then you have fuels. Yeah. Right.

So this fire you get inflammatory what they'll call proteins or cytokines. People get this cytokine storm. And then the cytokine storm will cause things like glutathione to start to become deficient, which is the body's most powerful antioxidant, anti-inflammatory.

And then we get a dysregulation of what they call the T regulatory cells. So they get confused. So now they're not they're not necessarily controlling your T cells which are the attackers your B cells.

They get kind of confused. The suppressor cells, you know, start to get lower.

Inflammation, Gut Health, and Immune Dysregulation

And all of a sudden we have this immune system compromised or as it's termed in the literature, dysregulation. And when that starts to happen, the body is going to go through, a tough time in the sense that your body's no longer going to recognize, necessarily recognize good from bad or bad from good.

Right. And that's a challenge, obviously, when it comes to something like cancer. So when we're talking about that immune system, it's let's calm the fuel to the fire so we can use things like turmeric or curcumin and your resveratrol, we can use the vitamin D's to regulate that immune system better your glutathione, your omega threes, etc..

So we're pouring water on that fire. The second part is we have to get rid of the fuel to the fire. So what gasoline is what propellants are fueling that cytokine storm.

Now in part what also happens is we start to lose our barrier systems. Right. So the gut barrier. Yeah. So when you ask that question, the first thing that always comes to mind is the digestive system.

Yeah it's 70% of your immune barrier. So if we have this inflammatory cytokine storm consistently going on, our gut lining or our tight junctions will start to widen.

And that creates permeability. And that permeability will allow unfortunately everything from toxins, undigested proteins, pathogens to start permeating through the digestive wall.

And now we're setting up more of that inflammatory storm because the immune system doesn't know what to do with those. So it just attacks. And now we've got autoimmune issues that are being developed.

Exactly right. I think statistically, autoimmune is are on an epidemic rise. I mean, I just, did an interview, actually, for this symposium, we've we've covered autoimmunity quite a bit.

Sure. Doctor Peter Osborn. Yeah. Excellent. And a couple of others that I encourage you to watch because some of the statistics that I've heard now, if you because they don't group autoimmune disease as one, there's like over 100 autoimmune disease.

But if they group them all as one, it's actually now worse than cancer. No question. Which is which we know auto immune is also a, a precursor precursor to cancer.

Yeah. And and with that, it's because the immune system gets so overwhelmed with the fuels. Yeah. So as we'll talk about in just a minute with the the fourth pillar of the four pillar approach is what, what caused this.

Yeah. What happened in that cellular environment that created this immune system to become so disoriented, if you will, that it no longer recognizes those bad cells and can and cannot do its job.

Yeah. And those can be everything from what we eat, of course. But that gut health is is paramount. We have the microbiome gets this biotic, they'll call it where we have too much bad and not enough good.

And then we can be overridden with fungal infections like yeast overgrowth and parasites, and Sibo, which is small intestinal bacteria overgrowth. And now all of a sudden we're just constantly not only do we have that leaky gut that we talked about, but now we have, at a chronic infection in the gut that is facilitating more and more of that permeability.

So it's like, you know, you look there and then you look at other infections like your chronic viral infections. You look at, molds as a, as a, as an example, the oral cavity.

Now we're heavily isolating to to find out if there is bacterial infections under these root canals. Right. Exactly. This cavitation. Exactly. Right. We're looking at nonmetal toxins and heavy metals.

Those are what can contribute to what they call an antigenic response. Not to get too technical, but it's this is a foreign invader. My body has to do something with it. Yeah.

The more of those that are in your body, the more the immune system is going to have to overwork and get more dysregulated. And then cancer is just going to keep growing and growing.

That's exactly right. Yeah. It's like a boxer in the 15th round instead of a boxer in the first round. So I tell everybody our main objective if big picture, if I'm trying to explain it in a simplified form is to pour water on that fire, try to get that fire controlled somewhat, but then we have to go through a checklist of getting rid of those fuels to the fire.

Right. If we can do that, we have a really good formula to be able to get the, body and at the cellular level more balanced, more in that homeostatic, equilibrium type of, of environment.

And I think that, big picture, I think that allows us to give, our patients the best chance to heal. Right. So we always talk about maximizing the upside and minimizing the downside, right?

You've you've been in this realm quite, quite a while. Yeah. You know there's no real guarantee. Right. But we have to do everything we can based on the research.

Exactly. That's why here is so good. Because Doctor Camille has put this together with that thought process. And every day it's just curious. Curious, curious what else? What else, what else?

And that's that. That's kind of what, the beauty of of being here as a as a provider. Yeah. But then what I try to articulate to the patients, it's just it's hard to find under one roof.

Right. You know so well and if you go to, this doctor and this practitioner and this holistic physician and so on and so forth, you may end up getting five different answers and opposing protocols, too, because they're not quite working together and looking at the literature together and working with patients together as well.

It's exactly that can be challenging, right? Yeah, absolutely. It's the communication. Yeah. I've always said I think health care providers get into this world because they really, genuinely want to help. Absolutely.

I think they get caught with their every day, you know, schedules and rigamarole, I'll call it. Right. And they just they just don't have the time just to keep reaching out, to these other providers.

And I found that personally. So I was in private practice for 17 years or so. And the main thing that I had a problem with was finding other providers that I could team up with because I knew, right, this is that ego.

You throw the ego out the door. If I'm helping you and I know I'm deficient at something, I don't sleep well knowing that I haven't helped you with that deficiency.

Yeah, right. And it could be, you know, these chronic viruses per se, or chronic infections that. Okay, I don't have enough knowledge in this area potentially, but I need somebody who could.

Well, you try to reach out. You tried to, refer them out. And the communication or the way you treat a patient is not exactly the way they would. And it became very difficult.

Yeah. So again, to your point here under one roof with everybody like minded and everybody really pushing hard, so the patient gets the best care possible, it's not a problem.

People are willing to jump in and help out and take the extra time. So. So what are the four pillars that you. Yeah, that you look at when you're working with patients.

So the first, excuse me, first pillar is how we test it. Right. So obviously there's a ton of different labs that we want to look at, but generally we want to get a baseline for sure.

And then there's the, the other test, the diagnostic test, whether it's MRI's and Cat scans and ultrasounds and things like that.

The Four Pillars of Cancer Care

But but to me, one of the best tests, that we provide is something called the RGC test. Yeah, we've talked about it quite a bit with its other colleagues.

Yeah. It sounds like such an amazing test from a standpoint of individualizing the care. I don't think it can get any better. So the idea is the push in today's world is individualized medicine, right?

Yeah. And and for sure in the cancer world. So we could have 20 patients with the same diagnosis. But their treatment should be right. Theoretically different. Right.

It shouldn't be the same chemo agents and then the same. This and the same that. We want to make sure that we look at the patient as that individual. And then we could start tailoring their treatment protocol to that.

So in that pillar one the testing becomes very important, especially the RGC and there's many others. But the RGC allows us to get into pillar two, which is what treatment are we going to provide.

Yeah. So as an example, when we're looking at RGC and we're getting from that test, we're getting the chemo agents that the your body is going to respond most favorably to.

And then we're also getting the natural agents that your body will respond most favorably to. So we don't have to guess. Right, right. And then there's there's some other things that we do here at the clinic to figure out what combo of those will work best together.

Together. Yeah. It's not just finding the ones that, your body might respond best to, but biochemically, your DNA wise, we have to figure out which two will work together.

Multiple ones will work together. That's a whole other level that we've been working on. Interesting. And and again, if we're if we're comparing and contrasting, it's just a matter of making sure that we can individualize it.

I think that's super important. And we always talk and you might think the same way I look at it, if I'm going through this, what would make the most sense to me?

Right. And I think that's always the best way to practice as a health care provider. I mean, that's that's one of the reasons that I, after my grandfather passed away, not not only from cancer, but really, I say from the conventional treatment.

Yeah. You know, because he, had a fairly normal life. Wasn't very healthy, obviously, but active. Yeah. And then went through chemotherapy and radiation and died very quickly after and was in so much pain because of that. Right.

You know, it's set me on this path of, of exactly that. It's like, okay, I want to learn everything I possibly can about cancer. Especially its most effective treatments.

And I've already been in the natural health field for, you know, a good 7 or 8 years before that. So I knew I needed to focus on natural, holistic, integrative, and, you know, not only for myself but for my family.

That's right. And then being able to help people all over the world. That's exactly right. That's great. And that's it. If is a mission. Exactly. It's awesome.

And that's, you know, for people tuning in, whether you have cancer and you're learning for yourself or you're learning for a loved one, or you're learning for prevention, or you're learning for, you know, wanting to help others

as well.

I think that's that's a key, critical piece that you mentioned a little bit ago. I don't want to just to like, gloss over, as you said, the ego's got to go out the window.

Yeah, right. Absolutely. It's like, and we have to be willing to say recognize we don't know what we don't know. That's exactly right. And, what we think we know may be right or it may have some holes in it.

That's right. And so we need to keep educating ourselves in this process. And then also bring in other providers that can fill in the blanks because it's not about us. Yeah.

It's about at the end of the day we have to go home at night knowing we did everything we could. And to, to a little bit, parallel that, my father, 99, in 1998, was diagnosed.

I remember getting the call lung cancer, metastasis to the spine stage for. We took him to the university. Penn. We took him to a bunch of different places.

And at that time, I was at the very embryonic stages of learning about this. I was so overwhelmed, I had no idea who to call, what to do. And, unfortunately, three months later, he was he was he passed and they told us from day one, look, this is it's all over the place, right?

And so, with that, though, I look back and I didn't have any of the tools or the resources. So it's kind of like vindication where I can learn all this, and then I could apply it and maybe I can prevent that from happening.

So there's that deeper just with yourself. So there's a deeper drive there. And I think again, a lot of the providers have gone through similar situations.

So we have the ability to put the shoe on the other foot. And that's why, you know, at the end of the day, if we put all these good systems in place and all these good resources, then we I's and cross T's, we can at least say we did everything we could with the knowledge that we had.

Right. And, I think we could feel pretty good about that, you know, and we're hopeful that the patient itself, the patient themselves could say, you know what?

I feel great about the process. I made the right choice. Yeah, that's big because we know they're coming in here potentially arguing with their providers.

Right. Family members are probably disagreeing. Yeah. Because we hear it every day. And they're they're fearful that that did they make the right decision.

And we talk about this in meetings all the time. I'm certainly one that has a big voice in it that, look, we are processes have to be crystal clean, because if we're not delivering that, we failed the patient, you know, and that's important.

So so there's a deeper drive sometimes. Yeah. Absolutely. Than just hey let's let's try to help people. It's like, hey, I went through this. This was rough.

Well, I can see it here as I'm interviewing everybody and walking around and observing patients and the team and the staff and, you know, you can really sense that, that deeper drive, of course, and the mission and the care and all of it, which is beautiful.

Yeah. It's a good thing. So with four pillars, you said testing and getting the right testing. And I mean, obviously and we've talked a lot about testing in the other areas.

So make sure you listen to those as well because it's not just testing. You know we're testing circulating tumor cells

right. But liquid biopsies RGC, the you're also looking at parasites and Candida and you're looking at, you know, chronic infections and all kinds of tests so that not only the cancer itself, but the causes of cancer.

Right? Yep. You talk about treatment and determining the right treatment for the person. That's pillar two. So pillar two could be what I, what I convey to the patients.

It could be direct treatment which means iPPt for example, which is insulin potentiated therapy. Right. What what they're going to do, what the doctors are going to do is bring that blood sugar way down, and then they're going to use the chemo agents at about 10 to 20%, depending on the person and how aggressive they have to be.

The only use about 10 to 20%, roughly, sometimes a little bit higher depending on the aggressiveness, if you will. Of the chemo agents that were found on the RGC.

Okay. And then that, one of the doctors, doctor Kim, also tries to figure out what combo is best. So then we're applying what we learned on the RGC and use it using it in IPT.

Yeah. And what that does when we bring that glucose down and we use the chemo agents from the RGC, we're basically isolating cell death. Yeah, right. We're not we're not, you know, taking the entire body and focusing on where it needs.

Exactly. Right. So and that's probably one of the most aggressive treatments that we have here. So a lot of patients will come here with the understanding that okay this is a more integrative maybe more natural, and that we can do that potentially.

But some patients come in with some pretty aggressive forms of cancer. Yeah. That we have to sit them down and explain to them that this might be their best option.

Now our job always is to just give as a doctor, as a clinician our truth. Yeah, it's always up to the patient as to decide what they feel most comfortable with.

I wish that were the I mean, I wish that were the truth with, you know, in conventional medicine. Sure. It's supposed to be short, right? Yeah. Unfortunately, as you said, we were just kind of getting to the routine and the business of it and all of that, where in so many cases you hear again and again that the patient is not informed of all their options and they're just told this we need to do and you need to do it now or you're going to die.

That's exactly right. It's a little bit of a scare tactic, and we just feel like if we're a facilitator of information for the patient, I think if we if we just did that for them, I think we went, yeah.

Now with that, we feel like we have the really good resources here to be able to help them further than just the informative process. But at least if we did that, we've we've done a good job, we've shared our truth.

Right. Sometimes they'll have to for, for different reasons, do a conventional approach as well. Right. And it's very, very good to mention this and we support that.

Yeah. Doctor Keneally and the other doctors want them to have an oncologist on board. And the idea is get as much information as you can, because at the end of the day, you have to filter it and you have to with that information, with our help informing you as well.

You have to feel good deep down inside with what you're doing. Yeah.

Testing and Personalized Treatment Strategies

Because if you don't there's this internal conflict and it it breeds fear and it breeds stress and it breeds and you and you won't follow through long term and you won't heal them.

Because stress as we'll get to is one of the major components to this whole process. So, I just we just feel like we'll give information, we'll give our truth, we'll try to present it in a very easy, digestible form like the four pillars, and allow you to make the decision that you feel most comfortable with.

And then we'll support you with that any way we can. So the best way to do it, that's beautiful. So the second pillar is treatment. What's the third pillar.

Yeah. Third pillar is boost the immune system. Yeah. So it doesn't fall under treatment that you separate them. Yeah I said we separated. So we can again for the patients understanding, we want to make sure that from a compare and contrast standpoint, there's just not what they would call kind of kind of like you're just not breaking things down to we want to build at the same time as we can so we can support that immune system.

That could be IV, vitamin C's and missile tows. It could be some of the other IV, treatments that we offer, but it also could be making sure the Vitamin D's are strong.

The vitamin CS, you know, your your immune system in whatever capacity we need to identify, test and then and then build it that we do mental emotional aspect.

No question because it directly affects the immune system. Absolutely. VOCs we have an interview with yeah your colleagues about the evokes emotional healing.

I'll touch on that. Briefly and that that you know probably brings us into pillar four. But yeah, that pillar number three is we want to build up and not just break down conventional.

We'll just break down 100% chemo. Not right or wrong. Right. But but it's very, very debilitating to the body at a cellular level. And quite frankly, I know a lot of people actually, you know, unfortunately, I I've seen right.

This is personal what I've seen they pass from the chemo not necessarily the cancer. Right. And so, if we can do it at a less percentage, ten, 20%, do the iPPt isolate the cell and then we can boost the immune system at the same time.

Logically it just personally makes sense, right? I mean, it makes sense in the on paper too, but it's just a logical okay, I get that. That makes sense. Right? Right.

So well, as you're saying it, the logically it makes sense and scientifically it makes sense. Right? It's I mean, the immune system is the key component in keeping the body healthy from not only cancer, but basically just about every chronic disease on the planet.

That's exactly right. No question. And and with going back to pillar two briefly, there is an opportunity and there are there treatments within the pillar.

Number two, there is, you know, t and there's gosh, the £0.03, I mean, there's they're always coming up with different treatments based on the research there.

But sometimes patients don't need that type of aggressive treatment. Ideally we just work them through pillar number three and pillar number four okay.

You work them through just boost their immune system. You might not even do pillar two, which is more like an aggressive, targeted treatment. You might skip that if you need to and just go to really work on the immune system. Agree.

I call it, a direct approach or an indirect okay. To direct is how do we attack that sucker? It's aggressive. Yeah. Let's let's get on it. Sure. The indirect approach is maybe somebody came in and it's early in the process.

We have time, so to speak. Yeah, right. We can work on pillar number three, which is boost their immune system,

get them on the IVs, get them on the right supplements, make sure we're pouring water on the fire and then get into pillar number four, which is making sure we identify what caused it.

And we were talking off camera when I say cause it's usually causes. Right. So it's usually multifactorial. Yeah. And so we have a strong checklist that is from the research, but it's also from the, you know, our experience.

So we have this checklist that we work 47,000 patients, 50,000 patients through. Here's what I've heard pretty much. Yeah. Somewhere in that range. That's a lot.

That's correct. That's a lot for sure. So, we're developing these systems and these processes to where we can make sure. And that's part of my one of my jobs here is to make sure that I meet with the patient roughly about a week after they see the main doctor.

I make sure that they, their questions are answered. They're going to be a bit overwhelmed. Yeah, because the four pillars, right. We're giving them a lot.

And then I have to make sure, along with the doctors, we have to prioritize some things. So in pillar number four it's all those causes. Yeah. Right. It's inflammation.

It's gut health. It's infections. And those infections could be bacterial.

Boosting Immunity and Addressing Root Causes

They could be viral like your Epstein-Barr is what they call the the king or queen of all viruses that in the research if, if that those levels are elevated, we have to consider what to do about them.

And there's other viruses as well. But then you get into your fungal infections like your yeast and your mold, right? We get into the oral cavity infections that can be found in there.

Yeah. We get into metal toxins, heavy metals, nonmetal toxins that you get from herbicides, fungicides, pesticides. Right. And those create that antigenic effect, like we talked about where your body is going to respond from an immune system standpoint.

The more we have here, the more fire we're going to have. Yeah, but the weaker our immune system is going to become or the cause is the fuel that you're talking about.

That's exactly right. It's the gasoline. The gasoline. Yep. Got to get rid of the gasoline. And that's heavily in the heavy in the research. But we see it clinically too right.

It's a beautiful thing. It's a strange dichotomy to say that. Right. That we can correlate what the research shows and what you're seeing in clinic because you're like, okay, this is right on right now.

Sometimes you read some things like, you don't really see it clinically, so it might not be as real, but these are the things that we're seeing consistently.

And then you're constantly seeing Epstein-Barr. And I think it was a 95% statistic with, was a breast cancer that I heard. Yep. You're seeing you know, parasites, Candida, almost every single cancer, almost having parasites.

Candida. You're so you're saying these correlations heavily, clinically are very evident. Exactly. And when you when we're explaining to the patient about these things and giving them the, the ability to compare and contrast, right, okay.

This is what one paradigm might be doing. And it's just we're going to we're going to do this and not look at these other areas. We're not going to immune boost.

We're not going to look at the cellular environment. And if we don't change that cellular environment from a cost standpoint, because I think the research, you know, I don't want to, but a small percentage are actually, gene 3 to 4%.

It's a small, small percentage. Right. And so, we know that something created this or some things. So if we have this formula and we were talking off camera, the formula is no different for you and I either.

Right. Are the athletes that I work with, the high level athletes. They're also I'm taking them through this formula as well. Yeah. Because at the end of the day, the cellular environment, if the cells healing faster than it can break down, we're we're creating health.

Right. If it's breaking down faster we're getting into disease. And so all these different things that we've just talked about causative wise are creating the disease.

And so if we can identify and then we can put you on protocols to start cleaning them up. Now we're getting somewhere. Now we're changing the environment.

So it boosts your healing potential but also future. What about reoccurrence is right. We have a lot of patients come back with recurrences. So to your point about the RGC, those circulating tumor cells, they will show if we've got it.

All right. So a doctor might say oh you're good. Well if those circulating tumor cells are still high and nothing was done about the cellular environment right now, look that's logic, right?

Then we we have a high chance of this reoccurring and we minimize our upside. Right. That's we don't can't do that. That's not for our patients. Well, and we were talking a little bit beforehand as well, you know, this, this fascinating concept of people think, and I've written articles about this over the years as well is that we think it's not it's it's natural.

It's normal to be sick. Right? As we age, we get sick as we age, we get we get as we age, like it's normal. Like that's the way it should be. And the reality is, that's not the way it should be.

It's exactly if we're taking care of our bodies and doing everything you're talking about, right? If you're if you're treating the body as an athlete, the pro athlete would, which is the sleep, the nutrition, the diet, the exercise, lymphatic, the gut, the immune system, all these things.

Right? Which is, you know, I'm a CrossFit athlete. I'm a competitor. So, so, so it's like, you know, I'm very performance mindset and that way. And it's like I want to perform at my highest.

But I also want to live very long and healthy for my children's children's, where they're great quality of life. Exactly. Yeah. And and you know, someone with cancer is in there.

So thinking about performing at their highest levels, just how do I heal from this thing? How do I feel better? How do I have more energy? The beautiful thing is, whether you're 50 or 60 or 70 or 80, you can rebuild your mitochondria.

Yes, you can heal your gut lining. You can regenerate your cells. You can actually, rebuild your, your mental energy, your your ability to have strength.

I just saw a 90, a 90 year old man deadlift I saw lifted 405 pounds off the ground. So my 225, I'm like, all right, I got to get going. Which is. Which is so inspiring.

You may never want to lift 405 pounds off the ground at nine years old, but the point being, yeah, is that that is the body's potential when we're taking care of it. We are meant to be strong.

We are meant to be healthy. We're meant to be vital. That's right. But we can't do those things if we're not

addressing, you know, all these underlying factors.

The cause is getting rid of them and focusing on all the things that boost the immune system, as you talked about. So those those are critical, like they're two sides of the same coin that you have to address.

That's part of the equation. It's part of the puzzle. It's you and you guys do it here, which is you put a huge focus on it. Huge. You know, huge. If there's any medical doctors watching, please.

You know, take this out to your, your clinics as well because this alone is will transform, you know, society for the better forever. And to that point this is a movement.

So the way we look at it here is more than treating patients. But we want to actually, you know, create a legacy. Yeah. Right. You want to look back I do anyway and know that I made a difference but not just in a small, community here.

Although I that's obviously what we want to do, but we mean globally. Yeah. Like, let's change the paradigm. Let's change the mindset. Let's what we need.

Absolutely. So so it's great that what you're doing totally on board with. It's awesome. Yeah. Something to add to. Yeah. What you just said somebody told me a long time ago, these problems that we get as we get older are common, but they're not normal.

There we go. It's a best. You said it better than I could have. No, no, no, it's it's like people come in and the doctors will say well it's just normal. This is normal.

There is no such thing. No, no such thing. Absolutely not. And the number one thing that I try to articulate to my patients is don't buy into that. Yeah. Right.

And now what they see. Right. Because that's what they see. They see bad knees and bad shoulders and you know, the digestive system just totally breaking down and brain's getting bad and all these different things.

So because they see it all the time, they're just like, yeah, this is just part of normal aging, right? No way that when you look at the blue zones, know what?

When you go and talk to the people who are living 80s and 90s and one hundreds without chronic disease.

Education, Patient Empowerment, and Closing Remarks

That's right. It's not normal for them. Absolutely. It doesn't have to be normal for us. So if there's one person getting there, we got to figure out what that one person did and we can follow that.

Yeah. So there's again I always talk about ways to, minimize your downside and maximize your upside. Yeah. It's formulas it's processes it's systems. So what the four pillars is that formula.

Like we have to figure out okay. We test we treat we immune boost and then we fix the causes. Yeah it's that simple. I mean there's a lot to that, right. Simple.

Not always easy but simple. Theoretically yeah. It's not always easy. So that's where you need, I'll use the term coaching or you need somebody to quarterback the process and, and walk you through.

Okay. I've done this, I've done that. I've done that. With that comes confidence too, right? It's just like an athlete preparing you. When an athlete gets on the field and they walk around and you know they've got it right, they got it because they prepared relentlessly right.

So they know they have it because of the preparation but also the performance. Well it's like that in cancer care.

You watch patients go from very fearful and very, anxious.

And then as we teach them more and more. So we do a cancer class once a week for an hour and a half, and we go through all this. We have every provider on and what are our our objective is, is to make sure that we teach.

And that's the goal. It's teach, teach, teach because we want to lower you. Yeah. We want to make sure that you're your best advocate. Yeah. And as you do that, what happens is the fear and the anxiety comes down because the value goes up and your, you know, what you're doing for your body is the right thing.

And now all of a sudden you submit to the care. Yeah. What a beautiful transfer. You're not you're not fighting it anymore. You're you're actually helping it along.

And we find that those patients heal and that's. It is. Yeah. You said education, education, education. That's a big part of it. Yeah. Well thank you so much doctor Tony I appreciate it, man.

I love that you're a wealth of knowledge, a wealth of inspiration and wisdom. So I really appreciate your time. Anytime. Yeah. Glad to do it. Yeah. And I want to thank all of you for tuning in to the Global Cancer Symposium 2.0.

Make sure to share this with friends, family, colleagues, anybody who needs to hear this information and, visit Cancer Center for healing.com and learn more about working with this amazing team here, no matter where you are in the world.

Again, I'm Nathan Crane. I wish you all ultimate health and happiness. Take care. You're looking.