Introduction to the Symposium and Guest

Hello, everybody. Welcome to the Global Cancer Symposium 2.0. I am your host, Nathan Crane. I'm really excited to be coming to you right here from the Cancer Center for Healing in Irvine, California.

Today we're talking with Doctor Beta Baraka, who started out as a primary care physician. She's going to share with us a little bit about her story, as well as some really fascinating information about, preventing recurrence of cancer as well as, identifying if you have cancer and what you can do about it.

You know, here I am at the Cancer Center for healing. We're doing a number of interviews here with this incredible, integrative medical team that is approaching helping people with cancer from a very multi-pronged approach and doing an incredible job at, helping educate people, not only in prevention, but also supporting them on their healing journey for reversing cancer.

So anyway, doctor, to thank you for, being here. Thank you for for joining us and for sharing some time with us. Thank you for having me. Thank you out there for listening and joining us.

Hopefully this information will help you.

Liquid Biopsy and Early Cancer Detection

So I, I'm really excited to be here to to share the information. Yeah. So you started out as a primary care family physicians. So I finished my family medicine residency in 2011.

And at that time, my mentality was, if someone have cancer, you need to have surgery. Get it out of your body right away before it spreads. Chemo and radiation. It. Yeah.

But that was our mentality. That's how we were trained. No one talks about circulating tumor cells that are floating in your body. No one talks about before that tumor is detected.

It was like six years ago before. I mean, it takes about six years, 6 to 8 years to form a tumor in your body. So it's slowly growing and growing until it's detected on the imaging.

Or you could actually feel the tumor. Right. But when it's in you, right in the beginning it has circulating tumor cell that's false and goes into your blood.

So it's actually floating in your blood. So if you want to know if you actually have cancer right now or not, you could do a liquid biopsy which actually is coming in us to, they're talking about liquid biopsy but unfortunately they're not there yet.

Can you, can you send, can you take a is it a blood sample. So yeah. So it's a blood sample. It's done in a couple of labs. It's done in Germany. It's done in Greece.

They draw your blood, they look at the circulating tumor cells, they look at CD 133, CD 44. They look at the cancer stem cell and tumor cell. I like to do them myself yearly.

So far I've been negative, so I know I don't have too much floating in me because none of us, you know, we all are at risk, even though with our lifestyle that we still could be at risk.

So it's good to do these tests, I think yearly to be ahead of the game. So can people come here and get their blood drawn? And then you would send it off to these labs and then you can inform the play.

Even though they're not in the US you can work with people in the US. Absolutely. Yeah. There are actually the laboratories in Switzerland, all over Europe.

It's one of the biggest laboratory, the one that we use. They could be anywhere and may have been able to draw it in the country. We have patients out of countries too.

So they do that. They do it in Spain, Greece, France, Switzerland, a lot of places, so they can identify circulating tumor cells. How like what how much earlier could you detect if you have cancer circulating in your body rather than waiting six, eight, ten years for the tumor to be identifiable?

Yeah. So, right. When these genetic mutations happen, these changes happen in your body that your body cannot immune system cannot handle it. Then you've had enough for me. Tumors.

These there is circulating tumor cells in your blood. Yeah. Once that tiny tumor is formed it's 6 to 8 years prior to diagnosis. You could find out. So you have that six eight year gap to change your lifestyle to do everything you can to look for the root cause so you could find it right away at its very, very beginning stage and not even detected on imaging.

That's the fun part, because it can be millimeters or not even a millimeter yet. It could be imaging circulating tumor cell in your blood. So, you know, as long as it's a tiny tumor, you know that it is.

And, some people I done early testing on them that their stem cells showed there is a few mutations, but they haven't formed a tumor yet. Then we do testing to make sure, you know, vitamin, they don't have vitamin deficiency.

They don't have toxicity. They don't have overload of parasite viruses. Whatever it is that weakened his patient's immune system. So it's I think it's good to do this kind of testing to be ahead of the game.

This is like ultimate prevention right here. Right. As you're getting these tests ahead of time and you're at the same time you're looking at other factors that can contribute to cancer, like you just mentioned, parasitic infections and viral infections, chronic infections and so forth.

And it's a lot cheaper. It a lot easier. Yeah. Right. To catch cancer that early that there's two ways.

Microbiome, Gut Health, and Cancer Prevention

Yes I have so many patients now. For years I've been monitoring them. I'm like you know something is cooking in you. You have those early hormone you have, but you haven't formed the tumor yet.

So that is one step before that testing we could do. So if someone's that circulating tumor cell is not formed yet, you're not there yet. But we know your immune system is weakened.

We know your white blood cell is dropping. Something's going on. You have gut issue. Just one thing I want to recommend to all people out there is any symptom you have.

Pay attention to it. It's a sign of something is going on and you don't take no red. Don't say, oh, it's just bloating or just bloating. Gut plays a key role.

There's a new study this year came out from Israel. That microbiome is the key microbiome. Actually with fixing the microbiome you could treat cancer.

Yeah. They saw stage four melanomas who died who didn't respond to immunotherapy drugs. And then they look at their stools. They look at the bacteria in the gut.

What it could be, you know, by looking at the stool, analyzing the stool. Then they saw patients. Stage four with

melanomas that were treated with immunotherapy like Keytruda or whatever it is out there they use.

And then they look at their stool and then what they did was they did fecal transplant. They got that stool to as patients stage four melanoma. They had a 30% respond.

Isn't that amazing. Wow I just show you how key your microbiome. Which diet. Stress. Yeah. Acidity. How can you taking antibiotic. Everything affects your microbiome.

Yeah. So if you have a good gut most likely you will never ever have problems. Well 70% at least 70% of the immune system is in the gut. Right. Absolutely.

And we know that the immune system is absolutely critical. Yeah. In helping to helping the body to rid itself of cancer cells. Yeah. Yeah. So because we have to be on top of this game because we know one out of two men get cancer, it's US statistic in this lifetime.

One out of three woman. So we we have to be ahead of the game. We need to be, you know, be good detectors. Yeah. Basically. Yeah. Well and that's you know, that's, I think the way of the future if, if we not only educate ourselves, but our children and our grandchildren to say, look, health has to be a priority.

You know, the whole Covid situation has helped me. It's made it very visceral for me. It's really put this in front of my face more than anything else that are that we've filled our society because our children and our youth and our adults know very little about what health actually is and how to take care of the body and how to heal it, and all these things that you know you're doing here with people, you know, cancer, what you're doing for cancer often is, is diet, lifestyle, all these changes, these, these ways of enhancing the immune system, rebuilding the mitochondria, you know, repairing all of the gut issues, getting rid of toxic, getting rid of toxins.

All this stuff is the same stuff you would want to do to prevent yourself from getting sick from just about anything else. There's nuances and differences, but there's foundations, right?

Yeah, well, you need to start early with your kids. You want to give them sugary stuff, but it is going to affect their gut. I started my boy, I have a two year, a nine month old boy.

I started green juice. Yeah, four and a half months. Five months. Started giving him green juice. Now he's like asking for green juice. So it's like, which two and a half year old or two?

Since early on he was, you know, he wanted green juice, but he just started asking for it. This is like, wow. So it's important to start early. Don't give antibiotic to the get kids.

It affects the gut. That is everything. Yeah. So you know they develop if you develop rashes in the body there is something wrong with your gut. Yeah.

You know I always say don't do the Band-Aid method. So me after I was, you know, after family practice, all that we were all trained. The Band-Aid method. Yeah.

If you have this symptom, take this drug. If you have this, do this. We never. Okay, why do you have palpitation or why do you have these rashes besides just putting corticosteroid on you?

Yes. Steroids get rid of rash. But why do you have rash. Rash. It's a lot of time has to do with leaky gut. Has to do with, allergies to food. You know, you want to address the root cause, but I don't want to go too much into that.

But, you know, I started as a conventional learning, just giving drugs, doing that. But then I would see at urgent care, like first case that I never forget pancreatic case, pancreatic patients.

She was living for three years. I'm like, what's your secret? Usually they do surgeries. After 4 to 6 months, patient becomes stage four, then they chemo, then patient dies within 1 to 2 years.

It's unfortunately, you know, very. But she wasn't life healthy. She had a tumor in her living. I'm like what's your secret? She's like, you're not going to believe me, I do.

I'm open minded. Tell me. I did grow up in Sweden. More natural. You know, we didn't take growing up narrative drugs or medication or antibiotics. So.

Root Causes, Lifestyle, and Childhood Prevention

So I said, I do believe in natural. Tell me so she said I started taking a lot of enzymes, a lot of pancreatic enzyme. I started do juicing. I started doing I. V.

vitamin C taking supplement. I did a lot of this stuff. So I'm living with my cancer tumor. I had a tumor in me and I'm living my life. Well, it doesn't by a three years.

I mean, that was I don't know where she is now, but when I was at the urgent care visit, I saw her. The funny part is I saw a patient spoke to a patient a week ago with the tumor in the head of her pancreas.

And tumor marker elevate. And the Greek test that I did the liquid biopsy came out positive. You have circulating tumor cell. You have stem cell. So I said you have pancreatic cancer.

She's what she was in denial. She also has so much anxiety stress which is true for anyone with diagnosis of cancer have that I understand. But I said you know she's like how do you know I have cancer?

I may not be cancer. I said, you know, you have a tumor in your pancreas. You have the tumor marker elevated. What's the point of going to a biopsy? Why would you want to do that?

You can spread it around your body. Worse happens once that needle goes in. There comes out. There are these circulating tumor cells, these daughter cells, which a lot of oncologists are calling these cells comes out and it spreads and more.

Yeah, it spreads as more a patient usually do worse after biopsy. I have a patient actually swear by it. After the biopsy they tumor they got worse. I'm not saying to don't do a biopsy.

You want to do biopsy but you kind of want to be ready for it. You could do liquid biopsy. We could figure out what you have some cases a prep patient for biopsies.

I say, you know, do this do this for a couple weeks. Build up your immune system before you do a biopsy. Or if it's a small tumor, I say, okay, biopsy on freezer right away.

You know they can freeze the two cryo blast stations. That was grab lesion. Yeah. You could freeze tumors right there. But some cases yes we do need chemo I do believe you know if you have a Her2 positive cancer breast cancer you need chemo you need Herceptin Projeto.

And you know usually they need chemo too because those tend to be a little bit more aggressive and spread. I had patients coming to me after eight months of biopsy from East Coast saying, you know, I had this.

I wanted to do natural. I said, you know what? You can go natural. Now. That tiny tumor was huge. And I imaged her. It was already in her liver. So she was stage four within the eight months after her biopsy. Wow.

They took her probably six years to at least. Yeah. Right. Yeah, yeah. Before that biopsy and very quickly after that biopsy spread so quickly. Wow. So that's when you when you recommend chemo you're talking more low dose IPT chemotherapy.

That's the best thing to do. But let's say sometimes patients that you know what financially I can afford I don't know a doctor Ramey. Yes, you could do chemo but get prep for it.

Like I tell patients, you could fast the day before the day the day after your chemo. We put them on supplements to make them more chemo sensitive. We.

I don't put patient on vitamin C, vitamin E, antioxidant when they go through chemo during those three days. Why not? Because, you know, when do you give chemo and radiation.

You producing lot of free radical. Yeah. You don't want give antioxidant to patients to protect that. You protecting the cancer. Neutralizing the free radicals.

So you don't want to take care when you're getting that day, the day before the day after. But then once that chemo you have a week off you could go get your high dose side B vitamin C, you could do your supplement, whatever you're doing.

So you would do a few weeks or months of prep building the immune system as much as possible. If someone wants to do chemo, and then you might fast for the day before the day of the day after Easter, and then couple days after your chemo, you could do it, and you can go and see a couple days after your interest, you could do ozone therapy.

You could do and or laser a lot of different therapies. Sometimes we have hyperthermia that helps to increase the blood flow to that area. So the chemo reach out there better right.

We have hyperbaric oxygen which helps with the blood flow to help the chemo get better. There are a few chemo like the Ruby Cinders. There's some that are contraindicated.

You don't want to use oxygen, but most of the time oxygen is beneficial. So, there is a lot of thing you could do. It's always good to. Don't rush. One thing is oncologists tend to put fear in patients right?

If you don't do, it is going to spread right away, right? No, that's not the case. You have to remember it took 6 to 8 years to form that tumor. What you're at.

Yes. If you do biopsy, poke a hole in it. There is risk of more spread and all that. But waiting a few weeks to consult another doctor doesn't hurt you, right?

I don't, I remember I had a cancer patient, I was at Kaiser. The doctor said the lady came to me with UTI. She's like, I have chemo tomorrow. I said, when were you diagnosed?

She said, earlier this week. I said, there is no rush to jump into chemo right away.

Biopsy Risks, Chemo Preparation, and Integrative Support

You have infections. Yeah, you need to wait. She's like, oh, the doctor said, if I don't do it, it's going to spread all over. So that's unfortunate. Sometimes oncologists do put fear, but the problem is patients sometimes with the cancer they go disappear for a year and then they come back.

I mean, I had a patient after two years coming back to me after I'm like, what have you done? Nothing. I had so much busy with family issues moving this.

I haven't done nothing. So then at that time, imaging all the cancer spread. So you don't want to wait. So I'm and I say, you know, you could say living the same lifestyle that created the cancer.

Exactly, exactly. So we know diet does play a key role in metastasis. But changing your diet a lot of people say, oh, I should do vegan. I should do keto.

It's so confusing for them out there. I understand your research. There's so much diet, but it depends on your gut. It depends on your cancer. If you're hormonal or positive, a breast cancer, your colon cancer, prostate cancer.

Yes, his best to be vegan. No animal product because he has estrogen in animal, even grass fed organic free range. Still his animal is animal. They have natural estrogen hormones like we do and it's very inflammatory as well.

Correct? Correct. Another thing is which lot of cancer patients, we don't want them consume too much animal product because it's inflammatory and acidic.

Yeah. But if someone has lymphoma leukemia animal product is okay as long as a lot of animal products, some people say be on ketogenic diet, it's fine as long as the inflammation is low and they're not acidic.

I always say check your cancer like the environment pH 6.5 to 7.5. Right. So you want to have a pH of 7.5 to 8.5. You don't want to be 99.5. And you you're not changing your blood pressure after talking.

Yeah. Yeah. You can't really change your blood exactly when you're comatose. Right. Even change in a few points in, you're going to be dead. It's not something you can really do with diet change anyway.

Yeah, but extracellular. Exactly. Tissue. Right. It could change your tissue. Extracellular the environment because cancer cell produce a lot of lactic acid.

Yeah. That's why they make the tissue acidic. And that's hard. That's why some cancer patient even when they're fully vegan they're battling. Yeah. Yeah. No it's really fascinating.

And especially staying on the topic of prevention. Right. Because I think this is a really key piece here. One, this Greek test, you're talking about a Greek risk test.

So this is good for anyone just wanting to you know, see if you have circulating tumor cells throughout your body. What about people who have had cancer?

They're in remission, or they've even overcome cancer and they're interested in just saying, okay. Yeah, it's on the right path. That's a good question. That's a great question.

Because what does oncologist do. The image you every three months let's do CT scan or let's do mammogram every six month. That's too much radiation. What's radiation.

It produces free radical. It can in itself cause cancer. You don't want to do I mean, sometimes we have to do. Yes. We'll give you supplements like s.

So d and they c give you supplement to protect you against that radiation. But just doing imaging like that. By the way, by the time the tumor is back and you have metastasized, it's too late.

Yeah. So you want to do bloodwork like one is called GI is done by American Metabolic Lab. It stands for phosphor HEXO. I saw in the race, it's an enzyme.

It's basically a marker of fermentation. It's a anaerobic. So metabolism. Metabolism. So it's a marker of anaerobic metabolism. So if I want to know I may develop a cancer or not.

I could do that blood test. Yeah I and they do also do early hormone. I could do that first actually because that could be even this first step. So I would show you a tumor even is form.

Yeah. We'll show if I'll show you if you're more anaerobic in your blood. Is that so? How does that work? It's when cancer it's an enzyme that mainly produced by cancer okay.

It's by cancer. Okay. So if my high is elevated, that means my body wants to form a cancer. Yeah. At the same time, if I have a cancer patient and does that fasting, he's right.

Now she's in remission. And six months later I do that. It goes up. That means that patient is in a state of anaerobic metabolism. That means the state of metastases, the cancer that is risk of cancer metastases.

So we need to do stuff because we know cancer thrives in an anaerobic environment. Yes. Absolutely. Low oxygen anaerobic environment. So what do we do on that patient.

Hyperbaric oxygen alkaline ING them I. V. vitamin C I down. Yeah. And then they're better because those don't bring the pitcher down to. No no okay. So it doesn't I had patients many patients does.

But does vitamin C work for everyone. No. Does hyperbaric oxygen work for everyone? No. Not necessarily. I had a few cases that then neither of those work.

So that means basically none of the natural stuff working on like I'm sorry. So then you're going to want to do for you try and do different things, all different stuff.

But I said, you know, go to your conventional doctor, you need to get on that chemo or whatever you have to do, do your Pet scan. Sometimes this shows before Pet scan even show anything.

Yeah. So your oncology said nothing is going on with you. But I know as a physician something's going to happen soon. You're going up. So I do these markers, I do this, this is part of a cancer profile test.

But that's just a part I do on a cancer patient. Someone. And they'll do I have cancer? Am I in the right? Where am I in my body? Am I going the wrong direction?

Am I being fermentation is happening anaerobic environment? Then I do cancer profile that even shows way early before a tumor is formed. Yeah. So before that or DCC testing I could do that one.

So that'll give you some indication. Even before circulating tumor cells. So that means six years before that. So way ahead you will know if that's negative.

That's a very good marker. But is it 100%. No. Is our JC 100%. No. Our JC can not be 100%. There is no test that is on a percent. So we have to understand it.

I had a few patients who had negative RG, cc. I said you know what, go ahead and do that biopsy. Of course I prepped them and everything.

Monitoring Recurrence and Cancer Markers

It's most likely is negative. But then it came positive. So no test is 100% guaranteed. Yeah. But so far it's fairly high. You know what would you say is a percent of our genes. See I would say like 96% very high.

So far so but so far I've been using it for eight years. In terms of positive or negative, someone having cancer, I'm talking about not in terms of other stuff, but in terms of someone having cancer, not having I just it just failed me twice so far.

And one time it just for me, it's told me circulating tumor size zero. That means patient doesn't have metastases anywhere. But patient did have metastases in the bone.

So circulating tumor cell wasn't in the blood. It was in the bone. So it didn't show in the liquid biopsy. So but it's rare cases. It's like any test you know a kid even when they look at the biopsy sometimes they say it's inconclusive.

Or they say it's negative. That's a problem. Another thing it's a problem with biopsies. Let's say this is your tumor. The needle goes here and it comes negative.

The cancer maybe this side of your tumor. Yeah. And they can't reach it because it's the other. But this side do

image still circulating tumor cell in your blood.

Interesting. So you could that way you don't miss biopsies because I had a patient who had biopsies two years ago on their breast. Yeah. Then two years later that's positive.

Well, what I love about what you do here is you're looking at, you know, as many different, screening and diagnostic methods as you can from the high to the risk.

Yeah. To also you're looking at parasites and you're looking at bacterial infections. You're looking at, you know, chronic situations yeast Candida and these things that we know if they're left untreated for years and years and years can lead to yeah, cancer immune autoimmune issues.

You know, if you have chronic inflammation, celiac inflammatory markers and all those things. So you can identify those things early on. Yeah. Where you can start addressing them. Right.

Using more natural, holistic integrative methods. And then you're going to set yourself up for for a lot more success down the road. Yeah. So what patients what let's say they had a diagnosis of cancer.

They're in remission right now. I would not call them cancer free. So a lot of people say, oh don't call it that, I'm cancer free. But but but the problem is you have circulating tumor cells floating in your blood.

Well, in remission just means also the the medical term of remission also can just mean the cancer has stopped growing, right? Yeah. Even though you still have cancer, the tumor there is no active tumor.

There is no. But you have that circulating tumor cell. They can keep add on and add on if you're eating bad, if you're stressed, if you're sleep deprived, if you have an address.

The problem toxic overload, toxic overload, it can come back. Yeah. Like I had a patient, had throat cancer, removed the tumor, had chemo radiation. Two three years later, another tumor came back the other side.

They remove that. Four years later it came back. End of it. Wow. His problem was he was HIV positive and no one addressed the virus. Of course, conventional doctor, they said there is nothing we can do for your virus, but what do we have?

Herbal therapy for virus, ozone therapy, I. V., vitamin C, you name it. There's a lot of stuff out there that you could address and kill the virus. You get to the root cause. Exactly.

If you don't get to the root cause is going to come back. Yeah, no matter what. Even breast cancer, majority, 95% breast cancer here. My patient had parasites.

If I don't address the parasite, I had one page that's 95%. Wow. Came here to see me from different states. She was so weak. She'd done everything conventional.

I said, you know, you have parasite. You have an address to parasite. You can heal your body. Yeah, but guess what? It was already all over her body.

Parasites, Acidity, and Digestive Health

Even in her brain, I said, was all over. I put her on treatment. She started vomiting. Warmth. Wow. She couldn't tolerate. She couldn't handle. They took over.

That was nothing to do for her, unfortunately. Wow. So that's why you have to address so that if people say, how do I get parasite? How do I get all of these?

The problem is, let's say you travel. There could be exists in the water, giving us 20% of us water is contaminated

with the against this. So our gut should have enough stomach acid.

HDL to prevent it to not let that against cyst cross. But guess what does a lot of people ask to take? Antacids, right? And drinking alkaline water. A lot of it thinking that's great all the time.

It's not good to drink alkaline water with your food, right? It's not because you need that acid. It's not good to have to take anti acid. What's the purpose of acid?

That's a barrier to avoid the H pylori cross. Yeah. To avoid the parasites to cross because the pH would be like 2.5. Really low pH in your stomach to kill everything.

And then those egg or cysts goes into your organ, grows and multiply and produce. It could be years in use, sucking in nutrients, sucking you in from.

Isn't it true also that, people who have, you know, heartburn or, you know, acid type of issues, right, where, reflux, acid reflux, for example, is not necessarily that they have too much acid, which is what people think.

It's that they don't have enough because because their body is utilizing all of it. For in a lot of cases, animal products are very acidic and require a lot of acid to break them down.

And I mean, this is true for myself. When I went to a plant based diet and I started doing more, what people this is the interesting thing, right, is doing more lemon lime, apple cider vinegar things we identify as acidic but actually help your body become alkaline because they give you the digestive support.

So this is a good thing that heals up. Very true. So if you have good enough stomach acid, you're adding acid to it. That's perfect. You know you're adding lemon or you're like lemon on water.

It doesn't bother you. Yeah. You know, but if people don't have enough stomach acid and take lemon water or vinegar water, it does upset their stomach.

So they can do it. You have so much inflammation, you want to do aloe vera to heal. Yeah. Sometimes they're allergic to a food. Like if I eat eggplant because I'm allergic to eggplant, I get acidic.

I just don't tolerate it. Some people eat red meat. They get acidic, they can't tolerate it. So that's why food allergy is important to you. Want to listen to your body if you develop acidity after eating something, make sure you heal.

I mean, pay attention. Get it out of your diet. Yeah, heal your gut and intestine because that plays a key role. Well, thank you so much, Doctor beta.

Thank you for your time. Thank you for your, you know, wisdom that you've shared with us. I'm sure people got some some really great takeaways from this.

And thank you for having me. Thank you for listening. Yeah. At the Cancer Center for healing. If you want to work with, Doctor Peter and Doctor Keneally and their team here, go to Cancer Center for healing.com and to learn more about all of the great resources and team and support they have.

And make sure to share this, share this symposium with your friends, your family, colleagues, anybody who needs to hear this life changing information.

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