Dr. Bita Badakhshan, M.D. - Avoiding Metastasis and Recurrence of Cancer Transcript

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Introduction and Interview Overview

Hey, it's Nathan Crane, director of the Health and Healing Club and host of the conquering Cancer Summit. And today, I am honored and excited to welcome you to a very special interview.

Today we're talking with Doctor Beta Braxton, 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 Beta, 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. So I'm really excited to be here to to share the information. Yeah. So you started out as a primary care family physician.

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.

Early Cancer Detection and Liquid Biopsy

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. Growing till it's detected under 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 all false and goes into your bloodstream.

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 is it a blood sample? 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 to be 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 they 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 and 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 happens, these changes happen in your body that your body cannot immune system cannot handle it. Then you've got enough for me tumors these.

And 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 find out. So you have that six eight year gap to change your life side to do everything you can to look for the root cause.

So you could find it right away. Yeah, it's very, very beginning stage and not even detected on imaging. That's the fun part because it can be in millimeters or not even a millimeter.

Yes, 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's a few mutations, but they haven't form the 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 we can 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 way 30. 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, is 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.

Gut Health, Microbiome, and Cancer Prevention

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% response. Isn't that amazing. Wow.

It just shows you how key your microbiome which diet stress. Yeah. Acidity alkane and 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. And it's like one out of three women.

So we have to be ahead of the game. We need to be, you know, be good detectives. So 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 is going to affect their gut. I started my boy, I have a two year, 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 the early on, he was, you know, he wanted green juice, but he just started asking for it. That's it was like, oh, 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 get steroid 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.

That's unfortunately you know very. But she was amazing. 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 no to drugs or medication or antibiotics. So. 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 doing 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 have pancreatic to marry me and I'm living my life. Wow. It doesn't buy a three years.

I think that was I don't know where she is now, but 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 was I had 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?

Which 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. Add more. And patients usually do worse after biopsy. I have a patient actually swear by it.

Root Causes, Lifestyle, and Childhood Prevention

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 couple weeks. Build up your immune system before you do a biopsy.

Or if it's a small tumor, I say, okay, biopsy and freezer right away. You know they can freeze the two cryo blast stations. So it's cool probably. 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.

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.

But it took her probably six years at least. Yeah. Right. Yeah. Before that biopsy. And very quickly after that biopsy spread so quickly. Wow. So that's 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 doctor Ramey yes you could do chemo but get prepped 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're producing like a free radical.

Yeah. You don't want give an antioxidant to patients to protect that. You protecting the cancer. You're 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 want 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 them and see a couple of days after your interest.

You could do ozone therapy. You could do indoor 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.

You have infection. Yeah, you need to wait. She's like, oh, 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 long? I don't know, I say, you know, you can 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 you've researched there is 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 is best to be vegan.

No animal product because it has estrogen in animal event, grass fed organic free range still is 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're not changing your blood pressure.

Love talking. Yeah. Yeah. You can't really change exactly that in your 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.

Conventional Treatment, Biopsy, and Chemo Support

Exactly. Tissue. Right. It could change your tissue. Extracellular the environment because cancer cells 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 is a Greek test or DCC test. So this is good. 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, you might on the right path.

That's a good question. That's a great question. Because what does oncologist do? They 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 itself cause cancer. You don't want to do I mean, sometimes we have to do. Yes.

We'll give you supplements like a so D and a C we give you supplement to protect you against that radiation. But just doing imaging like that. And 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 hacksaw I saw in the race. It's an enzyme.

It's basically a marker of fermentation. It's a anaerobic. So metabolism and metabolism. So it's a marker of anaerobic metabolism. So if I want to know why am I developing cancer or not.

I could do that blood test. Yeah I and they do also the 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. By cancer. Okay. So if my eye 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 the it goes up. That means that patient is in state of anaerobic metabolism. That means the state of metastases, the cancer that is risk of cancer metastasis.

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 down. Yeah. And then they're better because those don't bring the side 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, neither of those work.

So that means basically none of the natural stuff working. I'm like, I'm sorry. So then you're going to different what to do for you try 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 oncologist 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 the part I do on a cancer patient. Someone who want to know, 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. 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 DCC 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 DCC. I said, you know what, go ahead and do that biopsy. Of course I prepped them and everything. It's most likely negative.

But then it came positive. So no test is 100% guarantee. Yeah. But so far it's fairly high. You know what would you say is a percent of our DCC. 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 found me twice so far.

And one time it just felt me. It told me split into my size zero. That means patient doesn't have metastases anywhere. But patient did have the testis is 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.

Remission Monitoring and Recurrence Prevention

The cancer maybe this side of your tumor. Yeah. And they can't reach it because is that it. But this side do em. It's 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 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. Sure. 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 patient what has 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 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 haven't addressed 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 into that. Wow. He's 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. 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, even in her brain. And her side 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 I could 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 again cyst cross. But guess what? Does a lot of people out to take? Antacids, right.

And drinking alkaline water. A lot of it thinking that's great all the time is 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 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 you 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.

Parasites, Stomach Acid, and Food Sensitivities

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 lemon and 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 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 Neely 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. And I want to thank everyone for tuning in to the Conquering Cancer Summit.

Please share this with friends and family. Together, we truly can make a difference for the future of humanity in ending the cancer pandemic. Thank you.

And I wish you ultimate health and happiness. Be well.