Introduction and Dr. Hardyu2019s Background

Well, Dr. Mary Hardy, it's such an honor to to get to interview you on this segment of cancer breakthroughs. So thank you so much for for being with me today.

My pleasure. I'm delighted to have been invited. Thank you so much. Well, for all viewers out there, Dr. Hardy, is I mean, I'm just going to read some highlights out of her bio.

You know, you can kind of read it all on there associated with this talk. But Dr. Mary Hardy, board certified internal medicine specialist and botanical and Integrative Medicine, has actively combined complementary and alternative therapies with traditional Western medicine for over 30 years.

In both her clinical practice and research projects. She founded the Integrative Medicine Clinic at Cedars-Sinai and also a research associate at the RAND Corporation.

Over her five years at RAND, Dr. Hardy was a co-principal investigator in a number of systemic reviews of complementary and alternative medicine topics conducted in the evidence-based practice center at RAND shared several United States Pharmacopeia expert committees examining the safety of selected dietary supplements.

Served for years in the External Advisory Council for the Natural Product Directorate or Directorate for the Canadian Ministry of Health. Previously served as faculty for the Georgetown University Massive Program in Integrative Medicine.

Founder of Wellness Works, an educational and consulting service for Integrative Medicine. Served for two and a half years at as the associate director of the UCLA Botanical Research Center funded by the National Institutes of Health.

Office of Dietary Supplements. Dr. Hardy, the past, who's the past Medical director of the Simms/Mann, UCLA Center for Integrative Oncology, served as a board member of the Society for Integrative Oncology and as co-leader of the Oncology Interest Group in the Consortium of Academic Health Centers of Integrative Medicine and member of the Stiles Integrative Oncology Center at UCLA and has been the co-director of a fourth year medical school elective in integrative oncology and recognized as an authority in integrative medicine and herbal natural products by organizations such as Office of Dietary Supplements, the California Medical Board, Canadian Government Unit, the United States Pharmacopeia, American Medical Association, the American Pharmaceutical Association, National Geographic, CBS, NBC, Discovery Channel and Los Angeles Times.

I mean, and this was just kind of a little brief. I made your bio even more brief, and it still is still incredible. I'd rather have the time to talk to, to talk to your viewers, to be honest, because that's I think what we're here for is to put really good information in their hands so they have the power to make the decisions to help themselves.

So I couldn't agree more. I just wanted the the audience to understand the knowledge that is behind your words. Okay. I appreciate that. And I'm just going to pretend like I'm not embarrassed and I'm just going to ask me questions and we'll just go from there.

Thank you for the kind introduction. Thank you. So I'm curious here. You're starting in internal medicine and you end up in integrative oncology. But how did how did the road take you there?

Well, it's interesting. And and and as usual, I think that it's a combination of my family, my both my mother, my father, my grandfather were doctors.

My mom was a nurse and my patients and my friends. And so those influences have been the main influences on

my career. So. So when I was in medical school, there were folk practices still being practiced.

I trained in New Orleans, and so that was the beginning of it. And then when I was in my residency, my, my college roommate, who's also a surgeon, she invited me to go with her to China.

And we went. Let's see. 38 years ago. So we went before things have really changed. And so we saw we saw acupuncture surgery for for for taking in a brain tumor and for thyroid surgeries.

And the patients were completely relaxed, alert, not in pain and discomfort. It was stunning.

How Integrative Oncology Began

And so that really shattered a lot of stereotypes for me. And I tend to be a kind of a flexible thinker. But after seeing something like that, you come back and you say, I'm going to be humble about what I think I know, so that I can have new ideas come in and and then test them for their efficacy.

And so when I started the program at Cedars, my patients were very happy to have their menopause, taking care of their cholesterol, treated their prostatic hypertrophy.

And then as people do, they started to get cancer and they said, well, you were so good for these things. We want you to treat our cancer. That's like that. That doesn't really exist.

There really isn't there are no books about that and there's no fellowships then for that. So they really actually got me interested in this and I thought I'll start simply, I'll make sure they're eating well, make sure they have good relaxation.

Then I'll look at reducing the toxicity of their therapies and, and it just kept building on each other and ended up with a fairly robust protocol to help patients get through conventional therapy, radiation and chemotherapy.

And I think the most important thing was to help the patients develop a toolkit so they could become active participants in their own care because getting cancer puts you on this incredibly scary rollercoaster ride where you don't feel like you have any control over what's happening.

So returning some sense of how they could help themselves back to them I think was incredibly comforting for people. Very comforting for people. And I've lived this and I've lived this from both sides now because my husband about three years ago developed leukemia.

And so I got to really test myself and see if what I believed was what I believed. And even in this can even in that case, could I still did I still have the same values?

And I'm happy to say I did, but it made me a lot even more compassionate for the position that people were in. So yeah, and I always say this to patients when they ask me if you were in my situation, would you do this or that?

And I always tell them that and I can logically can. I reasoned what I would do, but I don't know until I'm in that situation. And because when when you're not facing it in real life, your decision making is so different.

And it's everybody, everybody's value system has to come to the fore. You know what I value for my patients was that their quality of life was as good as possible, so that whatever time they had was good time.

And then. And then that was like the lowest step. And then above that, if we could help make them more cancer resistant, you know, using the garden as a metaphor, give them good water, give them good soil, give them good food, give them the right kind of support to get rid of those pests.

That was perfect. That was what I tried to do. But always, always, always remembering that, you know, you want the person in front of you to just be comfortable and to be and to not suffer, you know?

So so what did your tool kit look like? I mean, what were some of the things that were implemented in order to be able to achieve your goals? Well, I'm just going a couple of things, but I certainly started everybody off with thinking about their diet.

And I had patients who came to me with pristine diets, organic everything, and I had people who were on the cheeseburger junk food, Twinkie diet. And we kind of brought everybody to the center where we focused a little bit differently in during treatment.

I wanted to make sure everybody had enough protein space, their meals out properly had, you know, eight, eight in ways that supported as many fruits and vegetables as they could get.

Limit the amount of extra sugar, etc.. Because it was appalling to me that the, the height of the, the, the, the information people got from conventional dietitian is 15 years ago when I started this in earnest was just eat whatever you want and, you know, and there were handouts from like the Cancer Institute that said, you know, from the NCI that said mayonnaise is good because it adds calories and sugar.

Eat, eat ice cream. You know, I'm like, no, let's not do that. So started off making sure people ate well and then started to look at things that reduced toxicity.

And I'm sure we're going to talk about one of those things and a lot more detail. But I looked at the symptoms people usually have. So it would be, you know, saw mouth that people had neuropathy, fatigue, you know, weight counts, dropping, all that kind of stuff and tried to support those as much as possible.

And and again, I had another family member who developed breast cancer. I had kind of developed all this routine. And and I was able, I'm delighted to say, to give her a relatively minimal level of stuff to take.

And she got through her therapy like it was nothing. I was very pleased. Very pleased. She's a tough little cookie, but, you know, she is still it was I think she got the right support at the right time.

And and then, you know, I think patients will surprise you by how well they do if you give them hope. Yeah. It's always fascinating to see the difference between somebody that is going through their cancer journey, their medical oncology treatment, and bringing in integrative therapies versus somebody that is not and always fascinates me how much better they tend to do and how much the better outcome and quality of life we had.

We finally have the first study that actually confirms this, and it was Wayne Jonas, who, as everybody knows, I'm sure, was one of the early leads of the Office of Alternative and Complementary Medicine.

And and it became a center and he was involved in that. And it's progressed along now. But he was working with the research team at one of the A Johnson Comprehensive Cancer Center, and they had an active integrative medicine program.

And they he showed in this paper that the patients did better, had less complications and lived longer. So I don't think you can really beat that. Right?

No, no, that's amazing. So so diet obviously is huge. And that also and I know can I kind of narrow the toolbox out later on as we kind of discuss on certain subjects?

But what what were some of your kind of your favorite favorite tools that that you use, you know, through this journey? I'm actually one of the first things I did was get the patient support group involved in their care.

So give them all assignments, especially in preparing foods. And there was ways I like to get snacks and stuff so they could help prepare all that food.

And so they had their social support network was actively involved in a way that wasn't everybody wringing their hands going, Oh, no, no. And it was very useful.

And then I liked using supplements, which is which I must say a lot of a lot of integrative oncology programs feel worried about because they don't want to give anything that might make the cancer therapy less effective.

But I'm happy to say that I never saw that. And the research doesn't really support that, by and large way, by and large. So I use a lot of supplements and I also had I also had referrals for groups for for meditation groups.

I used acupuncture. It's a lot, you know, lots of an art therapy group that I thought was just great. I wanted to go to the art therapy group, but I was seeing patients.

So, oh, you know, there's a lot of there's a lot of fun stuff. And we have we had a great group of social workers and PhD students since last year, W students who were very helpful with patients and helping them take apart the trauma and the stress of hearing the diagnosis and then engaging in the treatment. So but the part that I did that nobody else in my program was really able to do was to do the supplement part, which I think is super important.

Core Supportive Care Tools

So yeah. And how how did you kind of navigate that with a medical oncologist in regards to you know, saying that, yes, here I'm giving this supplement and then the colleges says, well, you know, I don't know how it's going to interact, or maybe it has antioxidant and say we're doing oxidative therapy.

And then, you know, yes, you're okay doing that, but let's wait until we're done with the treatment and then you can bring it in. How do you navigate all that on.

Happily, I learned the lesson early in this part of my career where I just didn't engage actively with resistance. I really just basically told people, thank you for for pointing that out to me.

And I would take that under consideration. And one person who was really completely, horrendously upset when I was at Cedars that was going to ruin medicine.

I invited to join my board, said to be sure that what we were talking about, that that what he was talking about that represented well, he never showed up.

But so I mostly just found that if I if I shared papers in my rationale and started small and didn't do everything but had kind of a tailored set of things, people usually didn't find that too concerning.

And even one of my most difficult one of my most difficult oncologist finally came to see said, well, you know, at least you're inside the tent. So, you know, because mostly if they didn't listen to me, they were often going to find somebody who didn't understand the Western medical system very well and might make choices.

And they also knew that I was really careful to stay out of their way and that if there was a concern or an issue that I would understand a new medication, that I would be much more conservative.

In that case, there was still a lot you could do. Like if they didn't want me using glutamine for the mouth, for example, then I could use honey and that would help the mouth as well.

So I could often substitute things and really make a difference in people's and people's condition, you know, substituting things different. So I used a lot of glutamine because I don't think that if the risk of glutamine, most people think is that going to promote the cancer that does that.

And if you look at the cancer cells in isolation, but if you look at the whole body, it doesn't. And this is kind of how I think you have to change your thinking for integrative oncology.

Yes. Tumors like glutamine, that's true. But they have stripped glutamine out of the body everywhere and maximize their sources of nutrition. And what happens is the tissues that normally need glutamine to survive, like the lining of the mucous membranes and the digestive system, then they're the ones that get harmed by the chemo, which

means it becomes hard to swallow and hard to eat.

And the patient gets more tired and they don't do as well. So and really there has not been evidence that I know of to date that says that giving a modest amount of glutamine as a supplement, which is enough to support the digestive system, will will make the cancer any worse.

So that's an example of how you might have to noodle things back and forth. You know, and something that I read and I can't remember where I read it said like the body uses about four grams of glutamine a day.

So as long as you're kind of underneath that threshold that the body will will consume it. And use it. I gave a little bit more than that because the cancer puts people into negative nitrogen balance, because it tears up the system on the other the other supplement that I just loved is one that we were going to talk about more tonight, which is fermented wheat germ extract.

This is, again, a food. It's really very simple. It's a food. And it can and it starts from the kind of yeast you use if you're making bread. Not exactly, but close enough and that product is fermented.

And then the and ferment fermentation is a very interesting biological process. It creates it creates kind of unusual, quirky things. You know, like we get beer and wine.

I mean, that's sort of not something that you find unless this sort of magical process happens. So that that material is is has been refined over the years.

And it's what one of the major things I use and it's useful for supporting quality of life, supporting white cell count, reducing recurrences. You know, there's human there's a fair amount of human research that supports that.

And we can talk about that in more detail if you want. But it's a it's just a very and it's very benign. It's easy to take. I also like medicinal mushrooms.

They really don't have any any drug, drug or drug herb interactions that we know of. And they're they're designed to be tonic supports for the system.

So those are great to use. You can use those even if you have a very a very kind of person who doesn't want to, you know, hear about a lot. I always normalize someone's vitamin D, that's the other thing.

But I think if people's vitamin D is low, they're going to have trouble mastering their immune system and then mastering the rest of their NOR endocrine system, too.

So I actually do do that. I always make sure people have a normal a a little bit better than what the conventional system calls normal. But that's what I, I do that a lot.

And with a fermented wheat germ extract, I mean, what, what I'm considering gazillion different supplements out there, you know, and so what drew you to that specific one?

Okay. That's a perfect that's an excellent question because you you will hear about things every day. And I often have patients coming to me whose beloved family and friends have out of fear, scoured the Internet and came up with all kinds of stuff.

And that that that becomes very that becomes just that becomes a stress. So this and the development of this, there's a long history of development of this project. That's the first thing.

And the people who have been involved in it, one of them was a Nobel Prize winner and Albert St George, he was a Hungarian biochemist who discovered vitamin C.

And so he started developing anti-cancer medications after watching the horrors of World War One, where certainly

mustard gas, which has been used as an anti as a chemotherapeutic agent, just was devastating to the troops in the trenches.

And so he decided that he wanted to use his his chemistry knowledge to do something that would help. And he started off by preparing a compound that can be found after you ferment baker's yeast, basically.

And that was sort of the beginning. And he was developing all these ways that he could interfere with the cancer metabolism rather than trying to directly attack the cancer.

He'd seen enough war in his life. He wanted to disable the cancer. And there's another chemist, Warburg, out of Warburg who said that cancer metabolizes very differently than normal cells.

And instead of using oxygen, it uses it uses a much more primitive for form of metabolism. And that primitive form is very inefficient. And cancer does this, it makes it regresses cells so they lose a lot of their activity.

That's why an estrogen negative tumor is often more of a problem than nitrogen positive tumor because it's lost that ability. So cancer loses the ability to metabolize like normal cells do.

And it looked like what he was targeting was that exact thing. Then we developed the war on cancer, which started in in Boston and with a successful childhood leukemias.

And so we we've fought that war for a long time and and had good benefits from it. People who wouldn't have lived before. But the cost was the most conventional cancer treatments can be quite toxic.

So about that time, the, the, the, the the communist rain in Hungary was ending. And another biochemist, this man named Martin Heidegger, who's just a lovely man, started to go back to this, the St George, because he was he he was in the lineage of St Georges and one of his advisors was taught by St Georges.

So he had learned about this sort of natural way of looking at how things metabolized. And he developed the first commercial product for the lecture. But it was tough to take because it was eight grams and it tasted horrible.

I mean, really horrible. And it was really tough to get people to take it. So. Okay. So Dr.

Choosing Fermented Wheat Germ Extract

Vega eventually met the group working at the American Biosciences who developed a for a freeze dried method. So they got this down from eight grams to five grams and it tasted not totally awful, still not wonderful, but not totally awful.

And then they met Dr. Watson. James Watson of Watson and Crick trained the the elaborate of the DNA helix. And he had said in an op ed in The New York Times, I believe, that he thought we were missing the boat in this war on cancer.

We should attack this abnormal way that cancer cells metabolize, because normal cells don't do that at all. And if we interfere with this metabolism, it shouldn't harm normal cells because they do something very different.

And so he American Bioscience is sponsored some research with him at his lab and they published it and they did they took this this five grams and got it whittled down to the absolutely the only the essential components.

And it's 250 milligrams. It can go into capsules. So it's it's a it's game over. It's easy now to take and very, very useful. So that's sort of the development of this project.

And the new material is fermented wheat germ extract, super concentrated. And and, you know, I think they've done a lot of they've supported a lot of research looking at the mechanism of action.

And then Doctor have again, his people in Hungary had done a lot of work with with human subjects. So we kind of inherited a non toxic product that had a lot of research behind it.

So for those of the reasons and for what the human research showed, to be honest, it's the human research that really drove my interest and I knew about this stuff because I had read an abstract that was about a Russian study, and I was like, This stuff sounds too good to be true.

I've got to find it. And so I started poking around trying to find it. And then I met the guys from America by a scientist who had taken over the U. S.

distribution of this material. And they gave me all the research that there were existed. And they introduced me, a doctor had their game, so I got to really talk to the person who developed this.

And, and and that was the beginning. I actually watched all the research develop after that. And it was it's pretty convincing for me. It's like, you know, if it's not toxic and it has some human research behind it, there's a lot of things we do that have less support than that.

So that's my rationale for why I picked this thing. It is important that you get the exact right stuff because some of the other stuff is still being sold.

And although it might do you good, it probably will do you good. It's just it's really hard to take. So you want to get this fermented wheat germ extracts super concentrated that was done in this very high, high, high lab at Cold Spring Harbor in New York.

So yeah. Yeah, I. Like the boxes lab actually. So yeah, I know I've I use it for the majority of my cancer patient. Is it. It's, I mean exactly what you're saying.

It's a whole lot easier to take a couple of pills than to, you know. It's I know, I know the American Bioscience guys spend a lot of money to do this.

And I'm grateful every day because it means that what was really unable to be taken off, people already kind of nauseated from their chemo, you can't you can't ask them to take something that's really challenging to my taste. So I just think of all the patients before this new product was developed that could have benefited from it.

And I'm I'm grateful that it's existing now. And and like my family member, for example, took it and did very well with it. But I just wonder, you know, you always you always regret what you couldn't do, but you have to always give yourself a pass and say, well, from now on and I'll do what I know is the all you can do the best, you know, in the moment.

So yeah, you appreciate the new knowledge and appreciate the new tools that enables you to to make impact in situations that you were not able to before.

Yeah. Yep. And I actually I actually got very interested in this material because it has mechanisms of action that no other cancer drug that I know of has.

Okay. So for one thing, it interferes with the cancer's ability to use sugar. That's very it's very no one else really has done that. That's kind of like the Holy Grail.

Everybody's looking for the single molecule drug that will do this. And this is this is not a single molecule. It's a concentrated extract. So like most good integrative therapies, there's a lot of actors in there helping each other.

And so this interferes with the cancer's ability to pick up sugar and to use it and to use the alternative pathways that it uses to try to get around the blockages.

So the cancer's basically starving and that's a problem. And it helps create things that end up triggering other

enzyme systems that lead to different cell differentiation.

And, and, and then the cell says you're not a normal cell, so we're going to convince you to commit suicide, apoptosis, programed, cell death. That's one mechanism just through the sugar mechanism.

The second thing it does does a lot of stuff, but the two big things that I really find gobsmacking the impressive. The other one is that it normalizes mitochondrial function.

And I know you know this and I'm sure most of the people watching do because they're probably very well informed. But the mitochondria, these little peanut things that are inside the cytosol, the cell, and they're the little manufacturer of energy for the cell.

And because that's a central function that keeps the cell alive, it also controls a lot of other functions. Cancer disables mitochondria, pretty early in its in its development because the mitochondria are normal mitochondria control genes that control differentiation and and apoptosis cell death.

So when those get turned off by the disabling the mitochondria, then the cancer can do whatever it wants. But if you normalize the mitochondria, it comes back on line, goes, wait a minute, wait a minute, how did this get so out of whack?

And it starts it starts turning on the genes that that programed cell death, apoptosis, etc. and then the mitochondria starts to respiration more normally energy production becomes more normal.

So it's been used in other conditions like I've had success with chronic fatigue patients, fibromyalgia patients, and they're actually using it some of my long COVID patients and family members.

So so I think that that operates through the mitochondrial action, restoring normal mitochondria. So those are the two big mechanisms of action that I think are so important.

But there's tons of other things to it. It interferes with the cancer's ability to hide, so it strips off cancers. A great imitator. You've heard that before.

So it imitates a it puts out on top of itself a little protein complex that's like an antigen and it's cell and it tells the cell we're normal, you know.

So in the low surveillance cells come by looking for bad guys, it's got this little camouflage, like funny glasses and it says, I'm normal, you're not looking, I'm not the droid you're looking for.

And so it passes it by. But but from entry term extract, the super concentrated version helps strip out that cell marker. So now the cells can't hide as well and it improves natural killer cell number and function, etc., etc..

And so it just, it has many different mechanisms for helping and and that's shown up to be so in the human research as well. I want you to know all the background of it.

You think, oh, that should be do well in human studies and it has in a wide variety of cancers. So and that's the beauty of, you know, with all these mechanisms at that, it is safe.

It is something that people, you know, you can't overdo it and get sick from it. The worst is that you're taking too much and you need a new wasted. And that's the thing is it it it supports normal cell function like we talked about before.

If you if you find a way to get behind the normal function of the cell, the natural biology, then luckily the cells are smart. They do. A lot of you don't have to.

You don't I don't have to know all this stuff. I just know that if I support the normal mitochondria and interferes with

cancer, can't eat very well, then oftentimes things turn out quite well and people feel better.

That's the really most important thing. They generally feel good while they're taking this stuff, their energy levels better. And that's because the other side effects are better too.

And that's really important for me. So and yeah, so here you have you're starving the cancer and and the cool thing like you're saying it doesn't work just through one pathway just because it's a complex molecule.

How It Works and Why Itu2019s Safe

You know the as the cancer is trying to avoid or evade that blockage, know it tries other pathways and then someplace else. Yeah. Yeah. So you have this starvation and then you have, you know, causing or activating the cell death switch.

And then you're also having the add the recognition of the cancer cell by the immune system. I mean, all those three are huge things in them. And by turning back on the mitochondria, a lot of other stuff starts to happen.

It turns out other cascades that are they're all normal. So it's not going to upset the host because that it's just stuff that the healthy cells are doing anyway.

And so it starts to turn that on in the cancer cell. And the cancer cell can't tolerate that because it has too many mutations. So if if these if these genes are turned on that that survey the cell before it's allowed to divide so that badly damaged cells don't divide, then the body looks at that and says, oh, no, you're going in the wastebasket.

No, you're not going to get a chance to divide. You're too damaged. You can't do your normal functions. And then again, you come back to the apoptosis cycle.

But there's also multiple ways to trigger that same action. And and like I said, it all operates in ways that are normal functions and normal behaviors that normal cells do.

So the toxicity is really very, very mild. It's like I said, now that doesn't taste bad. It's it's kind of hard to everybody also says it's everything everybody's always worried about.

Well, you know, I have a gluten allergy. Can I take this? Because it's fermented wheat germ and they everybody knows that region has gluten in it because it's that part of the cell but that part of the seed.

But in fact, after the fermentation, that that's all gone and especially after the super concentration, that part gets thrown away in the in the in the process of reducing just to the essential ingredient.

So even people with full celiac disease wouldn't have to worry? I don't think. So. And how does this interact then, with any kind of traditional oncology care?

I mean, does does it play well with chemo and radiation? Does it improve the outcome? How do they play with each other? It does play well. And I think most most of the research has been done looking at chemo, which is not surprising because that that excited about a metabolic site in the body as well.

And so there's I'll tell you about a couple of different a couple of different cancers. So for example, I have some some sort some source of interest in the in the radiation, chemo, head, neck cancer, oral cancer.

Sorry, I get a little cough. No problem. I'll stop in a minute. Okay. So talking about head neck cancers, you get a sense of both chemo and radiation effects.

So given fermented wheat germ for about a year, along was standard, standard curative surgery and then chemo radiation very difficult for the mouth. It can cause a lot of a lot of irritation in the mouth.

But the quality of life in patients who took the fermented, which was good, was very good. They continued to eat. They didn't have as much problem. And then in the first year, their rate of recurrence was, I think it was 87% less, 87, 85% less, 85% less than that.

That's incredible. So 85% less reoccurrence in the patient. In the first year. And all they did was take standard care and then one group got a year's worth of fermented wheat.

Your extract. And for people who are looking at conventional therapy, it does go well. Conventional therapy and a couple of the other studies had done the same thing, given the fermented wheat germ for year, during and after conventional therapy.

So if someone's considering doing this, which I strongly encourage, then a year's time is a reasonable amount of time to do this because it allows everything subtle back down, you know, any random cells that are still left.

Hopefully they'll be cleaned out by conventional surveillance, normal surveillance systems by then. So and then at five years after just one year of wheat germ extract, these had neck cancer patients had a 50% improvement in survival over the course of over the group, but just got conventional therapy alone.

So and this is a very bad cancer. It's very difficult to cure. So that's amazing. The the the abstract that I saw was about stage three melanoma and melanoma stage by how deep it is.

And the deeper it is, the more likely it is to metastasize. And once it's metastasized, it can't be cured surgically. And until recently, until these new biologic response modifiers, we really didn't do very well with chemo, with that metastatic melanoma.

It was very difficult to treat. And so what happened was they took the same thing that took the group of patients. They gave them a kind of chemo that's not even the conventional chemo anymore.

So it's not that effective. And then they had a regular group and then they had a group, a regular treatment, and another year of this of the fermentable term extract.

And that they had a much better, a much better survival at five years. They did five years and seven years at five and seven years, 50% of the patients were still alive.

When should the result should be much lower than that. So I and at that time treating the late melanoma, if you saw them on somebody, you were just like, oh God, I feel terrible.

So to see that kind of a result, that's what got me chasing this down in the first place. Colon cancer studies done in Israel, given a fermented region extract during treatment, 8980 2% decrease in recurrence 62% decrease in death in a couple of years.

So, you know, we don't have five, ten, 15 years. Follow up. I would love for someone to sponsor the research to do that. But what we know so far is quite good.

It's also been used in pediatric patients. And, you know, frankly, I was often asked to see pediatric patients. Since I trained as an internist, I always mainly kind of uncomfortable.

And so I had a rule you had to be you had to be holding my shoe size for me to be comfortable seeing you. But I felt comfortable giving this because, again, it's so benign.

And there was there was a study looking at children who had solid tumors. And one thing that they found in this study was that it kept children's weight count up. So, you know what usually crashes.

And when that happens, people can get what are called neutropenic fevers. So fevers with a low white count and those can be really deadly. They can kill people.

And so it requires a hospital stay, usually a lot of antibiotics. And then sometimes you can treat it and sometimes you can't, so that the children had much less rate of neutropenia and they didn't have any fevers, so they didn't have this life threatening infection. So, you know, and I can talk to about breast cancer, talk to you about lung cancer.

It's been tested in a bunch of different a different tumor types. Now, I told you that most of the work was done in Israel and in Hungary using the fermented wheat mixture, the first kinds of products that were produced, but the when the new material was prepared, it was tested in all kinds of cell lines in lots of different ways.

Not in humans. Yep. And all. Lots of different ways. And it was shown to be equivalent to how the same results have an equivalent equivalent at least an equivalent rate of effect on cell cancer lines and in in vitro and animal studies.

So I feel comfortable saying that I believe that this material, it's it contains everything that was in the bigger amount, in everything that was left that I don't think was crucial to the action.

So I think you can expect the same kind of results. And I'm hoping that we'll get some some people interested in doing some more research. So we'll get some direct human data with the new cancers as well.

I one of the ways I've used it that I thought was great because I had an arm and I had triple negative breast cancer patients, there's nothing you could do.

You can't give them a surgeon to decrease their recurrence. You can't give them you can't give them anything. You know, there's really nothing that will effect as far as we know, you know.

So I used to give them a year's worth of this material.

Clinical Evidence and Case Examples

And I don't have that's not a very common cancer. So I don't have a big number, but I trust and hope that it did them well. So yeah. So what are some of the things that you that you saw personally using it?

I mean, that that you you brought it in and you had that kind of wow factor. Everybody everybody had a good quality of life. That's the first of all, like I said, they met my basic criteria that it seemed to really help to support energy and and well-being.

That's that's that's the first thing that I had a couple of really like wow. Like a case report really worth being published. They were so unusual. The first was a man came to me who had a malignant melanoma and I was excited because I said, Oh, I think that's going to be really helpful.

He only had one metastases in his lung and he was seeing another oncologist who was doing clinical research on the new material that's that's being used now for treating melanoma.

But so I gave but that wasn't available commercially yet. So I gave this guy my whole picture that he had on here take this. And so his oncologist called me about a month later.

It was, oh, and I was like, Oh, wait, wait, what did I do? Because his lung metastases is completely gone. And I said, That's bad. How we know that's not bad, that's good.

And he said, Well, I can't put him in the study now. And I said, Well, diplomacy sick, we'll find you some more. But and that was one. And then the second patient, one of the the cell lines that this stuff is really very active in his ovarian cancer.

And I had a patient who had surgery done for for her ovarian cancer and ovarian cancer. You often can't take everything out. You look and you find as much as you can, but it's often not found super early.

So it's very common that it recurs and ovarian cancer recur and then get beat back and then to be back. So again, that's a long time. So this woman had the surgery but then decided she didn't like the chemo that was offered to her.

She didn't want to take the chemo and she wasn't going to take any. She was she was going to just do these things that she found a few things she found.

And my recommendations recommendation. So well, you know, I'm really not totally comfortable with that. So I'll let you know and I'm like, okay, well, I gave you my I gave you the back of the package warning.

All I can do is just wish you well and keep in touch. And she was when I lost touch with her because I left UCLA, she was two years after her initial surgery and no evidence of cancer.

And it was known the cancer was left in the side because the surgeon could see it. She just couldn't get to it. All those two cases, I think if I needed any additional support, I have a third case that was reported to me by a friend of mine for esophageal cancer.

And it just it just had another miraculous regression so that then conventional therapy could be done to help nail that in place. So I'm not saying do this instead of conventional therapy.

It's not what I recommend, but I am saying that if you do this, I have personally seen two cases and heard of another one, and we don't like to get people to do something because because of a rare event.

And so I can tell you that I can also recommend that to you because we have research so that you will you should get benefits that are not as rare as those two astonishing cases I personally saw.

So and what what are some I see you mentioned like ovarian cancer that this has been really active against that cell line. What are some of the cancers that has really been kind of research and saying that this is if you got this cancer is really one to the doctor.

They said they never used it on leukemia lymphoma. So that's the and so it was never done with after a cell, after a bone marrow transplant. And I didn't feel comfortable giving that to my husband without more you know, without more research behind that.

It hadn't even been done in animals yet. So we don't necessarily go there first for leukemias. I still would feel it would be okay for lymphomas. And then Dr.

Begay said they didn't have a lot of success with prostate cancer. Now, personally, I'm also I saw a lot of breast cancer patients and I saw the results that were that were shown in the study that looked at breast and lung cancer patients where quality of life improved.

And we'd have to follow 4 to 5, ten and 15 years to be able to really say that you got, you know, cure. And even then, cancer can recur quite late, often when cancer does recur late, it's like in breast cancer.

It's a different kind of it's it's and it was estrogen positive before. It might not be estrogen positive now. It might be HER2 positive in the recurrence, but it wasn't in the original cancer. So so so I think, you know, that's all I can tell you for sure is that almost everybody I use it in solid tumors.

I use lymphomas with great results. I didn't really particularly use it in in in public cancer tumors side other things I do that I thought were helpful that had been shown to be helpful in research.

So I didn't feel like I had to really and especially when it when it wouldn't taste, I didn't want to have to struggle with that when I had other things I could do for prostate cancer patients.

So and that is when we using the kind of nasty tasting things. But now, obviously, when it's and if it's due to pill

format that it's a it's a whole lot.

Of you you had a lot of results. You use it in prostate cancer patients yourself. I have and I and it is a little hard sometimes because you do kind of combination of a number of things and it yeah, it becomes hard to say that this is the one that did it or.

Yeah, yeah. Well like I said in the, in the, you know, metastatic, metastatic which is stage four melanoma, that that it doesn't matter. Like I don't like everything else I did was I think was pretty much window dressing and I think it was the medical that caused that metastases to to resolve.

And I you know, and now they have much more effective therapy and it's much less toxic. But still, if if I if I ever had a melanoma, I'd start on that like day one.

And so one thing that that I wanted also people understand. So when you're starving the cancer, I mean, you're interrupting that that, you know, the energy production.

But then as a metabolite of that process, that that the cancer is used to produce energy, you know, they're kind of sick. They're metabolites of functions.

That's a signal mechanism in in kind of environment. And that tumor microenvironment that are really promoting metastases and promoting growth and promoting a lot of things.

So you're you're in addition to just kind of starving that cell, you're also shifting the whole environment. Yeah. Because that to manufacture sugar instead of making 32 units of energy, you make eight and you waste a lot of the sugar as lactic acid, which you guys know, if you would say, you know, exercise for the burn that gives you the burn in your muscles and that means that your muscles are working so hard you're asking the metabolized greater than you can deliver oxygen to the muscles.

Okay, so the tumor, so makes this environment anoxic and it makes it acidic and that promotes the genes that if that turns off the genes that that do limit cancer growth and promotes the genes that allow it to grow and metastasize as well.

So yeah, so you're right. I think by changing metabolism, by blocking certain other things, like I have another ten different ways that it works. It kind of starts to rejigger the, the metabolism of just like a very finely interwoven set of activities so that they all start to support.

And when things start to go in a good way, it promotes a good way to continue. So that doesn't sound super scientific when I say it like that, but that's really what happens, I think.

Yeah, yeah. Well, I've, I so appreciate you explaining this and really kind of bringing your expertize. And I mean, you've been doing this for 30, 30 years.

That now more than I've had a few birthdays I think since that was something that but no. Yeah well and just kind of yes. Sending up programs in Georgetown, Cedars-Sinai, UCLA.

I mean it's know these aren't small institutions so yeah that that's quite an amazing feat. So, Dr. Hardy, thank you so much for for joining me. And I appreciate what you do.

Getting good information out to people so that they can make they can make empowered choices to help take care of themselves because we need them on their own side.

Yeah, I agree. And like we mentioned prior to our our discussion, a recorded discussion is that whatever we can do to turn on the innate intelligence of the body and allow the body to do its magic and trust and the body's ability to do so, the better we are.

Absolutely. And especially when we report, when we're supporting normal function, then I don't think we have to worry so much about toxicity. I love it. Thank you so much, Dr. Hardy.

My pleasure. Thank you so much for having me. Bye bye. Bye.