Breaking Down Barriers In Breast Cancer Care Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and summit welcome

I have many stories of how breast cancer patients have healed or the tumor progression have decreased significantly when these biological conflicts that were sudden acute traumas that they didn't let go of and were still there, right, gnawing at.

Once they let it go and liberated and got free from that, the cancer had no reason to be there because the breast cancers, I truly believe it's an opportunistic disease.

that settles in its brain that's affected mostly by emotional and spiritual trauma and then all the other physical stuff on top of that compound. This is Dr.

Talks. Welcome everybody to another episode of Breast Cancer Breakthrough Summit. I'm Dr Veronique Dessonnier, better known as Dr V and your co-host for this summit.

So today I have a very special guest. Dr. Tony and I go back many, many years and had the opportunity of actually working alongside Dr Tony at his Hope for Cancer Clinic in Cancun.

I used to host retreats there with our clients to introduce them to his clinic and to show them that Cancon was really a safe and lovely place to visit.

So Dr. Tony is the Chief Medical Officer of the Hope for Cancer Treatment. He's a world leader at the frontier of integrative oncology. You know, his bio says he's dedicated his life to the study, clinical research and implementation of integrative strategies.

That looks really good on paper, but it goes beyond that. I can tell you from personal experience that Dr. Tony comes from his heart. He really cares about his patients and everything he does and all the travel that he did and the research that stays on top of is to be able to benefit people like you that are listening.

He's written a fantastic book called Hope for Cancer. So he has the seven principles. I have the Seven Essentials. They're very similar, but it's a wonderful book that I've enjoyed sharing with my clients as well.

Dr. Tony, welcome and thank you for your time. Thank you doctor, it's always so good to see you and to be part of such an important summit because we know that cancer is only increasing and we'll talk about that now and 40% of our patients that work for cancer are breast cancer patients.

And we've had, right now I'm in our Cancun facility and we have patients from over 12 countries.

Breast cancer trends and rising incidence

So this is not only, as we all know, not a US thing only right, it's across the world from small island countries like the Cayman Islands and Barbados and Bahamas to big countries, you know where there's a greater population, but the incident is increasing.

throughout the world, so please share this information with others. It's also vitally important, especially now in 2023. It is, it is. And you can see in the video that Dr.

Tony has prepared a beautiful presentation and just a few highlights. He's going to talk about the changing face of breast cancer, breaking barriers to outsmart cancer and laboratory predictions of cancer risk in what you've observed at your center.

So Dr Tony, take it away. Thank you. For that, Dr Rhee and everyone watching. We know that there's a changing trends in the incidence of breast cancer, and the statistic that I'll show today is from the U. S.

And this is very important data because it's a long-term data collection. It's over 22 registries. This was put forth by the National Cancer Institute, BreastCancer.org and ASPO Foundation, where they saw from 2000 that the Incidents of cancer in the US dropped in rates early in 2000s, and that was most likely caused by the reduced use of hormone replacement therapy from a menopausal woman.

And more so indiscriminately in synthetic hormone-replacement therapy. We have to be qualified that very carefully. But then since the mid-2000s, breast cancer incidence rates increased in women and at a steady rate of half a percent per year.

So you see this red line going from left to right, you'll see the increase. However, there was a drop in 2020, and of course, that was ascribed to reduction in screening because of COVID.

And so, but the trend continues to go up. And this is the incident. But then look at the next slide, and this shows that more invasive cancers are also increasing.

Since mid-2000s, the rate of diagnosis of breast cancer of invasive stages has been growing at a rate greater than 2%. So if you look at this, this is quite significant when you take into consideration the population, the number of people.

And of course, also there was a drop in 2020 again due to COVID and reduction in screening and detection. So not only is the incidence increasing, but also the increasing number of more invasive, aggressive types of cancer.

And so this is why it's important to start now, mañana, as they say in Mexico, with being proactive. Following the seven essentials, following the Seven Key Principles that I'll describe briefly in a little bit.

And so this was evidence. It's been published out of JAMA, the Journal of American Medical Association Network, where the incidence of breast cancer with distance involvement among women in the U. S.

from 1976 to 2009. So what this showed, as we see in this next slide, is what's called the APC, The Annual Percentage Change in The Incidence of Metastatic Breast Cancer.

for a woman in the age bracket of 25 to 39 years of age has also increased sharply in U. S. over the past few decades. And I see that this increase has, yes, it's over this past decade that the study was done, but I have seen it over past three, four, five years more recently.

For example, we have a patient now in our Cancun Center from Poland, 25 years old. with metastatic breast cancer. I mean, I didn't see this 30 years ago when I started in oncology.

Our average age, Dr. V and everyone, for a breast-cancer patient was 60 to 65. That was a mean. And now I would say it's 35, maybe 32 to 39, 40, and as young as 24, 25 years of age.

It is also true for other types of cancer, and specifically colorectal cancer. We're seeing much younger patients. So why the increase? It's interesting because look what it says in this study.

It says the potential risk factors discussed that could be triggering this change is processed foods, obesity, sedentary lifestyle, alcohol, microplastics, and I think the list goes on and on, including stress.

I'd think that social media and what's happening in society now is contributing a lot. As our good friend Dr. Klenhardt from Germany says, there's three main toxicities, aluminum, glyphosate and EMFs.

And when we do testing at our centers, we're seeing that 90% if not more of our breast cancer patients have high levels of aluminum. And they're very toxic, of course, so they are getting that from the air, from environment, and

hopefully not from cosmetics, right, because we know better than using those types of toxins and substances.

But yeah, that's the answer. Then the breast cancer diagnosis for 100,000 women aged 25 to 29 in the US, look at that, 1.5 per 100 thousand to 2.9 per a hundred thousand.

Double. Yeah, statistics are getting even scarier, right? They say that one in every six women will have breast cancer sometime in their life. So enough with the statistics and the things that we don't want anyone to be scared or afraid, but be empowered.

That's why we show statistics in data is that, we have evidence, objective evidence that this is not just Dr. V or doctors in the breakthrough summit saying this or myself.

It's reputable, not that were not, groups that are kind of in a standard of care, right?

Smart cancers and treatment challenges

JAMA and the National Cancer Institute saying what we are seeing clinically in our centers every day. So then the question is, what do we do? And Dr. B mentioned about smart cancers.

We know that 90% of cancers are smart cancer. Very few cancers, are stupid cancers that Dr Sled said out of Stanford. He's the head of clinical oncology at Stanford, And the former head of the American Cancer Society said, there's two types of cancer, smart cancer and stupid cancer.

Smart cancers are 90% and of course, breast cancers, are in that category. That means that these cancers that are smart have many driver mutations. So if my hand is a tumor and my fingers are driver mutation, the cancer smart cancers have, many driving mutations, And so if we suppress one with immunotherapy or gene targeted therapy, it might slow down the cancer for a while, but then the other mutations kick in and cancer cells smart, so it's going to bypass that mutation.

So if any of you out there are having immunotherapy or a gene-targeted therapy. Remember that that's not a means to an end that can be used for short amount of period to subdue a bit the cancel growth, engage in a holistic treatment plan, a multi-centric treatment plant.

And so, as we look at treatments, what about quality of life, Dr. V? It's so important that if we're going to live another year, another 50 years, we want to have the best quality life.

In this work that was done at the University Cancer Center in Hamburg, Germany, they found that the effect of conventional therapies on Health-related quality of life in breast cancer patients really took a toll.

So if you see here the arrows, the red arrow pointing down during radiotherapy, during chemotherapy, and one year post-surgery, there was a drop in health- related quality-of-life.

with these conventional therapies. And we might say, yes, we know this, but now this is a group, a university group showing us that what we've seen is so based in long-term studies.

This was 1,123 breast cancer patients, and they matched them with over 3,400 controls. So we see very clearly. They followed these patients for five-year cold diagnosis.

10-year post-diagnosis, and they saw that the survivors mostly improved their health-related quality of life from the fifth and to 10 year follow-up, but remain negatively affected for most functioning and symptom scales compared to control.

So that means if you look at the bar on the left, that's before diagnosis, you see that almost that 80%, and it never Even at five and 10 years, it never got back to that level.

So not only was the health-related quality of life being affected during the therapies of radiation and chemotherapy or one-year post-surgery, but even five to 10-years later, when these patients survived, they never regained that quality-of-life that they had before the diagnosis.

Very important data there. So what have we done at Hope for Cancer? We also take very seriously into account the quality of life. So we've invested some time and looking at quality-of-life.

This was 54 patients with breast cancer that we tracked during their initial three-week stay at the clinic. Remember, 75% of our breast-cancer patients are stage four.

That means they fail conventional therapy and they come in dire straits. They come with significant quality of life issues, whether it's lack of appetite, where there's loss of weight, or there is fatigue, tiredness, can't sleep, pain.

We found that 92.6% improvement in their functional and physical quality. Patients that were maybe in a wheelchair or, you know, very difficult to walk across the road, Dr.

V in Cancun, from going to the center to that hotel where they sleep, 92.6% improvement in physical and functional status. Emotional, how important is that?

We know that just having that hope, just feeling empowered, feeling love, getting hugged, that in itself improves your prognosis and improves quality of life.

If you're going into a physician or a clinic that doesn't have faith, hope, love, and generosity that there's no love and hope and positiveness. You need, I don't know if that's a word, but being positive.

Quality of life and Hope for Cancer outcomes

Go change, go to somewhere where it's vibrating high, there is good energy, There's love. And Dr. Reed is one of the masters in showing that of anyone I've known.

So emotional improvement and quality of life and then cognitive. 83.3% improvement in cognitive health, you know, because of chemotherapy, chemo brain, so-called chemobrain.

And then the overall perceived quality of life. This is when you ask the patient, You know, how do you see your overall life, taking into account all factors, sleeping, socializing, appetite, all of that, it was 81.5%. And this is only in the three weeks that they're there.

And so we then went a little further and we looked at what happens at three months' time. Because they are with us for three week and then they go home.

Unfortunately, this is a short group of patients. This is only 10. This is hard work and it's work in progress. But out of this 10 patients that filled out all their surveys and collaborated and contributed to data collection, look at that.

100% of them at three months, well, not 100%, they had 100 percent functional and physical improvement, 90 percent emotional, and 90% cognitive. 80% perceived overall quality of life.

So what this means is that if you stick on a healing program, if we follow the seven essentials, the Seven Key Principles, and are disciplined and committed, you're going to get these results.

The problem and the challenges, you know, Dr. V very well for having done this so long is that once they leave us, they start doing other things or they slack.

And so we even see it sometimes in our Tijuana Center that's an inpatient facility. Once the patients leave and they're cleaning the room for the next patient, the cleaning staff finds hidden in the In the drawers or in the closet, they find, you know, things that they shouldn't be consuming, like Doritos and F&M, and things like that.

So, yeah, we could only do what we can do, right? But the point here is to stress that you can sustain that quality of life over a long period of time.

if you do what is best for you as recommended. I don't have the slides here, five-year survival data, but it's a question that's often asked. So we did five years survival date for two, four, six, eight types of cancers.

One of them is breast cancer. And this was a total of just under 2,000 patients from 2015 to 2019, and as I said, this was eight different types of cancer.

But for breast cancer, the five-year survivor, remember, 75% are stage four cancer patients. The five year survival for cancer was just the middle, 50%. And I asked my research and education team when I saw this number, I said, can you verify this?

Yeah, they did. They came back two weeks later and said that's correct. For example, for pancreatic cancer with 35%, five years survival in stage 4. And that's quite spectacular because we know that the NCI data is 2.5%, five-year survival for pancreatic cancer, and we were at 35%. So for breast cancer we're at 50%. And then what we did also, Dr.

V, our research and development team, education team. We did what's called a longitudinal study. I was told by a colleague at Harvard, hey, Doctor Tony, You at Hope for Cancer should do a three-month longitudinal study because if you show that your patient survived three months, you're golden.

And I'm like, three month? You know, yes, but there's things for, well, it doesn't matter. So we went further and we did a one-year survival longitudinal and for breast cancer, we had 60%. And remember, we're talking about very advanced patients and so forth, so we have 60%. And I must say that for the SEER data for NCI National Cancer Institute, 69%. But they have their patients from the beginning, right, Dr.

Reform, when they're diagnosed, not after they fail. So that was significant. I wanted to point out those additional two studies that we did at Booker Cancer.

And so now, to get a little bit more in the practical situation is looking at, as Dr. B alluded, the seven key principles to cancer therapy. And I'll just highlight them very quickly because, of course, we don't have time to go into all of them.

These are non-toxic cancer therapies, two or three of the most popular, most effective cancer therapies that we have on hope for cancer is sono using sound and light.

As a matter of fact, Dr. B, it was just announced that the FDA approved sono therapy for liver cancer, and that was work that done at the University of Michigan and University Wisconsin.

And just like two or three weeks ago, the using sound therapy for liver cancers. And I expect that in the near future that will be extended possibly to other cancers, so with breast cancer is so useful because it's obviously not a deep cancer, like a colon cancer or lung cancer.

So using Sound and Life is one of the marquee therapies that go for cancer hyperthermia. is unique in the sense that transfer cells are sensitive to heat or normal human cells or resistant to heats.

So combining in whatever therapy you're doing, even if you are doing conventional therapy, hypothermia is going to improve your results and decrease toxicity.

And then a lot of IV botanicals from from Budwellia frankincense intravenously to, of course, the more common ones, so vitamin C, B17 later, we're using also green tea extract EBCD intraveinously that has been shown to kill, circulate in tumor cells or cancer stem cells.

Seven key principles and integrative hallmarks

So many botanicals revert to powerful antioxidant, as we know, and we are in the process of developing a few other things, our Hope for Cancer Center.

One of the new sensitizers that could be that we're using for our sonophotodynamic therapy is using methylene blue intravenously. And we had a patient, not breast cancer, but Anyway, stage four and she's doing fantastic now with the resolution of 10 brain tumors completely dissolved.

The interesting thing is that her face turned blue because of the methylene blue and it's absorbed systemically very well, but it is temporary. It didn't age, it didn' cause anything.

She just looked like an ET, But it was fine. So methylenine blue intravenously is very effective we're seeing in addition to nebulizing it. and putting it topically on the breast and then doing the photodynamic therapy to the breasts, very important.

Immunomodulation is the second key principle. The third one is full-spectrum nutrition. Next is detoxification. Fourth, or the next one is oxygenation.

Six is restoring the microbiome, and that's the oral dental microbiomes, the skin, gut, brain, thoughts, all the micro-biomes that we could think about, including the external micro biome.

As we said, what are we exposed to at our home as well. And then the seventh key principle is the emotional and spiritual. aspect of healing, which I consider to be the most important one.

So this is the focus of the first book that Dr. V pointed out, For Cancer, Seven Principles to Remove Fear and Empower Your Healing Journey. What I want to say here is I don't have a slide, but I wanted to mention this to your group and to those attendees at the Breakthrough Summit, Dr V, is that we're in the process of putting together, final process, the 11 Integrative Marks of Cancer.

So we know that in 2000, Dr. Hanahan and Weinberg, brilliant scientists out of Boston College in Stanford, developed the six biological hallmarks of cancer.

These are characteristics of all breast cancer, whether it's invasive, or the estrogen receptor positive, negative or too negative, positive. All cancers have these problems.

And then over the next two decades, they came up with eight more. biological homework. So now there's 14 biological homards, like what? Like breast cancer, knee blood supply, angiogenesis.

All cancers invade the immune system. There's fourteen of these biological. But what we did with the eleven integrative homeworks that hope for cancer is that we Look then at the root cause, root causes associated with the incidence and the progression of cancer.

And this is where we developed the 11 Integrative Full Marks. I'll mention them briefly. The first category is systemic dysregulation. That means anything from energetic dysregation, metabolic dys regulation, the microbiome and immune system.

Then the second one is environmental and biological influences. This is, as I said, toxins, epigenomics type of thing. And the third big category is habits and behavior.

How do sleep deprivation, nutritional imbalances, lack of physical activity, how do they contribute as a root cause to breast cancer? So look at yourself, are you sleeping adequately?

How is your nutrition and your physical activities? And then the fourth big categories of the 11 integrated form marks is again the emotional and lifestyle imbalanced.

We got more of the root cause and tie that in with the seven key principles, because the principles are therapeutic,

but the 11 integrated form marks are the real causes.

So I know it's a lot, just to know that it is important to not only know how to treat it, know the characteristics of cancer, and then the cause of it.

Okay, well, the book is now in English, Japanese and Romanian being sewn in Spanish, Russian and German. So let's look at some laboratory parameters or biomarkers that we must follow, even if we're not diagnosed with cancer because we want to decrease the risk of breast cancer and also how to monitor your progress.

So we know that fasting blood sugar is very important. Cancer cells are likely to use up excess glucose in the bloodstream to generate energy for their growth.

Here the important factor is excess. because I'm one that has always said that you can't just cut all sugar out. Sugar from fruits, it's okay, but excess.

Healthy cells need glucose for their energy, as we know, and so maintaining good, adequate, optimal blood glucose levels within a healthy window of 60 to 80 milligrams per deciliter fasting is very important.

And many of the risk factors of breast cancer are related to what we call insulin resistance. So those cells are not responding to insulin or insulin is produced at a small amount.

And sustaining normal insulin levels in the blood is also imperative to ensuring the proper metabolism of glucose, so the breakdown of the glucose and storage of that glucose is important, and so that we can live in an optimal state of balance between circulating glucose in stored glucose.

And that way, breast cancer cells don't have an extra source of those glucose to thrive and progress in metastasize.

Biomarkers, glucose, inflammation, and vitamin D

So what we looked at, well, here's the excess divert and feed cancer cell. which is why maintaining optimal concentrations of blood is essential to prevent or control progression of the disease.

This is important because oftentimes we hear that sugar feeds cancer, but we have to qualify that very carefully. We looked at fasting glucose levels in our patients, and what we consider to be low is below 60. Ideal is 60 to 80 milligrams per deciliter.

Risk is 80 to 100, of course, beyond 100 is very high risk. We're talking about fasting blood glucose here. the breast cancer patients fare with this at our center.

So we saw that the average, we found that most levels were in the high risk range. This is interesting because if you look at the intake, this is 97 patients.

We saw their intake when they were admitted, their fasting blood sugar was 88.5. During the three weeks, It went down a little bit, 85.6, which is good because, you know, these patients tend to be metabolically compromised and throwing up fat and so forth.

But what I didn't like with this is that we followed, we were able to follow 39 patients of these 97 for three months, and it went up to 90.5. So that tells me that they're going back To a stressful situation, to a situation that's not conducive, right, Dr.

V? Maintaining an optimal level, close levels. Going back to their old habits that put them in that situation in the first place, yeah. Exactly. And that is why you…

And I said, hope for cancer, spend so much time in our aftercare, right? What happens after the initial engagement

with the patient? The after cares is so very important.

So that was very interesting. And so the tip there is work towards keeping your blood sugar an ideal window far beyond when someone is holding your hand, and guiding you through the therapies and feeding you and all that.

But what's happening? And so this is the insulin. Insulin, low insulin is less than 8.9. And normal, we want it to be 8.9 to 28.4. Beyond that is high.

So we saw that at the intake, it was very, on average, this was 10 patients. This is something that we're starting to attract more now. But at the three months, this was nice.

Of these 10 patients, their insulin levels went up significantly. However, still quite low beyond the 8.9 reference. So the average intake insulin level of 20 patients that we tracked separately was 5.5. well below normal also.

So there's an issue here with the glucose and the insulin, these breast cancer patients that we have to take seriously. And maybe in our next get-together, Dr.

V, we will have a greater patient population so we can look at this even further. But preliminary information tells us that that have we a lot of work to do to guide the patients and make sure that they are responsible.

in keeping these figures getting better and better. Out of 10 patients showed improvement in insulin levels after three months of treatment. However, as we said, it was still quite, but that's a good sign, at least, that they're heading in the right direction.

And so low insulin and high blood glucose levels are connected. So that when you not only look at your blood-glucose level, you look your insulin level as well.

And then, as we know, four characteristics, cancers are that they're inflammatory, they are acidic, their low temperature, and they have low oxygen. So if you take anything away from what I said today in this brief summit interview, remember this lower inflammation, Reduce acidity, heat up, do your saunas, exercise, drink warm fluids, not cold fluids.

And then increase your oxygen stores because improving these four characteristics here, you're well on your way to having much better results. We also look at inflammatory markers, and we looked at high sensitivity or intrasensitive CRP, And we did this in 126 people with cancer in all stages.

And, we saw that 69%. That's 87 patients out of 26 a mile to excessive inflammatory condition as measured by C-reactive protein. But then we looked at breast cancer patients.

And the average C reactive protein for breast patients of those stages was 11.5. Very high. Very, very high, because we want this number to be, depending on the range of your lab, but we wanted it to between one and two, less than one depending the lab.

Some labs say normal is up to three depending of the reactive agents that they use, But very, high 11.5. So we must reduce inflammation. And then looking at tumor markers, we looked at CA15-3 and normal is 0 to 35. And we look at CEA.

The reason we'd look that CE, even though it's not appropriately a breast marker is that our breast cancer patients are in later stage, stage three and four.

and the CE gives us a more general marker as opposed to, you know, brass location per se, but more systemic marker. And we saw that the CA15-3, interestingly enough, in 97 patients, we have 715.9 was the average, and discharged three weeks later, it increased.

But quality of life improves, so this is what we have to think. Is this because of tumor cell die-off, or is this a

progression of disease? So if objectively you are seeing that you're feeling better, your weight is stable, you have better appetite, all your quality-of-life parameters are improving.

And the markers going higher, don't panic. Wait till later and look at the marker over time to see what happens, because I'm sure you have seen this as well, Dr.

May. So then, on follow-up, 42 patients of the 97 had dropped slightly, so trending down three months. It's a very complex disease. Remember, these are, but the quality of life was improving.

On the other side, what's interesting is look at the CEA. The same 97 patients who on intake, the C. E. A., was 69.4. We wanted to be on the 0 to 10 range.

But then at discharge, it jumped. Because we're doing a lot of therapies that are killing cancer cells. It jumped, but then look what happened at three months follow.

Most follow-up patients showed a steep drop in CEa values. Wonderful. know their initial ones. So this is telling us that the systemic load of the tumor of cancer has decreased, even though the breast cancer marker itself was fluctuating up and then slightly down.

This was some significant information that, again, we're pursuing further with our research and education team. So vitamin D, vitamin is so important as we all know and what I want to say here is that most patients, 62% of patients overall, all cancer patients out of 139 that we looked 62%, have the low optimal vitamin-D level.

Breast cancer patient for some reason, they were not bad, 70.3 when they came in slightly. Maybe Dr. Lee and West Pennsylvania are a little smarter and they're taking supplementation and so forth before they come to us, right?

Emotional trauma, root causes, and closing remarks

Maybe, you know, they've seen your summits and your podcasts and all that. Right, reading my blogs. Yeah, good. That's good to know. Yes, so this was nice.

This was Nice. And so 75% patients improve vitamin D levels at the follow-up. So their vitamin levels even improve when they came back three months later.

I believe that's my last slide, and I'm happy to answer any other questions you might have, Dr. Lee. You've pointed out so many different factors. What I appreciate about, you know, your work and your philosophy is that you don't want to just cover up the symptoms.

You want get to the root cause. And most importantly, with your seven principles, the emotional, spiritual aspect is really, really key. I know I've seen that in our clients.

We've see that with our patients. So you can do all the stuff, right? therapies, the pills, but if your heart is not right, if you're carrying a lot of emotional burdens, your body just won't respond.

So if want to add a little bit on that. I've had so many experiences with that, I remember one example because we remember stories, right? So quick story, we had a patient with a right breast cancer, male size, she's right-handed.

And we're treating her, she's doing well, but that tumor's still there. And this is years ago, and as I was learning the biological connection to breast cancer and the conflicts and trauma behind that, I started to ask the right questions.

We need to have the questions in a loving, gentle way. It turned out that she was having an affair with a priest from the Catholic church. He knew that this was not right.

He knew that it was not right. And this was eating up at her emotionally. She was distraught and she was ashamed

and was being affected. So the story might sound like it scripted, but it wasn't.

As soon as I helped her let go of this and break that relationship, the tumor was no there anymore. It disappeared. If I didn't see Dr. V and everyone, I wouldn't have believed it, Many stories of how breast cancer patients have healed are the tumor progression have decreased significantly when these biological conflicts that were sudden acute traumas that they didn't let go of and were still there, right, gnawing at Once they let go and liberated and got free from that, the cancer had no reason to be there because the breast cancer, I truly believe it's an opportunistic disease that settles in its brain that's affected mostly by emotional and spiritual trauma than all the other physical stuff on top of that compounds.

Absolutely. I know Dr. Jen Simmons, who's co-hosting with me, She says cancer is rarely a medical emergency. Breast cancer's rarely medical the emergency, it's an emotional emergency you know, you really have to deal with that root cause.

So thank you so much Dr. Tony. I know you're a busy man and I don't know how you do what you but God bless you for that. And I look forward to meeting up with you again soon.

Thank you Dr Lee, thank all and God Bless you and remember there is always hope for breast cancer. Very true. Bye, everybody. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks dot com. Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.