Can Peptides Help Beat Cancer? Dr. Leigh Connealy Says Yes Transcript

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Introduction and Guest Background

She was seeing doctors in Las Vegas for breast cancer, got worked up, called me getting lumpectomy, and she thought it was just a simple peck to me. She gets done with the the the surgery.

She comes to see me in person and she complains of back pain. And I go, oh, this doesn't you know, something's not right. And this was like six months after the lumpectomy.

And I examined her, you know, I said, look, we better order scans. I ordered scans, sure enough. Stage four from cervix to lumbar. This is doctor talks.

Real talk from real doctors. Only issues that matter to you most. Hello, doctor. Can't hold her for another episode. And today we have a treat for you.

We have doctor Lee. Aaron. Cannily, I'm going to be talking about peptides and adjunctive treatment for cancer. Thank you so much for being on. I know you are so busy and got so much stuff going on down there in Irvine.

Appreciate you taking the time. Great. It's great to be here. Great, great. And a little bit about Doctor Keneally as a prominent leader in the integrated and functional medicine field with over 30 years.

But I don't know if I believe her on that. She looks a little too young to me. I'm taking the best of all science, including homeopathic and conventional treatments for cancer, chronic illness, nutrition, lifestyle approach.

She's a medical director of a combination of two clinics in Irvine, the center for New Medicine and the center for healing. She created the Cancer Center for healing because of the epidemic spreading of cancer, which is just getting worse.

Patients receive scientifically based treatments and receive integrative protocols. She's created an acute awareness for the need to focus on cancer prevention, providing unique testing to determine the early stages of cancer years before a scan reveals or recognizes it.

And I just think standard oncology is just so barbaric right now. You know, through RGC, which is really interesting. And well, we'll talk about it's a genetic test, which you can also find.

You know, basically you'll say, oh, you're cured of cancer. You can find these, you know, cells that are roaming around. And also as a treatment. And they basically create personalized treatment plans for early the late stage cancer, patients, which is just everyone gets cookie cutter now as a standard.

People go, oh, I'm going to Cedars, I'm going to the Mayo Clinic. It's just like, okay, this is what you get, you know? And then we talk about two. It's like you have basically they get post chemo brain.

They don't do anything about you depressed. They don't know why. So again treating the whole the whole system, she's discovered that many factors contribute to the disease process.

Therefore many modalities must be used. Reverse it and spending the proper time with each patient to allow reversal disease. That's so true. And again, you know, going from the standard model of one drug is one thing to looking at the overall picture.

It's just so much more powerful. And so really have to be multi-discipline, know essentially every system in the body to do it appropriately. And that's why, you know, people are hard hard to come by.

She's author of a number of books, Be Perfectly Healthy. In 2009, The Cancer Revolution in 2017. We'll ask her about she's on TV series The Doctor Detective TV.

That's interesting. And she writes for many publications and towns and letters and a bunch of others. She serves on the board for Doctor Joss Ash, Arkham Asylum.

She also parts her wisdom in educating medical practitioners from all over the world, which is nice that she's willing to take her time and train other physicians, which I think it's kind of ingrained in what physicians do, but very few physicians are willing to do it.

And or give up their secrets, you know.

Personal Journey Into Medicine

And so she's very generous with her knowledge and her time, lots of speaking engagements. She's a sought after speaker around the world with webinars and podcasts, and she's down in Irvine and just basically been a hallmark of word of go.

If you have cancer and more or less say, if you're, you know, not getting proper treatment, but really probably better to be the first place to stop rather than the last.

That is correct. So again, yes, doing some amazing stuff down there and we have some mutual patients and they've all been very impressed and say a lot of good things about you and doing some cool things.

So yeah, kind of how did how did you get into this. Wow. That's a loaded question. Well, a couple things. One I, I'm number three of six children, and I was born in the 50s, and my mother started bleeding and she went to her doctor, and the doctor said, okay, you're pregnant, but we we don't want you to lose your baby, and we're going to stop the bleeding.

So we have this great drug called Ask Dianthus to bystrom. And so, lo and behold, and I'm fast forward 16 years of age, come home from school. And my parents had received a letter saying that I needed to go get a very thorough cancer workup because these offspring's male and female offsprings of children who took DS as a result of their mother being administered, were developing cancer and hormone problems and anatomical problems and infertility, etc., etc., etc..

So I was living in Houston, Texas, and where do I go is MD Anderson. So I go to MD Anderson and of course lots of things happened from then to now. And so my the DS gave me was a very strong tipping point for me.

Wanted to become a doctor and to to understand what really DS does and did to not only me but others. But the biggest thing it became for me as after I went to medical school and I went to conventional school, did conventional medicine for a short while, but really was not helping in me.

And I met this Russian pathologist internist and he started teaching me about and other ways of looking at the body. So that really from hormones, all kinds of different things.

And so with the help of, you know, that guidance and my own personal issues, I just started to look at medicine completely differently and what happened to me big time is, you know, it dawned on me, I've got to make sure I don't get cancer.

And so sure enough, I just started researching everything. I met this guy at an AA forum conference who was not a doctor, but he was a sarcoma survivor specialist.

I mean, a survivor surviving of a sarcoma, which is a tumor of the muscle, which is really not a good cancer because it only responds to surgical removal and not chemotherapy or radiation, even though they administer chemotherapy and radiation.

But anyway, yeah, so that guy opened my eyes because he was diagnosed with sarcoma at 22 years of age. They said, okay, we're going to do amputation. So he remembers, he asked the doctor, do you know what my name is?

When he was going to have the surgery and the doctor didn't know his name, he says, I'm out of here. So it turns out AMA spends the next 11 years, not months, 11 years, figuring out how to, you know, get rid of the sarcoma and get rid of cancer and travel everywhere.

And that's what he did. So I met him at a forum conference, and I listened to his whole life story. I tell him my whole life story. And, you know, now, you know, years later, I'm doing so much of what he taught.

This guy taught me anyway. But he was 22 when he was diagnosed, lived, so he was 69. So for a sarcoma patient to live that long, it's like unheard of.

If he didn't die from his sarcoma, he died from that. He was in Cuba and the Volkswagen clutch got stuck and he got a raging infection. And he didn't want to go to the doctor because he didn't like doctors and waited to the 11th hour and goes into sepsis and dies.

But anyway, so that, you know, really, really transformed. And I've had my own personal challenges. And over the last 40 years I had infertility. I never had two periods in a row in my life.

So I of course, I had to learn everything about hormones and the lack thereof. And I when I 26.5 years ago, I delivered twins and I suffered Sheehan syndrome because.

So then it made hormones like a really, really oh man. Yeah really big issue. And I went to doctor after doctor after doctor panel and yeah. And none of them could help me.

And literally they'd go, okay, let's try this okay. Let's try this. You know, and I'm like, no. Did you read The Safe Uses of Cortisol? Have you read this? And I bring him stuff and.

Oh yeah, save you the cortisol Jeffrey like Jeffrey. Yes, yes. And so anyway, as a result, I have been my own guinea pig. I actually do, interestingly enough, went to Mexico and got a pituitary transplant and it changed.

Yeah. And changed my life forever. And it was the best thing ever. I never thought they were doing those. Oh, yeah. Oh, yeah. There's a whole school of gerontology in Carretera Mexico, which is not too far from Mexico City.

And so. So I have last year. You kidding me? No. Last year, at 18 hours of back surgery for scoliosis, I went to Germany for that. And so I scoliosis, one of the side effects of D. D. S., you know, so I could tell you story after story from not just a medical doctor.

You know, might you know, it's easy to read a book to experience pathology and experience a diagnosis, a whole nother story, you know, and I think the majority of doctors that are really into this so-called I don't know what we do, you know, oh, alternative, integrative, functional.

I just think it's better medicine. Right. The new modern medicine I call it. Yeah. That what the new modern medicine. Yeah. And but work is there. Oh you guys a non evidence base.

Are you kidding me. Is that you know because I was very evidence base I still am. I would never have thought to go to an alternative. You know conflict because you're told that there's no evidence.

So then you go and you're like, oh my God, this is more evidence based than the crap they're teaching me, you know, which is 40 years old. Right? Exactly, exactly.

Wow. So you've really turned a negative into a huge positive and really use it to help so many people. Right. And so my whole focus now, I yes, I do lots of cancer because like you said earlier, people come to me after the fact.

But, you know, they say, you know, the pain of just doing things early is way, way, way smaller than, you know, finding out something later. And so, you know, and I, you know, I love it.

So like for me, you know, like people go, God, how do you do cancer all day long? And I said, no, I it's challenging. It's like stimulating my brain.

Rethinking Cancer Care and Prevention

And and when you have to do it, when you're seeing a cancer patient, you have to be a psychologist, a psychiatrist, an immunologist, gastroenterologist, endocrinologist.

You know everything because you have to know how all the systems are working. So it really challenges you to really think and look outside the box. And these patients, you know, they're looking for answers some way somehow.

Yeah. So and luckily our team is just constantly we're just constantly studying, researching and trying new things that don't. The key thing you know, Hippocratic oath is first, do no harm.

And so whatever the issue with that, though, there's nothing it does no harm. Giving a glass of water or coming to your office can do harm because they get hit by a bus.

So anything you do can do harm. You know, it's another thing, but that's true. But life is all about reducing risk. Please. You know? Yeah, yeah. And it's you know.

Yeah. Risk benefit for for everything. And and and that's, I mean, that's, that's just amazing that you, you've, you've taken that and turned it around and use it because you know what these all these multi-system illnesses, you do have to know more.

I'm telling you then the guests or just the neurologist, the, you know, and and I'm telling you is that you could probably do unless it's surgery or something.

Study for two months and look at old studies, look at all the studies and new studies and be better than that specialist because they've been doing the same thing.

And they don't change in general. Okay. There's some exceptions and the system makes it that way. But and that's the thing. So it is a big burnout where it's like you got so many things that go over where standard is you go to your HMO especially, or even PPO.

Now the doctor goes, okay, cardiologist gets a well just around it. And you know, all these people are looking at their little parts and patients just like left with nothing.

So and then they go, oh, you're actually just did it for the money. No freedom for the money. There's a lot easier ways to make money, I'll tell you that.

Yes it is. This is a very much a job. You you sacrifice. There's no. Yes, but once you take the red pill and go down that rabbit all, you can't go back, right?

Like you could not go back and do standard medicine. Oh, God. No no no no no. So frustrated. Just barbarism. Right? You know, and just the lack of common sense.

Yes, exactly. And just simple little things. Just really, really simple things. Like I had a patient stage four colon cancer and so I'm reviewing. She had already had surgery. She had already had chemo.

Would all you know, of course it came back in her lungs and in her pelvic gutter and so her doctor says, oh well, we can do some radiation. The patient doesn't want to do radiation.

And so I said, okay, well, I'm going to go over your Pet scan and I go over Pet scan. I go, you know, you have fatty liver. And she goes, what? And I'm like, yeah, you have fatty liver.

And so she goes, oh, what does that mean? So I explained to her what that meant. And so I said, the reason why a doctor doesn't tell you because there's not a drug for fatty liver.

And so so these were the guests or I'll just never mentioned it. But no doctor has ever mentioned it. Not one doctor has okay. So because that's normal now.

Yeah that is normal now 50% of the population. So then I said okay, well I'm going your bloodwork. And I said, you know, your, your blood sugar is 173.

And I said, you know, there's no hemoglobin A1. C cancer cells love sugar. So they have, you know, a lot more receptor sites for sugar than they do in a normal cell.

So I said, there's no way that we're going to get rid of cancer if your sugars are still high. So anyway and no, no vitamin D was done. No C-reactive protein.

It was fatty liver. They never checked her hemoglobin A1 C in my weight BPC 157 great at reducing reversing fatty liver but it just it is it just blows my mind right.

So simple things and you know just simple things because we have to we you know even the World Health Organization, which is not somebody everybody's touting these days.

But yeah it does it. They did say that 80 to 90% of, you know, illnesses are due to what lifestyle? Well, so but the doctors don't have time to talk about patients with their lifestyle.

So we have to change the whole, you know, the whole paradigm of medicine and teaching self-care. Because if we teach self-care, then we won't have so much people coming with dire illnesses that they are now.

And the illness is 60% of the population now is chronically ill, and everyone's sick, everyone's sick, and nobody can think and nobody can function, right?

And I mean, now they're finding Alzheimer's in 25 year olds. We should be so concerned. All right. Well, but you don't hear that. It doesn't make the news.

Yeah it doesn't. And so yeah. So and health has to be your number one value because that affects you. It affects your loved ones. It affects your work. There isn't anything.

So if we could just all of us collectively teach patients how to restore health. And that's what I do in our clinic. That's what we do as a group. And of course, we have a good team around it to do that.

But, you know, if you unless you do that, we're just not going to make inroads in people being helpful. All right. So you're diving deep into peptides and longevity on this podcast.

And we're right there with you. Integrative peptides stands out trusted by over 10,000 doctors to deliver real results for their patients. These premium peptides are your key to unlocking vitality recovery and a longer, stronger life.

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It's time to elevate your journey starting now. Yeah. And you know and you don't until you I think are really sick. You don't realize it's always you think like, oh having more money that when you're really sick the money doesn't matter, right.

Well, all the money in the world. Right. I always tell these CEOs, guys, I go, you guys have these dashboards and you're checking this, this every single hour.

But you don't even know the dashboard of your health. And so then when that happens, when they have a crash in their existence and then they're like, oh my God, that becomes the focal point.

But all the money in the world can't turn around a lot of stage four cancers. Yeah. And then people like, oh, I don't want to pay because like, especially some older generation maybe. Right.

They don't want to pay for everything. Yeah. That's that's gone. You know, if you want the minimal care where if you break an arm, okay, you can be seen that.

But if you want really decent care I think, you know, I can't believe the care that is given at these, you know, HMOs and standard doctors. I'm just appalled. Like they're.

How can they not be getting sued so much? Well, that's now the standard, you know, and they get paid bonuses for doing nothing. That's right. I'm not checking for anything. Right.

I've interviewed Kaiser doctors to work here, and they get punished if they order too many blood tests to do anything too much. And what they'll do is eliminate the lowest 20% of the least cost effective doctors, which means right ones that order the most tests that do the most treatments that find the most, you know, benefits for the patient.

No, we don't want that. And they end up doing like you want to get five tests like we love getting like I'm sure you do. Like, you know, 35 already tests.

And it's like they're like, oh, I can do three, you know? Right. Exactly. No, I know that my doctor says I don't need these. Well, what does need me? Yeah.

Well, that means you don't need four wheels on a car either. Yeah, yeah. It's nuts. So. Yeah. So you've kind of been around all the different areas and you kind of combine them now into two separate clinics.

Yeah, two clinics are together and one is, center for New Medicine. And that's everything from human optimization to chronic disease. And then the other side is the Cancer Center for healing, because they're here sometimes for a couple hours, a half a day, a day, depending on the severity of their illness.

And so but the cancer patients, it's open so they all can commune together and talk to one another because they like sharing stories. And that's cool.

Yeah. So it's really cool. So we create this real warm environment. So the patients feel like they're in a healing situation. And you have a number of other doctors that right.

We have a big team. We have a lot of MDS. We have a Pas. We have a naturopath. We have a nutritionist, we have someone who does emotional work. We have lymphatic drainage specialist, massage therapist, body workers.

I mean, you know, and then all the support staff, like, I mean, I'm just thinking managing all those people. But that's. Yeah. And sitting job they let it's a big babysitting job.

Oh yes. Yes yes. And that's just the doctors. But let's say a pancreatic cancer I call you like a pancreatic cancer. They said they can't do anything.

Okay. Can I come see you? Right. What? So what would be what? What you do? Yeah. Well, first and foremost, I look at all the. I get the history and that's a good one you brought up because pancreatic cancer literally has no warning signs.

Most cancers don't have warning signs. And this is what I always tell people, just like heart disease and 50% of cases of sudden death. But cancer is the same way because cancer just doesn't have symptoms.

Because it starts, it has to become impactful, anatomically large for it to be, you know, intrusion in your day to day life. And so a pancreatic cancer, though, has a very, very poor survival.

You know, they say three months to a year. And so that's one cancer, for example, 71% of cancers do not have any test. You can do. Think about it 71% pap mammogram, colonoscopy and maybe a PSA or all that screening test.

There's no screening test but your best screening test for a doctor out there, any doctor ordering would be, you know, doing like you said, you're ordering 30 to 40 tests.

But I always tell some top three tests C-reactive protein if it's over one, you know, you better go looking for something. Okay. Sure. I'll give people omegas and repeated in 68 weeks, and then I tell them it's not high.

I go on a hunt, okay? And every doctor should be doing that. Hemoglobin A1, see if you have high in the Golden State you're much higher risk for cancer.

So you got to get that hemoglobin A1 C down to you know I like at around five ish. Yeah. What percent of the population is that. Yeah I know but I mean I'm just telling you because I've been studying hemoglobin ABC for like 25 years and then vitamin D your vitamin D is, you know, influences, you know, thousands of genes in your body.

And it's a hormone, an environment. And then look at the DHEA sulfate because the DHEA sulfate is a the hormone is the hormone of stress, immune and longevity.

You know, when you're 25, that number should be 3 to 400.

Peptides for Immune Support and Cancer

Or if it's drastically low, you know, that person doesn't have that adrenal health that they need to fight illness. So obviously, you know, all the other hormones, thyroid function.

I mean, I you know, we do that on everybody. Okay. So and then I there is a blood test called the cancer profile. I know we're getting off a little bit, but there's a blood test now that's what we're talking about.

So the cancer profile the cancer profile is a blood test. I used to do a lot of about ten, but 12 years ago it checks quantitative hCG in your urine and blood, and then it will check DHEA sulfate a GT to check your liver die.

It shows anaerobic metabolism. You know, auto Warburg in 1931 got a Nobel Prize that it's an anaerobic, sugary lactic acid environment. So if you have if you have low excuse me, elevated which is it is a is a marker of hypoxia.

Then you know cancers kind of thrive okay. Either you have the environment for cancer or cancer is going to become worse. So like for example, I had a little girl come in 19 years old.

She's Kaiser patient. Her dad's an orthopedic surgeon at Kaiser. They bring her to me because I don't want to do the treatment. I mean that anyway, so that should tell you something.

But anyway, her I was like 100. It should be around 25. Well, all the treatment that I'm going to do is not going to help. If I don't get that I down. Okay.

So that's why I'm big on hyperbaric. I have other, you know, oxygen therapies, ozone, you know, nano oxygen baths and stuff like that. So but these are things these are markers any doctor can do I teach it, I write about like the other.

There's like, you know, four kind of basic markers. They're not specific. Oh yeah. Those are totally nonspecific. Yeah. You can do seat 15 three 2729 to 19 nine CAA set.

Yes. You can't. But I will tell you I have stage four cancer patients. Their markers are completely normal. So I always tell people never go buy that.

Now please do never go buy that because that will not tell you if you have a man with breast cancer. Do you think mammograms work? Well, that's a big demography.

Or what do you think of the whole thing? Yeah. So I tell people every imaging gives you a picture. So mammography will tell you some calcifications. Although it is radiation.

The studies from Denmark at the Cochrane Collaboration Group. That's for every 10,000 mammograms you do, you save one life. And if you get routine mammograms, but it makes you increase your risk of cancer.

Yeah, you get increase your risk of cancer. So thermography I do do do in my clinic. I have a very specific camera though. That is incredible. It tells me vascular breast are not vascular.

All right. So and believe it or not thermography has been around for like 70 years okay. It's not a new thing. If you look at the whole history of thermography it's like peptides in there.

Exactly. Correct. Exactly. So anyway thermography you can tell if, if, if breast are having thermography, like for example, I just had a lady come in today for her follow up.

Her thermography was a little abnormal. She has breast implants. She had already had her breast implants redone about a year and a half ago. Of course, before they any doctor who does a plastic surgery to re implant, they always do a thorough workup before like a they do mammogram.

You know all that kind of testing to make sure there's nothing abnormal. So anyway she I said you know I said look I just want to check for circulating tumor cells.

I'll feel better. Let me do an ultrasound. I did an ultrasound or an MRI. The MRI hasn't come back yet, but she already had circulating tumor cells, so I know, and it showed.

I ordered a panel. I'll call an RGC called the Uncle Uncle Trail and it tells me what cancer it was. So it was breast cancer. So I know it was because it has the MUC one protein elevated.

So anyway, so now I know now she wasn't panicking because she knows that I'm all into prevention and she's been my patient for a while. So she knows how I do, how I work things up.

And so you've gotten so much earlier. Yeah, exactly. Exactly. Because you you can have just so you know, can't you can have a patient who has cancer, and every scan and every marker in the blood is perfect.

But if you go and see those circulating tumor cells, then you know, something is brewing because, you know, there's a great book out called The First Cell, and it's written by an oncologist who who is really does not like her profession now because I think I respect her for that.

Yeah, I do too, because I was like, finally, she's from Columbia and I'm like, finally someone is talking about this. She said everything that's been researched in the lab and used and in the last 20 years has extended life.

Three months, that's what you know what I get that's probably very politically incorrect. But yeah. So it's like, you know, the the pink ribbon and. Yes. Right.

I'm like, they're doing shit. They're not doing anything. I make you feel good. Yeah. Of course I want to rid the world of breast cancer, but they're just political and doing the same crap.

Right. So it's easy funding people like yourself and doing research like that rather well, I. I actually sent her my book. I said, looking for a new one.

I listen to whatever YouTubes. And she said, we as physicians need to be collaborating and cooperating with other doctors to really eliminate the suffering for patients.

So I sent her a letter with my books and I said, look, I would love to collaborate and cooperate with you. Her specialty is MDS, which is myelodysplastic syndrome.

And so anyway, I haven't heard from her yet, but I'm going to bug her because it's like, no, we need to band together and change the landscape of medicine to eliminate this.

Oh, it's true, I you know, I think when you first start, you're kind of like, oh, competitors. But now you know that it's like a lot, a lot of writing.

Yeah. And there's so many sick people, right. Like it's not a competition. And we need to band together. Bad stuff is coming down the pike in terms of, you know, lack of medical availability of treatments that are going to be able to do, and, you know, basically now Google is now the arbitrator of, you know, basically medical truth, you know.

Yeah, exactly. Automatically. Right. It's interesting how they went to medical school. Yeah. Yeah. It's very scary. Right. Very scary because, yeah, especially you in the cancer world.

I mean, the, colleges are so protective. Other turf, like, God forbid you cure someone. That's what. They're going to come after you, you know, how dare you cure someone that know not doing our barbaric, toxic cocktail, you know?

Right. Exactly. Well, they know they have limitations. So. And they know that there has to be. There has to be proper care of the patient, I mean, honestly.

So I do recommend patients to have surgery. Okay. I do recommend patients to have a conventional conventional chemo or, you know, low dose chemo. So because you don't that's just the case.

There's time that it's needed. Yeah. Yeah. And and and the thing is though is let's try to make it the best experience for the patient. And I think that's probably lacking so much to I mean, I haven't been a cancer patient, but you know, just the you you're I feel like a number, you know.

And we see that with, you know, we treat a lot of the chronic illness patients. Same thing. You know a Lyme patient is kind of two and five myalgia. All those are just treated like horrible and I'm ashamed to say.

But doctor, with the way these doctors treat patients and if a doctor can't treat it, it's the patient's fault that doesn't exist. Right. You know, there's exceptions, thank God.

Yeah. But in general, on the end, the less a doctor knows the more adamant they're right. You know, like. All right. That's true too. But you have a lot of modalities and I'm sure we can go on for a long time going through all of them, which is very cool.

And what, what what peptides do you like? Let. Well, I would say the number one peptide that we use is the thymus and alpha one. So like you were saying earlier, these peptides have been around for quite some time.

But as we age, you know, your thymus degenerates. Right. And at the age of 80, you know, you have really no T cell good. Two cell function. So the thymus and alphas, sublingual and injection and the cancer patients, I always like to use the injection because I need, you know, all the help we can get.

So that that is a very, very good because they're not only fighting cancer, but a lot of cancer patients have viruses. So thymus and alpha, you know, really, really helps the immune system.

And that, you know, a lot of people have what we you know, as you know, Luca premium low white blood cell and their doctors always go, oh that's normal.

That's normal. I go, no, yeah. It is like heart disease is normal. And actually the CDC said that people over 55, I forget the exact percentage give me it wrong.

But I was like 60, 80% to have at least one chronic condition due to the evolution of the findings. Right. Exactly. So you essentially lowers your good immunity and raises the inflammation.

And so it's like really want to just give everyone you know, I miss the dynamic peptides. I was a bit forward. That was a bit of our friend 5 million.

You know I'm a June Dimes another one. You know all those things and you'll do yourself. You know at the age dramatic early right. Exactly. Yeah. So I, I'm sure you probably might use it yourself.

I use it myself. And a lot of people with this virus coming out, I gave patients that are 60 plus 50 plus that to protect themselves because it's very helpful.

There comes a black helicopters to to get you. Oh, really? Talking about Covid. So, you know, that's why I said the virus. Yeah. So anyway, so time medicine is a very good, wonderful. And, and it's approved for cancer, a number of countries and tons of studies on it.

It's actually approved as an orphan drug here. But yeah. And the nice thing is, like, side effects are so rare. Yeah. Right. Exactly, exactly. Yeah. Well, I yeah, I rarely, rarely, rarely have a side effect.

Testing, Imaging, and Early Detection

So the other one that is helpful when we use low dose chemo we use something called urged and urged is a cyclic amino a 99 amino acid cyclic peptide. And it acts like an escort to bring the chemo into this cancer cell.

So we will administer that with our low dose chemo. So when we do low dose chemo we only use 10%. We use a tap lab testing in Greece called Argc. The Argc gives me a a panoramic view of everything that could possibly work on the cancer cell, whether it's chemo, whether it's natural, which is like so it's like, why is it everyone doing that that gives you a natural and gives you meds and meds and everything.

And so like if you need estrogen blockade, it tells you that if you need some smart drugs in any, you know, it gives you that it gives you all the chemo that work.

It tells you how much drug resistance the patients have, because we all know every single patient going into chemotherapy has populations that chemo resistant and chemo center.

So this allows us to, you know, use this this peptide. And I can send it to the lab actually to see if it's going to work. So I use that as one of the agents that they test right there.

It's just huge. And I'll just back to the times now for one real quick is, you know, looking at studies, it shows, you know, people get treatment and they're told, oh, you're cured.

And the rate of relapse directly correlates with your natural killer cell function. Right, right. And so it's basically get your immune system up because you're, you know, everyone has cancer in their body all the time.

That's right. Is your monitor your body for cancer. So that's low. Of course it's going to come back. So if you raise that and you know take thymus or A B and boost immune system, it's like everyone should be on it.

If they've had cancer, really everyone's at risk for cancer especially nowadays. Well, today everyone's a risk. It's one out of about 102 people. So it's not it's it's not if you're going to get it's when you're going to get it.

So yeah, like everyone we live in this toxic world. Toxic world. Exactly, exactly. So so the other peptide that we use and I will send as a specimen to they already have it is PMC 27.

So PMC 27 is what it does is it blocks the member for the p53 gene. So the p53 gene is your tumor suppressor injury. And over 6,070% of cancer patients have p53, gland suppression, suppressor playing suppression.

And so if you will take away their you what they do with this pack is it pokes holes in the membranes and causes a lysis of the membranes, allowing the 53 to to turn on its suppressor to suppress cancer, but also kill the cancer.

So so so do we give that to everyone? No, we we select based upon the testing that RGC gives us. And I think I was reading a lymphoma paper like specific for the like K56 to the cell where it leaves the normal lymphocytes fine.

But it actually is very specific for the cancer cells. And the patients to self inject themselves. And so you don't see toxicity with that. And no I've never had anybody have an abnormal reaction to that at all.

That particular. Yeah. Well that sounds like chemo. So yeah. Well chemo is another. No I'm kidding a whole nother story. And that we just started using recently met in cephalon.

So that in cephalon is you know, in the opioid actually discovered kind of a long time ago. But your, your, your increases your opioids, your opioids are, you know, wonderful for your immune system.

And so that's why people get addicted. Because no wonder what that does. Like people with heroin on heroin. I mean, you kind of look at versus like a math person.

They seem to, you know, they don't age as fast, but do all opiates reduce cancer rates? No. Unfortunately, opioids are really suppressive of the immune system and inflammatory overdoing it.

You know that that magic balance is. Yeah. Yeah. And it sounds like you know they reduce pain but actually increase inflammation. Yeah. No. And they destroy the immune system.

Really terrible, terrible devastation. So you don't you know, you're not going to see or do. You'll see an increased risk of people dying. That's why I don't use opioids because I tell them not.

I will only use that at the 11th hour with if you have so much pain that you can't handle it. So I, I prefer to I have all these other pain IVs and natural pain things that I use now.

If people are in severe pain, I will give them because it's their stage for cancer. And you know, the pain is so stressful. It's California. I know a doctor who lost his license for treating a stage four cancer patient.

They said you are addicted. Are you fucking kidding me? Yeah, yeah, well, that's city of Hope. My girlfriend, she's a doctor, and that's all she does is is give pain medicines for state for cancer patients.

So she is their palliative doctor. So so you know I mean yeah they'll probably come after her for being a terrible person. Like it sounds crazy, but I think I read a study had pancreatic cancer with that like three times the survival rate with what now with the Met and Kaplan.

Right. So the Met and Kaplan. Yeah. Just you know beautifully helps the immune system. Another thing that I use I don't like LDN. You know I was just going to say LDN.

So it's like LDN. So like yeah those are correct. So yeah. So it's a phenomenal helper. So if you don't use the Med in Kaplan because LDN is much easier to get than met in Kaplan.

So but it's it's very, very helpful for I guess knees for people. I think it for people. So but it helps you know it's everything's about the immune system.

I don't care what disease you're talking. Hey that's you're preaching to the choir. We became an immune monitoring clinic because it's everything right during cancer.

Yeah. And then we were talking about just kind of in general. Right. I been using K because, you know, it's great for the skin, but it also helps in modulation and dysregulation of pathways.

So GCC helps, you know, it's anti-inflammatory repairs and influences. You know thousands of health pathways in the body in you know re kind of correcting autocorrect the dysregulated pathway.

So that also is that is the ultimate Beverly Hills cancer therapy because your skin looks better. Yeah. Exactly. And and it kills the cancer. Exactly.

Unfortunately our priorities are it's it's form over substance. As you know, it doesn't matter how you feel or you got a big tumors, like, you're looking good.

Exactly, exactly. So that's. So those are the main ones? Yes. There's collateral ones, which I'm sure you're going to talk about with other people that help, you know, other systems of the body.

Yeah, yeah. And how about testing what what type of testing do you like or what just in general for cancer. Okay. Well, when a cancer patient comes in, they always get a complete history and physical.

So we going to do a we have a good form that we fill out. So we have a lot of the answers. So we don't waste time asking a lot of questions. We do confirmatory of what they've written down.

Then I tell them what I see on their scan, and they're always surprised because no one's told them what's really on their scan, literally. And then, oh, that's so true that you do Pet scan, Pet scans, Pet scan, CT, MRI, ultrasound, whatever we need.

Okay. You can. Do you have any issue getting those covered by insurance? No, no that's fine. No, no, of course not. I mean, if the patient needs it, they need it, you know.

Yeah. Tell my insurance that. Yeah. Right. Well, I know what you're saying because we do sometimes. So I'll order a CT scan as opposed to a Pet scan. So it just depends, you know, I know I kind of know what to say because I know my patient.

I'm seeing the patient I know, yeah, I'm looking at the blood work. I'm looking at the setting. And let's say, let's say you were diagnosed in cancer in 2015 and you're here now in 2021, and all of a sudden you have back pain, this pain.

And then I order the blood and see alkaline phosphatase. I see these like like, you know, you better order a Pet scan. So I always I always that's, you know, very important because cancer comes back in a year, two years, five years, ten years depending.

And so you've got to make sure that someone doesn't have a bigger problem than they think they you know, I had a lady from Las Vegas, she was seeing doctors in Las Vegas for breast cancer, got worked up, called me getting lumpectomy, and she thought it was just a simple peck to me.

She gets done with the the the surgery. She comes to see me in person and she complains of back pain. And I go, oh, this doesn't you know, something's not right.

And this was like six months after the lumpectomy. And I examined her, you know, I said, look, we better order scans. I ordered scans, sure enough. Stage four from cervix to lumbar.

That sounds like a little issue. Yeah, exactly. So anyway, it's. You don't always know the scope of your problem. Can. And that's the thing is, you want to understand.

Like today, I had a patient I hadn't seen her because of Covid for a year and reordered test everything was stable. A year ago she came to see me because I was, you know, way overdue.

She comes to see me. I ordered bloodwork, ultrasounds, all abnormal. I order a pet scanning immediately. She had had cryotherapy, which is freezing of a tumor back in 2000, I think 17.

But I think with the stress of Covid and everything, you know, stress, the kilogram has to come. So yeah, just or how about intravenous therapy. What what do you like.

So intravenous we we have you know probably 50 different intravenous. So we do as many things as possible in cancer patients. Intravenous because their GI system due to chemo or whatever.

Yeah. Stress. They they're not they're not going to absorb it like they're going to get an IV.

IV Therapies, Laser Treatments, and Closing Thoughts

As you know in pharmacology it's your order. You you absorb 10% right with you do oral transdermal is 33% and IV is 100%. So I will give IV vitamin C, I use IV mistletoe, IV artis innate IV, dca IV, Kirkman IV.

Course it didn't. I mean, I do a lot of different IV. Where are you getting those? I gotta talk, okay. Yeah. We can't. I love the artists and aid and the human like we can't find it, so I, I it I gotta give you a call. I'll help you.

So anyways, so we have all different IV a I have a IV cocktail hydrogen peroxide to do because that shows up a lot on the RGC to kill cancer. I do Endo laser IV into lasers using the lasers that we use to use a photo synthesizer like ICG, which is an old dye which activates the pathological tissue.

And then you give the laser and that basically drives the, the the pathological. Yeah. How does it know to go to the pathological? Because the light it acts activated by light, you know.

So so you use the dye to do other you send the light on on exact area. Gotcha. So, so they've been doing that in, in Europe. Germany. The doctor, Doctor Weber been doing that for 20 years.

And then we just started going to courses and learning and, and now it's in a different version of the Weber laser. No that is the Weber laser. Okay. Yeah.

Yeah. But it's wonderful. Like wonderful. So for all things. Yeah. Do use different photo synthesizers. I had a guy I had a guy for wavelengths and. Yeah, exactly.

So I had it got. Yeah I had a guy with squamous cell. He had cut off at, at Kaiser and it all came back. And so because he has stage four prostate cancer, he didn't want to do any more surgical treatment.

We did the laser. And this was all growing like like like you know spiked spikes and peaks and everything. This guy was very large. We did the laser. It's all superficial now. Beautiful.

And just using the laser. And that doesn't hurt the patient doesn't hurt anything, doesn't suppress the immune system. So it's it's a well, no. Are you putting it intravenously or.

No on him? We're doing it topically. Just just topically. Yeah. And yeah, I know Novak, who's kind of by you down there by Novak is in San Diego. I know him, yeah, he my other doctor, Doctor Whiteman went down there and he's not that sick.

And he goes, oh, it's sick. The Weber laser in your tibia just punched a hole in his tibia and sticks the laser there. I'm like, dude, it's pretty bold, but it's cool stuff.

Yeah. So it's really good. Good stuff. The good the good thing is it doesn't hurt patients. And that's the key thing for

for all of us. Yeah that's nice use. Yeah.

Different wavelengths for cancer for infections or whatever. Right. Exactly. That's exactly. Yeah that's great. And looks like that again. Time goes by so fast with you.

Let's see. And any particular thing you want to just say that you found kind of like wow, treatment sounds like everything really? Yeah, that's a good I always people always like, because I have so many very, very, very serious patients.

Okay. And and everything works for somebody and. Yeah, everything works for everyone, right. And the problem we find and I was just talking to my IPT nurse, my insulin potenti and she goes directly the patients who've never been treated do way better than the patients who've been treated.

You know, lots of surgery, lots of chemo, chemo for 22 months. And they it's just a lot they're not been beaten down. So yeah. And so the chemo it's like the worst that you're wrecking the immune system.

Right. Right. But I would tell you probably one of the best things is that in the laser it has so many functions because it's not just for cancer, it's for chronic infections.

Yeah okay. As a chronic infections I mean and boost mitochondrial function. Exactly. Exact oxygenation and everything. So that is a beautiful beautiful treatment.

The other thing that I like that's pretty amazing is we use a we use sono electric pulse. It's a big sound machine. It sounds like an MRI and it uses sound to treat and heal wounds.

And it's phenomenal. And so I got it from Europe. And it is it's phenomenal for a lot of different musculoskeletal wound healing. It's like do you sit around it.

No no no no no. You you lay on the table and then the the technician treats the area depending on where it is so different than PMF. Oh very different, very very very different.

One time I'll have you come down and I'd love to come down and. Yeah, yeah, yeah. It's funny, I've expected the Weber laser to show up any day, and I found out my accounting department canceled.

They said, you're buying too many toys. Yeah, I've. I've heard that from my staff, so I gotta wait a minute. And so we have that coming. Some other thing.

Oh, you'll love it. You'll love it. Awesome. Yeah. Love to come down and, check out all the stuff you're doing. Sounds like, you know, definitely. Hey, if you got cancer, where do you want to be?

Kaiser. And if you want to be a doctor. Yeah. And if you want to prevent cancer. I am just because it's been my whole life. And so when. And just think what that is worth.

Yeah. It is. Yeah, exactly. That's what I tell people. What is that worth. Yeah. You don't. And for literally can't for like 1500 bucks you kind of, you know if you have cancer not a come on.

Like who wouldn't want that. You know. Yeah. Like what you would give up to, to not have it right. But yeah. Let's see. So your book Cancer Revolution. Yes.

Yeah. About that we were talking about. So my two books this is Be Perfectly Healthy which is a compilation of lot of stuff I've written. But for a doctor this is really good.

Maybe not for you because you're already doing a lot of things. And then the cancer revolution is this is great for any doctor, any person want to learning how to live life, but also early detection.

I talk about blood testing equipment, things I do everything. So these are invaluable. You know it. I have eating in here detox emotional. Everything is a drip.

Everything in medicine that we should all be addressing with our patients is in here. Nice cancer revolution can to get it on Amazon or. Yeah I'll send you a copy I love I love oh can you sign it.

Yeah. Cause of course I want something nice. So the cutest person I've been interviewed by. Yeah, I'm just kidding. But, no, it's it's been a pleasure.

You're a wealth of knowledge and just helping so many people and saving so many lives. I'm sure it's like, oh, you have this. Today's work for you. But really, I'm sure it's so many.

We're so grateful. And so thank you. Thank you for having me. It's great to collaborate and share this, you know, valuable knowledge to people out there that need to really know it.

And and I think patients just don't know what's available. They don't. You're right. Well things are changing. As you know, every day there's something new coming out.

So literally so well, awesome. You're on the cutting edge of the cutting edge, and I'm so glad that you or thank you for taking the time to talk with me today.

And I think basically the doctors will really learn a lot from this. So, because cancer is just it's exploding and just like, it's like exploding and it's a conundrum.

Yeah, yeah. I just like all these chronic illness. Everyone's sick. Everyone sick. That's right. So you're we're trying to do our small part to, you know, reverse these healthy.

Yeah. Right. Well, it's so nice to meet you again. You've been kind of down the street for many years, and right now, one of you and and your patients.

So, so great to finally meet you with a video. And they just basically opened up California a little bit. So me, I know how exciting we are to come down and say hello.

So again thank you so much. Appreciate it. All right. Great to say bye bye. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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