Connecting Metabolism With Cancer And Type 2 Diabetes Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Dr. Mossu2019s Background

If their stem cells are a thing, then anything that would block or kill those things could cure cancer. If stemness is a quality that can attach to any cell, than you still can use the natural elements to fight the cancer, but it's going to be a lot harder to actually cure the patient of a quantity.

The whole idea of curing cancer could hinge on grammar. This is Dr. Talks. Welcome back, everybody. I have the distinct honor and privilege to have, the famous, maybe sometimes infamous, Dr.

Ralph Moss here with us today. And, you know, one of the things I'm really intrigued by, Doc, is that you are marking the year 2024 as your 50th year in the industry as a…

seeker, a whistleblower, and someone who's pushing us to do better in all things, not just in alternative care, but standard of care. You really are a promoter of doing it better, in both places.

So with that, you also, I think people need to know if they're new to you, which is ironic to me, because I feel like everybody knows you in my field, at least, They need to know that you have your PhD from Stanford, that were the Assistant Director of Public Affairs at Memorial Sloan Kettering back in the day, a founding member of the Alternative Medicine Advisory Council with the NIH, basically a heavy hitter in academic institutions and professional environments over your career.

But I also want to let folks know that you've also taken your share of arrows over these decades, defending the right to question the status quo. So first of all, before we dive into our main topic of today, I'd really like folks to understand what that has been like for you over the past 50 years.

How do you find the courage and the tenacity to move forward with all the things you met along this 50 year journey? Well, thank you. I'm a fan of mysteries, so cancer is a mystery.

It's a mistery story, really. And you're looking for clues, and you are looking the red herrings that send you off in crazy directions and so forth. So, it's, a terrible disease when you deal with it personally.

can be incredibly tragic. You know that, you and I are both survivors of cancer, but so many aren't, and you see horrible, tragic things happening. But on the other hand, it's endlessly fascinating.

because you are dealing with one of the biggest mysteries in the world, one the most serious issues. My father used to say something was as serious as cancer, and it's an apropos phrase.

It's so serious, but on the other hand, It's annoying when scientists say, oh, it's fascinating.

Cancer, Curiosity, and the Sloan Kettering Cover-Up

You kind of get, as a patient and as just a person, you get annoyed and a little insulted. We had this happen when my wife had a biopsy. And we were in the room with a pathologist when she was looking at the sample under the microscope.

Her first reaction was, this is fascinating, come here, look at this. This is incredibly interesting. No, no, tell me, is it cancer or not? Well, it was not, thankfully.

But you don't want to hear that as a patient. On the other hand, that's endlessly fascinating. I was up 4.30 this morning working on my new book. This is not uncommon for me.

In 50 years, I've never lost my interest in this disease and in the way that the scientific community and the complementary medical community in particular has come up to deal with this.

Amazing, amazing. So your curiosity is what has plunged you through the naysayers over all of these decades. Right. And then I had a, I'm not going to go into any depth on this because I've written books about it, like my book, Doctored Results, but you know, had kind of a baptism by fire at Sloan Kettering because had the best job in the world for a person like myself.

I was the science writer for Sloane Kethering and promoted to, as you mentioned, assistant director of public affairs. At the same time, found myself in a midst of a cover-up of the positive experiments with a phytochemical called amygdala, where they, for reasons I go into in my book, Doctored Results, the top brass of this institution, saw fit to cover up the positives results and announce negative results.

And I was given the job of writing the press release, announcing these fake results, and I did it, but I also at the same time was undercutting them by doing an unauthorized in-house newsletter dealing with this.

And then I was fired in 1977 for failing to carry out my most basic job responsibility, which I learned meant to lie when you're boss tells you to lie.

So this was as I said, my baptism by fire. And it sort of propelled out of this canon, you know, to understand A, why that had happened and B, what else was out there?

Because I know what I knew from my almost four years of interviews and experience at Sloan Kettering, I kind of had a good idea of what the conventional world looked like, but I didn't really understand what the complementary world looks like.

So that was my background, basically. Amazing. And, you know, unfortunately, what you speak to that was happening all the way back in the early and mid 70s is still happening today.

Yeah. In a lot of places. So I think that you're kind of, we're sort of in this echo chamber of similar experiences that are happening. It's tough, it's really tough for, I'm thinking of my colleague, Dr.

Ed Douglas out of the UK. You probably read about him, studied about. I met him. Exactly, you know, he's trying to like scream, scream from the rooftops.

I mean, here's a man who does his research, is an oncologist, develops means for cancer and is calling, guys, there's problem here. No one's wanting to look at it.

And so this is what Dr. Moss has been also doing for 50 years of saying, let's look over here, Let's not disregard this evidence. Let us not bury information that needs to be shared with the public, good or bad, because you I thought you are unbiased, honestly, and I think people try to put you in a biased camp, but you really aren't.

You get all of the information. So on that note, you've mentioned your book, Doctored Results, that I've been a follower of yours for years. I don't think at this point I have read every book you have ever written.

Good. incredibly excited. By the time this, everyone's watching this summit, your new baby book will have been birthed into the world, The Moss Method, which is the culmination of 50 years of your pursuit of less toxic, more natural approaches to cancer and just your life experience here.

This is your bathroom opus. Can you give us a little taste about it if folks haven't already devoured it by the So I made a few key decisions about the book early on.

One was I was only going to talk about prevention and I wasn't going talk at all about treatment. So this removes a big stumbling block when you talk cancer to the conventional oncology community.

The great fear is that you're going divert patients away from potentially curative treatments into unproven avenues. It's a fear that's not without some foundation to it.

But basically, I want to take that off the table. Secondly, you're a cancer survivor, so I forget the exact number, 17 million or 22 million of us, it's some enormous number.

I think 4.5% of the population. And when you get up into my age range, its much higher than that as well. So there's a huge unserved or underserved audience of people who have had, who've dealt with cancer, been declared cured or in remission or under control, and then they're really given next to nothing to do on their end.

come back in a year, comeback in six months. I have a close relative who's dealing with myeloma now and I can see very close up how this is dealt with.

Now, he's given chemo drugs and he'd gone through the bone marrow, the stem cell transplantation, but nothing about diet.

The Moss Method and Cancer Stem Cells

It's nothing, about herbs, nothing any complimentary treatments, not even forest bathing, meaning walking in the woods in nature, nothing. So judging by that and the thousands of cancer patients that I spoke to when I was doing phone consultations, I'd say there's an enormous need for us to know what does the science show about the ability of the person themselves, the patient and loved ones, to impact this disease.

And I have, the more I got into the research for the book, and there's 1200 or 1300 references in the books, separate references, but the stronger my belief became that the world of phytochemicals, of plant chemicals in particular, had a great deal to offer to people who are interested, A, in preventing cancer as a primary goal, and B, to prevent the recurrence of a cancer that already existed that seemingly is in remission, but why it might not actually be in Remission.

So this all synced with my fairly long-term interest in the topic of cancer stem cells. And so a lot of the book deals with that. And the reason I felt okay with calling it the Moss Method is because even though I acknowledge my debt to other scholars in the field who have covered some of same ground, I did find that in my point of view, there were some unique I think my emphasis on the cancer stem cells and my ability to connect the traditional diets and phytochemicals to the cancers stem cell was something that I haven't seen anywhere else, or only very sporadically.

There were a few articles. There have been 12 articles that I could find showing research articles showing that specific natural agents or phytochemicals could block or kill the cancer stem cells.

Brilliant. I love this. And I remember not too long ago while I was still in private practice, and this must've been around 2012 to 2014, that oncologists were poo-pooing the idea that a cancer cell even existed.

Right, right. And we were even showing like work from like Dr. Witsch and all these others that were saying, what about this data suggesting otherwise that was going up?

And so the fact that we couldn't even talk about a cancer stem cell until just a couple of years ago, and the facts you're showing the because we don't have much in standard of care to, if any, well, there's a few off label drugs that are showing maybe some promise, but to really address this, I really love that you are taking us into the next generation of this knowledge to look at natural compounds and their impact on both the treatment and prevention of stem cell stem-cell expression.

So it's fun. It's an interesting, I mean, very interesting. Here we go with interesting but it is an interest, interesting topic. And there actually was a book written by a French philosopher of science about the question of whether stem cells exist.

Now, the reason that you can raise that question is because there is a quality of stem-ness, and then there are cells. And some of these cells have stemness to them.

But the philosophical question, is do stem cell exist as a separate category of things, or is it just that there certain cells that go bad, as it were, and develop this stem quality, the quality of stem cells.

And I'd say it's an open question. So when people say there really aren't any stem-cells, I think nobody can deny that there are cells that have the particular surface markers that define each kind of cancer's stem cell.

That's not debated. What's debated is is that an actual thing or is it a quality? There's a big implication difference of implication in in one in deciding one way or the other because if their senses are a thing then Anything that would block or kill those things could cure cancer I'll put it very bluntly If stemness is a quality that can attach to any cell, then you still can use the natural elements to fight the cancer, but it's going to be a lot harder to actually cure the patient of a What a great clarification on that.

It's almost like the stem cell debate is more about a verb. Is this stemming? Is it an adjective or is it a noun, actually? And the whole idea of curing cancer could hinge on grammar.

Wow. That gives me goose bumps. And I love it coming out of the words of a writer. A classicist. My classic's background is showing itself. I can't wait to ingest that part of your book.

It's going to be really exciting. What are the prominent features of you book? I think you talked about three major pillars. Are you willing to kind of tease the crowd a little bit about what the other two pillars are about, which kind starts a segue into what we're going talk about here.

And, you know, these two famous researchers, Hanahan and Weinberg, tried to summarize what cancer is. And they had, in the latest version, Douglas Hanahand put together, a couple of years ago, the 10 characteristics of cancer, which I talk about.

I have actually a chapter in the book about this because it's like you can't talk cancer in any serious way without dealing with a set of papers that have had tens of thousands of downloads in the scientific community and I was basically seen as the Bible as it were of the cancer community, cancer research and cancer treatment community.

So we take the bible analogy, it's like you can't talk about Jesus if you don't talk the New Testament, you know? I mean, it would be a little bit like that.

I'm sure they would laugh at that characterization, but it has that kind of stature. Now, I don' agree with everything in Hannah, Hannah and Weinberg, and I a bit explain why in the book, But we can't assume to have a serious discussion about cancer unless we take their characterization into account.

Now, of their 10, I picked two. I pick two, and you'll be interested to know what they are, because I'll tell you what the are and then we'll explain why I've picked those two So of the two of two Hanna-Heinberg definitions, i picked the immune system.

Okay, that's one. And by the way, this is a Johnny-come-lately to their list. They were very slow. Then the other one I disordered metabolism. The third gear in the beautiful drawing or schema that my son Benjamin created for the book is the cancer stem cells.

So if I was pressed against the wall and I had to say, well, what for you are the hallmarks of cancer? Or at least what is actionable for patient and the person who doesn't want to be a patient?

In other words, in terms of prevention, non-toxic prevention, which is the only kind of prevention that interests me, then I would say that the three gears that run the cancer basic, or at least a weakened effect, are the immune system, the metabolism, and oddly enough, And this is all new, because again, I could point to certain precursors I've had in writers and scientists, but I don't think anybody has put this together quite this way.

So I think it's going to be very convincing when you see it. Because once I had the idea, that's what gets me up at 4.30 in the morning. It's gotten to a crazy point where the book has invaded my dreams, and now I can barely sleep because I'm actually, when I go to sleep, I am still editing and still moving things around.

And actually some good ideas and some crazy ideas come to me in the middle of the night, but you just kind of know you're reaching the end of a writing process when it starts to sort of overwhelm your sleeping hours of day.

Diet, Functional Foods, and Quality Matters

but I think those are the three things that I don't want to say that matter because of course we have to give due and not everything at this point can be handled with natural medicine but we're on so there are things are not addressed in the book but were on very safe ground if we limit ourselves to first of all to prevention and then secondarily I've put a bigger limitation on myself which is I want the prescription, as it were, to be either entirely non-toxic or else with minimal, well-defined toxicities of grade one or two.

And even that I object to, but some herbs and some supplements can and do have some side effects. So, I lean very heavily, Natia, on foods and what are called functional foods, meaning not just we'll go grab something at Subway or Chick-fil-A, and that's food, supposedly food.

I don't know, never tasted it. But there are special categories of things that are really, really special. And those are the things I really lean very heavily on because the more that I learned and the the more important these functional foods became for me.

So my program, the Morse Method, basically it's a clean traditional diet because there's lot of reasons not to jump on the Mediterranean diet bandwagon.

We don't need to go into that unless you're really interested in that. Secondly, so there's a dietary, just basic rules of dietetics, organic, not adulterated, and not having sugar added, that kind of thing.

Then there are the functional foods. So if you have the basic diet, you'll have lifestyle, which would include exercise. I mentioned before this concept of forest bathing.

And I mean, I don't mean taking a bath in the forest. in the woods or seashore or whatever. So letting nature flow all over and around you. And actually sometimes there is a physical effect in forest because the pine trees and the other trees, and aromas and so forth, are putting out our very healing.

But this is very important. It's important not to just, in my opinion, not just to exercise mindlessly. You see people, they could be on a treadmill in a gym, or they could be running along the side of a busy highway.

I don't believe that in the long run that's going to be beneficial. It's immersion in nature that is at least half of the value and the other half, of course, is getting your body moving and working and so forth.

So that a big part of it. The other thing is these functional foods. And I don't want to give away the store, tell you exactly what they all are. But there's really, let's say, about less than a dozen of them that have come to my attention.

Meaning, these are not things you would buy as supplements, preferentially. You preferentialy would by these as foods, but you're going to have to dig a little bit.

and you might have to dig in your pocket a little bit, because what I learned in doing this research, it occurred to me, I don't have the perfect metaphor for this, but I think you'll understand what what i'm trying to say, that a thing is not the same thing as a name.

So you could have, let's say, a fresh glass of orange juice, or you can have a can that's been sitting on a shelf for four years or was sitting in a tanker off the coast of Venezuela for a decade.

Both of them are orange juices, and the FDA would accept them both as orange. But there's a big difference, huge difference. between the highest quality of products and the ordinary quality or the low quality for many things.

Okay. And I'm not a vitalist. I don't think that there's some mystical, unmeasurable quality, you know, of live foods. Just think, that the freshness and purity of certain foods matter.

When I started to really get into this question of the functional foods, It struck me how many of them are living. They're living foods. And you don't think about that when you go into the store, into a grocery store or supermarket, how much of the things you buy are actually still alive.

Nothing on the interior, that's for sure. All the perimeter, right? It's all the parameter. So you can fill your belly with all kinds of foods. But again, just because it has the name green tea, the variety, difference between the quality of the high quality versus the ordinary quality that many people are having is incomparable.

And when you look at the studies that show the benefit of different phytochemicals or different functional foods, let's say, you'll notice that the people who had the good response basically were getting a very high quality of those things.

So it's quality matters and, you know, it, like what you're bringing up is so one of my other passions is the regenerative organic farming movement. And in fact, the hospital we're looking to build is going to be on a 1200 acre organic farm.

I have the absolute pleasure and delight and honor of presenting at an annual conference called Acres, which is a whole movement at this point. You know.

over 50 years old and it's it as well of really taking farmers like taking us back to quality of the soil to give us the other food to, give the quality our inner soil and the body of our eyes.

And there's a huge movement happening in this. I mean, it is really interesting that of kind of dogma food and diet wars in the cancer space. But I'm not hearing them talk about which I think you should be discussing is the quantity and where it coming from and to your point because like you said, you could go and eat a low carb diet at you know, jack-in-the-box, but is that a good idea, right?

You can go and eat a, you, know a beautiful squeezed juice that's, like you said Ben, it may look like it's really good sitting on the shelf that, shelf not in the fridge, that say, well it is still juiced, I'm drinking this, this is better for me, these conversations, and I really love that.

And there's actually things in farming world like ORAC values, so we can look at like the absolute antioxidant levels, Ricks scores, which is showing, for lack of a better word, the vitality and the nutrient density of the plant.

There's a colleague of ours, John Kempf, a really well-known person in this space, who's actually created a technology that you could go out into the field in real time and basically measure the, nutrient, density, and vitalities, know what's missing in the soil, abundant in soil and adjust accordingly in a real-time.

It's like the testing and assessing in So I'm fired up that this is something really meaningful to you because I think it is the future of this quality piece of these functional, you know, foods, the pharmacy with an F, big difference.

So, I love that. This is one of your passion projects as well. And, and of course I, You know I believe this since the days that I my mother listened to Colton Frederick's on the, on WOR in New York.

and so I've been hearing this Since the fifties, but it's a revelation. to realize how the research, the PubMed listed research syncs with things that we have believed with our intuitive brain, we knew this to be true, but to understand this intellectually is another thing entirely because unless you understand it and explain it intellectually, you're not going to win over anybody in the scientific community.

So I think that was the challenge. But I must say, after this long process of this big book that I've written, I came away more enthusiastic and more convinced of the logic behind nature of medicine than I was even when going in.

Now, I try to restrain that because I do want to be an honest, a clear window for the average person to see through and be able to what the pluses and the minuses are.

But I feel confident in that. The other thing is I left out or didn't get to the last element. in the MOS method, which is the selective use of food supplements or things that I wouldn't necessarily classify as you wouldn t eat them as foods, modified citrus pectin, fermented wheat germ extract, vitamin D.

It's hard to, yes, you'll get some from sunlight, but I mean, very likely going to need to take a supplement. So there are some things fit in, in terms of being entirely unprocessed and natural, but they're still so good.

There's so much good research on behalf of them. And Barbarine, things, you know, that we've, we should talk about in term of metabolism. So there's, there is that category.

But when it's possible to get something through a food, I prefer that over getting it through Yeah, amen on that one, that's huge. That's a big, big big one.

I love that you highlight that so much. And I can't wait to dig into what those secret foods are, or what you're not so secret, but things that really have compelling evidence behind them.

Moss Reports and the Value of Evidence-Based Integrative Care

You know, one of the things you've talked about this, we've tried about the Moss Method book that is coming and alluded to other books that are written.

So folks that want them to go back into the archives and read into that. But it's also important to note in the segues into your own story here is that your MAS reports, which were already curated, like unbelievable monographs, if you will, centric monograms about all the research out there that was kind of diagnosis, you know, specific condition, all what's relevant to that condition.

These MAS report have literally been life rafts. for many of my patients over the years. Like, unbelievable. I can't even tell you how many opportunities I had to walk through one of these giant, at that time they were in three ring binders.

Just exactly like this. And it does look like that. It's not as heavy. But it was great to sit down and go through that with patients and their family, their loved ones, especially those who were on the fence about, do I do an integrative approach, an alternative approach to standard care?

What's the evidence? Because if you try and do everything, it's overwhelming. If you you know, nothing. It's overwhelming. If you depend on one or the other, it's problematic.

And you really give people informed consent information and you even sort of prioritize. Like these seem to be the most heavy hitters. Then you show the others things.

This is good, but you've got the bandwidth, you have the financials, and the real belly to take more. Great. So I say that because one of the things that has happened for you since the time you started bringing these moss reports to fruition is you've had your own journey, sir.

You've joined the band of this. What would you say is the biggest thing that changed for you in the way you presented this material to the outside world after your own diagnosis?

And walk us through that process, like leading up to that moment what you learned, what clicked for, you how you applied it to yourself and maybe how it influences how share today.

Well, I was diagnosed in 2015 by a very unconventional test, a test that nobody took seriously called Oncoblot. Very few people knew about it. I took it seriously and I had conversations with the inventors of the test.

and I had them run it just because there was somebody else in my family who was suffering with cancer at that time and my wife and i were you know getting a little nervous and so we decided we'd have the test done and hers was fine and mine turned out it said prostate cancer and My my urologist just scoffed at it and.

I insisted on having an MRI and, I went to Philadelphia I was living in Pennsylvania at that time, went to Philadelphia to have the test, the MRI done, and it wasn't good.

So I had the meeting with the urological oncologist there at the hospital, top hospital by the way. I'll spare them by not naming what it was. It was so traumatic that I barely am exaggerating to say that I still have a little PTSD from that encounter.

So, I mean, he told me that it was incurable, that had already spread throughout my body. I told you that test was bunk, but you then still did it and pushed for your own, and now it's telling you you're a dead man.

It was a different person, but it was the same thinking, the mindset. Yes, he would have said it would be bunk also. They couldn't even do the kind of testing that I needed, and this man told me, that basically I was a goner.

And I said, if I do this treatment, they wouldn't do just palliative radiation. What are my chances of being rendered incontinent, urinary incontinent, and sexually impotent?

And he said 100%. And, I swear to you, this is the part that still echoes in my brain. My wife was there, she could attest to this. He sounded glad about it.

It was something almost gleeful, like I've got such a powerful machine that it's gonna make you incontinent and impotent. I don't know, I can't interpret what was going on there.

Because I had read the pathology report, or at least the MRI report and it was not my interpretation that the cancer had broken out of the capsule. So I said, could you show us on the screen, you're looking at the screens, and he refused to do so.

He said, I'm a urologist, not a radiologist. So then I was really, that was the lowest point cancer-wise in my experience.

Personal Cancer Diagnosis and Cryoablation

And this was a top hospa. This was rated in the top five or six urology departments in country at the time. I see they've since slipped many degrees back, but it was awful.

Luckily for me, I remembered that I had a friend who was naturopath urologist, Gio Espinosa, maybe the only one. summit as well. So I called Geo and he called me right back.

Look, you know, good to be friends with people. And he's at NYU Langone, which NYU is my undergraduate alma mater. In fact, I was getting ready to go to my 50th reunion when all this was taking place.

Instead of going for my reunion, i went for MRI and biopsy at my my old alma matter. They did everything that the other place wouldn't do. They were kind, they were nice.

They did a three Tesla MRI with no question that we did it. And then Dr. Tenasia did the biopsy. There were two large tumors and one of them was a Gleason 8, which means highly aggressive.

The other was at 4.37. So I had two, large aggressive tumors. But one the reasons I went to NYU was, I mean, as a patient, was because Dr. Tessemire Tenasia offered cryoablation, which appealed to me very much.

And there aren't that many places that do it. So what I wind up having done was an outpatient procedure of under anesthesia of two cold probes put into the prostate and they zapped it with cold.

Then I walked home, barely, but I did manage to get back to the hotel. The next day, I was able to walk a mile down to my favorite bookstore in New York, Strand Books on 12th Street.

And that was experience. That was nine years ago. Just a month or two ago, I had another follow-up MRI. The situation is identical to what it was after I the cryoablation.

No change. Didn't check. Yeah. So, you know, it's an amazing thing because I didn't have any of the side effects associated with conventional treatment.

And I was in that group probably about 80% who it was done, once you get the procedure done you're okay and it won't recur. There is a smaller group for whom it does recur, who could then have a re-ablation.

It wouldn't be fun to have to do that, but I always know that I could, if push came to shove, I still could do, that but there's no sign right now that i need any further treatment.

So what are the lessons? The first of all, it was kind of like the first movie I ever saw, The Wizard of Oz. And when it went from black and white to technicolor, you know, when Dorothy wakes up in Oz, so I felt like I had woken up and Oz but it a dis-Oz, not a positive, but I guess Oz was too.

So I feel like now I get it. Now I get it, that kind of a feeling. Like it wasn't, it's not knowledge that you would go out and seek to have. It's nothing I would ever recommend for anybody.

But if you're going to be a quote unquote expert on cancer, you should know a little bit something about what of cancer from the inside out, and what patients go through, because that might change your life.

And I speak here to the, not that practitioners need to go and do that, but you can learn from Experience is a great teacher, but it doesn't have to be your own personal experience.

You can learn if you're wise. First of all, the choice of the hospital is super important because if you're in the hands of people who don't care or sadistic or whatever, get out, find a different place.

I know it's hard to do, but you should do that. Secondly, there are options out there. You have to look for them, If you want a silver platter, you've got to have some curiosity.

Absolutely. And you know, the crazy thing is that Medicare and the FDA approved cryoablation. So it isn't an alternative treatment, but it's sort of stuck away in a nooks and crannies of a few very good hospitals.

I was lucky. I found that and I was very lucky that I had Gio as a friend and advisor and still do, still consult with him. So that was, I think, the main thing.

The other thing was I started on a naturopathic partially under his prompting, but also based on my own knowledge. The same people who invented the Oncoblot test, Jim and Dorothy Moray, who are professors at Purdue University since passed away, two wonderful people, brilliant scientists.

Jim had been the head of the Cancer Center at Purdue. So these were top-notch scientists and inventors. And they had found that when they looked at a whole array of different food factors, that the ones that were the most effective were, first of all, green tea, and then how to came up with a natural way to enhance the effectiveness of the green team.

I did that for religiously, for six months after my procedure. Well, I was taking capsules, but now I drink green tea every morning and I drank a special way that I'll talk about in the book.

Okay. I mean, there's a speck and there are certain, again, green T versus green tee, not all green teas are created equal. So, But I still, believe in it so much that and doing it the way that I talk about in the book, which is not at all difficult and I do this every morning.

And since I try to do kind of an intermittent fasting every day, so I don't want to eat anything, but I'll have the green tea just like first thing in morning and then I wait a few hours till I have my breakfast.

So this is still, for me, one of the backbones, but there are some others also. I mean, there other things. But I came away from the immediate experience of realizing, well, you've got to do something to keep the wolf from door, and that's what I chose to.

So good. Well, I'm thrilled because you have been, like I said, you've been the life raft for so many, and I am so grateful that you had the resources on your own, but you also knew, here's the expert, guys.

Here's an expert who helps guide other people but knew he needed to go ask somebody else for help. So I think that's something else that is really important, especially if there's a clinician listening or someone here who thinks they can just go out and do it by themselves.

You need and want someone as a supporting you, advocating for you and looking because when you have that diagnosis, it can be very unsettling. And you being reactionary versus responsive, choosing things out of desperation and fear or lack of knowledge versus things very thoughtful, personalized and precise that fit you personally in this moment at any given time.

I think that's one thing you've always done well in your reports and what I'm very excited to read about in you're new book as well as you just highlighted for all of us your own reality that you did not just go it alone.

Granted, this is the man we all go to for resources. You knew to reach out from that and you continue to learn and apply it. one of the tenants that they're going to read about in your book is all about the metabolic aspect of cancer that's also really coming to be.

And for you, that was a big part of your own journey was this metabolic imbalance in that diagnosis that I'd love for to take just a brief moment to speak to what relationship you think it had in you cancer diagnosis.

So I didn't say that the year before I had the cancer diagnosis, I was diagnosed with type 2 diabetes, and my blood sugar was 372, which is very high, because it really should be more like 100. This was not fasting, but it was in the late afternoon.

I hadn't eaten in quite a while. So it was about three or four times what I would want it to be. Very dangerous. But being a stubborn person, I didn't want to just do the ordinary thing.

Diabetes, Metabolism, and Low-Carb Recovery

My grandfather had died of diabetes complications and I know a lot about it from personal experience. So I decided I'm going to do this naturally. And I was very lucky.

First of all, had known Dr. Robert Atkins. Oh, wow. Quite well, quite well because I'd been on his radio show maybe 10 times. So we were close. And so I was well aware that there was a whole other approach to diet than the standard ADA diet.

That was the first thing. Second thing was I discovered a very good book, which was Dr. Bernstein's Diet Solution, Which was basically a low carb diet adapted to the diabetes situation.

So that was sort of my Bible. And within the year, Within a year I had normalized the blood sugar and I did that entirely with a keto, ketogenic type of diet.

I'm not sure, I don't remember whether I was really technically in ketosis or not. And I've since been in, because then I'd been out of ketoses and just go back and forth.

It's doable. I mean I could based on my experience and I've known as you have also dozens if not hundreds of other people who have done this but my doctors look at me like I am a freak of nature or else the biggest liar they've ever come across because they they're changed their tune though over the past 10 years now it's become yeah that's a one way of doing it.

But the way that they've set up this diabetes field is they give you a diet that is a quote unquote healthy diet, but the healthiness of the diet is pegged to young, healthy, young athletic adults.

Who do they test? Flexible, healthy, active. Right. You put it a lot better than I did. And I mean, you think about where do these studies come from? Colleges and universities.

Who are the guinea pigs that get to test whether what the glycemic load or glycymic? They're students. They are basically healthy. Sometimes athletic students, so they're going to have a fasting glucose of 83 milligrams per deciliter.

Even if they are eating pizza and popcorn all day. But it doesn't work that way. As time goes by, your body loses that flexibility. Not everybody, but half the population.

Actually, you can now say 93.7% of the If you look closely enough, right, that's about right. So I wanted to keep, I don't take any pharmaceutical drugs, past 80, not one.

And I like keeping that record, because I liked the bragging rights that come with that. I didn't want to do drugs. Some nurse said to me, just very casually, she said, are you on insulin yet?

Oh, the word yet really got to my. I didn't. Absolutely. Why? Because if you tell people you can have three to six portions of fruit per day, yes, for the, the metabolically healthy young person, that would probably be a nice thing to do.

Certainly would taste good and everything. But for when, but if your in my situation, either 10 years ago or now, or that of at least half the population that's diabetic or pre-diabetic, according to government statistics, then three to six portions of fruit.

I mean, an apple contains like 14 or 16 maybe more grams of carbohydrate in one apple. You multiply that by six. you've got about almost a hundred, I only do the math, but grams of carbs.

Each of those grams or carbs would raise my blood sugar between three and five points on this meter, milligrams. So each gram is going to raise your blood, my sugar by five, let's say five grams of milligrams.

Okay. So now I've got to dispose of 500 milligrams of glucose in my blood. That ain't easy. You've gotta do a lot of running, a lotta weight lifting. And it's just not doable.

So when the nurse said, are you on insulin yet? She was just being realistic because if I followed what was then at least the American Diabetic Association recommendations and is still highly recommended for many, many people, the dietary goals for Americans, for instance, says three to six fruit, then I would have an enormous struggle and there's no question that I'd wind up going on some either insulin or some other drug that has other side effects.

By the way, even metformin, the drug of choice for naturopathic type people, that over the last 10 years I've tried it three times. And I was not able to tolerate it.

Yeah. Any time. The gut destroys your methylation, wipes out your B12. And for some people that single nucleotide polymorphisms that make it a contra end pharmacogenomic fit.

So you are likely in all of those paths. Amazing. I could put it in very gross terms, but I won't. But anyway, let's put this way. I had a neighbor, they put him on metformin, he didn't even have diabetes.

It was a complete mistake. And he couldn't leave home because he wouldn't be any distance from a toilet. That's so frustrating. Yeah. So, you know, it isn't so easy to talk about medications.

And so you're much better off if you can get it at the root. What's the route? It was so obvious to me. This is a disease where your body is having a problem in absorbing and utilizing carbohydrates.

I mean, so why would you put Well, because supposedly carbohydrate is a source of energy. Well look at me, I had no carbohydrates this morning. I ate a breakfast that was entirely a little smidgen of a cracker, of seed crackers, but other than that entirely of fat and protein.

And I don't seem to be lacking in energy, right? Oh, my friend, you're running laps around me. That's for sure. I don't run, but I, you know, I'll walk.

You run this thing. This is what you run so beautifully. And you, know I'm just so grateful for it. Like I said, You have been a life rap for so many and, and you're this next series coming to us with your book, The Moss Method, with you making your moss reports now available.

Is it online? It's online at Amazon or at our website. A huge price reduction. You are bringing this wisdom to the living rooms and lives of millions and millions of people.

And I'm just forever grateful for you and for your ongoing thriving health and you walking the walk as you do the talk as well. Dr. Moss, thank you. Thank you, it's great talking to you as always.

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 DoctorTalks, real talks from real doctors on the issues that matter to you most.