Introduction and 50 Years in Cancer Advocacy

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 scary whistle blower and someone who's pushing, 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 if they're new to you, which is ironic to me because I feel like everybody knows you in my field at least.

But if they don't, they need to know that you have your PhD from Stanford, that you are. You know, we're the assistant director of public affairs at Memorial Sloan Kettering.

Back in the day, 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, well, 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 these past 50 years.

How do you find the courage and the tenacity to move forward with all the things you've felt? You've met along this 50 year journey? Well, thank you Nasha.

I'm a fan of mysteries, so cancer is a mystery. It's a mystery story. Really? And you're looking for clues, and you're looking for the red herrings that send you off in crazy directions and so forth.

So it's it's a terrible disease when you deal with it personally. I mean, it's can be incredibly tragic and you know that you you and I are both survivors of of cancer, but so many aren't.

And you see horrible, you know, 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 of the one of the most serious issues.

You, my father used to say, is something was as serious as cancer. And it's a apropos, you know, phrase, it's so serious. But on the other hand, it's it's annoying when scientists say, oh, it's fascinating.

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

And her first reaction was, this is fascinating. Look. Come here. Look at this. This is, you know, incredibly interesting. No, no, no. Tell me, is it cancer or not?

It was not, thankfully. But you know, you don't want to hear that as a patient. But on the other hand, it's endlessly fascinating. I was up 4:30 this morning working on my new book.

This is not uncommon for me, so I have never in 50 years I've never lost my interest in this disease and in all. And the way that the scientific community and the complementary medical community in particular, has come up to to deal with this.

Amazing, amazing. So your curiosity is what has plunged you through the naysayers over all of these decades, right? Yeah, 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, I had a kind of, baptism by fire at Sloan-Kettering because I had the best job in the world for a person like myself. I was the science writer for Sloan-Kettering.

And they then promoted to, as you mentioned, assistant director, public affairs.

Baptism by Fire at Sloan-Kettering

And at the same time, I found myself in the midst of a cover up of the positive experiments with a, a phytochemical called amygdala in where they, for reasons I go into in my book Doctored results, the top brass of the institution, saw fit to cover up the positive results and announced 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 was undercutting them.

by doing a in-house, 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 your boss tells you to lie. So this was this was, as I said, my baptism by fire. And I was sort of propelled out of this cannon, 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 complimentary world looked like, and it didn't, you know.

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

Yeah, in a lot of places. And so I think that you're kind of we're sort of in this echo chamber of similar experiences that are happening and it's it's tough.

It's really tough for I think of my, my colleague Dr. Angus Dagleish out of the UK. You've probably read about him, studied about him I met him, I interviewed.

Him, I met him, yeah. Exactly. And you know, he's trying to, like, scream, you know, scream from the rooftops. I mean, here's a man who does his research is a, you know, an oncologist develops vaccines for cancer and is calling.

Guys, there's a problem here. No one's going to look at it. And so this is what, you know, Dr. Moss has been also doing for 50 years of saying, let's let's look over here.

Let's not disregard this evidence. That's not very, information that needs to be shared with the public, good or bad, because you not you are, unbiased, honestly.

And I think people try to put you in a biased camp, but you really aren't, you know, all of the information. So on that note, you've mentioned your, you know, your book doctored results.

But, you know, I've been a follower of yours for years. I think at this point I've read every book you've 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 magnum opus. Can you give us a little taste about it? If folks haven't already devoured it by the time they botched this summit? So I made a few key decisions about the book early on.

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

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

But that's basically I wanted to take that off the table. Secondly, I'm a cancer survivor. You're a cancer survivor. So there's some I forget the exact number, 17 million or 22 million of us.

I think in the country. It's some enormous number, I think 4.5% of the population. And when you get up into my age range, it's 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.

The Moss Method and Cancer Prevention

Come back in a year, come back in six months. I, 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 he's given chemo drugs and he's gone through the bone marrow stem cell transplantation, but nothing about diet. It's nothing about herbs, nothing about any complementary treatments, not even forest bathing, meaning walking in the woods in nature.

Nothing. So there is a judge, I bet. 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 the patient and the loved ones to impact this disease.

And I have, the more I got into the research for the book and there's 12 or 1300 references in the book, separate references in the book. but the more I got into it, the the stronger my belief became.

And 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 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 with that.

And the reason I felt okay with calling it the most method is because even though I acknowledge my debt to other scholars in the field who have covered some of the same ground, I did find it in my point of view.

There were some unique features. I think my emphasis on the cancer stem cells and my ability to connect the fight the traditional diets and fight or chemicals, to the cancer stem cells was something that I haven't seen anywhere.

I mean, or only very sporadically. There were a few, a few articles. There have been 12 articles that I could find, showing the 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 have been around 2012 to 2014. oncologists were Pooh poohing the idea that a cancer stem cell even existed.

Right, right. And we were even showing like work from like doctor which and all these others that were saying, right, what about this data suggesting other ways that was.

Yeah, going up. And so the fact that we couldn't even talk about a cancer stem cell until just a couple years ago, and the fact right now your showing the, because we don't have much and standard of care to if any while there 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 extremely. It's an interesting I mean, a very interesting here we go with interesting. But it is an interesting and 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 stem this to them.

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

And I, 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 cancers, stem cells.

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 stem cells are a thing, then anything that would block or kill those things could cure cancer. I'll put it very bluntly, if that if Stem 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 quality. what a great clarification on that in that this it's almost like it's a, the stem cell debate is more about a verb.

It's like, is this it's stemming. Is this stem this. Is it an adjective or is it a noun? Actually. Is. And it all comes and and the whole idea of curing cancer could hinge on grammar.

Wow. That gives me goose. And I love it. Coming out of the words of a of a of a right. Class, a classicist like classics background is showing itself.

In urinals. I can't wait to ingest that part of your book. It's going to be really exciting. But the prominent features of your book, I think you've talked about three major pillars.

Are you willing to prioritize the crowd a little bit about what the other two pillars are about, which kind of starts to segue into what we're going to talk about here. Right? And, you know, the these two famous researchers, Hannah Han and Weinberg tried to summarize, what cancer is.

And they had a in the latest version, Douglas Hannigan put together a couple of years ago. Ten the ten characteristics of Cancer, which I talk about. I have a actually a chapter in the book about this because it's like you can't talk about cancer in any serious way without dealing with a set of papers that have had tens of thousands of downloads in the, in the scientific community.

And I was basically seen as the, the Bible, as it were, of, of the, of the cancer community, cancer research and cancer treatment community. So we take the Bible analogy.

It's like you can't talk about, you know, the about Jesus if you don't talk about the New Testament. You know, I

mean, it's every little bit like like that.

I'm sure they would laugh at that characterization, but, it has that kind of stature. Now, I don't agree with everything in Hannigan and Weinberg. And I a little bit explain why in in the book, but, we can't talk.

We can't assume to have a serious discussion about cancer unless we take their characterization into account. Now, of their ten, I picked two, I picked two, and and you'll be interested to know what they are because I'll tell you what they are so and then we'll explain why they why I picked those two.

So I have the two of hand to hand. Weinberg definitions. I picked the immune system. Okay. That's one. And by the way, that's this is a Johnny come lately to their list.

They were very slow adopting it. And then the other one I picked is metabolism disordered metabolism. The third year in our in a beautiful drawing that, schema that my son Benjamin created for the book, is the cancer stem cells.

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

In other words, in terms of prevention, in terms of nontoxic 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 the and oddly enough, the cancer stem cells.

Hallmarks of Cancer: Immune System, Metabolism, and Stem Cells

And this is all new because, again, you could I could point to certain precursors I've had in write and 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, when you see it. Because once I had the idea, that's what gets me up at 430 in the morning, I got it because, I mean, it's gotten to crazy point where it's in the book has invaded by dreams, and now I can barely sleep because I'm actually when I go to sleep, I'm still editing and still moving things around.

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

But I think those are the three, the three things that I don't want to say that matter because of course we have to give oncology a do. And not everything at this point can be handled with natural medicine.

But we're on. So there are things that are not addressed in the book, but we're 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, the, the prescription, as it were, to be either entirely nontoxic or else with minimal well-defined toxicities of grade 1 or 2.

And even that I object to. But some herbs and some supplements can and do have some side effects. So I, I lean very heavily on foods and what I call the what are called functional foods, meaning not just we'll go grab something at subway or Chick-Fil-A.

I mean, it's food, supposedly food. I don't know. I've never tasted it. but but, there are special categories of, of things that are really, really special.

And those are the things that I really lean very heavily on, because the more that I learned and the more I delved into this, the more important these functional foods, became for me.

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

And 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, not having sugar added, that kind of thing.

Then there are the functional foods that and so the if you have the basic diet and you have lifestyle which would include exercise. And I mentioned before, this concept of forest bathing and I mean, I don't mean, I don't mean taking a bath in the forest, I mean immersing yourself in the, 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 the forest because the pine trees and the other trees and the and the aromas and so forth are putting out are very healing.

But this is very important. it's important not to just, in my opinion, not to just 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 I don't believe that in the long run, that's going to be beneficial. It's immersion in nature. That is, there 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's a big part of it. The other thing is, these functional foods, and I don't want to give away the, the store tell you exactly what that 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 preferentially would buy 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 in doing this research, it occurred to me, I don't have the perfect metaphor for this, but I think you'll understand what I, what I'm trying to say that a thing is not in that is not the same thing as a name.

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

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

And for many things, okay. And I don't I'm not I'm not a vital list. I don't think that there's some mystical, unmeasurable quality, you know, of live foods.

I just think that the freshness and the purity of certain foods matter. And when I started to really get into this question of the functional foods, it struck me how many of them are living their living foods.

And you don't think about that when you go into the store, into the grocery store, supermarket. How many of the things you buy are actually still alive?

Nothing on the and nothing on the interior, that's for sure. All the perimeter, right? It's all the perimeter. So you can fill your belly with all kinds of foods and but again, just because.

Just because it has the name green tea. Right. The, the variety, the difference between the quality of the high quality versus the, the ordinary quality that many people are having, is incomparable.

Yeah. And when you, when you look at the studies that show the benefit of different, phytochemicals or of different functional foods, let's say you'll notice that those are 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's it's interesting like that. 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 100 acre organic right arm. and I have the absolute pleasure and delight and honor of presenting at an annual conference called acres, which is a whole movement.

It's at this point, you know, over 50 years old and its inception as well, of really taking farmers like and taking us back to quality of the soil, to produce quality of the food, to give us the quality of our inner soil and and there's a huge movement happening in this.

I mean, it's really interesting that there's a lot of kind of dogma, food and diet wars in the cancer space, but the I'm not hearing them talk about, which I think we should be discussing, is the quality and where it's coming from.

And to your point, because like you said, you could go and eat a low carb diet and, you know, Jack in the box, but so is that a good idea? Right? Right.

You can go and eat a, you know, a, a beautiful squeeze juice that's like you said, been it may look like it's really good sitting on the shelf that's, you know, shelf, not the fridge that.

Well, it's still juice. You I'm drinking this. This is better for me. This is I really love that. And there's actually things in the farming world like foreach values.

So we can look at like the absolute antioxidant levels. You can look at Brix scores which is showing, for lack of a better word, the vitality and the nutrient density of a plant.

There's a colleague of ours, John Kemp's a really well known. The person in this space. He's actually created a technology that go out into the field in real time and basically measure the the nutrient density, the vitality, know what's missing in the soil abundant in this bowl and adjust accordingly in real time.

That's great. Produce. It's like the testing in assessing in the field like we do in the body. So I'm fired up that this is something really meaningful to you, because I think it is a future of this quality piece of these functional, you know, foods.

The pharmacy with an F. Yes. 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 Carlton Fredericks on the on a wire in New York.

And so I've been hearing this since the 50s, but it's a revelation to realize how the, the research, the PubMed, listed research syncs with things that we have believed with that part.

You know, 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.

Functional Foods, Quality, and Lifestyle

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 of the the logic behind naturopathic 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 for the average person to see through and be able to see what the what the pluses and minuses are.

But I feel confident in that. The other thing is, I left out or didn't get to. And the last element in the Morse 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 for, you know, for fermented wheat germ extract, vitamin D, I it's hard to yes, you'll get some from sunlight, but I mean, you know, you might very likely going to need to take a supplement.

So there are some things that don't quite fit in in terms of being, entirely unprocessed. And I'm not a natural, but there's still so good there's so much good research on behalf of them. And, berberine, things, you know, that we've, we should talk about in terms of metabolism.

so, there's, there's that category. But when it's possible to get something through a food, I prefer that over getting it through a supplement. Yeah. Amen on that. And 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 in to what those secret foods are, you know, or what. You're not so secret, but things that you found really have compelling evidence behind them.

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

So, folks, I want them to go back into the archives and read into that. But things it's also important to note in this segue as into your own story here, is that your Moss reports, which were these curated like unbelievable, monographs, if you will, cancer centric monographs about all the research out there that was kind of diagnosis, you know, specific condition, all the what's what's relevant to that condition that these Moss reports have literally been life rafts for many of my patients over the years.

Like, unbelievable. I cannot even tell you how many opportunities I had to walk through one of these giant. At that time. They were in three ring binders.

Oh yeah? Well, it's like. It's like this is. Just exactly like this. And it does look like that. This, that is 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, a standard of care approach?

What are the what's the evidence? Because if you try and do everything, it's overwhelming. If you try and do you know nothing, it's it's overwhelming.

If you just depend on one or the other, it's 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.

And then you show the other things like, this is good, but, you know, you've got the bandwidth, you got the financials, you got the real estate in your belly to take more.

Great. So I say that because one of the things that happens, it has happened for you since the time you've started bringing these mass reports to fruition is you've had your own journey, cancer.

So you've joined the joined the band camp of this. And so 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 you share today?

Well, I was I was diagnosed in, in, 2015, by a very unconventional test, a test that nobody took seriously, called anchor Blood. Very few people knew about it or took 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. I went to Philadelphia to have the test, the MRI done, and, it it wasn't good.

So I had the meeting with the with the oncology, with the urology urological oncologist, there at that hospital, top hospital, by the way. I'll spare them by not naming what it was.

And, and, he, it was it was so traumatic that, I barely I'm exaggerating to say that I still have a little PTSD from that encounter, so that, I mean, he told me that it was incurable, that it had already spread throughout my body.

And this is. And I told you that test was bunk, that you then still did it, pushed for your own advocated. Correct? Correct. And now I'm telling you, you're a dead man.

Well, is different person, but it was different in person. But it was the same thinking, the same mindset. Yes, he would have said it was bunk. Also, they, they couldn't even do I mean, the kind of testing that I, that I needed.

But I mean, this man told me that this, that basically I was a goner. And I said if I do this treatment, they going to do like just palliative radiation.

What are my chances of being rendered incontinent, urinary incontinence and sexually impotent. And I and he said 100% and I swear to you, this is the part that still, you know, still echoes in my brain.

It really my wife was there and she could attest to this. He sounded glad about it. It was something almost gleeful, like, I've got a such a powerful machine that it it's going to make you incontinent and and impotent.

I don't know, I can't interpret what was going on there. I asked him, because I had read the past pathology report, or at least the MRI report. and, it was not my interpretation that the cancer had left.

The had had broken out of the capsule. So I said, could you, could you show us on the screen you're looking at the screen condition. 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 in my, experience. And this was a top hospital, this was rated in the top five, 5 or 6, urology departments in the country at the time.

I see they've since slipped many degrees back. But, it was awful. And luckily for me, I remembered that I had a friend who was a naturopathic urologist.

Goes but knows that maybe the only. One on the summit is, well. Good, good. So I called Geo and he called me right back. Look, you know, good to be friends with with with people.

And he was 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 I'm Amada and they did everything that the other place wouldn't do. They were kind. They were nice.

They they did a three Tesla MRI with no question that we did it. and then they and then doctor, the teenager did the, biopsy and there were two large tumors, and they were one of them was a Gleason eight, which means highly aggressive.

The other was a was a 4.37. so I had two a large aggressive tumors. But but one of the reasons I went to NYU, was because, I mean, as a, as a patient was because the doctor, a senior teenager, offered cryo ablation, which appealed to me very much.

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

Personal Cancer Journey and Cryoablation

And then, I walked home. Barely, but I did. I did manage to get back to the hotel, and the next day I was able to walk a mile. Wow. down to my favorite bookstore in New York, Strand Book.

Strand bookstore on 12th Street. And, and that was experience. And that was nine years ago. And it I just just a month or two ago. Not that, you know, a month or two ago, I had a another follow up MRI.

It's, again, the situation is identical to what it was after I had the cryo ablation. No change. Kept it in check. Yeah. So, you know, it's, 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's done.

You know, it's it's all once you get the procedure done, you're okay. And you it won't recur. There is a group. There's a smaller group that 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 if push came to shove I could still 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 the when it was got went from black and white to Technicolor, you know, when Dorothy wakes up in Oz.

So I felt like I, I had woken up in Oz, but it was a disaster. Not not not it wasn't like I wrote Oz was too. So, I felt like now. Oh, now I get it, now I get it.

You know, that kind of a 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.

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

And I speak here to the not that, you know, 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, you can learn from other people's experience. So I learned from my own experience, and you can learn from others, can learn from my experience that first of all, the choice of the hospital is super important.

because if you got in, if you're in the hands of of care, 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. I mean, you have to look for them. But there are you on a silver platter. You've got to have some curiosity to do. Absolutely.

And and, you know, the crazy thing is that Medicare and the, EFT to approve cryo ablation. 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.

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

The other thing was I started on a naturopathic partial way onto his prompting, but also based on my own knowledge, the same people who invented the anchor blood test, Jim and Dorothy Moray, or professors at that Purdue University, since passed away.

But two wonderful people, brilliant scientist Jim had been the the ten years the head of the the head of the cancer center at Purdue. So these were top, top, top notch scientists and, and and and inventors.

And they had found that when they looked at a whole array of different sub 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 tea.

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

Okay? I mean, there's a spa and there are certain, again, green tea versus green tea. Not all green teas are created equally so, but I still I 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 do also a kind, 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 the morning, and then I'll wait a few hours till I have my, my breakfast.

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

And that's what I that's what I chose to do. So. Good. Well, I'm thrilled because you you have been, like I said, you have been the life raft for so many.

And I'm so grateful that you had the resources on your own. But you also knew. Here's the expert, you guys. Here's an expert who helps guide other people that knew he needed to go ask somebody else for help.

So I think that's something else that's 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 of, 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.

And I think that's one thing you've always done well in your reports, and what I'm very excited to read about in your 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. In fact, one of the tenants that you're going to read about in your book is all about the metabolic aspect of cancer, that it's also really coming to be.

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

So I didn't say that the year before I had the cancer diagnosis, I was diagnosed with type two diabetes and my blood sugar was 372, and which is very high and easy really shouldn't should be more like 100.

this was not fasting, but it was it was a post. It was in the late afternoon. I hadn't eaten in quite a while, so it was about 3 or 4 times what I would want it to be very dangerous.

And but I being a stubborn person, I didn't want to to just do the, the ordinary thing, I didn't I my, my grandfather had died of diabetes complications, and I know a lot about it from, you know, personal experience.

So I decided I'm going to do this naturally. And I was very lucky. First of all, I had known Doctor Robert Atkins. well. Quite well, quite well, because I had been on his his radio show maybe ten times.

So we were we were close. And so I was well aware that there were was a whole nother approach to diet than, than the standard. or Ada diet. That was the first thing.

Second thing was I discovered a very good book, which was Doctor 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 I had within a year, I had normalized the blood sugar.

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and I did that entirely with a, with a keto ketogenic type of diet. I'm not sure I don't remember whether I was really technically in ketosis or not. I've since been in ketosis and I've been out of ketosis, and I just go back and forth.

it's doable. I mean, I can based on my experience and I've, 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've changed their tune, though, over the past ten, ten years.

Now it's become. Yeah, that's a one way of doing it. But yeah. But I wrote under the bus. Yeah. But you know, the way the way that they've set up this diabetes field is they give you a diet that that is a quote unquote healthy diet.

But the healthiness of the diet is pegged to, to young, healthy adult, young athletic adults, you know, who do they test and how likely? Flexible, healthy active. Absolutely right.

But 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 glycemic?

There's students. They're basically healthy. Yeah, sometimes athletic students. So they're going to have a fasting glucose of 83mg per deciliter. Even if they're eating, you know, pizza and popcorn all day.

But it doesn't work that way as time goes by. you, your body loses that flexibility. Not everybody, because they're but half the population. Actually is now, say, 93.7% of the population acts metabolic flexibility.

If it if you look closely enough. Right. That's about that's about right. So I wanted to keep I don't take any pharmaceutical drugs I passed 80 I don't take not one.

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

Oh, that word yet really got to me. Oh, wow, I didn't know. Activation is. Absolutely. Why? Because if you tell people you can have 3 to 6 portions of fruit per day.

Yes. For the for the metabolically healthy young person, that would probably be a nice thing to do. Certainly would taste good and everything but fruit one.

But if you're in my situation, either that either ten years ago or now, or that of at least half the population that's diabetic or pre-diabetic, according to government statistics, then 3 to 6 portions of fruit, I mean, an apple contains like 14 to or 16, or maybe more, grams of carbohydrate.

in one one apple, you multiply that by six, you've got about, almost 100. I, I do the math, but, grams of carbs, each of those grams of carbs would raise my blood sugar between between, three and five, points on the, on this meter milligrams.

So each gram is going to raise your blood sugar. My blood sugar by five. Let's say five grams milligrams. Okay. So now I've got to dispose of 500mg of, of glucose in my blood.

That ain't easy. You've got to do a lot of running and a lot of weight labeling. Exactly. A lot. And and, it's just not doable. So when the nurse said, you want 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 3 to 6.

for then I would have an enormous struggle. And there's no question that I would wind up going on some either insulin or some other drug that's, you know, there's other side effects, by the way, even metformin, the drug of choice for naturopathic, type people that I tried three, three over the last ten years.

I've tried it three times and I was not able to tolerate it any any time. The gut destroys your methylation, wipes out your B12. And for some people they had single nucleotide polymorphisms that make it a pharmacogenomics fit.

So you are likely in in all of those, paths. So amazing. I could put it in very gross terms, but I won't. But it's very just let's put it this way. I had a neighbor who was on.

They put him on metformin. He didn't even have diabetes. It was a complete mistake. And he couldn't leave home because he couldn't he couldn't be far.

He wouldn't even be any distance from a toilet. And so frustrating. Yeah. So, you know, it's it isn't so easy to talk about medications. And so you're much better off if you can get it at the root.

So what's the root. It isn't. It's so it was so obvious to me. This is a disease where your body is having a problem and absorbing and utilizing carbohydrates.

Yeah I mean so why would you put a carbohydrate. Well, because supposedly carbohydrate is a source of energy. Well, look at me. I had no carbohydrates this morning.

I had a breakfast that was entirely, well, a little smidgen of of a cracker of a seed cracker. But other than not entirely a fat and protein, I don't seem to be, you know, lacking in energy.

Right? I mean, oh, my friend, you're running laps around me, that's for sure. Well, I, I don't run, I but I, you know. I run, you run this thing. This is what you run so beautifully.

And, you know, I'm just so grateful for, like I said, you have been a life for so many. And. And your. This next series coming to us with your book, The Moss Method, with you making your Moss reports now available.

Is it online on online, online at Amazon or at our website? the. 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 for you walking the walk as you do the talk as well. And so, Dr. Moss, thank you for all.

Thank you. Nasha It's great talking to you as always. Always.