Conventional & Integrative Cancer Care - What You Need To Know Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

Hi there. It's Dr. Jenn. Welcome back. I am so delighted to have one of my true idols here today. She is just a brilliant woman with such deep compassion who is really changing the world and changing the way we look at chronic disease, changing the way we look at cancer, changing the way we look at health.

She is a prominent leader in the field of integrative medicine, using the best of all sciences, including conventional, and doing amazing things within the conventional medical space, but also homeopathy.

Eastern medicine, modern medicine. She's the medical director of the Cancer Center for Healing and the Center for New Medicine. And she's the author of two books, The Cancer Revolution, which literally Changed My Life and Be Perfectly Healthy.

So, Dr. Connealy, welcome. I am so delighted to have you here. Great to be here and share all of this great information we're going to be talking about.

Can you just back up and just share with us how you got into this space because you're a conventionally trained physician. Yes. Everyone has their story.

Right. So I was born in the fifties and my mother was pregnant with me. I'm the third of six children. And she started bleeding. And so she went to her doctor and her doctor said, oh, we have this medication that will stop the bleeding and prevent the loss of the baby.

That drug was called DES, diethylstilbestrol and that drug was used to prevent bleeding and miscarriage. Anyway, fast forward 14, 15 years later, my parents received a letter.

You were given that medication. There's an increase in cancer in both male and female offspring, hormonal problems, anatomical and fertility problems.

And so I started going to MD. Anderson, which is one of the probably the largest cancer medical center in the world, and started getting exams. And, you know, it's a teaching institution.

Do you have a dozen people in exam rooms getting biopsies, exams, etc.? So fast forward, I went to I said, Oh, I've got to be a doctor. I went to college, got my degree in biology and then went to medical school and then went to U. T.

School of Public Health to do my thesis on DES. So that was a drug given for 40 years, knowing that it was cancer causing carcinogenic. So I fortunately, when I started my medical practice, I met a pathologist who was also an internist and he taught me like, oh, you need to look at things very differently.

And so I started, you know, I grew up naturally, fortunately with, you know, my my mother was very, very adamant about us only eating foods at home and she cooked foods, etc., etc..

So all the things that are popular today, liver and sauerkraut and, you know, all the good food that, you know, people have been eating for a hundred years, that's how I grew up.

So I grew up sort of naturally oriented. And then fortunately I had all these people who came into my life about cancer prevention.

Personal Journey Into Integrative Medicine

And because I met people who had survived cancer. And so in my home mission was how do I not get cancer? And so I was fortunate to have these people in my own personal interest really shape.

Plus, I've been a patient, and when you been a patient, you completely change the way you think about taking care of yourself and taking care of patients.

And so, you know, I didn't have children naturally because I never had a period. I had a very traumatic incident when I delivered my twins and ended up having to have a pituitary transplant.

I had four years ago 18 hours of back surgery because of scoliosis caused by DES. So when you, you know, have these, you know, journeys, it opens your mind to so many things.

And the way medicine is, it's here is a protocol for everything. And everybody doesn't fit into a protocol. And so we've learned here how to be precise and preventive and personalized with every single patient.

So I want to get right into that because I love what you said, that you get into being personalized with every single patient. So what does that look like?

Because we are living in this cookie cutter environment, right? You have this, we do this. And everyone gets the same thing. Right. And there are some commonalities.

All right. But every individual is an original. And so when a patient comes in, I will work up a patient very conventionally. What I mean by that is what medicines are you taking?

What is your family history? You know what allergies do you have? What surgeries have you had? All that kind of stuff, right? But when we work up a patient, we go back to in-utero when a patient was in utero to where they are now, because your body keeps for everything and everything that everything that happens to you matters.

Right? And so, for example, you know, if you've had a very long use of birth control pills, well, that's an important piece of information. If you had elevated prolactin, for example, that's a very important piece of information.

So just for the people that don't know, what does it mean if you've been on birth control pills for a long time? Because there are so many people that are on birth control pills because that is the knee jerk reaction by the OB-GYNs to put people on to manage menstrual abnormalities and and they put them on and keep them on for years.

Decades. Right. Well, let's talk about how birth control pills work. Well, first of all, what are they, birth control pills or a synthetic estrogen and a synthetic progesterone, your body each.

So a membrane and we call the magical membrane. There's over 30,000 receptor sites. And so every hormone works on the cell membrane. Well, when you have a synthetic hormone, it doesn't work like it's supposed to work, like your natural endogenous production of hormones.

So that's the first thing. Second of all, you're turning off your hypothalamic pituitary axis. So what is that? That is your hypothalamus sends message to your pituitary to make your hormones.

So you you completely stop your natural rhythmic production of hormones. And that's how you prevent a getting pregnant. But stopping your natural endogenous production of hormones is not a good thing.

Not to mention the synthetic hormones and how they work on the cell. And so unfortunately today, like you mentioned, if a young girl and they're teenagers, oh, I'm not having periods.

Well, a lot of 16 year olds don't I didn't have regular menstrual cycles and lots of patients might not have it until they're 18 or 20. The worst thing to do is interrupt their natural production of hormones.

The other thing is like acne. When women are diagnosed with acne, we rush to go put them on birth control pills,

but we're not treating the underlying causes of the acne.

But we also need to tell the patient, well, what could be the side effects of taking birth control pills? Well, we know increased risk of breast cancer.

We know increased risk of Houston and Candida, which is part of the cancer arena. We have decreased production of nutrients. Okay. And so there's many things that, you know, there's a downside.

Now, I know a lot of OB-GYNs, you know, like that. But we also our job is to give our patients informed consent, meaning here's the good, bad and ugly.

And I will tell you, if I have a 21 year old come in to me, I will tell her, okay, this is, you know, going to work for you because you don't want to get pregnant.

But also, here's the counterbalancing we should do to protect you. Correct it. So, you know, in all of these hormones have to go through the liver, right?

So if you don't process now, everything goes to our liver.

Personalized Patient Assessment

Our liver is being overwhelmed with the amount of toxins. And then, you know, a drug is another toxin, right? So we've got to make sure that the liver is processing the estrogens properly.

So it's you know, it we you know, there's a great book I don't know if you've read is called The Pill Problem. It talks about all of these things. So I know that sometimes, you know, it's going to be important.

But at the same time, we've got to tell our patients all the good, bad medical. Yeah. I also think it's a significant part of our mental health crisis because, you know, estrogen doesn't just act on the ovaries, it doesn't just act on the uterus, it doesn't just act on the breast.

We literally have estrogen receptors all throughout our body. Our brain is a place which has a lot of estrogen receptors. And so I think a large part of our mental health crisis is tied into this whole estrogen hormonal disruption.

Well, that's a good point, because you're right, that that's hormones are the natural drugs to our body. And like you said, they control every single cell all over, doesn't matter what organ.

But another thing that happens is you decreased your production of testosterone. So testosterone is both males and females make testosterone because people think testosterone, oh, that's a male, you know, it's a male and female hormone and testosterone is report it's it's it's effect is sense of well-being, energy, mood, muscle mass all these things.

So and most women who take birth control pills have low testosterone. Yeah, that's such an important point. Okay, so you were let's get back to how you see everyone as an individual and how you treat them individually.

So you kind of work them up the same because the information that you want to know is fairly standard from one person to the next. Right. Right. But we also go into the detail of how someone lives every day.

Okay. So as far as getting all the their history and how do you sleep, how much water do you drink? What do you eat? How what's your exercise? What's been your what's your dental health?

Do you have root canals and mercury fillings or dental disease like a lot of women have receding gums. So that is a chronic medical problem and that causes other problems in the body.

We also want to know what their life has been as far as trauma and stress. And because that's such an influential

factor in disease. And so, so and then we want to know what their family history is and what kind of influences their parents have had on their, you know, their life.

And then what kind of genetic composition, even though genetics is only about 5% of cancers. But we know that if you have a family history of breast cancer, your higher risk.

But again, for me, I tell people genetics is not destiny. So it's how you how you live each and every day and what are what's what, what exposure to toxicity of course, everyone's exposed to toxins.

But do you work in a job that may predispose you right to greater exposure of. Air or or night shift? Right. Right. That that's that significantly changes your risk for chronic disease.

If you're if you're working when you're supposed to be sleeping, that is going to really affect your risk. Right. Exactly. So you mentioned dental history and I can't resist because I don't think that the connection between what's happening in your mouth and what's happening in your breast is of general knowledge at all.

Right. Can you talk about that? A little bit and why why do you ask about dental history? What difference does it make? What's happening in someone's now? Right.

Why tell people more and more? The studies are coming out. The mouth is the gateway to disease, not only breast cancer, but other cancers and heart disease.

And so your mouth, you know, long time ago, people use mercury fillings. Well, now they have the first mercury free dental school because now we know that mercury is very toxic to the body.

The other thing is root canals. So root canals people don't understand really is a chronic infection. And if you just go in and clean it out, you still haven't gotten rid of the infection because the dental tubules go for ever and ever and ever.

And it's really if you look at the biological dentists, they say, you know, a root canal is like a diabetic ulcer in your mouth. You've got to remove the tooth, clean it out with ozone and laser, and then put a new tooth and with zirconia an implant.

The other thing is that if you have receding gums, receding gums are a are infection, a chronic infection. So chronic infections drown the immune system so it can't protect you.

So you've got to, you know, address that mouth. I mean, I mean, there are so many new articles coming out all the time of the connection of, you know, health in the mouth is, is, is a very strong indicator of chronic disease.

Would you go so far as to say that every single person diagnosed with breast cancer should go see a biological dentist and make sure that they don't have a source in their mouth? Right.

Most of the patients that we see when we ask them, they can tell you, oh, I have mercury fillings. And then the root canal. Most people don't understand about root canals and the the the way that you need to address it.

And so we have our patients, we have biological dentist that we use all over the United States. So we all have the patients get an assessment. And of course, if they had a mean mercury fillings and root canal, we automatically say this has to be addressed and you need to get, you know, a panoramic c.t in X-rays to make sure that there is nothing.

Because a lot of the studies show there's a strong correlation of dental disease to breast cancer. Absolutely. And I'm glad that it's getting more attention, but I don't think it's enough yet.

And I think. No, it's not. It takes 20 years for us to trans formed the landscape for doctors to, you know, get what's in the literature today doesn't really come into practice for about 20 years so that we're really behind.

Yeah. And so we need to continue to use our loud voices to tell people and this is even, even if you no longer have breast cancer, even if you're single, even if you're thinking about prevention, we all have to think about the health of our mouths that because it will absolutely dictate your health and breast health, as you mentioned, heart health.

This is all related. Right. And it's all one system. And the whole system has to be healthy. Right. The entire biological system. Exactly. And lot of doctors, you know, they don't even talk about the now, I would think most doctors don't.

Agreed. Agreed. You mentioned something else. Parental influence. What what your what your upbringing, how that has affected your overall health.

Birth Control Pills and Hormone Disruption

Can you talk about that a little bit? Right. Well, you know, parents have very strong belief systems. Okay. And they are transferring their thought process, their thoughts, feelings and beliefs to their children.

And so a lot of people think, oh, my mom had this. So therefore I have that. My mom and my dad does this. And so therefore, we're higher risk. Well, you know, we don't once you start planting belief systems in a person's body, they become what they think about most of the time.

So and it's not and it's you know, I always tell parents it's not what you say. It's what you're modeling every single day. And so we I know a patient of mine, a young woman, and she came to me for breast cancer.

She has an anxiety disorder. Her mother has an anxiety disorder, her mother's mother. And she was telling me, I have to break this because I see my children already have taken on my anxiety disorder.

And so she says, I've got to break this pathway that we have in our family. And it's so true. And so in the trauma, you know, they they talk about that we inherit nine generations of emotional heart, you know, history.

And so so we all have to look at our lives and say, you know, what is the trauma and drama in our life and what are we passing on to our children? Because it's not just the eye color, skin color, hair color, it's also the emotional DNA.

I think that has anything to do with the microbiome because we are passing on our microbiome from generation to generation. What do you think that that that is a part of that picture?

Well, everything influences your microbiome. Every chemicals do your diet does your thoughts do everything. You know, your cells are listening to your thoughts 24/7 right now eat and what we take I mean, everything nutrition, everything influences the microbiome.

And we have all these different microbe. We have the oral microbiome, the skin microbiome, the gut microbiome, I mean, and all of that is, is influenced by everything that we do in our daily lives.

Yeah. So I want to kind of shift to you. You do practice conventional medicine, but you do it in a very modern and personalized way. So can you talk about your approach to treating people with fairly advanced disease?

Right. So we marry the conventional Western medicine, so what is that? So typically that's blood work, it's scans, it's X-rays, it's imaging. And then our blood work that we order is much more comprehensive than a regular doctor.

So a typical doctor will order a chemistry panel. CBC in a lipid panel, maybe hours are very, very broad. And it's not anything that's esoteric. It's just the blood test that we now know is significant in a patient, for example, cancer and so but then the imaging to like the imaging for or the screening for cancer is a Cologuard or colonoscopy.

And mammogram and Pap smear. All right. Well, you're going to miss all the other cancers, right, when you do a screening for a patient. But those are the regular screening tools.

Okay. Right. A lot of I, I think that if you just use mammogram, you're going to miss probably 50% of pathology. And so we adjunctive we will use a thermal gram and ultrasound.

And I know there's new technology coming out, which is great because, you know, most women really do not like the mammogram process. All right. And then read the reports, you know, mammograms don't really save lives.

And there is a great book, you probably know, Mammogram Truth Lies in Controversy by Peter Cushing. And so everyone should read that book. Every doctor should read that book because for every 2000 mammograms, you save one life.

And then you overdiagnosed in some of those patients. So the numbers are even a little worse than that. It's every one in 10,000 women. And you will cause seven breast cancers right in that.

Yeah. And so so we can't use mammograms as an exclusive screening tool, even though that's what the dictates are. But women need to know about this. So a lot of my patients already know.

Doctor Kennealy I don't, I, I refuse to do a mammogram. I want to do thermography an ultrasound. So I honor the patient's, you know, autonomy of their body.

And so and I educate them at the same time, I want them to be educated on their decision. And so and things change. You know what we did a long time ago?

It's like smoking. Took 40 years for us to know, well, we don't have 40 years. We need to be looking at the good, bad and ugly of everything that we're doing now and then.

So our bloodwork is comprehensive. Also, we do all kinds of different testing here. We're checking the voltage of our patient's body. So voltage is the energy of every cell.

So we do something called the Meridian Energy Assessment Device. So we look at the voltage of the body. And if your body doesn't have voltage, which is determined by your thyroid hormones, especially for 83, and you know, when you have surgeries, when you have scars and you have tattoos and your body is laden with chemicals and toxins and bugs, your voltage goes down and so that so you can't heal if your body doesn't have the proper voltage.

The other thing we like to do is we like to look at your blood under the microscope to see the health of your body. We also do bio energetic testing. Energy precedes action.

Your heart is a bio electrical organ. Your brain is a bio electrical organ. Your nervous system is a bio electrical organ. And so we look at the energy.

You have acupuncture points and we look at the acupuncture point and we look at the energy of that acupuncture point.

Dental Health, Trauma, and Disease Risk

And and if there's decreased flow, what is causing that decreased flow? Is it toxins? Is it yeast? Is it parasites? Is it heavy metals? And so then we give you a prescription plan, because I always tell people when a pitcher throws a ball to the batter, it's not the hit.

That is the energy. It's the energy that the pitcher threw. So we're capturing that energy because chronic diseases don't just happen. They take ten or 20 years.

And our job as a doctor is to eliminate suffering and prevent suffering. So I want my patients to not have a episode in their life. I want them to have a productive life.

And we all deserve great health. And in this country, we are suffering terribly in our health care system. Autism is one in 37 60% of our young elementary kids have one or more chronic illnesses.

Our young people are being diagnosed with cancer at 25 and 30 years of age and our, you know, our older people, we have no answers for Alzheimer's and all the chronic diseases.

We have very little answers. Okay. And we deserve to have great health. And we know we know today how to prevent disease and we're not doing it. And so we should all be saying what is going on in our health care system.

We ranked 43rd in the world in health care. We spend two and a half times more than any other country and we have a abysmal results. And so this has to change.

And I know you and I and many other people are dedicated to transform the future of health care and humanity. And that's why we do these things, is we educate people because what is going on is absolutely atrocious and we have got to start with mothers that want to be mothers and before they even have a child, how do we get that husband and wife in the most optimal state to create the miracle that they want?

I couldn't agree more and I really it pains me how slowly this has to happen and how much resistance there is to it. And of course, we all know the reasons for the resistance, but in the meantime, people are suffering horribly.

And when we see these people getting cancer younger and younger, and when we see childhood obesity and childhood diabetes and childhood heart disease, cardiovascular disease, I mean, it's crazy the things that we are seeing now today that didn't exist when we were children.

Right. And we're supposed to be advanced. We're not advanced. We're regressing. Because I know when I went to elementary kids school, there were no obese kids.

No diabetic kids, no kids. No cancer. No, there was no nothing. All right. And how come it's okay with normalized disease? How is that okay? How are we normalizing terrible disease?

Yeah, like you said, all of them. And it's a tragedy. And why like, why is and everybody going, whoa, what's going on? This is what I understand. Yeah, I don't understand how people are not appalled by the current state of affairs. Yes.

And you can just you know, you don't have to be a doctor to see. Oh, medical. Problem. No. And all the medications that the doctors are just prescribing without, you know, proper, because every drug affects the mitochondria.

Every drug causes nutritional deficiencies. So why aren't we looking at that? We know this. Yeah. Absolutely. I want to get into a little bit of you said you do standard blood work.

What? You look at it a little differently. Can you talk about what the things that you're looking for in standard blood work and maybe things that are not so standard that you're looking at to to help to make decisions about how to help people to improve their health.

Right. Okay. Well, first of all, we do a chemistry panel that looks at your electrolytes, kidney and liver health, which most doctors do. We do a CBC looks at your white count and your hemoglobin.

We also iron order, iron and baritone on everyone because ferritin is the storage of iron. And if you have too much, you're going to have increased risk of disease because their atom, which is overcharge of iron, is inflammatory.

We look at C-reactive protein, C-reactive protein as a nonspecific marker of inflammation. Inflammation is the precursor to all diseases. We look at your hemoglobin again, see, it's a reflection of your sugar over 90 days, the higher your hemoglobin A1 see your higher risk or diseases.

Because elevated blood sugar destroys every cell, not just one cell. Every cell in your body. So it's where we're seeing that elevated sugar, insulin resistance, diabetes is probably 93% of the population, but it predispose us as you to heart disease, Alzheimer's, cancer, all the chronic diseases.

Then we do a thyroid, very complete thyroid testing because thyroid diseases are increasing not only Hashimoto's and autoimmune but thyroid cancer. So we looking at the Detroit in all of its production breed, G3 breed type or TSC age autoimmune aspects of thyroid.

Since that's increasing, we look at vitamin D levels. We know Vitamin D is a very influential factor in all diseases. Also infection, cancer, heart disease.

And I just I want to take a quick plug and say if you do not know your vitamin D level, you need to know your vitamin D level. Everyone needs to know the vitamin D level. Right?

Then we check hormones on everybody because hormones, imbalances are rampant in all age groups. Okay. When I say age groups, when I say, you know, when 20 on as a child, your hormones are changing every day.

But by the time you're 20, give or take, your hormones have landed and so one of the big hormones is DHEA sulfate. DHEA sulfate is the hormone of stress, immune and longevity.

And so many people have lower levels than they should. But that's how your body defends itself, is your adrenal glands. The adrenal glands are little glands which sit on top of your kidneys like little hearts.

And then we also want to look at testosterone in both male and female, a lot of women's hormones, if they're having regular menstrual cycles, those hormones are changing daily.

Advanced Testing and Whole-Body Evaluation

So we may want to capture through urine testing, you know, how their metabolism hormones, which we do a lot on breast cancer patients and other patients who are having hormone problems.

And it's just a good test to see to see how your metabolizing hormones so and then we do liquid biopsies on our patients a lot of them I'm very big into cancer prevention not treatment but I you know it doesn't sell prevention doesn't so people think, oh, I'm fine.

And, you know, I go, well, every patient so every patient diagnosed with cancer were fine the day before. So, so so don't use that as a barometer, actually.

Don't you have a lot of patients that tell you I'm healthy, except I have breast cancer? Right. Healthy, but I'm healthy. But I have breast cancer. Exactly. Exactly.

Yeah. Can we can we roll that back again? Yeah, it's so true. It's so true. Yeah. I'm healthy, except I have whatever, you know. Exactly. Yeah. So some horrible disease.

Yeah, well, any disease is, you know, breast cancer is a symptom of a whole body problem. So you're just because it's just in one part know your whole body.

Like you said, everything is inter and interconnected in your body. And so and then we will sometimes do autoimmune testing. I'm not that interested in cholesterol.

Most doctors are checking cholesterol levels, but cholesterol is an important part of the membranes of your body. How your hormones are made, your nervous system and everything.

So, you know, if you looked at the studies of use of statin drugs, you know, really hasn't saved lives at all. And again, heart disease is a multifaceted problem, just like every disease is a multifaceted problem.

So I'm not that concerned about it. It does it does sell a lot of statins, though, right? It does. It does. And so I always tell people cholesterol is not the enemy.

So people should know that because it's it's, you know, can be so damaging of, you know, the effects of taking statins, you know, liver elevated sugar levels, dementia interrupts the nervous system and everything.

I wish I wish people knew before they went on statins that they are increasing their risk of getting diabetes by 63%. Right. Exactly. So because I don't think people would be so anxious to get onto those drugs if they knew what was coming down the line for that.

Right. So and then we may do depending like if someone has a low white count, that means they probably have a chronic infection. So we'll look for that.

So we'll do initial bloodwork. Okay. I really encourage patients to do a liquid biopsy in this day and time because of cancer is one in two people now.

And so we may order whole body MRI's on our patients whole body MRI is not really a conventional treat, not treatment, but conventional recommendation.

Practice, right? It's not standard practice. It's not standard practice. But it should be in certain cases because I believe that I you know, I use it on a case by case basis.

So we also do nutritional testing. So we do vitamins and minerals and and and, you know, antioxidant testing, heavy metal testing. I like to do a vibrant toxic load panel to look at all of like mold and toxins in your body, heavy metals.

It's a very comprehensive have panel. I think in this day and time everyone should be doing that kind of panel because we're living in a world that is extremely talks and more taps than people could possibly imagine.

People always say, Oh, am I toxic, you think? And I go, There isn't anybody that's not toxic. Okay. Yeah. So oftentimes your diagnosis is a reflection of that increased toxic load, right?

That your body has not been able to compensate. And that's where diagnoses come from. Right, exactly. And so we know that toxins you and can change the how your how your whole system is replicating its DNA.

Like, for example, heavy metals interrupt DNA replication so and cause DNA toxicity. So you know, heavy metals are one of the grand interrupters of cell functioning. So so you take all of this information that you learn about people and you create something very customized.

But you do deliver you do use conventional chemotherapy sometimes. So can you talk about the role for that and talk about how you do it differently? Right.

Well, we do do chemotherapy here in the office and we do it. It's called fractionated chemotherapy. So cancer cells have many more receptor sites for sugar than normal cells.

And so we use when we the only reason we would use is to shrink tumor burden. So you're talking about people that have significant tumor burden. They have large tumors, they have metastatic disease.

And so they will need some kind of chemotherapy to shrink their disease. So we prime the patient. They come in fasting, we give them insulin to bring their blood sugar down to what we call the therapeutic moment, which is about 40.

And then we introduce the chemotherapy because the cancer cells will take up the chemotherapy because they have something called insulin like growth factors on their cell surface site.

So they're to take up the chemo, sparing the other cells that are not cancerous. And then we use nutritional things on top of that with the chemotherapy.

So we do a lot of collateral balancing when we do anything that has potential downside. So for example, all of our patients take immune support, they take nutritional support, they take pancreatic enzymes, they take vitamin C, they take liver protection because everything is processed through the liver.

So we have for any one of our patients do conventional, we put them on a collateral support and protocol, just like every patient should do that. Like if you get a PET scan, it's lots of radiation.

So you should be protecting your body from the radiation side effects. And so in like for example, if you need radiation possibly. So we know that hyperbaric oxygen and or oxygen therapies increase the efficacy of radiation by 50%.

But we also have to take care of the rest of the cells because radiation has a toxic effect also. So it's all about so our patients will receive fractionated chemo once a week and then we repeat scan in 10 to 12 weeks and to see our progress.

And so but it's done in a delivery way that is very protective for the patient and the patients have much less side effects and a lot less problems with their day to day functioning than you and in the chemotherapy.

So it's used at about 10% dose. We're compared to the 100% dose of the chemotherapy in the conventional world, and that has been around for over 70 years.

It's now so my next question is, why do you think these best practices are not being adopted in conventional treatment centers? Well, in today's world, it's you follow in NCC and guidelines.

And so that is you get surgery, you get chemo, radiation. They don't take anything into consideration really with the patient. And so it's just the way medicine is practiced.

And they're practicing outdated medicine because I know the patients that come to see me, we we absolutely recommend all of our patients see an oncologist.

We want them to understand everybody's opinion on their particular diagnosis. And so they get to have their understanding. And then the patient can make their decision what they think is best.

But when they go to an oncologist, the oncologists will say, Oh, that doesn't work. And I don't know why you're spending your time, energy and money on doing anything.

Diet doesn't matter. You know, your immune system doesn't. Nothing matters. And I'm like, Well, how is that possible? Because if you go online, there's, you know, diet matters.

You know, all the Ivy, Vitamin C matters, all the different things that we use in the practice have scientific PubMed studies. So you just take. Or although in the defense of people that is getting harder and harder to find.

Fractionated Chemotherapy and Supportive Care

That is true. And the narrative is like if you just do a Google search, the narrative is being very tightly controlled and your ability, especially if you are in the know, especially if you are a lay person and terrified your ability to find the truth and to find these these solutions that are proven but not mainstream is nearly impossible.

Right. I know that. I agree with you on that. Yeah, I see that because I see how much it's changed when you do Google something. You used to find things like that five years ago.

Now you can't. Yeah. So my last question for you is that if you could wave your magic wand, which I only pray to

God that someday you can if you wave your magic wand, what does prevention look like for us for the future?

How do we not wind up in this predicament? Right. Well, prevention is priceless. And the cure for cancer is prevention. But it's like that for all diseases.

I mean, I don't have a heart attack once a year in the practice. And how can that be since hard heart disease is the number one cause of death? Right.

And the patients who come to us for prevention don't get cancer and don't have cancer. All right. The only people that we see there already have a diagnosis with cancer.

So the key thing is, one is, you know, doctors need to do really good physical exams. Number one. Number two, you need to do really good bloodwork. Okay.

Which in this day and time is really not that expensive and insurance will cover mostly everything. All right, then the screening tools we have don't work.

So colon colonoscopy is probably the best screening tool. Or Cologuard. I like to use Cologuard because it's a noninvasive and has high sensitivity and specificity and it's noninvasive and all the prep is gone and everything.

But mammograms don't save lives. Getting regular pap smears, you know, I still recommend them. But again, the screening tools we have aren't preventing disease because how can cancer be one in two people now?

But it the doctors did good physical exams, bloodwork and if they did the bio energetic testing which one of my mentors taught me about 24 five years ago.

He his dream was to set up prevention sites all over the United States and he died. He was diagnosed when he was 22. He died when he was 68. He did not die of cancer.

He died of an infection. But he you know, he was one of my mentors 25 years ago. And he taught me this and works with a doctor, which I'm going to be doing a big documentary on in the future.

He's a doctor from China and he developed herbs that they've been using for hundreds of years. But when you look at the cancer is a ten year timeline and you look and see if someone has entered in that ten year timeline, then you can prevent cancer.

And so and it probably is accurate, probably about 95% of the time. Yeah, it costs very little. So and then we have liquid biopsies, we have the laboratory that is in Greece called the RGCC, it's called Uncle Trace.

It's about a five, $600 blood test and it has probably an accuracy of probably 85%. So then in my office we do thermography, which I'm sure you're familiar with as a screening tool for breast.

And so and we do ultrasound also. So but that is only for breast. But what about the rest, you know. Yeah. So you can do like I said, the whole body MRI is very expensive.

It's probably a couple thousand dollars now. Yes. But again, why are you going to wait until something is showing up in your body? You want to your goal is to prevent, not treat cancer.

And so but that's not what the goal of medicine today is, is not prevention whatsoever. So it's all a reactive process in fact, so many patients come to me and say, oh, my doctor said, oh, you know, we'll just wait.

And I'm like, Wait till there's an earthquake or a car crash, whatever you want to use that. So so it's so patients. I always say that self-care is the new health care.

So patients love that. So patients need to a introspective analysis of how they're living okay partner with a

integrative doctor like me or someone else.

There's I mean our clinic is a very it's I would say we're very evolved and updated.

Prevention, Education, and Future of Healthcare

I teach doctors, though, I lecture, I do podcasts, I do all kind of things to share this transformation of health care and humanity. And so and I know you do, too.

And so if we just constantly put education in the hands of humans, all over the world, we can change the health care system. And I know you're doing it in your way.

I'm doing it in my way. And, you know, we need lots of ambassadors, our patients, my young patients now are taking the bull by the horns and changing it.

We've got to teach doctors. Unfortunately, doctors, you know, they they go through the conventional medical system, they get trained. And I think it's important to know how the body works.

The medications, when you have emergencies and you know how to look at the science of the human body. But we also need to give patients the right recommendations and let them have the life they deserve.

Yeah, when we started this conversation, you talked about awakening humanity. And I love that that's your mission. And pretty much what you just said leads up to that.

And that the the real solution here, the solution is in us and it's in all of us. That's right. What needs to happen is an awakening, and it's going to come at the hands of people like you.

So I am so very grateful for what you do for the trail that you blazed, for the example that you set, for the possibility that you show to the world. And I just I hope you keep your boots on the ground, keep doing what you're doing.

And I look forward to your next book. I hang on your every word. So thank you so much for being here today and for spending the time. Yes, my privilege. Thank you for having me.

It's Dr. Jenn. Bye for now.