Cancer Therapy: Regenerative Medicine & Photo-Dynamic Therapy Transcript

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Introduction and Guest Background

Welcome back to another episode of the Restore Your Mitochondrial Matrix Summit. I'm your host, Laura Frontera, and I'm bringing you experts to help you boost your energy and fix your health so you can build the life you love.

And today, I have a fun guest, doctor Michael. Carl felt. Hi. Welcome to the summit. I'm so excited to be here. That is going to be fun. It's going to be a fun topic and people are going to love it.

It is going to be fun because I even have some fun devices. I'm willing to show everybody I'm willing to put on the laser helmet. Actually, do you want to do your Spaceballs look?

And we'll talk about it a little bit later on. We got it. We got it. So, yeah, this is the laser helmet, and it's helping my brain. And we're going to talk about this and what it does and why.

So this is fun. I love devices. It's kind of, you know, an adjunct to taking supplements and all the lifestyle things and everything else you can do. And we're going to get in deep about mitochondria today.

You have an interesting specialty. You specialize in cancer therapy and regenerative medicine using photodynamic therapies, and platelet derived nanoparticles.

So we'll get into that. Tell you all about it and what that is. But first let's introduce you to our audience. And I can't believe we were talking before we started.

I can't believe you're as old as you say you are, because we like to say you've been in clinical practice since 1987, which is when I was in eighth grade.

That's crazy to me. You, you run a busy, multi-discipline, integrative medicine center in Boise, Idaho. But before that, for 20 years, you were in Santa Monica, right?

You were the host of the TV shows Doctor Michael Show and the true, and true health, body, mind, spirit, and the radio show, health made radio and you have a couple of podcasts that are running right now, integrative Cancer Solutions and Integrative Lyme Solutions.

And you told me you're just about to start a third podcast. So you have a lot going on. You, you we get bored easily do it, I guess. I guess you're super busy, but let's jump in and talk about what this is all about.

So, Michael, can you tell us I mean, you're a cancer specialist amongst many things, but can you tell us how effective is standard care of cancer therapy in this day and age?

I it is sad. I mean, we they they've had billions and billions of dollars of research. They've been at it. You know, I was clinics and declared war. Yeah.

More than 50 plus years ago against cancer. And thinking that now we're going to look at them within, you know, all the money spent, we should have it all solved, you know, within a decade.

And and obviously we're yeah, many, many decades after. And we're still not seeing a solution to, to this, this problem.

Standard Cancer Care and Integrative Oncology

And it's a problem that's just increasing more and more. We we're kind of getting to the point where almost one out

of two are getting cancer and one out of four are going to die from cancer.

So wait, wait, you're saying 50% of us are going to get cancer? Yeah, and a quarter of us are going to die from it. Yeah. That's insane. Yeah. So it's obviously this this is something that we really need to solve. And, we've been going at it.

I mean, they they've been going at it, you know, looking at it from, you know, focusing on the tissue and the, the issues with the cancer tissues, looking at the genetics of it.

And, with all the, all the billions of dollars spent on it, they, I increase I think it's about 3%. You know, that they're able to improve the quality and not the quality of life, but, you know, the five year survival.

So if you compare somebody that's doing nothing to somebody that's doing standard of care, 3% more are having a five year survival. So at oh yeah. And they that's better.

That's barely better than doing nothing. It is barely better than doing nothing. And they've also done another study showing that, it increases the life.

I mean, if you add it all together and increases a life about 2.4 months, you know, doing standard of care. Yeah. So so you can see that going through all the chemo, radiation, surgery, all the suffering, losing hair, you know, and of of puking your guts out and all the things that come along with, with chemo, it's, you know, on average will add 2.4 months to your life.

So, so it's important that to kind of recognize, you know, the, the pros versus the cons doesn't mean that you should not do standard of care. It has a place but it's not the only solution.

So we we need to bring in other tools. And that's where integrative oncology becomes so important. Let me ask you this. Are you. So I'm thinking about I know people in my life who have had cancer and had that treated conventionally and gone on to live, you know, ten, 20, 30 more indefinitely.

I mean, they're still here. So are we talking terminal cancers or is it all cancers that you're already all cancers? Well, see when you lump it all together.

Yeah. So so it means that, you know, with, with those that were easier to treat, you know, like breast cancers that maybe, nothing would have happened.

They could have lived with that lump for the rest of their life. And, you know, so they are added into that statistic. Well, so you specialize in integrative cancer therapy.

So what exactly does that mean? If somebody has cancer and they're looking for some other solution beyond what the Western world can offer, what does it mean.

So it means looking at not only standard care, but looking in combination with standard of care. And some people, some patients come to me and they don't want to have anything to do with standard of care.

And obviously it is their choice. But frequently they come and they do some chemo, some surgery or some radiation. And then what we do on our side is that we, look at what what can we do to protect that person from and the effect, the negative effect of the chemo, and then also keep the immune system as strong as possible while they're going through that?

And then also then maximize the effect of the chemo, in addition to then bringing in other tools that happen and that oxidative cancer killing effect, at the same time.

So it's, it's it's marrying the two, you know, being more of the natural along with the standard of care. And then in that way then kind of maximizing the outcome for the patient.

And, and it's really powerful when you do that. Yeah. So it sounds like you're working in collaboration with with the Western Oncology, model. And you talked about that kind of 3% being barely better than doing nothing.

When you wrap in integrative care, what happens then? How does that percentage improve? Well, it was interesting. A good friend of mine, Doctor Paul Anderson.

Yeah, that's been at this for for a long time. He's, you know, yeah, he's kind of a leader in the field when it comes to integrative oncology. And he was doing some studies with, National Institute of Health.

This was way back when I, I can't remember when when they still when they thought that integrative medicine was going to fail. If we did a study and he proved that, he had and they were, he was given like stage four, the worst of the worst, failed cases.

And, they were able to produce a 50% five year survival. Wow. So, so that, that's huge. Yeah. And these were the failed ones that were going to die. That, you know, the doctor, well, you know, grab this patient because, you know, they're going to die anyway.

That's really impressive. Do you work with people only locally, or do you work with people virtually, or do people have to be in the Boise area to see you?

Yeah. No, they they they fly from a little bit all over the place. So yeah, usually we, have a, a zoom visit or phone visit and, put them on a protocol and nutritional protocol.

I learn about what type of cancer they have, what kind of background? We do labs to see what what are some of the drivers that are the underlying factors?

You know, we dealing with chemical exposures, are we dealing with emotional know issues, traumas? Are we dealing with, you know, viral mold? You know, looking at all these different things, you know, their nutritional levels and, and their level of immune system and then putting together then a, a protocol.

Photodynamic Therapy and Oxygen Support

And that's what's so amazing is that it's really evolved, you know, these natural substances, you know, like, and EGCg and fermented wheat germ extract.

And you can bring in these tools, depending on the individual, what they're dealing with, and really change the terrain within the person so that they can more effectively battle the cancer.

Oh that's incredible. Now, what if there's people listening who have already been through conventional cancer treatments? Let's say they're a few years out, but they know their body isn't where it was before they took all those treatments.

Do you work with those groups of people as well who want to regenerate their bodies after cancer care? And that's a side it's a whole spectrum. See, I have the individuals that, you know, they want to prevent that.

Obviously, I love prevention more than anything. You know, where they recognize my mother died from cancer, and I really want to be at a place where I feel stronger, my immune system is stronger, and, can I make sure that I detoxify and clear out whatever, you know, elements that may, may push me in the direction of cancer or people that are just diagnosed and they want to see, you know, what combination do I want to do?

Do I want to just go all holistic, do I want to, you know, bring in the, medical oncology as well? How do I want to do it? So I see those patients, I see the patients that have started, medical oncology, and they are recognizing they're not getting the solutions that they're wanting.

You know, maybe they're on their second round of chemo and they're not responding, and they need to do

something different because they've kind of run out of options.

Or like you're saying you have the people that are they've gone through all these therapies and and now they are on the other side. They are in remission.

But their immune system is beating up their gut is beating up, you know, and, you know, the tissue as a whole, they might be, you know, dealing with brain fog, neuropathy, you know, all these different things that comes along with traditional oncology therapies.

And then we can then work on restoring these things. One of the issues, and I have a little free e-book that, everyone can get for free. Is there kind of 11 things that I really want to make sure that people address?

And one of those 11 things include, you know, the cancer stem cells. And the issue with cancer stem cells is that they are the ones that are dry being, the metastases and they are the ones that, really kind of lurk there in the background.

And they can pop up a number of years after being remission free. So it is really important to have therapies that will address these cancer stem cells.

And what's the interesting with, or scary with, you know, traditional treatments like chemo, radiation is that they activate the cancer stem cells so they actually become more active and you're more at risk of reoccurrence after, you know, having gone through that, in addition to obviously, that will kind of beat on the immune systems.

Your immune system will be all beaten up. And then you have these cancer stem cells that are more aggravated and ready to go. So it's important, to bring in some of the therapies that I offer, in order to be able to calm them down, reduce inflammation, and support the tissue.

Oh, for sure. We'll make sure that that guide with those 11 things to address for cancer is, located on, somewhere around this video. If. All right. Here, speaker bait.

So can you talk about some of this stuff? What is, photodynamic therapy? This is one of the things that you specialize in. Yeah, yeah. And which it's one of these kind of new and up and coming type of therapies.

So it's it's a little bit more cutting edge. And there aren't that many. And United States that, that do it. And I work along with, practitioners, you know, both in Europe and then in Mexico so that we can, yeah, keep developing protocols and become better and better at what we're doing.

And in reality, what what photodynamic therapy means is that were then able to, target the cancer cells directly, and it's done in a safe manner, you know, without, injuring tissue that is healthy. And, you combine then a photosensitive certain photosensitive CER is just a chemical agent that you introduce.

You can introduce that intravenously or orally, and that has an affinity to, cancer cells. And the reason why they end up in the cancer cells is because of the, the vascular around the tumor is very disorganized and very leaky.

So these these photosensitive sores start to accumulate. Then over time in these, these these tumors and these cancer cells. And so the photo sensitized or, you know, ascites accumulates there.

You can then use an a laser both intravenously which would do that our center. Or you can do it externally. Or you can even do it with a little optic needle, you know, getting close to the tumor.

And you can then blast those cancer cells with the light. And now with the Pho desensitize, they're already being in there. And the photosensitive. So will then.

Yeah, increase the amount of light that gets into that cancer cell. And that will then create an oxidative burst, you know, with the in the cancer cell and literally then killing those cancer cells.

So it's a really cool new therapy, that has a huge amount of implications. And so, you know, the key is then to, to, match them the, the laser wavelength with the appropriate photosensitive or, and making sure that, you know, enough for the photo sensitized or gets into the tumor area so that it's really, really cool, you know, that new therapy, how many treatments do people need?

So we have, we have like a two week intensive where they come, and they get the photosensitive cells in the beginning of the, of the two weeks. And then we, you know, treat them every day with, with the, with the laser light, you know, both intravenously and externally.

And so that's about ten therapies. And I we've had patients that just within that time, have seen great reduction. But you, you want to obviously follow up because it's you want to kind of put pressure on the tumor.

So it depends a little bit from person to person. And and usually I want them to come back then after a month and we do a, kind of touch up for a few days and do that, you know, once a month for a few months just to kind of and keep putting pressure on the on the cancer. Wow.

This is this is remarkable. Now, you also mentioned that you sometimes use oxygen or ozone in combination with the photodynamic therapy. Talk a little bit about that. Yeah.

So so one of the issues with like chemo radiation is that it is an it is an oxidative therapy, meaning that you are oxidizing the you're killing the cancer cells, oxidizing them.

But the the key is to have oxygen within the cancer cells in order to be able to do that. And we know that tumors is a very oxygen poor environment, you know.

So, and that's why a lot of times that chemo radiation has a hard time then to oxidize, because it is very oxygen poor. So if we combine then oxidative therapy, you know, like chemo or radiation with something like hyperbaric oxygen therapy or another, you know, therapy that will then increase the amount of oxygen within the tumor environment.

You're able to be much more effective oxidizing them, those cancer cells. So the, the photodynamic therapy, just like chemo radiation, is also an oxidative therapy.

Mitochondria, Light Therapy, and Brain Health

So you need an in order to be able to trigger that production of, of reactive oxygen species, or you know, these kind of oxygen burst, you know, oxidative bursts within the cancer cells.

You need to have the oxygen there. And that's where things like hyperbaric oxygen therapy comes in. Yeah. Intravenous ozone. We have another machine called Hockett.

Or we do these, therapies where, you know, people it's called IBU or RBP where, you know, literally you're cleaning the person's blood using ozone. So, you know, blood comes out from one arm, into a machine that ozone aids it and then goes back into the other arm, and, and that kind of maximizes the amount of oxygen within, within the tissue.

So all these therapies and come along with that photodynamic therapy. So those it's also kind of the main, main key components is you have the photosensitive or you have an oxygen source and you have a laser that will trigger the oxidative burst.

So that's that's a key component. So three and this is the perfect time to bring in mitochondria because you're talking about reactive oxygen species.

You're talking about oxygenation. So all those mitochondria that are around this there's these cancer cells they're getting blasted to with laser. They're getting blasted with oxygen. All of it.

So bring that in and share with us what's happening with mitochondria. Why is this important to even talk about. So what what's interesting with cancer is that we we've been looking at it and that's why we've had so little success, you know, with with cancer has been looking at it genetically all along.

And and, and that is important all these oncogenes and kind of looking at, you know, what, what are the dysfunctions. The issue is that not every cancer cell is the same and within the same tumor.

You know, one, you know, cancer cell may express certain cancer drivers, another may do another one. And so genetically it may be different. But what we are seeing the similarity between with what the majority of them is their metabolic dysfunction.

And that is a dysfunctional mitochondria. And so the because of the mitochondria being dysfunctional, it will, the cancer shifts into like a survival mechanism or survival mode that bypasses the mitochondria.

So the key then to prevent cancer is obviously then to maximize healthy cells, mitochondria and supporting them, in the best possible way. And, that's where you bring in things like obviously oxygen, you need oxygen.

So the healthy cells, they do very well with these with the oxygen. And then also in the with the laser light, we have the oxygen. And you bring in the laser with the different colors.

They actually drive the energy production within the, within the cell within the mitochondria. So you have these spacious. Yeah. What's called electron transport chain.

And within that you have different stations now complex one, two, three, 4 or 5 and the different colors and the laser that we do intravenous early, you know, they, they will hit and activate these different stations within that, transport chain that produces energy, that produces ATP.

So the healthy cells actually get stronger and we're activating the mitochondria while the, the cancer cells is having a harder time, because it it's, the mitochondria is dysfunctional.

And when you're pushing their mitochondria. Yeah, there are few things that happen either the mind, because the mitochondria is also the one that controls the cell death switch of the, of the tumor.

So which means that it will if, if the cell is too dysfunctional, the mitochondria is the one that says, you know, we're done. Peace out. And, you know, flip the switch and the cell self-destruct.

Or, the mitochondria can then choose if it's just a little dysfunctional, it can then choose to then repair this cell. So, you know, working on the mitochondria and putting stress on the cancer cells, mitochondria and it can't repair and but you activate it, the mitochondria will says, well, this is the cell that that shouldn't be here.

You know, it's completely dysfunctional. So I'll flip the switch. Cancer cell would die. Meanwhile, you do the same thing on a healthy cell. And that cell just regenerates, gets stronger.

And and you have that anti-aging effect. So, that way you get the best of both worlds at the same time with this kind of therapy compared to chemo, which just destroys everything.

So this is I want to unpack a couple of things you just said. You just said a lot of stuff. So first thing I heard, well, the last thing I heard and then we'll go to the first thing I heard, the last thing I heard was those cancer cells have mitochondria as well.

And those mitochondria are deciding kill the cell or repair the cell. And so. Everything you're learning, everything that you viewers are learning from all these speakers on this mitochondria summit to support your mitochondria health.

The reason this is important, you said it at the beginning when I asked that last question, is basically, if your

mitochondria aren't working well, you are at higher risk for cancer.

And you said at the beginning of this talk that one and two people are going to have cancer. And this, as you said, that I was like, okay, I my work is done.

I'm just going to shut off the camera and leave now because you just nailed exactly why I created this summit to begin with. Because the foundation of everything with our health comes down to mitochondria.

And if you aren't supporting mitochondria, all the things you can do to be healthy, don't mean anything. If you have mitochondria dysfunction. I literally have people on the summit who say, I want to call my talk How Not to die, and literally that's what it is.

I mean, we're we're looking at the obviously supporting the mitochondria. And we all want better energy. We all want anti-aging and all these are great things.

But at the end of the day, you know, the mitochondria, if that is dysfunctional, we're not able to detoxify appropriately within the cell. And so now we have the accumulation of these these acidic toxic substances that accumulates in the cell.

Putting stress on your genetic material. And it's perverting the way that you produce protein. You know, how they fold and and which will be. Then all of a sudden you know, your your knee joints aren't as good.

Your, you know, your liver is not as good kidneys. I mean, all these these tissues are not going to be healthy. And then if we take it to the next step, then, you know, the cell is saying, well, the mitochondria is completely done.

So now we gotta move into another phase and we're going to start to ferment glucose. And we do this fermentation cycle and bypass the mitochondria. And now I'm a cancer cell.

Yeah. So so you're absolutely right. You know. What's the. Did you just say sugar feeds cancer. Yes. And and you know what they, what they, what cancer patients get when they, when they get treatment they get insurance.

And and what is an insurer is just sugar and. Yeah. Don't even get me started. Insure. That was actually a huge battle in my family. My grandma died, earlier this year, a few months ago, and she did not have cancer, but she had echolalia, and she, she no longer could swallow solid food, no matter how much she chewed it.

It just got stuck. She she was on liquids for the most part. And, insurer was the thing that she kept going to. And no matter what we said to her, no matter what we taught her, no matter how much we tried to get it out of her hands because her doctor told her to drink it, and because the staff at the assisted living facility where she was at endorsed it, she would not do something better.

We tried everything. We brought in healthy protein smoothies and you know, homemade. And it just it's I just sorry, I have to go down that rabbit hole right now.

It's it's dear to my heart. We just literally watched her waste away, and we just knew it was killing her. I mean, it's ultimately not what killed her, but she wants you to die of malnutrition at is so sad, you know, because people don't medically, you know, they think all you need is is sugar and some some protein, and, and that's pretty much it, I think.

I mean, it really don't do much more. Yeah. And, all these other things really doesn't have any value whatsoever, like vitamins and minerals and all that is nice.

But, you know, they they really don't put any value in it. So now you have a person drinking and. Sure. But you know, the body has not evolved in a way to be able to process pure or, you know, refined sugar.

It needs all these B vitamins and chromium and manganese and magnesium and needs all these other nutrients in

order to be able to process that refined sugar and where all those nutrients going to come from?

Well, they're coming from the body. And so now you're completely, you know, continually leaching all these vital nutrients out of the individual as they're sipping on that chocolate, you know, flavored and sure.

Yeah. And that's not even to mention the artificial flavors that are in it, the artificial colors, the preservatives, the the beans, the seed oils and the vegetable oils that are in it.

I mean, it's it's literally the worst thing you could possibly put in your body. Unbelievable. That that's a whole nother talk. So. Well, actually, I mean, let's let's just talk about the seed oil.

Yeah. The, the inflammatory effects. So talking about the, the mitochondria cell wall membrane mitochondria and my, my, the control cell wall membrane that is a lipid membrane.

And by, by drinking that there's that garbage fatty you know, fatty substances. You know those those rancid that trans fats. You know, all that it is is creating making that so inflamed so that no nutrients can enter into that membrane.

So keeping those membranes healthy, is like key key. And none of that is done is thought about medically. You know, so we as consumers or we as integrative doctors, we have to continually be aware of that and recognize that medical doctors don't have a degree in nutrition.

They have no clue about nutrition. And just because they say there are no studies out there just means that it doesn't mean that it's not good. It just means that nobody's studied it.

Yeah, and there's no money. There's no money in studying it. There's no money in doing a study on healthy food. No. Yeah. Who's going to pay for that?

Yeah, exactly. It costs hundreds of millions of dollars to bring drugs to the market.

Platelet-Derived Nanoparticles and Cancer Support

So yeah. Who's going to pay? You know, studying, you know, Kirkman or studying. You know, the only studies that were done for that is, is, you know, the pharmaceutical companies that are trying to isolate components within natural agents to see if they can make drugs out of it.

And, and those are the studies that exist. And there are a lot of those studies as well. Yeah. Yeah. Well can we talk about this fun device that I have here.

Why we, why we put it on my head at the beginning of this talk and why I'm doing this and what this is for. So, so this is an example of photodynamic therapy.

Or if you do it so photodynamic is more kind of destructive. So let's let's say it looks really good on you by the way. Yes I know my, my my husband make fun of me when I put it on.

So and so you have you have two versions when you use, you know, light therapies, you know, you have the photo bio modulation and that is for regenerative, reasons.

And then you have photodynamic therapy and that is for destructive reasons. So meaning if you want to kill cancer cells, you'll want to kill bacteria, you want to kill viruses, you know, fungus.

Then use photodynamic therapy. We combine a photosensitive CER with you know, the corresponding light. You know, photosensitive CER attaches itself to the cancer cells or attach itself to the bacteria or the virus, and then use the laser, you know, to blast it off, to kill it.

That device is fantastic for regeneration. So, that device has as both red and infra red within it. I think actually it's mostly infra red in it. And, what that does, the infra red has this deep penetration and is for tissue regeneration and for increased circulation and also for immune cells to be activated.

And, and also, can I clean up the and the pathogens or environment or, you know, in that environment. So when you put that little device on that is called photo bio modulation where you modulate, you know, healthy tissue and using light.

And they've had seen great results with that, for things like Parkinson's or Ms. or ALS, you know, using that, in fact, as a gentleman that, that I interviewed on my radio show, that's, that's no longer running, but you can find on my website, Michael Hamblin, he's one of the leaders when it comes to studying for the bio modulation, photodynamic therapy.

And it's just incredible what you can do and what they've seen just using that. And as for people dealing with post Covid, yeah, you have you can really do that to increase the circulation, reduce inflammation the blood vessels and then also turn on energy production in the mitochondria in your brain.

And we know that about, you know, 30% of all your energy is produced in your brain. So you really want to make sure you turn the mitochondria on for being able to focus and prevent dementia and Alzheimer's and all those kind of things. Yeah.

And that's why I'm taking it. I had I had, Covid about ten months ago and I'm almost I it's almost 11 months ago, actually. And, I'm just my brain isn't what it was prior.

And so I'm constantly on this quest to bring my brain power back to its excellent functioning. And if I can get it even better than it used to be, I'll be amazing.

You see, I have. And you can combine that with, like, methylene blue is a great combination. Methylene blue is fantastic to turn on the mitochondria as well.

And, it also blocks the Ace2 receptors where these the, you know, I'm missing a, the Covid locks into. So, the methylene blue helps to block that and then also really turns on the mitochondria.

And then when I'm, when I'm using this helmet, there's some particular supplements I have to take. We explain that. Yeah. So you, you know methylene blue is one that you can do also.

Chlorophyl. Yeah. So that's kind of matching the red light. And to maximize the effect of, of it turning on the mitochondria because you have and you look when you look at the spectrum, you want to match the kind of opposite color with the light, you know, meaning you have the red.

And then you want to do something that's green. Yeah. So and for yeah. So the methylene blue, believe it or not, I mean it does like blue, but it, it, it actually matches if you, if you take it and you see what's coming out of your urine, it's all green.

So it does match and with red light. Very well. And then you have curcumin. Yeah. That one tends to match. And which is more kind of yellow. It matches them with blue light cells.

So then you take curcumin before you do any, any light that has blue you know that that one being red you know or infra red then you do chlorella which is very green.

Yeah. So anything green will will help with that. And what's the sweet spot. How how much time should you how long before you do the treatment with the helmet or the red light therapy?

Should you take the chlorella? So you, the the chlorophyl chlorophyl or. Excuse me. Yeah. And we can talk a bit, a little bit about Chlorella as well, but the chlorophyl, about 30 minutes and same with methylene blue is about 30

minutes, and then I start to be out in the bloodstream.

Yeah. And then you do the treatment. So fascinating. I keep wanting to call it chlorella. So talk about chlorella. Well, I mean so, so anytime you, you turn on the mitochondria or you know, which is what you're going to do with that helmet or if you do it intravenously, you know, like we do at our center, you are then going to that energy is going to be used for something.

And so that can either be to clear out, you know, aggravating factors or to heal tissue, and to strengthen tissue, you know, so aggravating factors would be, you know, we we're in a sea of chemicals and heavy metals, you know, so when the system gets more energy, then it will start to clean out closets.

So we want to do like a spring cleaning. And so that means that now all of a sudden we're opening doors and we're shoveling, you know, heavy metals or chemicals out of the cells and enters into the bloodstream because the body wants to get rid of it now.

So that is really good to bring in. You know, what's called a binder? You know, something that will bind to these heavy metals and chemicals. Chlorella is a fantastic one, you know, to do that.

There are a number of other binders as well. But I love chlorella. I use that, I kind of mega dose on it. You know, when I do these kind of therapies to really kind of capture all these heavy metals that you're kind of moving out of the system.

So good. So good. Okay, one more thing I want to talk about before we run out of time. I want to talk about using platelet derived nanoparticles, in your therapeutics.

So what what what's cool with that is that you, we know tissue that needs, that's suffering. They it there's an inflammatory process that's going on right there, you know, so like, for instance, if you have a joint, you know, you have arthritis, you know, that inflammation is there to signal the immune system to get to that location and to heal it.

But chronic inflammation means that you have not been able to completely, solve that issue. You know, the signal is not strong enough for the immune system to complete their job.

So with a platelet, and derived nanoparticles. And what that is, is that we are using we're packaging substances within a platelet membrane coating. And the platelets are high, have a high affinity to any area that is inflamed.

So you can then there's and there's a certain process that we use then at our center to be able to to load, you know, these, these platelets with these different substances like perfume and, or like a peptide, for instance, or if we want to use a photosensitive for dealing with cancer because cancer is a very you know, the cancer microenvironment is very inflammatory.

Yeah. So then you can load, you know, these platelet, platelet membranes with these substances. And they are then, strongly attracted to the area of inflammation and then offload whatever that's in there.

So, you know, for instance, you know, if we would load it with curcumin, you know, we would then be able to get, you know, that curcumin to the areas of inflammation much faster, much more effectively.

So it's a really cool new way of, of maximizing a delivers system to make sure that it gets to the right location. At the, you know, at the strongest possible dose.

I think, all of this is giving our viewers and listeners hope right now there is more out there to support them, their loved ones. As we as we wrap up here, can you, can you go over some important things to consider when you're diagnosed with cancer?

Yeah. And that's the thing is that, you know, when when patients get that diagnosis, it becomes really

overwhelming. And all of a sudden they have an oncologist saying, well, we've got to get you in quickly.

What to Do After a Cancer Diagnosis

We got to, you know, these are the things that we got to do, you know, get a start chemo right now, or maybe we need to shrink it a little bit first with some radiation, then do chemo or surgery or whatever it may be, but it becomes all of a sudden they are just, yeah.

They get blindsided and it becomes overwhelming. So I want to then break down different things. That's really important to understand. And I have that in the e-book, you know, so it's a little bit more explained there.

And I'm actually, going to have a, a, webinar series where I have leaders in, you know, in the world, you know, that will discuss each one of these 11 aspects, you know, and like Doctor Paul Anderson talking about the mitochondria or, and they doctor Natasha Winters, you know, talking about root causes.

So, so the, it is important understand that the cancer didn't just show up because, you know, there's always a reason behind it. So you want to look for root causes.

You know why? Why did it show up? Yeah. Because if you just go after the cancer blast, the cancer with the chemo, and you don't address the root causes, you know, guess what?

The root causes are still there and you're still going to produce cancer. And you do want to then address the cancer stem cells that I, that I mentioned, you know, because if you don't, you know, they just get angry if you're blasted with chemo and then they get activated and, and then they, you know, set up shop somewhere else and all of a sudden you have a much more aggressive and chemo resistant type of cancer.

You want to address immune system, you want to address, you know, make sure that you detoxify properly. You want to address your your diet, your mindset, your you want to exercise eyes.

You, you know, so these are things that are really important to be able to think about when you're developing a strategy, with, with and when you're dealing with cancer.

So, yeah. And that becomes the foundation so that you don't miss out on these powerful therapies, like, for instance, exercise. It increased survival by 30%.

I mean, 30%. Can you imagine a therapy that, or a pill, you would take that and it would increase your likelihood of survival by 30%? I mean, pharma would be rich.

Yeah, yeah. Oh, I me they're rich already, so but they would actually be effective. But our priorities are a little screwed up if we won't, if we're not willing to go exercise, if it gives that much of a benefit to our healing and our longevity.

Yeah. So yeah. So, so these these are things that I really want people to to consider. It's free. You know, to kind of the book is free. And you know, if you sign up, you know, to, you know, my website, you know, we'll send these emails out free, you know, with all these interviews that I've done and, yeah, it's really powerful and important information, especially considering 50% of us are going to get cancer.

That's unreal. Well, with that, I'm going to take us out with my helmet on. Okay. Beam, beam me up, Scotty, is I done? Yep. Yeah. If you've ever seen the movie Spaceballs, then you know there's lots of jokes when I'm wearing this helmet.

My family gets a kick out of it, but I love it. I'm already feeling my brain much sharper. Yeah, you look like Dan Aykroyd. You know, I know. Oh, yeah.

Well, thank you so much for, sharing your wisdom and all that you do here. I think that, you know, people are going

to want to work with you. They're going to want to learn more about your process.

So share with us where we can find you. Where can our viewers get more of you? I mean, the best is just go to my website. It's the Carl Falls center.com.

And Carl Folt is just my last name, you know, and hopefully will be here part of the interview so you can see what it is, but just go there and, and just give us a call and you can either email us, you know, message us or call us.

And, we have an amazing patient advocate that that will, that will communicate with you and kind of set everything up. And then I can chat with you. I offer 15 minute free consult for if people want to just kind of see, is this for me?

Then I'm happy to get on the phone and chat a little bit for 15 minutes. Just. Wow. I can't believe you have time to offer that. That's incredible, I really don't, but I cancer is so dear to my heart, you know, because my my dad passed away from cancer, and and it's just one of those that touches so many of us.

And so I really, really want to make time. And I always figure out, even if it's lunch hour after hours, before hours, or, you know, I want to make sure I make time to to take care of the patients.

I need to thank you so much for all you do. You literally are so inspiring. Thank you. Thank you for what you're doing. And thank you for for really putting together this awesome summit, you know, addressing such a key component.

Yeah, that I mean, that that's like the the hub of health. Yeah. Is is right there. Yeah. You take good care. Now until next time. Great. Thanks so much.