Introduction and Guest Background

Welcome back to the conversation. Today, I have Dr. Karlfeldt, and we're going to talk about cancer root causes and solution. So welcome, Dr. Karlfeldt.

It's going to be so fun. I'm so excited. I here we're all about root causes, right? Yeah. Because this stuff is preventable, you know? I love it whenever I get a chance to interview you.

And I'm super excited about this one. So let's introduce you to our audience who may not know you yet, but you are really a veteran in this space. You're a health practitioner specializing in innovative cancer treatments.

So you combine metabolic, genetic and nutritional approaches to help people with cancer, really giving them a personalized approach to it. You're also the host of True Health: Body, Mind and Spirit It's a health show, and you have two podcasts highlighting real life success stories in overcoming cancer and Lyme disease.

If we have time today, we'll talk about the connection there, too. And you have a book, "A Better Way To Treat Cancer." breaks down integrative cancer treatments, making them accessible to people I think it's sometimes it feels like all this information is top secret or something.

And so you've made that. You've broken that down so people can actually use it, digest it. So thank you for that. And let's jump into this. It's no secret that cancer is more prevalent than ever.

Or if you're just hearing that for the first time, I'd be surprised. But cancer is more prevalent than it ever has been. So why is it on the rise in our modern world?

Let's start there because this is the elephant in the room that we can't ignore and western medicine can't ignore and the government can't ignore. So what's happening?

Well, I mean, looking at cancer May 1st, you want to kind of see what what is cancer? And cancer is really a survival mechanism of cells that figure that whatever is going on in the cell is, as you know, we can't survive on this.

We can't survive with these toxins. We can't survive with this lack of oxygen. We can't survive with this lack of nutrients. And so the can the cell says, well, if we're not properly supported, we've got to figure out another way to survive.

And so then it shifts into another way of producing energy, because the normal way is not functioning. And so it shifts down into fermentation cycle. And that's it's that's kind of a a ancient, primal program that exists within the cell.

So it's not a dysfunction. It is a survival mechanism. And so here we live than in this world. And we are constantly adding more and more stressors onto our our kind of mitochondrial function onto, you know what, you know, how we detoxify, how we produce energy, how we support endocrine function, how we all these different functions, we're just adding layer upon layer of stressors, you know, so looking like 100 years ago, you know, we didn't deal with all this GMO food.

We didn't deal with all these 5G's all over, you know, we didn't sit on the cell phone in and out again. We weren't sedentary sitting in an office working, you know, we and the food or eating was, you know, closer to earth.

You know, it was not these macaroni and cheese packages, you know. So it's so at that time, the level of stressors, I mean, yes, life may be kind of harsh, you know, work maybe harsh, but all these other stressors that we have

brought in for convenience of life, you know, it did not really exist at that time, but as we are kind of adding it.

So we're kind of like almost like the the boiling pot and the frog, you know, we're just kind of increasing the temperature gradually, step by step. And it's almost like we're being tested as a humanity to see how far we can go before it's just a mass extinction.

And and here we are because of all of a sudden we hit that breaking point where, you know, cancer's just it's just becoming more and more because we cannot handle all the stressors that we're dealing with right now in modern society.

And what I heard you just say, I think a lot of people have this feeling like we catch cancer. And what you just said is we don't catch cancer. We create cancer in our bodies.

Our body literally makes it as a response to all these insults and assaults that are going on. Yeah, and that's absolutely true. Cancer doesn't just happen all of a sudden.

Why Cancer Is Rising in Modern Life

Yeah, it's not an immediate even though Canada later few years where there are factors that have been brought in on to humanity that seem to have accelerated processes.

And you know, a good friend of mine, Dr. Ryan Cole, he he's using the term turbo cancers that where cancer all of a sudden just explodes, you know, so used to be from diagnosis to, you know, maybe kind of end of life and some cancers like several years and now can be a few months, you know, so it seems like, you know, whatever's happened the last number of years have really kind of accelerated these processes.

But knowing that still it you still get a look at the environment that the cancer develops in. And that doesn't just happen overnight. That is a process that takes place and as you are then shifting your physiology in a direction that then cancer can evolve, then and then all of a sudden you know, the body just says how I can't handle this more and cancer just takes over.

Yeah, I think some people are under the impression that it was my genetics or I was just unlucky. And you're what you just said is, no, that's not it at all.

It's like this. It's it was an accumulation and probably a bit of a smoldering gun and something tipped the scale there. There was something that that created it.

And interesting about these. What did you say? Turbo cancers. I had to write that down because I hadn't heard that before. We are seeing it. I mean, I know people personally who had reactivated cancer, they'd been they'd been in remission.

And all of a sudden cancers reactivate it. I mean, we've just been through a massive crisis for the last several years where people are stressed beyond belief.

People are being are taking medications that haven't been properly researched. And we're dealing with a disease that we don't even know exactly what it is.

Yeah, exactly. Yeah. So so we are. And it's interesting, I was speaking to another gentleman. He is Dr. Don Huber, and he used to be the assistant director for medical care for the whole military, you know.

So he was and and right when this, you know, so-called or this under-researched drug that you were talking about, you know, and saying it as people were injecting that there was no way to undo it.

You know, once it is there, it is there. And then also we have where people are then exposed to, you know, other people that have been injected know they are then getting impacted as well.

So now what we're looking at, you know, and and I'm not saying that that is the only factor, but as kind of that additional layer, it's that kind of additional drop in the bucket that all of a sudden start to make things flow over faster.

Yeah. I'm curious, have we seen these turbo cancers in people who haven't received the injection, but maybe they've had the maybe they've had the infection, maybe they've had COVID, or maybe they're in a tremendously stressful environment where families are divided over this, you know, to vaccinate or not to vaccinate.

Right. There's that, too. People are getting divorced. Families are breaking up. I mean, we can't we can't ignore all these factors. Right? I mean, this is going to shake out 20 years from now as researchers look at this.

We're going to have more answers. But and I'm not sure if we still will know, because obviously you need to spend money on do the research. And also there's so many factors at play.

So it's hard to kind of point the finger at just one thing. But it I think it is the accumulation of all these factors that really kind of make this this disease cancer to explode and and it is like exactly what you're saying.

It's not like the flu, that it is something that develops over time. And so that's the beauty with that is that you have then the option of shifting direction.

You have the option of kind of testing yourself and kind of seeing where am I at and using even normal blood tests to kind of check and see where am I at, you know, how am I doing and how can I optimize and then mitigate a lot of the risk.

And there are a number of tests out there that's available where you can then check and see, you know, am I in a good place? Am I not in a good place?

And then you can then shift your lifestyle, shift your mentality, shift your internal terrain to then be health promoting rather than something that drives something like cancer.

And, you know, we're just talking about this turbo cancer in the last few years in this whole pandemic we've been in. But let's face it, cancer has been here for a very long time.

So I'd like to go back before the whole pandemic and this whole topic. And can you talk about the link between toxins and pollutants and the rise of cancer?

Because this has been going on since the Industrial Revolution and and this is a huge factor as well. So and this is probably setting people up who are getting this type of turbo cancer that's happening.

You know, this is setting people up for that straw that breaks the camel's back as well. Yeah, exactly. And you're exactly right. It's not something that is new.

It is something that's been on the rise for a long time. And, you know, ever since the war on cancer, you know, we've it's like cancer is something that we're fighting.

But in reality, cancer is a natural mechanism that exists within ourselves. And so we can't really fight something, you know, without looking at what is causing it, you know.

So just to try to nuke something that in reality is, is just, is a normal physiological function that we need to undo. And, and we are living in a, in a world where we are exposed to more chemicals, we are exposed to more heavy metals.

You know, we get silver fillings, we get and obviously we're getting less of that. But we, you know, a lot of us have been exposed to it. And genetically, what is what is happening is that the toxins from the parents are passed on to the children.

So each generation there is a a stronger concentration of toxins that are just passed from mother to child in addition to the environmental pollutants that we have.

Toxins, Pollutants, and Inherited Toxic Load

You know what? You know the things that we store our food and you know the things that we clean our counters with, the things that we use in our skin care, the personal hygiene products, you know, things that we don't even think about, you know, that that is an issue and all of these things creep in and add to that.

But get that then all of a sudden make the body, you know, tip over. And so it is it becomes that you got to look at it from a holistic point of view and see, you know, evaluate, you know, what what are what does my environment look like?

What am I exposed to? What do I have in my home? What am I eating? What do I put on my skin? Get to look at all these and how is my life? You know what?

What are my levels of stress factors, you know, but what is my spiritual connection? What is my community? You know what? All these different components you got to look at.

And because, you know, we are becoming more and more disconnected. Yeah. Instead of, you know, gathering together as families, we're sitting there and we're on Facebook and we are, you know, communicating through cell phones rather than direct personal interaction, you know.

So all of these things add. Up even in the same household. So, I mean, I'm even guilty of this. I've been in one room of my house and sent my husband a text.

I've done that. I will admit it. It's happened well and exactly. Exactly. Because we're becoming so it's become these little things that become so convenient, you know, and and I mean, it's it's a blessing and a curse at the same time. Yes.

It's not going to say that I could live without it, because now when I have it, I'm going to use that. But I mean, yeah, but you got to find that balance and recognize what is good and what is not good.

Yeah. Okay. So toxins, pollutants, cancer, big link there. And then can we shift? I just want to kind of unpack a lot of the root causes of cancer here and then we can go into talking about deeper strategies.

But can you talk about infections? So anything from fungus to parasites to bacterial infections, what's happening there and what are you seeing in terms of impacting the likelihood that somebody will develop cancer or even be able to recover from it?

Yeah. So the pathogens are kind of an interesting component because obviously, you know, we've had parasites, we've had Lyme disease, we've had, you know, fungus, mold, all of this thing, these things have existed eons, some time, you know, so as so it's not saying that these are new things that all of a sudden are impacting us.

They've been around there forever. The things that have change is the environment that they live in, exactly like the environment that we live in. So they are exposed to the same kind of stressors that we are, which will then impact how they behave within us, you know, so Lyme disease, for instance, you know where you have the spider.

Keith And all the different and co-infections like Barton, you know, Bartonella Babesia, you know, and chlamydia, pneumonia and all that, that whole list of different pathogens.

They are then stressed by five g biochemical ills, by heavy metals, by all these things that that exist in nature. I mean, they've done tests where they look at look at these, these Lyme bugs and they put them in a Faraday cage and they, they don't replicate much at all.

And then you put them in a like in a EMF field and all of a sudden they replicate like 100 times, if not a thousand times faster. And that's what's happening in our bodies when we are then exposed to these fields because they are dealing with the same stress we are.

And how does that relate to cancer? Well, so so any time you're dealing with an infection, then obviously the the individual, the immune system is going to have to focus on that infection and now, you know, the immune system is is designed to kind of patrol cancer cells and kill cancer cells.

We all get cancer cells produced every day and our immune system takes care of that. That's a normal function. But then when we introduce, you know, these stressors and they become kind of a higher quantity within us, then all of a sudden the immune system gets overwhelmed and this becomes more pressing to them to deal with the fungal infection or to deal with the mold or the spider kids or the the herpes virus or the Epstein-Barr.

And so now, you know, all hands on deck for that. And now the cancer can just slowly and methodically develop without any kind of interference. And and lo and behold, there there's cancer and so it's it becomes really important to remove these stressors from from the body to assess, you know, what what kind of infectious terrain am I dealing with.

And what's interesting is that a lot of people connect. I mean, they look at cancer almost like a fungus, you know, so it's I'm not saying that all cancers are fungus, but what they've done is that they have they they took pieces of of cancer and tested each one.

I can't remember how many samples they did, but each one contained fungus in them. So so you know that there is some kind of fungal infection inside each cancer, which means that when you are treating cancer, you need to then consider also the fungus, the fungal connection.

And that is really fascinating to to see. And then I just a question comes up in my mind or is fungus there because it's trying to help your immune system solve the problem?

Is that possible? Also, it's so and that's also an interesting point. So you have like parasites, for instance, they hold about ten times more heavy metals.

You know, they they actually they use heavy metals in their metabolic process and also in, in their kind of outer layers. And it's the same with fungus.

They hold heavy metals. So in some way, if we are toxic, it's like we are allowing these pathogens to exist within us and and help to carry that toxic load for us.

So it is a symbiotic relationship, but it's just that when that relationship goes awry and goes too far, then then all of a sudden we're in trouble. Yeah.

Infections, Pathogens, and Cancer Risk

People always ask me, you know, when we're working through their parasite protocols and whatnot, how long will this go on? How long am I going to pass them?

And really the answer is until you change the terrain and you release the toxins. And that's why we got to do toxin work next to you. God, it's like. It's like this fine dance.

You got to eliminate some of those parasites to alleviate some of your symptoms, but then you got to go do toxin work, and then you got to come back to more parasite work and all of this for the ultimate goal, to prevent things like cancer.

I'm helping people long before they get to you. Hopefully what I'm doing is preventing people from getting to you. But we're working on detox and release.

But those parasites aren't going to go away until the toxins are gone. No, no, exactly. You know, it's like trying to get rid of rats, but not getting rid of the garbage.

You know, it's it doesn't happen. Yeah. So, yeah, you can try to kill rats all day long, but if you don't clean up the environment, you don't clean up your living space, then they're just going to keep on coming back.

And it's the same with parasites, same with bacteria, same with same blood fungus and same with mold. Yeah, totally. Okay. Well, I want to I want to shed some light if you can spend about five more minutes before we transition into the second part of our talk here.

If you could spend some time now connecting. We've talked about toxins in the environment. We've talked about different pathogen infections. Now, could you talk about the role of inflammation as it connects with cancer?

I mean, honestly, what came first, the chicken or the egg and what's the what's the connection there? Yeah. So inflammation is never the cause. It's always an effect.

And so inflammation is immune system's response to when something is going wrong to trigger either we have an area of the body that is that needs healing.

So then you trigger inflammation in that area to drive immune system and to drive cytokines and components to that location to heal that area. And so so that is a normal response.

So let's say you have then a an infectious agent and a location. So you have that infection there. And the immune system then is then you know, inflammation is triggered and the immune system goes to that location then to address that situation.

But let's say the infection is too much or that environment is too toxic or the immune system is not strong enough or immune system does not have the nutrients that it need.

So you're not able to fully resolve that situation, that acute situation that's taking place. So now you're in that state where you are continually plagued.

I mean, you still have that infection there and the immune systems are resolving it. So now you're dealing with a chronic inflammatory state and when you are then having that chronic inflammatory state is going to then utilize a lot of the your kind of nutritional resources in that area and it's going to become a nutritionally void and also toxic area.

So at that time you have then that inflammatory place and it's then moving, then the cells that they're shifting because they cannot survive fully in that that area in the normal way that they're producing energy.

And now we're going back to that survival mechanism where those cells are then shifting towards and more of a fermentation, a different type of metabolic approach than what normal is there.

So inflammation to address inflammation is important because if it is continually if the fire is continually there, then over time it it's like I said, it depletes of resources.

And then also it promotes them an environment that promotes cancer. So we then need to work on calming down the inflammation. In addition to looking at what caused it in the first place.

So this is a different perspective on inflammation. I think a lot of times people think inflammation drove the cancer. Yeah, well, thank you so much for this insight.

I'm going to pause this for just one moment and thank our audience for being here with us. And thank you for joining joining us here today, Dr. Carl Phelps.

So for those of you who are here with us now, if you found this conversation insightful and helpful, we're sure glad you're here. If you're a summit purchaser, stay here because we're about to dove even deeper into this discussion with Dr. Carl Bildt.

I'm going to ask you some questions about, you know, their specific therapies, how to target reducing cancer risk and also treating cancer. And we'll get into talking about some of those markers that you might be looking for in people.

And I just want to thank everyone for being here, get the tools that you need to reclaim your health. If you haven't purchased the summit, click the click of a button on this page to get access to continuation of this conversation and many others.

If you're watching this continuation of my talk with Dr. Carl Feldt, thank you for being a valuable member of our community. And let's dove right back in. So, Dr.

Carl Bildt, you were talking about we left off talking about inflammation and what I'd like to talk about now and shift in, if it makes sense at this point, is to start talking about some of the things you can do.

Maybe it makes sense to talk about what you're looking for in terms of markers in the body and maybe what kind of lab testing or evaluation you do. And then talk about those interventions that you use, the ones that you know you've broken down in your book and that you've made available for people to understand and actually start bringing into their treatment plan.

Yeah. So there you can gain such a huge amount of information through just normal labs, just a plain CBC copy, and then also a few other markers you can look.

So the common things that I look at, I look at the ratios between neutrophils to lymphocyte ratio to lymphocyte to monocytes. You know that that's a huge and you look at the absolute numbers and those ratios and then and I'll go back and talk a little bit about what normals should look like and what abnormal.

Obviously there there's more discussion about this and my book, A Better Way to Treat Cancer. But for the listeners, it's kind of nice to get a feeling of what it should look like.

Also, C-reactive protein very important to look at as said rate fibrinogen, ferritin and LDH becomes really important. You want to look at homocysteine levels, you want to look at your insulin, you're able to see.

So all of those factors will will tell you kind of where you're at. And I ask you something. Yes. Conventional oncologists looking at these same things, are you looking at different things?

So conventional oncologists, they they really the only look at things that they feel that they can address. And so because they their tools are limited to, you know, to the chemo, to the radiation, to surgery, to hormone therapy.

So these components are really not anything that they look at. And frequently they don't even look at cancer markers, you know, like they see a or you see a 99 or 28, 20, 27, 29 and these different cancer markers that, you know, relate to, depending on which cancer you're dealing with, because they feel that it's not going to change their course of action anyway.

Yeah. So, so they, they really don't look at those things. Yeah.

Inflammation as a Cancer Driver

They, they look at while you undergo or undergo their care, they look at making sure your hemoglobin is okay and your white blood cell count is okay and you know, your platelets are okay.

So just kind of life, you know, life saving type of numbers that if that would interfere with their ability to continue the

chemo care. But for an integrative doctor like myself, you want to kind of do a little bit more of a deep dove and you also want to kind of look at things way before, you know, something may happen.

And so you want to for an individual that is, you know, either let's let's say that they have family members who have cancer and they're concerned that, you know, am I at risk?

You know, and you brought up the issue in regards to genetic versus, you know, non-genetic factors. So even though a family member have as cancer has had cancer know, genetic as is, you know, if you kind of overinflated this like 5% play 5% role and then the epigenetic is like 95%.

And that's your lifestyle, what you're eating, how you're thinking, all of those things. So, so genetically, you know, if you are concerned, then it is good then to be able to kind of look at these normal numbers and follow them to see make sure that they're optimum, that your C-reactive protein is where it needs to be and you want to keep it like one or below, you know that that would be kind of the best number or your said rate, just another inflammatory marker and you want to keep that one normals like 20 or below, but you want to keep it as low as possible.

I mean, if you can keep it down and you know, below ten, that that's great and you looking at fibrinogen, which also when you're an inflammatory state that starts to increase or ferritin the same way, you know, if you're an inflammatory state or dealing with cancer, you know that that number is really good to track.

And then you have LDH that tracks kind of your your lactate level. And we talked about the fermentation cycle of of cancer and how it produces energy.

And when it ferments when it ferments sugar to produce energy, the byproduct that it creates is lactic acid lactate. And that is then secreted into the micro tumor environment and the environment around that, that cancer cell and that.

And the lactate will actually drive a lot of the metastatic processes and will drive AV also the conversion of healthy cells to add to cancer cells. So LDH will help them measure to see how much of that fermentation process that's taking place.

So these these are just kind of good normal numbers to to follow. And then going back to the CBC, the add the lymphocyte to monocyte ratio you want to keep that one optimum is between like one and two I'm sorry neutrophil to two lymphocytes ratio.

Now you want to keep that between one and two and that lymph lymphocyte of monocyte ratio, you want to kind of keep that one almost as high as you can.

And they have done a lot of studies for people dealing with cancer. If you people survive better when they are three or above, you know, in that ratio and people that are, you know, 4.25 is kind of like the next step.

They they thrive even more, you know, so so these numbers mean a lot and they can help a person to really kind of evaluate their risk and then also then take appropriate interventions.

Well, let's talk about some interventions. So that was fascinating to hear this. And I'm sure people were scrambling, taking notes and get all this. Oh, obviously, you have to be working with an integrative oncology doctor and integrative doctor who specializes in cancer to understand all of this.

Testing, Markers, and Risk Assessment

If you bring this to your regular Western doctor, they're probably going to go I don't know what to do with that. But you did mention there's some intervention.

So let's talk intervention because I know you have a pretty amazing clinic there in Boise and lots of cool things that you can do. So let's talk about interventions that people can do on their own and interventions that people come to

you for that are highly specialized.

Because I would say there's two categories of interventions. Yeah. So initially it's as you're looking at prevention. And so with prevention, then you want to kind of evaluate, you know, what, what have I been exposed to?

If it if you're dealing with a lot of toxins and no, no, you do a lot of this work, then you want to then do different project programs to help to clear those out using things.

I, I use a ton of Lorella, for instance, and not saying that that is the only one, but plural to me is like a vacuum cleaner. It cleans up a lot of heavy metals and chemicals and just kind of sucks it up.

And you want to do a pre high dose and you want to do good quality. So you shouldn't just kind of go and go to Walmart or, you know, not that I well, I don't like Walmart.

Target. No, I have no good ones anymore. Yeah. Yeah, well I'm just in regards to quality of, of supplements. Yeah. So you want to make sure that you get high quality.

And that's why it's good to sometimes work with a practitioner that can guide yearlong in that journey or do heavy research. So I always say, don't buy your supplements at Costco, buy your organic produce and your high quality meats and fish.

You can buy lots of organic, wild, caught free range stuff their buy your fancy wine there, buy your books there, buy your cleaning products there. Well, maybe not because they're kind of toxic, but don't buy your supplements at Costco.

Yeah, exactly. Exactly. And so so pluralism. Fantastic one. You want to kind of clean up and and then you want to also look at the infectious agents and kind of see what's going on.

And there are some tests out there that I used and a lot of functional doctors use to kind of evaluate and see what what is my toxic load? You know, I have I've been exposed to mold, for instance.

So you can kind of check your urine and see, you know, my expelling metabolites of of mold. Am I to have antibody response to mold? And then you can address that.

And you can also check the test for Lyme test for viruses and Epstein-Barr. You know, where's that at and address all of these different things and that will then reduce your risk.

Also looking at, you know, your teeth, your dental issues, that that's a big, big component. There's a huge correlation between root canals or hidden infections in your teeth and and cancer.

So you want to and yeah, I was talking to a biological dentist at a conference that I was presenting at and, you know, he was making the point at that.

I mean, dentists are the only ones that put in kind of dead tissue back into the body, which is what root canals are. And there is no root canal that is not infected, you know.

So talk. About that. On this summit, we're bringing in a biologic periodontist and we will have a good discussion about that. And that'll be a very valuable discussion to listen to.

So, yeah, please, everybody, tune in to that interview as well as so. So you want to look at all these different factors and clean that up. And then once you've done that, you know, let's let's say you think you've done everything right or you maybe didn't know that you should have done.

And lo and behold, you're dealing with cancer. So now you're then stepping into kind of another arena where you have to kind of hit things a little bit harder and you need to evaluate, you know, truly what are the root causes of my

cancer?

And also, you need to then bring in different tools that can then address cancer directly, how it produces energy. So you have things like fermented wheat germ extract that helps to kind of shift how the cancer cells, it kind of blocks out the cancer cells produce energy.

And so it helps them to drive the energy production through the mitochondria, which is where the cell deaths which exist, you know, so any time the mitochondria is dysfunctional and bypassed, which is what the cancer does in order to be able to become maternal and then then it can survive forever.

So any time we can then shift it back to drive through the mitochondria, then we are then able to activate the cell death switch too, so that the cancer cell can then die off and something like fermented wheat germ extract can help with that.

And you also have something that's called DCA, a dichloride acetate. Yeah, it's a fantastic product as well. A gentleman, Akbar Khan, Dr. Akbar Khan, you've done a lot of research in regards to it, and he did lose his license because he was helping people using it.

And so it's just kind of another fascinating thing to show that people do good in the arena of cancer. Then the powers that be don't like it, you know.

So but DCA is really a powerful tool. And another one that I tend to combine with it is say it's a alpha lipoic, it's a kind of know it's called poly MVA, where it's a alpha lipoic like substance.

But you know, that's combined with a kind of a mineral and palladium actually, that helps to drive, get it into the mitochondria more efficiently. And doing that in combination with the DCA tends to be a really powerful combination.

So that that's one of the things that we do. And then you can also bring in repurposed drugs, which is, you know, extremely helpful using things like, you know, docs is cycling metformin and diesel and different statins to shut down how cancer gets energy.

So those, those are powerful tools as well. Ivermectin Yeah. We know during the pandemic there's a lot of yeah, that, that was a witch hunt against ivermectin.

But Ivermectin has been around for 50 plus years safely and used without any kind of issues. And, and it has about 50 different actions in the body.

Prevention and Detox Strategies

And it's very, very safe and very powerful, you know, to use obviously, you still want to be prudent about it and you still want to kind of be under a doctor's care while doing it.

But there are these kind of tools that are available that helped then kind of shut down how cancer gets energy and and work on the different cancer drivers.

Amazing. So these are the so there's two categories we're going to talk about the things that people can, you know, look for in with their own functional doctors that they're working with some of these things they can get over the counter and do.

And then there's this whole category of treatment modalities that are maybe in the biohacking realm. We'll talk about those. Yeah. So, so one of the things that I specialize in and that people come a little bit from all over the states and all over the world to to benefit from is something called photodynamic therapy.

And it it's you know, it's become a really powerful and exciting new therapy. And obviously there's no therapy out

there. That's the be all end all. But it becomes adding these together in a an intelligent way.

And that is when you can have a great outcome and so photodynamic is is utilizing that a photosensitive cer and, and there are a number of ones out there that even natural ones like curcumin would be useful to sensitize or talked about poly MVA.

That's a photosensitive ASR St John's wort that people take when they're struggling with depression. Now that is the photosensitive. Mr.. So there's a lot of these kind of herbal things that we do regardless of the mine.

Yeah. What's that? That's all in blue comes to mind. Yeah. Methylene blue is another one. Vitamin B2 Riboflavin is another photosensitive icer. And so all of these can be used just for anyone.

And we use a lot of these, these intravenously, but we also use ones that are a little bit more specialized, you know, like a nano. ACG is the one that we like to use a lot and that really attracts strong.

It's a strong photosensitive, so that accumulates and then the cancer tissue. And then when you expose that with light, laser light, it triggers oxidase action of those cancer cells so you can actually kill off those cancer cells.

And so it becomes a very targeted and safe and and very effective way of of killing off cancer cells and using that. So that that's one of the therapies that we we do here.

And we love and we love seeing the effect of it. How many sessions do people need to do when they come to you? I mean, people are traveling to you and staying in the Boise area to work with you.

How many sessions do they need to do? Yeah, so so usually we have people come from minimum 2 to 2 weeks to, you know, and then up to four weeks and then even longer.

But with two weeks, there's a lot that can be done. And so with a nano ACG, what we found when we introduced that it can stay in the system for almost two weeks.

So then you have two weeks of treatment that you can do where you bring in optic needles into the tumors, accessible. Then you can kind of introduce them into the tumor in the tumor area.

And then can you first inject with photosensitive ASR to create a high concentration of that within the tumor area? And then you expose that to blast that with the laser light, to trigger the oxidation of the of the cancer cells.

And then every day people would then get after intravenously getting the filter sensitized to them. They get a intravenous laser therapy where you treat the blood as it's passing by, which means that in a in a session, you would treat your whole blood volume about 60, you know, just where, you know, when the circulating tumor cell is passing by or cancer stem cell is passing by.

It's, you know, the desensitized or has gotten attached to it. And then you blast that with a laser to kill it off. It doesn't it doesn't blast healthy normal cells.

It doesn't it actually what they've seen is that it's you know, the light in itself helps with the mitochondrial activity. So it acts to support its healthy cells and their mitochondrial function.

So that light will then drive the electron, a chain, transport or transport chain, and it will just kind of drive the electrons through there to increase the energy production and so help.

So we actually is cancer preventative for for the healthy cells which which is completely different than chemo obviously because it just kills everything.

Targeted Cancer Therapies and Clinic Approaches

As you want to throw out any other treatment modalities that you use in the clinic. Well, so another fascinating component that we do also is something called platelet derived nanoparticle delivery system.

So that's that's a mouthful. But what that means is that we use individuals on platelets and we do that. We pull out the blood spin and collect the platelets, and then we can then mix that through a sonic process, can mix that with either a therapeutic agent or, you know, things like even chemo like that doxorubicin and you can kind of mix it with that and then you microneedle that to make them very tiny particles.

And then you can infuse that intravenously and the platelets, they are then drawn to areas of inflammation. And we know that the tumor microenvironment, you know, the area where the tumor is at is very inflammatory.

So, you know, these platelets will then go to that location, then offload what whatever therapeutic agent or chemo agent, and that is then introduced and to increase the concentration of that in that area.

So let's say we want to kind of shut down a lot of that inflammatory processes that takes place, you know, within the tumor environment at tumor microenvironment.

Then you can then combine the platelet and delivery system with like curcumin, you know, as an intravenous or artesunate or if you want to kind of deliver ki might as at a stronger concentration and therefore don't need as much of it.

You can then bring in something like doxorubicin and, and then that will then be offloaded at a higher concentration in the tumor environment rather than in healthy tissue at two to kind of where it's more of a payload and more targeted.

It sounds like it's highly individualized for each person, depending on what their cancer is, what their CO factors are. I would call that infections, toxins, you know, deficiencies, whatever's going on, their genetics.

And then you formulate a plan from there and you know, based on the type of cancer, everything. Right? Yeah. Each story, each person different. Yeah. You can, I mean.

Yeah, that, that's each person's got to have a different protocol. So I would love to wrap up this conversation, you know, just if you could blast some holes in this lie.

But maybe so when I was growing up in the Western medicine space and going to school and then working in various clinics, family medicine, internal medicine, I can remember being taught and I'll just use this one example men for men, it's not a matter of if they'll get prostate cancer, it's when and they'll die with it, not of it.

So this concepts of the Western model has normalized like everybody's getting cancer. Oops, did I just freeze, huh? You did freeze. Yeah. Everybody's getting cancer.

So what do you say to that? Well, everybody doesn't have to have cancer, you know, and and the and the right like and men I'm used to be that, you know, your age was kind of the percentage of that percentage risk that you had.

So if you're six years old and they have a 60% chance and. So. So but young men did not get prostate cancer. And we're seeing that now. You know, we're seeing young men getting prostate cancer, is seeing young men getting colorectal cancers like a surge of 20 and 30 year olds getting like colorectal cancer.

That their bones in their pocket. Yeah, yeah. Yeah, exactly. I wouldn't be surprised if that was that was a reason. Yeah. And probably testicular cancer and also the reduction and production of testosterone.

Yeah. Infertility all of it. Exactly. You know, they, you know, you have these young men that are coming in with their testosterone is like, you know, in the basement, you know, that never happened before.

So but in regards to it, we don't need to get cancer. Yeah. If we do things appropriately, we don't need to to die

from cancer. And it is, you know, the statistic right now, though, the way it's going is like almost one out of two is going to be diagnosed at some point and one out of four will die from cancer, you know, men and women.

And we're looking at in 2023, there's over a million people here in America getting diagnose with cancer this year. You know, so it it is a yeah, it is the stark reality that that we need to address.

Thanks for speaking into that.

Hope, Responsibility, and How to Reach the Clinic

Any final words maybe words of hope for our audience before we sign off? I think the hope is that we need to wake up and we need to recognize that we need to take responsibility for our own action.

We can't wait for governmental direction. You know, we can't wait for somebody else to to, you know, to save us. I mean, we need to be in the driver's seat.

And I think that is the hope. You know, if we all and educational platforms just like this to bring this kind of education to people so that people then can take the steps that they need in order to be able to shift their own life to have a better and different outcome, you know?

So I think it's just an awareness that needs to be created and people cannot be complacent anymore. They they need to know that whatever action they're taking is going to have a result.

And so what kind of actions am I taking today to produce the result tomorrow? That is a great way to close this. Now, I've hinted that you're right here in the United States, in Idaho, in Boise.

So how do how does our audience find you if they want to see you, if they have a loved one who wants to see you, come to your clinic and get nurtured and supported, how would they do that?

Well, please go to our website, thekarlfeldtcenter.com. And there's huge amount of resources there. Obviously, my book, A Better Way To Treat Cancer, and it's available on Amazon and all different outlets and it's a tiny 500 pager book.

So it's just a huge amount of information and all actionable steps to take. And, you know, please also reach out. I do offer a a free 15 minute discovery call for people that are diagnosed with cancer and for other people that are wanting to prevent you know, we we have programs for that as well.

So just please reach out to us and give us a call. Oh, wonderful. Thank you. I just want to personally thank you for your work in the world. I mean, besides, you know, being a contributor here or friends on the outside of this and I'm just really blessed that you're in my life and thank you for being a mentor and just being a shining light in this world where it feels like it's heavy.

Sometimes it's a lot. So thanks for the work that you do. Thank you so much. Thank you for everything that you do. Laura, you're doing amazing things.

Until next time, everyone take good care. Bye now.