Introduction and Ralph Mossu2019s background

Welcome, everyone, to another episode of the Prostate Cancer Summit. I'm your host, Doctor Geo Espinosa, and we have the one and only doctor, Ralph Moss.

I look, it might he might need not need much introduction. Doctor Moss has been in the cancer world for, I don't know, 50 years or so. So Doctor Moss has authored, 12 books and three documentaries on cancer research and treatment.

He's a graduate of the institution that I work for now, which is NYU, New York University and Stanford University, where he got his, master's degree and PhD.

He began his career as a science writer and assistant director of public affairs at Memorial Sloan-Kettering here in New York. And for the past half century, Moss has independently evaluated cancer treatments, both mainstream and non-conventional.

In fact, in my mind, he is the authority of treatments that are going on that are unconventional overseas. His unwavering, unwavering mission has been to discover and share the most advanced and yet least toxic cancer treatment and prevention strategies and support of those seeking a more gentle and holistic approach to healing from cancer.

Ralph, thank you so much for for joining me today. Always a pleasure to see you to, to interact with you. We don't get the opportunities that often anymore.

So, it's been through video a few times. So thanks so much for doing this. Always a pleasure, Joe. Thank you. Rose, I have some ideas of where to start.

Why don't we, look, we this we we want to keep this a 30 to 45 minutes. And, of course, we could be on for three hours or even more because of your extensive, history in the cancer world.

Everything you've done has been documented and is is actually in a documentary. So let's limit this to prostate cancer. Right. And then why don't we start with your own journey of prostate cancer, which I think is very interesting.

Well, I've been writing about prostate cancer for, as you say, 40 at that point, 40 years. And we had a tragedy in our family. One of our family members, was discovered with a stage four, ovarian cancer at a very late, point and, was struggling.

And eventually she, passed away about ten years ago. And this sort of sparked an interest in, for my wife and me in getting our own blood tests done that could see what our current status was and what our risk was.

It was a test. We won't excuse me. I won't spend much time talking about because it doesn't at this moment doesn't exist anymore. It's called anchor blot and we both took the test.

Thankfully, my wife was fine, but I came up loud and clear as having prostate cancer and this was shocking to to me and I didn't really believe it. I mean, I believed in the test, but I but the test hadn't been like fully validated.

And so I took it to my took the results to my urologist. And the urologist basically Pooh poohed it and said, even if you did have prostate cancer, it would be very, very mild and you'd die with it rather than of it.

And the usual things that one often hears. But I still wasn't convinced and was was worried. And so I decided to have a, further testing. And I wanted to have an MRI.

Now, this was nine years ago, and it was very, very unconventional at the time to have an MRI before the a biopsy, if you go to a urologist, went to a urologist there.

Was they always pushing you to have the very invasive, rather invasive biopsy done? I didn't it didn't make any sense to me. Well, we have these fantastic diagnostic, imaging tools like MRI and Pet scans and Cat scans.

Why would you want to start poking holes into a person's prostate and possibly subjecting them to the risk of infection and and so and bleeding and so forth.

So I was determined to get the MRI in advance of the of the biopsy if I need it. Still needed a biopsy. I didn't think I would. I thought the MRI would be fine, nothing actionable.

So I went to, Penn. I was living in central Pennsylvania at the time, and I went to the the nearest place that would do a MRI for me in advance of a biopsy.

And that was University of Pennsylvania, the Penn Medicine. And, they did the they did the MRI, and it was bad news. There were two large, tumors in my prostate.

And then they on a Friday afternoon, they scheduled me to meet with, one of their top urological oncologist, cancer specialists. And it was a could have been a devastating, encounter.

I've never had a medical encounter like this.

Ralph Mossu2019s prostate cancer diagnosis and treatment journey

Because the man, he had no, bedside manner came in, didn't he? Just mumbled his own last name as a way of introduction. SAT down at the computer, started typing, never looked, never made eye contact.

But the gist of what he said was my wife was there to to verify this, that you have a, a prostate full of cancer and it's incurable. It's already left the the capsule, meaning it's already, invaded the rest of the bodily tissue.

And there really, there wasn't that needed to do a they needed to do a, a biopsy, but it was pretty much a hopeless case. And I would go on palliative medicine, but it was incurable.

That was the gist of of what he said. And, I was of course, devastated. And we went back to our, our hotel. And I was just sitting there in despair. And at that moment, a name came into my mind.

Gosper knows that. Well, I guess, you know, is it because we had met before and you had gone and the year before when that film that you mentioned came out about my, my life and my, my career, second opinion, you had come to this theater in Greenwich Village where the first launch of the book of our film Cross Country Film Tour was taking place.

So we had we had spoken, we had emailed, but we had that was the first time we had met in person. And I thought, naturopathic doctor, prostate cancer, non-aggression, you know, we will know.

Is this something that I really should take seriously, or is it something that I should look at so more critically? So, I had your number, I think, and I called you.

And that night we spoke and it was enormous. And it's not a paid advertisement, but it was just enormously helpful to me. Joe, you know, the, factually information wise, but more in terms of feeling the support, feeling the love, feeling the, you know, the caring that you bring to your encounters with your patients.

So I got it and I felt it. And one of the things you said was, don't take any action, don't make any decision until you talk to me further. And you were very clear you weren't making an advertisement for NYU, right. But, it turned out that there was a doctor at NYU who and more than one who was in agreement with our general philosophy or how

we, you and I, would approach this disease if we were in that situation.

And that was Samir Taneja, and there were others as well. But, the two things that attracted me to Doctor Taneja, aside from his general expertise and his scholarship and, you know, which is well-documented, but one was that he also was a pioneer of doing MRIs in advance of doing biopsies.

That was the first thing. And the second very important thing was that. And for some patients, he offered a less invasive form of treatment, which is focal cryo ablation, meaning to take to destroy existing tumors with cold probes, but without destroying the entire gland.

So this would more be more like a male lumpectomy and then like a mastectomy, the equivalent to an in women. Yeah. So long story short, I wound up coming to NYU about a month later, and I actually had the, they looked at the MRI, they redid the MRI, which they didn't want to take anybody else's MRI and start interpreting it.

They they redid it and then because of what they saw, they did scheduled me for a biopsy. So the news was bad, but it wasn't as terrible as that doctor at Penn had told me.

It hadn't escaped the capsule. That was the first thing. Yeah, definitely something you want to know. And there were two tumors, but two large tumors.

But they weren't, it wasn't a prostate. FIL with cancer the way that they had said at Penn. But they were there probably were some other smaller tumors as well. But, that was the good news.

The bad news is, was that one of the tumors was a Gleason eight four plus four. And the some of them were four plus three, which is Gleason seven. People who are familiar with the field of prostate cancer will understand what I'm talking about. But, in the Gleason scale, it goes up to ten like a five plus.

They take two different samples and, so mine was considered to be at an eight, a very aggressive, dangerous type of tumor. Definitely needed to come out.

There was no equivocation about that. The only question was what he take me as a patient because most of the guidelines, such as they such as exist for cryo ablation, would basically tell you if it's a Gleason seven, we could still do it, maybe, maybe a four plus three, three plus four.

But it's rare to do a Gleason eight, because I wanted so badly. And he was amenable to doing that and all the other circumstances around that, he agreed to do it.

So he he we did the procedure. You were there, of course, to, you know, hold my hand and give me moral support. And, it was tolerable. It well, it's it's classified as an outpatient procedure.

I think that's more logistical than actually medical. I would have liked to have stayed the night. It wouldn't have, you know, but they they sort of sold it to the Medicare and the other authority, medical authorities as a look, we've got an outpatient procedure for this.

I guess what I think I don't I haven't really heard that from anybody, but it is it. I as I say, I did walk out of the hospital. My wife was, of course, with me, and we finally grabbed a cab and took it back to our hotel.

Amazingly, the next day, under their instructions to stay very active, even though I had a catheter and we walked from 34th Street down to 12th Street.

I love to go to the Strand Bookstore in Broadway into a. Fourth one of a kind. Right? And and I managed to walk all that distance and quite comfortably.

And Monday they took out the catheter. Not something I'd recommend for, just for for amusement for anybody. But they got that over with and I, you know, pretty much within a week, I was home.

I was feeling fine, didn't get infected, didn't get irritate, you know, everything was good. So it's now been nine years coming up on nine years, since that procedure.

And there's no sign of any recurrence of the disease. And I was back at NYU as, you know, a couple of months ago. And, and we and we stay in touch, oftentimes and just to kind of go over things and to me, you're doing amazing.

You're doing amazing. And and one of the interesting things. So there's a couple of elements that are interesting here. We're talking about Ralph Moss who has his own cancer diagnosis.

This is the guy who has written a dozen books on cancer, has had the most reports for decades. This is the guy who worked for Sloan Kettering. And looking at Layer Trail and all these things, and this guy himself gets prostate cancer.

And, you know, it's one thing to write about it and one thing, right? And one thing to say about it, nothing is like, oh, wow. It's almost like the doctor that gets diagnosed, right?

He's like, whoa, this is a whole different ballgame here. When when patients ask me, you know, I got this prostate cancer diagnosis, Gleason, whatever, blah, blah, blah.

What would you do if you were me? I said, I cannot answer that question. Right, right. I cannot answer that. I can say whatever I want if what I'm in it, I may have a different tune.

Oh, that's exactly what you went through. You see both ways. You see people, you know, advocates of complementary medicine, a rush to do the conventional thing, when they get it or you see the opposite.

Sometimes people illogically reject all conventional therapies, even when it would be beneficial to them. So luckily, and I and I credit you guys with sort of keeping me on my, you know, on the track, my track, I managed to combine the best of both worlds, which I think by which I actually was sort of preaching before I got cancer, that that's what I was telling.

I do long. Before, because I do remember. Right? Right. Do you remember those blue bows of ice cream that you used to enjoy? We enjoy them, but I think you enjoy them a little bit more often.

Right? So then right before you really turned it up. The year before I got my cancer diagnosis, I was diagnosed with type two diabetes and my my blood sugar was 372.

Amazing. Wow. Now it milligrams with a liter, which is, three times normal. Yeah. People have never seen a number. You know, doctors have never seen it. Never.

They were they they got me on the street, you know, on the table. They pumped me full of insulin. They did all kind, gave me, read me the riot act. But I was stubborn and I refused to take medication for it.

See, I mean, when you're in the crisis, you get to see what you really believe or don't believe. And I thought I could do this with diet and exercise because I knew Atkins.

I knew Robert Atkins quite well. I been on his radio show about a dozen times, so I knew the whole philosophy behind the Atkins. Now, I had no personal experience with this.

I also read Bernstein's book on controlling, diabetes with diet. Yeah, sure. He does. So I had had some brush with I'd had a few other illnesses. So I was in a medical crisis when I was head when I hit 70 or so, all of which I managed to pull myself out of in large measure because I went on a very low carbohydrate diet.

So I still struggle with pre-diabetes, but I pulled myself out of the range of of outright diabetes. And I've had my eyes tested, my per, I've no sign of any, thank God, you know, any anything like, retinal damage or peripheral

neuropathy or anything.

I mean, my health is good. So I think it all came together for me. But sometimes you need that crisis. The crisis. Tunity and the crisis tunity. That's right.

You know, you're absolutely right. Ralph, you know, I, I see, I think I lost count how many prostate cancer patients I've seen. It might be around 8000 since I've stopped.

Amazing. Right. So I've taken panels and I've looked at how why we do what we do. And I always say, wow, it's amazing how the male gender functions. We won't take action, serious action until we're actually diagnosed.

When we are diagnosed, we're like, oh, okay, I get it now, right? Right. And I'll do whatever I need to do. Very fascinating how that psychology works.

In men and women, I think I'm way more proactive for preventative aspects than, than men. Right. Ralph, let's talk a little bit about you have a book that's going to come out at some point.

So this is going to be this is going to be in November when this is published, and somewhat hopefully around that time. So you can let us know when that's going to, when that's going to be published.

And it's about the mass method. Now you have five decades of experience where you've traveled the world to figure out what works and what doesn't. And if I remember correctly, you know, you're pretty stern with your approach.

You go to these clinics and you don't play games. You go ahead, give me evidence, let me talk to your patient and so forth. So look, once you do that for all this time, once you see 8000 patients, you know something, you know, patterns or patterns.

So maybe the most. So tell us a little bit about the method. And I'm assuming is, a combination of everything you've learned as it relates to, all kinds of everything complementary medicine and cancer.

Okay. I'll show the cover. Yeah. Please watch. And there it is. Yes. The mask method fight cancer. Naturally. I'll say a couple of things about this. First of all, just like I'm not a medical doctor.

I'm not an ethnic doctor, but I for years, decades, I did consultations for cancer patients. Yeah. So if I added up how many I, I did, it would also be in the thousands.

Yeah for. Sure. Hour, hour and a half long conversations with people struggling with all kinds of cancers, including prostate. So I'm not just a a bookish scholar, I am that.

But I'm not just that in that I'm very much in touch with have been in for decades in touch with what people go through as patients. That's the first thing.

The second very important point, Joe, is this is not a book. The most method is not, a method or a book about cancer treatment. Yeah, it is entirely 95% about prevention.

Yeah. I feel I know it's been a long time, you know, reaching this understanding. I really feel that I.

Integrative medicine, prevention, and the Moss Method

We, we have to respect the realm of the professional, the realm of professional treatment. Even though I have my, my reservations. I wrote the book Questioning chemotherapy.

So, you know, I certainly have my reservations about some of what's done, but it gets far too complicated and dangerous if you start talking about, well, I, a layperson or even a professional writing a book, that I have the

answer that's going to supersede what your oncologist a your urologist, is telling you as the treatment.

That area is beyond the scope of what I feel comfortable in talking definitively about. Plus, the data goes from the realm of prevention and nutrition, where there is more data than you, than the average person would expect or suspect to the realm of alternative treatments where it shrinks down to very little, very little, depressingly, little actual hard data on the effect of the methods that you and I are so familiar with to actual treatment of cancer.

Certainly, if you're talking about alternative medicine, meaning ditch the conventional and just go with the nontoxic nutritional, you're on very, very thin ice in that field.

And I don't know if you agree with me, but this is this is where I've come out after literally 50 years in the field. I don't I personally don't feel comfortable in putting forward alternative treatments that contradict the what you're going to need to do, which is involve the oncologists and the and the other specialists in your care.

You know, I, if I can add on to that, Ralph, I, I, I've been thinking about this long and hard. Right. I'm an acrobatic, trained in acrobatic medicine.

Worked only in conventional institutions for 20 years. And initially, of course, there were you know, I said well no this, this, this is barbaric. And then you just go and you work, I work with the best of the best in the country if not the world roots.

This is not just you know, a factory of you just take prices out there. Well thought out people. Now I do understand why there were there are trust issues in medicine because not every not every professional functions in a professional manner.

It's just the way it is in any field. Right. So I do understand, but I've had the good fortune of working with the Tunisia's of the world. Right. And and then being very careful with what they do.

So science based to a fault. Right. He when he treated you with a Gleason eight trust me, he didn't want to write that was out of the box. Right. I know why.

Because there's no data to say at that time that you can treat successfully a Gleason eight locally. Right. Right. And if he so straight arrowed that I say Samir, let's just come back.

Ralph is a reasonable person. Let's just make sure the right we tell them all that there is no data. But Samir, a cancer is a cancer. Lisa. Lisa nine. Cancer is a cancer.

Yeah, it's treated right. So we have to have that conversation for him to say, well, okay, you know, like, okay, maybe you know, and from you know, it's been nine years.

Yeah. There's been many Gleason A's that he's treated with with cryo. The point there is that, that, I've learned to really, really appreciate. And prostate cancer is all I know.

I don't know much else other cancers are only relative to prostate cancer, integrative medicine and integrative medicine in profit. What does that mean? The best of both worlds, right.

You have access to the best of both. Why not take advantage of that? You know, this notion of MRI is and now that even since you've been diagnosed, Ralph, there's all sorts of genetic testing that's really valuable to the tumor itself in the biopsy to give you some sort of prognosis, even before.

So even even things that are urine tests that are beyond PSA to determine if you do need a biopsy because we know that PSA, I think it's still a very good biomarker, but we know that there's problems with it.

It's not great I think it's good. Not great. We want great I don't get I get it. So anyway, all that to say that I completely agree with you in the sense that people, in order to make a well informed decision and people are in

the, you know, we talk in medicine now, just, you know, shared decision making.

Great. Be well informed so that you can be part of that shared decision making and look at both worlds, you know, trust but verify who was that crucial.

I mean, with, Reagan and Reagan. Right. Trust but verify, right. So, you know, I think there's there's there's there's there's something there. I appreciate you saying that.

Well, that's my that's where I've come out. And but, on the other hand, I'd like to talk about how I've come out in terms of prevention because I think I've made a, a synthesis that I don't see anywhere else.

And we were talking earlier about metabolic therapy. So my my view is, I mean, you could, you know, there is a classic view of cancer, which is called the hallmarks of cancer.

Yeah. So that's and, Professor Shanahan and Weinberg, have written 3 or 4 articles in several books expounding on. Well, here are the characteristics of cancer.

And Hanigan in 2022 got it up to ten different characters of cancer. In my view, there are three that really matter. Ten is too many and it's based upon a very questionable underpinning theoretical underpinning that we don't have to go into.

But the idea of cancer being exclusively a genetic disease, I think, is has been subjected to so much criticism, valid criticism, contradictions within the theory that they've had to model.

Hannah had a rainbow. Certainly, Hannah had had to modify the original six hallmarks by adding in things that are not genetic in nature, like the tumor microenvironment.

And we could talk about where that came from, the immune system and so forth. So when I look at the overall picture, taking their view into account, but looking at Thomas Seyfried's work on metabolic, the metabolism of cancer, which goes back, of course, to the Nobel laureate Otto Warburg, I think metabolism, immunity, as I, in the course of my career, I was associated with some of the top immunologists in the world, including the Nobel, having interviewed the Nobel laureate, James P Allison at MD Anderson.

So I couldn't rule out the independent importance of that. A vigorous immune system, vis-a-vis prostate or other kinds of cancer. The thing that I think is most unusual and distinctive in my Morris method is a grasp of the cancer stem cell phenomenon.

I, when I look at the overall field of oncology, but also including a very much including complementary medicine, I find that there are lagging years or decades behind where the cutting edge sciences, and especially in regard to cancer stem cells.

There are about 20,000 journal articles, scientific articles on the topic of cancer stem cells. By my estimation, there's probably about a thousand laboratories around the world working on cancer stem cells, or at least a thousand eminent academic scientists working on the topic.

And if you read the literature, what you find is that the cancer stem cell philosophy is that there that every cancer cell is not equal. This isn't some sort of utopian democracy among the cells.

It's a strictly hierarchic structure, meaning it's like the army. It's like an army. You may not like that army. You may not like what they do. But there are generals and commanders and there are foot soldiers and the gulf between the generals and commanders and the foot soldiers.

Or maybe it's like a beehive, you know that there are certain cells within the tumor. They could be as little as 1% of the total number of cells within the tumor have a commanding role.

They create the other cells and get them, get them going and assign their tasks to them. But the other cells are not what's called self replicative. They don't have the ability.

Those ordinary cancer cells don't have the ability to recreate a tumor. This is how they found them. Was that if you if you identify the cancer stem cells by having cancer cells that have markers of stem cells on their cell surface, and you then extract them, grow them and inject them into a mouse.

Let's say those cells will form a new tumor. If you just took willy nilly cells that don't have the markers of cancer stem cells on their surface and inject them into it, and a receptive mouse, you don't get a new tumor.

That's a fascinating. So so let's break that down a little bit. That's a fascinating point. And I think that honestly, we could talk just about Stem cells.

That's what I. Talk. About. Yeah. It's it's I. Ask my wife it's all all I talk about. Your wife because they hear this over and over again. Oh yeah. You're saying that right.

So if we, if we break this down at a fundamental level, right. What we're saying is a cancer cells are not really a problem. It's only a problem if it spreads uncontrollably and it goes to other areas of the body that now it causes problems in other areas that could be life threatening.

So that's that's the first thing. The second thing is that what causes cancer cells to spread are the stem cells of the stem cells are in the surface of the cancer cell.

They will spread. If they're not, they won't. They just, you know, do no harm. They're you know, they're it's. A benign it's nine tumor. Right. That's a fascinating point.

So a quote. Unquote cancer without cancer stem cells isn't a cancer. It's a benign growth. That's fascinating. So. Or is there technology currently commercially that tells us yep.

They're stem cells in this cancer. Nope. There's no stem cells in this cancer. Does that exist. No, no. So what are we from from a prevention preventative perspective.

We want not to have the stem cells on the surface of cancer cells. Is there anything we can do with regard to that? What we what I would like to have we're almost there, but nobody has really thought of it.

Maybe they will after they read the Morris method is a test that would take your cancer. God forbid that you should have a cancer. But when a person's cancer analyze it and say extract the cancer stem cells and tell you what the particular markers are on your cancer stem cells, it's not even necessary.

They'll go and I'll tell you why. We know the markers we've had now, we've had now almost 20 years of research on into the, the nature of the cancer stem cells for every kind of cancer or not every but for the major kinds of cancer, including prostate.

So we can look at the accumulated research from around the world. And it is truly international and say, well, here are five markers of prostate cancer stem cells or every or other, all the other major kinds of cancer breast.

Maybe there's seven and some of them have we've only identified three and so forth. But we know we know what they are. It's in the literature. It's not it's it's not a mystery.

It's all present and accounted for in PubMed. The government's database of 37 million journal articles. But we know what they are. So we also know what kills them.

What? Because and some scientists are going to say, well, that's crazy because we haven't come up with a single drug yet. With a few. No, no new drug.

And billions of dollars have been spent looking for that drug. But we haven't come up with that drug. Okay, so how could you say that? We know what kills them.

Because parallel to the world of the high priced, high profit world of new drug development, as you well know, there's a whole nother world of natural agent therapies and anti-cancer agents.

The world of phytochemicals or what I in the book, I just simply call plant chemicals, is an abundant amount of literature on this. And we know for every kind of major kind of cancer what the agents are that I say kill.

We could also say block the markers, the aggressive markers of the cancer stem cells. So what are they? Well, they're nothing. You know, I didn't invent some magic potion to fight the cancer stem cells because they're all very well known things.

But I've listed them out. There are 20 in my book. Name three. So, I and I do list them by importance. Okay. So what are the top three? That's good. So.

The the top ones are EGCg from green tea. Okay. So probably so would you say polyphenols or specifically EGCg? No, it's the catechins. The catechins in the green tea. The quoting from memory here.

But anyway, I'll tell you three of the top ones. So it's green. It's it's EGCg and the other, the other catechins. I'm green tea and then olive oil. Well interesting.

Polyphenols and and turmeric and the other 300 other agents within the, within the turmeric root curcumin and the 300 or so chemicals within turmeric.

I would also add another one so far refrain from cruciferous vegetables particularly broccoli sprouts. And so for thing from radish sprouts much less known but probably more effective.

So those are going to sort of cover the waterfront. Interestingly, it's hard to it's more likely you that you're going to find it hard to find a cancer in which those I gave you for, 4 or 5 chemicals are not blocking the cancer stem cells.

Lovely. And my and my method is a clean, traditional diet. With an emphasis on, almost daily intake of the top ten, of the, of the nutrition, nutritional factors and occasional less frequent use of ten others.

Which would include things like garlic and and so forth. Quark, quercetin. Both from dietary perspective. And you would you say also from a supplement perspective or either or both.

I strongly lean towards dietary. This is new for me because, as you know, I'm, I'm on the advisory board of Life Extension Foundation that sells vitamins.

And I have no problem with their in general with their products. I think they're good products. And there are many other good products, of course, out there as well.

The conventional medicine would say, don't take supplements, only take food. Now there are about ten instances I do cite in the book in which conventional doctors do recommend and prescribe supplements, so it isn't out of the realm of possibility to take supplements.

But I definitely think that the data is stronger, and logic tells us that there's a great deal of synergy among the different elements within a particular plant.

Let's say you can isolate something you could, but you also, once you isolate it, you come and you're trusting the chemist that he's doing a he or she's doing a good job in terms of extracting that particular chemical.

But there's a lot more going on. And there is a study that I quote in the book showing that actually turmeric powder is more powerful than curcumin on a milligram by milligram basis.

How could that be when the term when the curcumin is only 4 to 5% of the turmeric. Right. Because this, as I said, is about 299 other things in the turmeric.

So I a times in my life I have taken curcumin pills. I've stopped taking them. I try to to get my turmeric in food and and the curcumin. Now for particular purposes you might want to take a curcumin pills.

I have used that very successfully, by the way, myself in my life. Correct. Yeah. To stop internal internal bleeding. So I think, you know, it's a a lot of work which we, we talk about the origins of cancer.

If you wanted to get right down to it with, with two words chronic inflammation. And what does what does curcumin is actually known for. Right. Inhibits it inflammation.

And it it hits the top five markers of inflammation especially nuclear factor kappa beta. Yeah. But the other ones as well C-reactive protein and and so forth.

So yes there's over and over again I kept seeing this, this golden thread of the, of the turmeric or the curcumin and it has to do with inflammation. And this thing is an anti-inflammatory and it also is anti-cancer.

It's almost always synonymous. Those two things that I would I'd also say though, that. It isn't enough just to take a few magic foods. It also has to be within the context of a healthy diet and healthy lifestyle. Now, initially when my son Ben proposed this book to me over a year ago, he was thinking more in terms of a mediterranean diet.

A mediterranean diet is a very popular diet. It's it's one of the most popular in the world and one of the most. Yeah, but I have a problem with the Mediterranean diet because I've been to the Mediterranean area.

So what do you see being eaten nowadays, especially by young people in the Mediterranean area, is rarely what's discussed as the Mediterranean diet. The Mediterranean diet is something that came out of academia.

I would say. More to the point, out of the Harvard T. H. Chan School of, of Public Health. Well it will it didn't group right. Well it's group. Right. And Edu Givenchy and those of their wonderful researchers by the way, I always my heart leaps up every time I find a study by them because they they're brilliant.

They do brilliant, epidemiological population based studies. They're very trustworthy, very fine studies. But what do we mean by a mediterranean diet?

It's it's it's peculiar because it isn't the diet currently being eaten throughout much of the, the area, the Mediterranean area. So it means it's a reconstruction of what a lot of what.

And very knowledgeable scientists would say you should be eating, but with a flavor of either Spain, Italy or or maybe southern France or Greece. What about the rest of the world?

Would you would you honestly tell a person in Okinawa, yeah, that that he or she should be eating a mediterranean diet, right. That's nonsense. Would they would they be able to eat even?

They would be able. But even if they were able and could afford it, what's the point? We know that there are wonderful elements to every diet on earth, and we have readers all over the globe.

We hear from them. I'm not going to try to impose that particular diet on anybody who has another tradition that or just is drawn to another kind of cuisine that they would prefer, or make a make a mixture of different one.

So I call this a clean traditional diet, meaning a diet that's like what our ancestors would have eaten 2 or 3 generations ago before the fast food culture took hold.

But that's cleaned up by removing harmful elements or harmful parts of the lifestyle. Clean traditional diet could be anything. Plus, you know the phrase, Mediterranean diet, it's very Eurocentric.

Because like, for instance, Morocco and Spain are only eight miles apart, right. But there's about 100 times more research done on the Spanish Mediterranean diet than on the Moroccan Mediterranean diet.

This is a residue of colonialism, I think. Right, right. And in inequalities, inequities in the world. And I don't want any part of that. And so I, I feel that it's a it's a misplaced emphasis.

Now there's nothing wrong, particularly wrong with the Mediterranean diet except when it comes to metabolism, because half the US population is diabetic or pre-diabetic.

The adult population. When you get into my age range and getting you're getting up into the into the higher rate. You're we all are. Yeah. It's it's it's more like two thirds of the population is diabetic or pre-diabetic.

So for us, is it really appropriate to tell somebody they can eat six portions of fruit per day or, or limitless rice or potatoes, much less French fries?

It doesn't fit into what our bodies are telling us, which is that as you age, you become less. Most people become less able to handle limitless amounts of carbohydrate.

Well, thanks. Thanks for that. I think that look, I, I just wrote a piece to my newsletter, yesterday on diet Confusion. Pretty much saying look I understand.

Yeah I understand why you're confused and you should be confused is not you is not willpower. Right, right. And then we went on a different things in kind of explaining that.

So I definitely understand those concepts. And it is what, what I, what I tell people and patients is just let's start with this. Don't eat with guilt, ever.

Whatever you're eating, don't eat with guilt. Right? Guilt is who knows more in digestible guilt is, you know, who knows? You know that that that can cause probably indirectly, you know, further cancers and things.

Ralph, let's end with this stem cells as it relates to prostate cancer and things to do with as with regards to stem cells as it relates to prostate cancer, any data or is cancer cancer from a stem cell perspective?

Well, I do list the the key markers of stem, the key markers of stem cells for various cancers. And and in particular there is a section where I list with references the, the agents that would counteract the main markers.

Some of them I give the actual markers. But people are. This is a book for laypeople you don't really want or need. I showed I do show it for two kinds of cancer.

What my methodology is, because I feel like transparency is very important and some professionals are going to read the book as well, but you can find them and then you can find the agents that would counteract.

And let me, let me just, go to that section of, of the book. So and I would say as you, as we go through that, is that you meant even to some of the ones that you mentioned already, EGCg, that there's no to have anti-cancer anti prostate cancer properties.

Right. So for a faint prostate cancer. But what I'm interested in is reorienting. We know we know what the agents are. But I want to reorient people towards why they would take these things.

And in the case of of prostate cancer I list. Ten natural agents that demonstrably kill or block cancer stem cells. And I won't read you the whole list but Kirkman.

And Piper Green from black Pepper which go together. Are one of them. EGCg is another one. Lycopene of course from tomatoes. Sephora fame. I've got a whole section about about sprouts in the book.

All this stuff. Very important things which is that things that we know and are well known have to be or can be hacked, as it were, to make them much more effective.

So I go into some detail about how to make green tea more effective and what you should be looking for in green tea. Because green tea is just a name, and it's applied to something that could have a tiny amount of effective agents in it, or a huge amount.

There's a is it a world? I mean, 10 or 15 times more EGCg in a in in matcha tea like I had this morning. Versus a ordinary tea bag. I have a question for you in that regard I and we could and soon I, it's just so fascinating.

I have always said green tea should look green. Yes. Absolutely. Right. Green tea should a green when when you have green tea sold as green tea. But it looks brown.

Orange and brown. The browning phenomenon has been researched. So what's happening is that the that the that the, chlorophyl is disappearing. Which means the antioxidants are disappearing.

And this I'm almost positive parallels the loss of the EGCg and, aging the other the catechins in the green tea. So yes I take that as very important.

Yeah. Your, your green tea should stay green for at least an hour. If it doesn't it's an inferior grade. And maybe you should drink it before it turns another color.

Right. Probably before a half hour. Absolutely. I would drink at a meeting I don't wait and mine stays green for like two hours. But the more it has of the EGCg and the the the catechins and the polyphenols and the antioxidants, those are if you are if it turns color, it means simply the that the protective, chlorophyl has been has now disappeared.

And sometimes it comes out of the tea bag orange, a muddy color. No, you have to. If you don't, try not to economize on the quality of the green tea. This is one area, so. Don't be cheap.

Don't. Don't be cheap on your green tea. Go go to a a higher level which you can get online. And you have to look carefully. And I do give hints for you know what, how to buy and what to buy.

So that that's one area that yes, everybody knows about green tea and a lot of people are drinking just are useless or next to useless form of it. Secondly, there's a way of increasing the effectiveness of of, other substances that you would take normally in the diet.

And I don't have to go into detail on it, but you can multiply the effect of some of the other, substances in the, in the moss method. And by doing so, you're getting a lot more bang for the buck, as it were.

And this is very important because, look, the medical profession, the scientific operation has spent billions of dollars, as I said, trying to find drugs that will counteract cancer stem cells.

And they're sitting on the shelf in a in your supermarket, or they're available to you overnight, practically, delivery from online sources. But you have to know what those sources are.

You can make your own kefir. It's super easy. I, almost every day I've got another quart of kefir, brewing on my on my countertop. We never go without it.

We never let the house go. Go without the kefir. Like the fear. Here. In this sense, it's for microbiome purposes. Correct. Beautiful. And yogurt, you know, might have 3 or 4 different strains of microbes, but variety in the microbes and the gut microbiome is the key to health.

And you can have up to 40 in a good kefir. Where do you get that. Well, you have to buy I imported from France by way of Canada because it's super important that you have a starter that has a variety.

And then the the gut to it's an amazement takes care of itself, but you have to give it the seeds to grow the the healthy variety of the garden, as it were, in terms of your intestines.

And that's a huge plus for health. Huge plus. You know, I looked at you before we started recording and I said to myself in my head, wow, Ralph looks amazing.

It makes sense. And now it all makes sense. Between the mature tea that you're drinking and your fear and other things, it is all and I'm not disclosing your age.

But you know that I know. I mean, you already said, well, nine years ago when I was 70. Yeah, I'll be 80 to 82 on my next birthday. Amazing, amazing. I feel good.

You look you look amazing. And, you know, you're definitely motivating me. I have lots of tea. Honestly, I drink coffee and have Marcus tea there. That it's excellent quality.

And I just drink coffee. I think I'm going to. I'm going to maybe have a cup of coffee and just switch off for the rest of the day. Have my. You've inspired me to do so.

I really appreciate that. That's fantastic. Doctor Ralph Moss, thank you so much for being on Ralph. Where can people find your book? I'm sure, when it's publish is probably going to be probably from November when this is summit is published.

And, any final words? People could find you. The more support. The Moss report. Support. And, the book is should be out and available. And, we want to get the word out about this as much as possible, but I think, you know, a a good, healthy lifestyle, a clean, traditional diet, special foods added to that that have enormous potential to them, high quality, using intelligence to choose.

Don't just grab something off the shelf because it has a particular name to it. Do a little research. I give hints on how to choose olive oil. Very, very important.

The the Prettyman study in Spain. Yeah, mind boggling benefit of high quality. But again, there are olive oils out there that have next to no right, benefit to them.

And there are some that are just amazing and, and you know, good mental attitude. Stay hopeful. It's hard to do and current situation but, you know, always try to keep a positive mental attitude.

Cultivate your friends, appreciate the good things in life. What more can you say. And and you're talking again from experience and 50 years of research where you've looked at all these things.

So thank you so much, Ralph. Doctor Ralph Moss, the author of The Moss Method and the Key Person. Now, I know that your son Ben is very much involved in the Moss Report.

So it's a family affair and I love them. And my granddaughter Rachel also. And your granddaughter Rachel. Wow. Thanks so much, Ralph. I'll see you soon.

And thank you, everyone for tuning in to the prostate this episode of the Prostate Cancer Summit. And I'll see you on the next episode. See you soon. So long.