Introduction and Dr. Hardyu2019s Background

Hello and welcome back. I'm your host, Dr. Jenn Simmons. I am delighted to have our next guest here. This is Dr. Mary Hardy. She is a brilliant, brilliant woman.

And she honestly, her her bio is like a foot long. And so instead of reading it and feeling really impersonal, I thought it would feel much better and much more organic coming from you, because you do have so much to share and so much to add in this space.

And I so been looking forward to speaking to you, and I know that everyone is just going to be soaking up your every word, but can you start by just giving us your background and telling us how you arrived in this space?

Excellent. Thank you so much for having me. And I really appreciate the opportunity to speak with your listeners. I originally did my medical school at Louisiana State University in New Orleans, where there was still a population that did sort of faux cures and stuff.

And then I did my residency at Tufts Chemical Medical Center in Boston, which is on the edge of Chinatown. And so with my college roommate, who is now a plastic and hand reconstructive surgeon, we went to go to China. Mm.

35, almost 40 years ago. So it's still old and it was fabulous. And we saw surgeries that were done just under acupuncture, anesthesia. And that. Is amazing.

Several needles. In a year and. Not super complicated. And the operating room was pretty much empty because they didn't have all these big beeping machines maintaining life support.

My partner, my friend who's who is my partner on this trip, she actually spoke to me in Mandarin Chinese so she could talk to the patient. The patient was alert, awake, comfortable while there while they were having their coverage of their brain taken off and a brain tumor operated on.

That was a real paradigm buster for me, because if you don't believe what you see with your own eyes, then I don't think you're a good empirical scientist.

So that really allowed me to loosen up a lot of what I had learned in medical school that was incredibly valuable. I use it all the time, but this opened up the paradigm so I could say, but you know, there are other things, there are other treatments or other diagnostic paradigms that I don't know about.

So and then as usual, my patients were the ones who actively led me into integrating. We do learn so much from them, do we? I do. I did. I always do. And they also push me, which I, I might be cursing at the time, but I'm generally I'm genuinely very grateful.

So I was doing integrative medicine has helped me with all kinds of I'm an internist by training of primary care interns. So I was doing all kinds of integrative stuff, adding on to my regular medicine and then my after four or five years, my patients came to me and said, you know, you did a great job when I had menopause with my cholesterol, with my back pain.

I want you to do the same thing. I now have cancer. And I was like, Oh, you know that it wasn't the thing. Nobody knew anything about this. So listening to them, reading a lot, making what I thought were well-thought out, research, informed choices, and then if when I could, being it being carefully integrated with their doctors, I developed this kind of practice and then I was recruited to UCLA for two different things.

For two years I worked in the Botanical Research Center, and I have a terrific interest in a long term affection and

and complete convinced that botanical medicines are our first medicines and they are gentler and often quite effective.

So that was one research thing. And then I and then I was but I got tired of not seeing patients. So then I was recruited over to the UCLA Simms Mann Integrative Oncology Practice, and that's where I really saw cancer patients all the time.

That lasted for five or six years. And now I'm in, I'm now off, I'm out of there on a primarily teaching the things that I've learned about that and in that case, I got to work hand-in-glove with cancer doctors, and that was a very mutually beneficial way to see patients.

I thought. So that's the quickie quick kind of I think what's pertinent for this discussion. Yeah. So that's amazing. So what. What do you think led you into bringing integrative medicine into your practice?

Because it's it's pretty unusual, especially someone who has that conventional background. I mean, yes, you did have that trip to China and you saw the value of acupuncture.

But what you're doing now goes way beyond that. I think it's I think it's I think it's it's in my nature to be curious. And I actually find it really challenging when, for example, I had a I had a I had a patient who had metastatic melanoma before the checkpoint inhibitors were available.

And I gave him fermented to be germ extract. The the the thing that was now sold as Metatron and a couple of other simple things. And about three weeks later his oncologist called me and he was in an uproar and I'm like, oh, what happened?

Because he had only all he had was a single, pretty large lung metastases and it was gone and it started saying, wow, how did you do that? Because that's what I was trying to talk about. That's amazing.

Let's talk about that. He was like, you messed it up from my clinical trial.

Curiosity, Integrative Medicine, and Patient Advocacy

He doesn't have evidence of distant disease that I can now measure. And I was like, You know what? That's not really the scientific. I don't think that's the scientific mindset.

You're supposed to be saying, How do I explain unexplained, unexpected phenomena? And so as I came across those and asked my patients reporting back to me, I'm doing better, you know, and the best the best kind of recruitment tool for my practice was my own patients in the chemotherapy rooms, because they're not throwing up, they're not miserable, they feel pretty good.

They're kind of getting through therapy pretty well. And the other people would say, like, how come you're different than me? And the answer was, I'm doing different things.

I'm an active in my own care. And so the second factor was curiosity. And the second and really wanting to be a scientist and explain unexplained phenomena.

And the second factor was my deep devotion to making patients their own advocates in their active in their own care, giving them back their agency. You know, when you go into cancer treatment, it's like you hear those words, your mind goes blank and you feel like you're just been you just been stuck on the worst rollercoaster ride of your life to which you have no you don't have a steering wheel.

You don't have a break. You can't do anything. That's really not true. There are things you can do. And by feeling that you had some degree of of agency and activity and things you can do for your self back that changes your whole mental state, and that alone gives you, I think, terrific a relief of suffering.

And that's the name of the game, isn't it? Heal, cure. You can always heal. And my God, really suffering. Yeah. So amazing. That's amazing. I actually have a patient right now who is in one of these situations where she's on a clinical trial and they made her stop all of her supplements that she was doing with me and all the like, off label pharmaceuticals because they want to know about their drug.

And I my my issue with that is that that is not in the best interest of the patient at all. Yeah. You come to a point, you come to this. And I also studied ethics too.

So because I figured I would get to this complex where it's the patient benefit for the patient versus the altruistic was going to be for the benefit because usually clinical trials, you hope they're going to benefit the patient.

What they really are designed to do is inform our next degree in the next level of drug use, right. And so that's a very hard place because, you know, you want there are two goods competing with each other and that's I tend to fall on the side of the patient because that's my that's my brief.

That's what I've accepted. So when I had patients on clinical trials, especially phase one clinical trials, I was I got to know the trials quite well at UCLA.

And what we usually agreed on is everybody they would stop everything while they were doing the checking, the pharmacokinetics of the drug and the first level of harm.

And then once they were pretty satisfied they had that under control, they often would let me put some often most back and we'd avoid things that we thought had the ability to interfere pharmacologically with the drug they were testing.

So we're able to come to a compromise. And I would really encourage you and your patient to try to derive such a compromise. Yeah. Yeah, well, we're working on that.

I can be pretty persuasive. I know you can. And I hope you do. And so did you not. In that awful feeling of place where you like. I feel like I can do good here, but I'm a handicapped.

And then if your patient doesn't do well, that's just a terrible feel. Terrible, terrible, awful. You know, to. Remark, I. Feel so bad for the patient. I feel bad for me.

I feel bad for the Triallist. Although I think they have developed a tough skin because they see a lot of desperate patients in hard. Yeah, yeah. So you know when people get a breast cancer diagnosis, we often talk about it being a two part phenomenon where there's been an environmental shift.

You know, something is influencing negatively influencing their environment. And then that's coupled with a failure of the immune system, because the immune system and the intact immune system should really recognize cancer in its infancy and not allow it to achieve mass proportion.

Right. So can you can you talk about the body's natural defense? Maybe what's going wrong and what can we do to bolster our natural defenses? Great. And the two things I came to talk to you about today, specifically slot right into that slot.

And it's a place where they're not great conventional treatments for this. So this makes it even like a double thing. So your immune system is broken into two parts.

There's the innate immune system and then there's the acquired immune system. And kind of the way those things occur to you and you hear the names innate means it's there all the time.

It responds non specifically to every kind of insult you can imagine. Every bacteria, every virus, everything that stimulates that. And then as the innate immune system goes after these insults to the immunity of the patient and they can, like I said, that can be viral, bacterial and tumor cells.

Then the immune system passes on their knowledge and they take they've taken off the antigens or the marker compounds on the offending thing stuck in on their little white cells and passed it over to other white cells.

That's called antigen presentation. Then then two different kinds of white cells. One takes them triggers the innate immune system. The B cells produce the antibodies, and that's where you have remembered immunity.

So if you've had a cold before, you have a response again. And these and then one of the key components in the innate immune system is the natural killer cell.

And of course, that just kind of tells you what it is. The innate immune system identifies things that are foreign or dangerous, engulfs them, eats them up and gets rid of them, and then but then tells the B system, hey, remember, in cases comes up again.

I'm going to need you to send out the troops. And roughly that's how that works. Now in when the immune system gets dysfunctional, it could there's a lot of ways that can happen.

And certainly our environmental functions can do that. If we have a toxic environment that that poisons the immune system, it makes it less responsive.

It locks the immune system up in dealing with toxins. So it's not available to look at other things and hugely complicated, beautiful maps of this. But they're like, you know, like they're complicated like the whole city of New York.

You know, you have to know all the subway lines that there's a lot to it. But basically that's what happens with the environment and things like if you're exposed to radiation, it can break the genetic bond.

It can and it can make it can cause mistakes and genes and as genes you the in. Like when when DNA is replicating when it's reproducing, it subsequently can cause damage at that time.

Exactly. And it can also break a previously formed DNA, right? Absolutely can. And our cells are always reproducing. Some cells reproduce more quickly and conventional first line chemotherapy took advantage of the fact that they hope that the cancer cells are the most likely dividing cells, so they mess up their ability to reproduce.

And so that in a nutshell, that's that. Now back to this immune system. We think that natural killer cells should be able to identify abnormal tumors and and eat them up and get rid of them.

Now, there's a couple of problems with that. Tumor cells are sneaky and they do two things early in their life. They what they do is they they disable their mitochondria.

This is the part of the cell that makes energy. And it's sort of like the controller of the cell, even in some ways more than the nucleus. So they disable that so that those functions aren't available anymore.

And one thing the mitochondria does is when a cell is dysfunctional enough, it it notices that and it causes the cell to commit suicide, have apoptosis, programed, cell death.

So the mitochondria is critical for getting rid of cells that are damaged beyond the ability to act normally. And cancer cells definitely fit that diagnosis.

Right. So so that's that's one way that that we can sort of help the mitochondria. The other thing the cancer cell does that definitely sneaky is it it it can put up false signals so it's like it puts on a mustache and glasses and tells the body, I'm a mammal, so you don't want to get rid of me.

It has a signal that says, you know, I'm not the droid you're looking for, you know, like a reference. So there we say like it puts on a costume, right?

It, it, it evades the immune system by, by forming an outer layer that it that it's unrecognized. And it tells and it's specifically puts up these antigens that say I am a normal cell.

Yeah those two factors are so immune immune invasion and disabling of, of, of the peptide function of the mitochondria so cancer cells. So in to interfere with that there's one product that I really, really like and it's called fermented wheat germ extract sold now as medical very benign to take two pills a day and it restores normal mitochondrial function super important.

And we then presume that that functional mitochondria can go on to act and and do its normal functions, produce energy the way it's supposed to take cancer cells offline because they're too abnormal, etc..

And it also takes that false flag and takes it down. So now that means that immune surveillance should work more effectively. So you say, well, if you have a giant tumor mass, is this going to be is this immune function really going to be the big thing that's going to help you?

It's I think it's critically important for recurrence and follow up after treatment. But during treatment, it really this fermented feature extract metal actually helps a lot with quality of life and in breast cancer patients has been definitely shown to do that and it and again that's another function that that it does is it helps white cells get out into the action.

You know, instead of hanging around the sidelines, it kicks them out into the action. So your patients probably know that if you get a chemotherapy like age or medicine or toxins or platinum, whatever, there's two different protocols.

How the Immune System Fights Cancer

There is kind of East Coast, West Coast, and that you have a period about ten days after your therapy where your white count goes way down and it can go down.

So low that they have to give you a shot to boost it back up. Right. Or fermented germ extract as well as the other thing I want to talk about, which is HCC or Empower, which is a mushroom extract, these can pull your white count back up and especially Empower will make you have less of those low white count events like fevers and infections and stuff.

So and you have to use that stimulus shot a lot less. And that's nice that that makes you feel like you have the flu. So that's always a good thing. Feeling crummy if you can if you can avoid new last hour, new pujan or whatever they're using because people feel awful.

They do awful. People with a bad. Flu. And so this is one way or two ways, I guess, that you probably especially the immune power that's a mushroom extract, that that will help pull up your white count, get them off the sideline, get them into the action, and keep you from getting infections, secondary infections, while your count is low and may and puts a floor helps bring your count up.

It doesn't mean you'll never need the stimulus material, but you won't need it as much and signet way significantly to a very very high p value so very significantly better so.

So those are two rough ways to talk about immune support during cancer. And that was the you mentioned a second product. You said fermented wheat germ extract.

And that's can you measure it? Then you mentioned a mushroom product, right? So the mushroom product is a is a it's from Japan and it's a it's a fermented it's a it's a cultured process.

So they let the mushrooms grow and culture and and then they harvest them and dry them. And then they then the active ingredients and the mushroom that starts us all off is should take a look at what it is that's a very well known mushroom that's used all over the world.

And in fact, in Japan, it's routinely added in cancer treatment. I love shiitake mushrooms. They're my favorites. I eat them, too. So they're they're terrific.

And emotions in general are like, I think God's free gift in the universe. You know, they always say there's no such thing as a free lunch in the universe.

But both of these products, for all of their strong actions, are gentle on the body. And yeah, I can't even think of a time when I've had a side effect and I used I've used these both significantly.

So, so. So other than Chattahoochee, are there other medicinal mushrooms in there? No, it's a it's a shitty formula and it's it has complicated fact ways that they grow.

And it's and that's what you call it. It's well, it has to be extracted, I would imagine, because, you know, with all mushrooms, we're not supposed to eat them raw because they're they're active compounds are not active in the raw state.

Not as well. And they may have some actual detrimental effects. Yeah. So, but we cook them and that's actually great because it releases these complex carbohydrates that are the active agents.

And so you can, you know, I tell people you can help yourself just by making some different food choices. This is really an absolutely use of mushrooms.

And and so I think that's easily an easy way to to think about. But but that's like kind of food I think is supportive because you use lots of little things repeatedly over time.

Right. So there's not going to be one mystery thing that's going to knock the ball out of the park from what you eat. But the pattern of how you eat is critically important.

The trick with mushrooms is that they become medicinal. In my opinion. When you do this extraction, usually it's a hot water extraction and most mushrooms, that's all they do when they concentrated.

But this mushroom has been further, further metabolized so that they end up with they've modified the compounds. So they tend to have some unique activity.

So and that's that's what empower is. It's this mushroom that's been ferment, fermented or or metabolized in a in a standardized kind of a closed process that's patent.

So we don't know exactly. But but you get out again a carbohydrate complex carbohydrate rich fraction that has some particular things in it. And the other thing that's been through the newest literature with HCC or Empower is that I've just gotten really giddy over and it's not advanced very far yet. But you know, there are remnant cells in the breast after surgery and treatment that are called.

They're like stem cells are. And these cells we think, are the ones that are responsible for recurrence. Okay. So they grow and they make these little globules and these little globules become like and they continue to develop adversely and they're almost like little mini tumors.

And then one of those wins the race and becomes the recurrence, right? So HCC immune power has been shown in tissue culture and in vivo work. And next we will work where they they find these little, maybe little blobby cells and people or animals and they take them out and then they test them.

And in empower was effective, HCC was effective in slowing the growth of those things and slowing the size of those things. And so this is the first really terrific hint that there may be something we can do to help prevent recurrence.

And I think that's just fabulous. That's amazing. How much are you how much are you recommending? Like, it's

usually about three grams, 2 to 3 grams a day in the studies that have been shown.

But some people in protocols. And so that's that's four pills a day, four pills a day, two in the morning. That's two grams. Each pill is 500 milligrams or a half a gram.

So two pills twice a day after eating. So you don't have they're not they're not. They won't food won't bother them. You can eat and they take these things and they don't really upset your stomach.

So it's pretty benign. So amazing. Yeah. So, so I think that they they tend to this all these stem cells, this is a whole new area of medicine that's getting you citing epigenetics because how you and epigenetics are sort of the the the the pathways that are parallel or you literally the histones are sitting on the DNA and, and it'll tell you which keys you can play, right?

So it's like the manager for what gets genetically expressed. And so having ways to that that whole system is, is affected. Histones are affected by our lifestyle and lots of things and the stress we're under and all kinds of stuff.

And so these this mushroom compound can looks like it's probably going to be able to affect the histone expression. So super excited about that. Yeah.

Yeah, that is exciting.

Fermented Wheat Germ Extract and Mushroom Support

So take us through when someone is diagnosed with breast cancer and know obviously this is a very, very stressful time and they are inundated with information, I always tell people with rare exception, you can take a pause, right?

You do not have to jump into any therapy unless you have inflammatory breast cancer, unless you have that brain that that require, you know, immediate intervention and must of a pathologic fracture.

Those are my exceptions. And everyone else, even if you're diagnosed with metastatic disease, that disease has been there for a long time. You have time.

So what do you think are important things for people to know about as they kind of set out? So the first thing you want to do is actually lower the the emotional tone in the panic and the really high the high simple sympathy memetic tell or just like, oh, about four cups of coffee.

Now, now, now. So first you have to help reduce that. And and I think organizing people and helping them sort through what has to be dealt with now will can be dealt with later.

How did we sort through all the unsolicited advice they've either gotten from friends, family, whatever, and just to take a breath, to not feel that you're so at risk that you have to panic and grab every straw you see, because sometimes you'll grab too many straws or you'll be you become victim to what I basically call cancer scans.

And I hate those. I super hate this. I'll give you an example from my own practice. So I had a woman I had I had a I had a breast cancer oncologist that I worked with Lot she's great.

And she said, this lady, it was time for her to go on Tamoxifen. She'd finish her primary treatment, but her liver enzymes were elevated and and she had been on Tamoxifen for, you know, a month, six weeks, something like that.

And if the liver elevations were due to the Tamoxifen, she wouldn't be able to take it. And that's that can be a problem because it can decrease your risk by about 50%.

I think it's useful now. She didn't ask the patient, is there any you know, finally after at the end of this bout to make a move that she really didn't like, is there anything else that you're taking?

It's just even some supplement she kind of gave finally gave the permission to the patient to say, yeah, I'm taking a few supplements. So she knew that I was a person who was was expert in that on staff.

So she said over to me and I told you I told her to tell the woman to bring everything she was taking, put in a bag and bring it here. I thought she'd have like a lunch, a lunch bag, size of stuff.

She had to come to shopping bags full of stuff. And so what was what the real emergency was, was her fear, right? Yeah. And as well as that, she was probably harming herself.

So I took all her bags away from her. We had negotiation where she'd pick one thing, I'd pick one thing, it's her back home and five or six things that we both had kind of agreed on.

And she lasted about two weeks. Her liver functions went down and then she just came back and took her bag. She said, I can't stand this. I feel I feel too vulnerable.

I can't stand it. So so I can't that is a failure on my part that I couldn't somehow. And that was earlier in my practice. I'm more seasoned now that I didn't have the tools to help her see that that that she wasn't that her that she she made her risk fear so toxic that it it was disabling her ability to get effective care.

Yeah so so that's. Happens at hazards right. I think I would be like I mean it's this terrible thing to hear. You know, my husband had gotten cancer and just even it wasn't me.

It was like and both of us are doctors. We're doctors. And so it was like, you know, every curse word in your head because you're like, okay, this is going to be a tough road to hoe.

We got to figure out both passionately and dispassionately what we want to do. So that's the first thing. Decrease everybody's anxiety. Get everybody to know that there are things that you can do.

And we're going to go through that in this session and we're going to give you tools and you're going to you're going to be your own agent and you can make things better.

The second thing I do might seem paradoxical, but I think it's crucial. I ask people, Tell me what you understand about your tumor and have you seen your biopsy report?

Do you understand what that means? And honestly, for the most part, I got to tell you, most of the patients had no idea what was on their biopsy report.

And I think that may be that the clinicians, the oncologists were trying to tell them information when they were too upset to really take it in. So we go over all that. What does this mean?

And if they've had one of those mama print or risk assessment tools, I make sure they understand what their risk is because in their heart they feel like they're at 100% risk of recurrence.

Whereas the tool says, Yeah, maybe you're at 10% risk of recurrence. Those are very different states to live in, you know? Yes, absolutely. And that's actually why I wrote my book so that people wouldn't have to feel that way and they could know and understand their pathology report and what it meant.

And also know that most people who choose this path, who are not throwing the baby out with the bathwater, so they are using the best of what conventional medicine has to offer, but enhancing it in this functional medicine or integrative medicine or whatever you want to call that enhancing and that world, these people are all going to be the exception to the rule.

You're not going to be the role. They're going to be the exception. We generally do better. And I think the only times that's not true and it's hard to say because is when people people have had very aggressive, rare cancers, sarcomas are tough no matter what you do, that kind of thing.

Although for short, I had a patient with a sarcoma who'd already had like who'd had a series of significant amputations, and he was about to be offered to as the only conventional treatment.

So I said, Jeez, you know, let's just throw the book, throw this, throw this at the wall and see what happens, because there really wasn't anything else.

So I got really good quality treaties, mushrooms, trees for a cold turkey, kale, mushrooms from Japan told me, Chop them up, make it tea striped, how to do that, drink that tea.

And he had another 18, 24 months with with very good quality of life. So, you know, I, I think you always that's a good way to say you always don't stop offering people alternatives even in even when you stop conventional treatment.

And I've had that with so many patients where we do something no relative really simple. And then they they have a good quality of life so they can grow, enjoy it with their children.

So that's for me. Yeah. I want to share with you. I'm just looking for my notes. Okay. I was with a gentleman two weeks ago and he was diagnosed in March of 2022 with pancreatic cancer.

Managing Diagnosis, Anxiety, and Treatment Choices

And his and it was already metastatic at the time of diagnosis. He already had back pain, he ever had weight loss. He already had jaundice. I mean, it was very, very advanced.

And they basically told him to get his affairs in order that he. Had weeks to live. And I just want to read you the list of what he did. Okay. Vitamin C, curcumin.

Donna love and support. Low traffic. Ebu ozone. Huh? Catholic Church services, a witch doctor. A difficult conversations changed his diet hypothermia, water experiments a rife machine prayer meditation, a cancer coach gathering of titans, mineral water, ionic foot baths, a shaman exorcisms, intermittent fasting water fasting forgiveness, resveratrol exercise oxygen a Tesla Multipack sleeping on a grounding pad therapy events all my benders, all ivermectin hydrochloride wind coffee enemas, eastern medicine, acupuncture, mushroom extracts, tree hugging, breathing, tree bark, grounding and he says that he has no idea what worked because he did everything right.

But he's alive and well with no evidence of disease. Spectacular. That's spectacular. And what I would say, the one come I want to make about that list.

I want people to people pay attention to the things that they take or the treatments that they take. And they often skip over the truly powerful, sacred events.

They can do and and then truly powerful interpersonal things that they can clean up. And so I actually actually think that healing in some way is always a sacred event.

And clearly, I would say for him, I hope he approached that in a in a posture of hopefulness and experimentation and commitment to life. I don't think everybody has to do everything, but but I think everybody who wants to come out of this with healing and hopefully a cure really needs to really needs to solicit that loving kindness for themselves.

And and I couldn't I couldn't agree more that, you know, we think there's so much importance in taking a drug. And we and, you know, the these treatments that we're getting, the truth is that cancer comes from an environmental shift in the body.

And oftentimes that that environmental shift is the result of some kind of toxin that is not radiation, that is not chemicals. That toxin is often an emotional or spiritual toxin.

It absolutely can be. And we have trouble with hard nosed scientists in getting a before and after effect. But that's because you know, if you look at causality, I get pneumonia, I take an antibiotic, I get better.

That's like hitting a billiard ball. That's very serious. Yes, but but what you're what your patient did was go to the level of causality that I think is not one on one literal.

It's it's it's it's something that we just really, you know, you have to be available to be healed is one thing. Yeah. And not in a panicky way, but in a way that I want my life restored to health.

And that means not just getting rid of the tumor. It means forgiving people. It means coming to a good resolution resolution with your spirituality. Like I got pushed to seeking other kinds of modalities and worldviews to see.

Does your worldview have room for me to be healed and. Well, yeah. And that that's I think I think that's a terrific story to tell and not to not just to tell people that they have to do 52 things, but to say within each of us remains the power to heal.

That's a sacred event. And that means that you can restore your spiritual function, you can restore your life. And if if it's if it's if it's given to you, you will restore your physical function as well.

Yeah. Yeah. And you know what's interesting is he found Hope in a space where he wasn't given any. And he took control of his own ozone treatment. And I think that agency is psychologically incredibly powerful and through psycho neuro immunology, which is how your psychology affects your global system and then affects your immunity.

That would tell us that that alone is a potent agent in activating his own immune system. Yeah. So for sure, yes, I think so. It gives people the tools to be that hopeful, active agent and good for you.

So obviously most people are not going to be able to go down that list of 50 and do all of them. Are quite expensive, too. Yes, quite expensive. So can you touch on the ones that you think are most important for people I know we definitely agree on.

You have to get that emotional, spiritual peace in place in that you can't walk around angry at the world. You can't walk. Around with me. Yeah, yeah. My way up for me.

And I don't mean to make light of it. I mean that if you get that victims don't have agency, they can't do anything to help them. Right? Right. People work.

People who may be grieving, they can help themselves, but victims can't help themselves. Yeah. Yeah. I interrupted you. My. My back. No, no, that's fine.

I just want to know what you you know, obviously, we're going to tell everyone to do what you whatever you can do to be grateful, to be to find peace, to culture, love in your life and connection and spirituality and all of those things that we know really move the needle for people.

Because if you if you have a reason to live, you're going to live. And if you lack purpose, you're not. You know, that's interesting because looking at, you know, looking at a list of descriptions of people who had were called spontaneous remissions.

And that just means that the conventional medical system can't explain it. And often they did things like your patient did. So it could be like a3d agency at work.

But many of them just said, okay, I've got stuff to do. I'm going to do my stuff until I can't. And then they realize that they've been doing their stuff and suddenly, hey, you know, they're not sick any more.

They just kind of kept on with what they were doing. So I think this agency will to live forgiveness, creating a culture

of gratitude and and an economy of gratitude and economy of grace.

That's what I really want to talk about, is grace. That's a that's a very lovely and you know, you hear about in church. But I want to talk about a sort of nonsectarian Li Grace.

Is that in action when you are found just where you are given just what you need? And there's no there's no explanation for why you got that gift. It's just a free gift from the universe and and we all have a we all have episodes of Grace.

We just don't pay attention because we're so busy, usually so long with, along with decreasing anxiety, increasing agency, increasing your gratitude, which our techniques are super simple, like writing down three times a day what you're grateful for and looking actively looking for, and then actively looking for episodes of Grace, places where someone just does something for you and it's just lovely, or the universe does something for you.

And that economy of grace where you give and receive grace freely, I think is a a good adjunct that we don't often talk about. So yeah. And then beyond that what are the integrative therapies that you really think move the needle for people?

Okay. An excellent question and I'm going to give you my opinions. And I would say that I always when I'm doing this, I'm negotiating with my patient.

I'm checking on what their intuition sounds like. If we've gotten into the proper doctor patient relationship, world functioning as a kind of a unit. So we're kind of deciding together.

So I really use HCC in Empower and I use I use medical extensively for many patients and I especially like Metatron and empower for the year after active treatment concludes in some of the studies that have been done.

So colon cancer head neck cancer melanomas before we had check and immune checkpoint inhibitors treatment continuing for a year after therapy seemed to give a group of a subset of those patients lasting results.

So that's those are that's two things I did. So what about for the metastatic breast cancer population? Are these things that you recommend people just stay on indefinitely?

Well, it's a good question. I what I do is I start them and along with other things that we do, depending on the tumor type, where it's located, etc.

Lifestyle, Gratitude, and Survivorship

, and what they're invested in and what they're interested in, how much other stuff they can bring into treatment. And I evaluate, you. They get tumors, get remeasured.

And if we're if they're stable, I consider that a win because that's not going to kill you. You know where they are. If they're small, they're not. That's going to get a but then if they're decreasing, I'm like, excellent.

Let's jump in. If there's no change, I might increase the doses perhaps. But these are long term treatments, right They take you. For example, it may take 2 to 3 months to see the full benefit of these treatments.

So you should not abandon them before you at least get to the minimal point. So that's two things that I often do, and I do them in active treatment as well as in after treatment.

I do them for chemotherapy and I do them for radiation therapy. There's very little there's very little potential for interaction. There may be some interaction with HCC, empowered with Letrozole, all of the aromatase inhibitors, but then it's clearly not with Tamoxifen.

So and there's also been some discussion about whether a whether from inside, which are mixed track or

metatarsal is estrogenic. And I just don't think that data is significant.

And I don't think that it is estrogenic. So I don't have a problem using it with estrogen cancer patients. Okay. So that's like the first kind of cancer.

Wait, but I think I missed something. Okay. You're saying that HCC and Letrozole together are synergistic? Know that HCC may decrease the effect of Letrozole, so it may have a name attention.

It looks like it looks like fermented beta extract plus tamoxifen actually gives an improvement in action. So so but that's the only caution I really have to give to B, to B, to B.

And people always ask me, is fermented which extract gluten does have gluten in it? No, it doesn't. By the time it's fermented and then the active section, the active component is taken out, the gluten is left behind with the wheat.

So it's not a problem. Astonishing. Okay. So that's sort of like the basic cap that I begin there, an active treatment. I look at what treatment they're taking and I have a series of things that I think are useful for neuropathy, for mucositis, etc..

So I kind of that's when I start to tailor what I'm recommending for the treatment they've got. But in active treatment, I also like I also particularly like having fermented beet.

Your extract it helps with general overall well-being, but I also use a particular curcumin extract that has been shown to be helpful in both chemotherapy patients and in radiation patients.

Not only does it help with sort of quality of life, energy, etc., but it also helps with white count and stuff like that. So that's very important, right?

I've moved with that and I had a family member or close family member who developed breast cancer who was kind of like, I want to do a bunch of stuff.

So I chose only the fermented, which I am the medical and this particular Q and extract. And she sailed through chemotherapy and I wouldn't have thought it was in her nature to do that, but she really did.

So I was very pleased by that. Out of curiosity, how do your medical oncologist and radiation oncologist react to you recommending curcumin during treatment?

Okay. The big the big one way around wine, white wine, is that it's going to be that it's it's very antioxidant food. It's going to destroy toxins. It doesn't it just doesn't it's ridiculous. Yeah.

I think that preponderance of of evidence shows that it's a chemo and radiation sensitize. Ah yes exactly. And it helps protect normal cells, which is at the end of the day that's what you want.

And is that it interlocks and activity is not as strong as vitamin C, vitamin E and even those, I got to tell you, have not been shown to be particularly harmful.

And I don't want to digress on to a thing, but just to say the preponderance of the evidence has shown has not shown a lot of negative activity from an antioxidant, much stronger ones in curcumin.

So I'm with you about about the breast sensitization and the and the chemo and radiation sensitization that if you're going to take this toxic therapy, you ought to make it as effective as it can be for the least cost to you.

That's sort of my opinion about that. So I kind of go through and we look and see mix and match what we're going to need in terms of like known like for example, I had a patient, this is not a woman, it's a man.

And he was going to get he was going to get a platinum based drug, which can be the one he was getting

recommended, was going to be very tough on the nervous system.

And this guy had had a significant fall where he fell down an elevator shaft, a couple of floors, had a closed head injury that the ecologist didn't elicit in the in his history.

So I'm like, ooh, whoop, whoop, whoop, whoop, whoop. We have to make a change here. So sometimes, you know, you not only do you change to give the least toxicity, but then I gave him mushrooms and other things that were neurotrophic and would help protect his nervous system.

And, you know, he he got through it pretty well. Would he have gotten through it okay? I don't know. I thought he was I thought his wife thought that he was still somewhat impaired.

So rather than have him end up cured of his cancer, but much more cognitively impaired didn't seem to be a good necessarily a good trade off when. Yeah, I. Didn't have to do that. So yeah.

Yeah, I think you look for options to help lots of different ways. So I want to shift a little to what I call the quiet after the storm. So recovery treatment is very noisy, right?

Yeah, there's a lot going on. You have a lot of appointments, a lot of opinions, a lot of treatments, a lot of but you know, there's a lot. To be a lot of side effects to manage.

Yeah. And then. You. Finish treatment and it's like, bye, I'll see you in six months. And it's eerily quiet and people panic. They do. They do. They feel abandoned.

They do. They do. In that you see me every week. So I know nothing's terrible. And and I'm not saying that's a false sense of security, but you have to learn how to transfer that sense of security over into your survivorship. Yeah.

And this is this is why this period is a little bit challenging for people. It's like when you're lying down to sleep at night and if you haven't really addressed issues during the day, you can hear them before you in your mind, before you go to sleep.

That's, I think, what happens here. So I generally have a plan, a treatment plan for survivorship, and it includes, you know, a smaller number of things.

But I've sort of told you what I like to do. I it includes continued management of your diet and continue to make healthy diet choices. It continues with active exercise because I think exercise is is like a big if it was a pill, it would be a bestseller.

Yeah. And and and exercise also for breast cancer patients and when you get the chance to say this, if you can exercise 45 minutes a day during your treatment, your treatment will be measurably better, measurably more effective.

So the days you just do it every day you can. So anyway, so those lifestyle things you really start to bang away on, no, no alcohol or very minimal alcohol, no smoking obviously.

And then all the things that bring you joy, whatever brings you joy, just find a way to do a lot of that and and then keep working on the gratitude, grace, forgiveness on that, on that dimension as well.

And, and know and know that this is your structure that you own. You can you you empower, you operate. And it makes a difference. It actually makes a difference.

So your care becomes you have to become much more active patient. Some people don't like that, but it's the best way to to set up your recovery and survivorship for long term, long term health.

Yeah. Yeah. So we covered a lot today. We talked about the fact that you're coming from a place of curiosity and

maybe that is something that your patients select you for because you need to have a certain amount of curiosity in this process because if you don't, then you're not demonstrating.

We're looking to see that you're talking about right. You never look outside the box and you don't listen very well. If you're not curious, you don't listen because you think the patient has nothing new to tell you, which is complete.

I mean, I'm like I say a bad word for somebody in trouble, but that's complete. You know, I might be an expert in integrative oncology, but you are an expert in you.

And if I don't know about you, I can't do that. Just the patient that fell down the elevator shaft. If I didn't know about him, I couldn't. I couldn't help make that intervention to protect.

Yeah, but. But part of it is that in order to have your own agency, you have to approach this with curiosity as well. So it applies to the patient as much as it applies to you.

And less fear is fear. Yes. And then really honing in on your immune system and building your body's natural defenses and supporting it. And so we talked about the ways that the tumor evades the immune system by disabling the mitochondria and by kind of putting these cell signals on their surface that that disguises them as a normal cell, even though they're not.

Exactly. Intervening with some fermented wheat germ extract kind of restores mitochondrial function, allows for apoptosis, allows for cell recognition.

And and then we also talked about stimulation of the white cells and helping to mobilize any marginalized white cells.

Art, Meditation, and Closing Remarks

So using empower HCC and and then we went on to talk about really lowering that emotional tone and organizing your life into what needs to be done and what can wait until later so that you can prioritize yourself and what what prioritizing yourself like is making sure that you're eating in a way that's nourishing to you, making sure that you're moving your body 45 minutes every day.

And there are other things that can enhance your treatment, but not being a victim, creating an economy of gratitude and grace. I loved that you said that.

And then as you go to survivorship, all of those things that you had talked about along the process, but making sure that you're avoiding those toxins that we know about, alcohol, smoking and just including a lot of things that bring you joy for sure.

You're a good listener. What did I miss? I don't think you missed much. I don't think you missed much. The only thing that I didn't talk about was the current thing I'm actively developing now is how do you use art to help with relaxation?

Because meditation is something that everybody talks about, knows the benefits of it, and I clearly recommend it. But you have to find the meditation that fits you, right?

So a lot of people whom I find it really very challenging to sit still on a on a zeal button, on a little cushion and blink my mind. My mind's really busy and it's really hard to get to that blank state and induce a profound, relaxing state and a profound, a profound I don't know.

It's hard to do. The work right. Those eight right. Except for and so I usually do walking meditation that works better for me. But I've also started to fly.

I trained as an artist as well, which is one of my things that brings me joy. So there's a technique of mindful,

meditative drawing that I'm developing a little interventions and workshops for that I think is great because it's so portable as you're sitting there in the waiting room and getting anxious, you can do this little meditative drawing and and calm yourself down very quickly and very profoundly.

So when that's all done, I'll come back and we'll talk about that more. That's going to be amazing I would love that time. Yes, I love that. So where can people find you?

You know, I am kind of not, on teaching mostly now I'm not seeing patients. And that's a big problem for patients. I understand that. But I'm now committed in my crone years to making sure that I've fortified a group of people and educated and inculcated and excited a group of people to do this so that when I need it, it's there.

And when you need it, it's there often in the future. So I'm not really seeing patients. I'm probably I don't have a website, I don't really do that, which is kind of a shame, and I think I might correct that.

But people can. I hate to give out my, my, my, my email because I usually get then really. Yeah. You don't have to. It's fine. It's fine. But you did mention a bunch of products today, so can you just share with people those products again so that they they know?

Yes. Okay. So the three things the two things I mostly talked about, one additional thing I talked about, the first thing I talked about is a fermented wheat germ extract that is sold under the brand Metatron and it's sold by the company.

American BioSciences now frequently I think there's I think I think the Harmony company sells it. Let me see I had a made a note here. I think. It's okay.

We'll make sure that people get thanks to how to purchase it. That's one. So you're you talked about a fermented wheat germ extract and you talked about the shiitake the Mpower Mpower that one again is also sold by American BioSciences and again the distributors that can help you find that.

Yeah, the final one that I really like is the curcumin. The Meriva curcumin. It's a extract. So European extract that has had probably more testing than any other curcumin in humans.

So there's a large, relatively large for this sector clinical trial of 400 patients that took it for both chemo and radiation and had very good outcomes that I usually find on Amazon.

And and and how much of the curcumin are you using? I usually have people use 2 to 4 pills a day. So again, not a huge amount. None of these. So it's Metatrol two capsules a day.

This is the low dose and then Mpower two capsules twice a day after meals and Meriva two capsules a day in the morning or evening. It doesn't really matter.

That's a very that's a that that's a fairly, you know, limited intervention. I know people who do a lot more and get more. Sure. For sure. If you start here, do the personal work, see how far you've gotten and then you can always do more.

Yeah, I always find that the patient who often has challenges with that kind of intervention, they get fatigued and they, they, their intervention partway through and they stop everything.

Yeah. So that. That is one of the biggest issues is that when people get overwhelmed, they stop everything. So I'd rather have them start with a core that's like, I think very, very rational.

Yeah, informed evidence based, easy to take and then do the work that normally they can do. And that's, that's writing all their relationships, all the stuff we talked about.

And then on the next outer layer, if they need additional help, you can, you can sequentially add in things one by

one as you feel that the need arise.

So amazing. Amazing. I thank you so much for joining me today. And. I'm so grateful for the work that you do. You really make a difference in many, many people's lives during the worst time of their lives.

So you're such a gift to this industry. And I'm I'm so grateful for you. And I have to I have to also return to complete and say I'm grateful because you by giving me this access to your listeners, you allow me to do what's closest to my heart, which is help people relieve suffering, take what I was gifted with a gift to others.

I implore you, allow me to be part of the economy of grace, and that's very meaningful to me, as you can tell. So thank you very much. You are very welcome.

It's Dr. Jenn 'Till next time, thank you.