Dr. Erich Acebedo, M.D. - Utilizing Hyperthermia and Repurposed Drugs for Cancer Treatment Transcript

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Introduction to the Symposium and Guest

Hello, everybody. Welcome to the Global Cancer Symposium 2.0. I'm Nathan Crane. I'm really grateful and honored that you're joining us here again for another great interview.

I'm here at the Cancer Center for Healing in Irvine, California. We've done a series of incredible interviews here, and we have another great one for you today that I'm really excited to share with you, because there's a few things we're going to talk about here with Doctor Eric Acevedo, who is one of the senior physicians here at the Cancer Center for healing, about a few topics that maybe, maybe you don't even know about, maybe you haven't heard of but could potentially help you or even your own oncologist to support you in your own cancer healing journey.

Further, or maybe you want to consult with Doctor Acevedo or one of the other integrative, medical doctors here at the Cancer Center for healing. But either way, thank you so much for joining me and for being here on the Global Cancer Symposium.

Yeah. Thanks, Nathan. Thanks for having me here. So you were telling me just a few minutes ago, you actually started out as a conventional MD. Yes. And, and then you transitioned to an integrative doctor.

So what was that? What was the, impetus that led you to transitioning from conventional to integrative? Yeah. So I started off as an internal medicine man.

That was my training and background.

From Conventional Medicine to Integrative Care

And after my residency training, I went to hospitalist work, where you see a lot of patients in hospital setting. I did that for ten years, and over the years I've seen where patients just coming back to the hospital and, and, they're not getting any better.

In fact, they're getting worse. You know, they we treat their symptoms and they get better. They get discharged from the hospital, and then, you know, there we have we call them like, frequent fliers for fliers.

I call them frequent fliers who have kept coming back because they're not getting better. We treat their symptoms and they get initially better, and we discharge, and then they're back again. Yeah.

So which is sad because it's it's so true in our society today. Right. Is that there are nothing, you know, wrong with conventional conventional medicine has some really great tools and resources.

Right. But when we're doing this chronic diseases like cancer, in most cases it's you're treating symptoms right. You're pulling at straws. You're not actually addressing the underlying root cause.

The root cause. Yeah. So exactly that. And then over time I, I started to fake what's going on. What are we missing here? What am I missing as a physician?

Why they keep coming back. Okay. So. Well, then I get sick. You know, I, you know, I started to feel lousy. I'm usually active. I go to the gym, and I thought it was just the type of work that I mean, the setting in the hospital setting, you work days and then you work nights.

Sometimes you rotate. I thought it was just, you know, working nights, and then you're you're rhythm get, you know,

messed up. Yeah. Because is the time change.

So I thought okay maybe that's it. But eventually you know I wasn't you know as far as nutrition I ate everything at that time. So anything and everything you wanted to.

Yeah. I mean yeah. From sushi. Yeah. This thing. Yeah. So and then eventually went to my doctor is a friend of mine who has a practice. And I said, hey, I've got this problem. They give me fatigue.

And in I've gut of actually at that time mostly done with chronic fatigue at the time kind of like chronic fatigue. And I said, yeah, you might probably have chronic fatigue.

Let's run some blood tests on you. So CBC and all this stuff, the CMP that we tested, kidney function came back normal. And I was like, okay, fine, everything's looks good.

Actually, not just the fatigue, but also some night my, you know, libido. So I was like, okay, this is not right. I'm still young. And I was like 30. 35 that 1034.

So this is going to unusual. That's a that's a very early age to lose your libido. Right. Yeah. All right. So I was like, okay. And then I have a workout buddy was also a nurse.

And he said, you better see, this guy's an integrative doctor. And that time I was like, at that time, he called integrative anti-aging. So I was like, oh, what's anti-aging?

And that's interesting. So at first I was like hesitant. And then he said, you know, just, just just see it, just because I had this new problem here, he has a hormonal problem and I think had a cardiac problem.

And he was younger than me. So I was like, okay. So eventually went there, then did some blood tests and found out that I had toxicity. So what kind of toxic mercury I think they were.

It was also arsenic and lead in a lot of heavy metal, toxic heavy metal, pretty much heavy metal toxicity. And my hormones were all out of what did you have Mercury feelings back then?

No, no, no, but I suspect it was from my diet. I mean, I love sushi. Yeah. And and tuna. Yeah. So that's that's so much fish nowadays it's just filled with mercury and heavy metals. Right, right, right.

And going up in the Philippines we eat a lot of tuna. Yeah. It's so wow. I don't know. I mean, we we never learned this in med school. And when you go into residency.

Yeah. So, so, I mean, I've heard they only teach in most medical doctors I've interviewed over the years that they only teach around four hours of nutrition training and all in med school.

Is that right? That that's exactly true. Yeah. Not much emphasis on nutrition. So anyway, so when I found out I was like, oh man. So he started fixing me, getting detox and and then replacing my hormone.

So I got really my energies back. I was like ten years, 20 years younger again. And you're doing detoxes. What kind of detox. So at that time he did EDTA, I did ten rounds and then after that he followed it up with DMC, uphill and then slowly.

So my results coming down. So I felt really great. I was like I said to my friend, man, I'm so glad that I listen to you, that now my my life is back, you know?

Then I started to learn about what's anti-aging. This is pretty interesting. How come I didn't know this? And and. Yeah.

Discovering Toxicity and Hormone Imbalances

Then when I went to conferences for an American Academy of California, American Academy of Anti-Aging medicine, I was blown away when I first went in there for the conference.

Yeah, it was like. It was like a light bulb moment. Wow. This is what I'm looking for. And the emphasis so much on nutrition supplementation because, you know, we have a lot of deficiency.

Yeah. And that's where I learned a lot of stuff. I mean, the food that we eat is lacking in minerals and deficient because of the, the, the farming that we use using chemicals.

So they binds to the minerals in the soil. So I was like, wow, this is great. They're not putting any more organic matter into the soil or right, they do.

And it's filled with more chemicals. And it's just this, you know, these giant fields of Monaco cultures that don't allow for any biodiversity and therefore no biodiversity in the soil, and therefore, no, you know, accumulation of these, important plethora of vitamins and minerals that our body needs from the plants.

Right, right, right. And that's what we're eating, though. Yeah. So, yeah, that leaves me so when I started doing it, I never, you know, look back. So I started learning.

Learning more is like going to a rabbit hole. Yeah. I started to learn a lot of stuff. Like it's always a different world up here. Yeah. That you'll never learn.

Back school, I've. I've been diving down that rabbit hole for 15 years. I know, and it's never ending right and right. And even until now, I'm still learning.

And this was like 5 or 6 years ago. Yeah. That's amazing. I'm seven years, so I'm still learning until now. It's like going back to medical school as well.

So you became so. So that was your impetus. You became so then you went to functional, medicine training or what was your next. So then so you have the A-frame.

And then I started to hear from my other colleagues about the functional medicine. So I was like, they have a similar concept. And so I did the Institute of Institute of Functional Medicine, and I did that.

And yeah, it's kind of similar. So both of them, in essence, just knowing the root cause. What's driving your symptoms, what's driving your fatigue, what's.

Yeah. And by learning that, you know, just a lot of stuff and then functional labs that you need to check on patients and then mold line all of this. Now, we were talking about cancer because we know cancer is the root causes of chronic inflammation.

Yeah, it's cancer. So eventually because of some of my, most of my patients, when I was in the hospital, a lot of cancer patients and a lot of my, you know, I have friends and I have family.

Family, you know, that had cancer. Yeah. In fact, my grandfather died from pancreatic cancer. Yeah. Another aunt of mine died from breast cancer. So, yeah, my my grandfather died from leukemia.

And that's what set me on this whole journey, you know, in 2013. Right. To start learning everything I could about cancer and chronic disease. And how do we prevent it? How do we heal it?

How do we treat it in ways that are, you know, in harmony with our highest integrity of our bodies potential, our mind and bodies potential? Right. And I have noticed if once you go into this, you start to, talk to other doctors, the same, you know, kind of the, I would say journey because they have the same family members that have cancer.

And then he started to like, okay, what's or what we all know is chemotherapy, radiation and surgery. Right. But is

there something else there? Yeah. So now we're seeing, you know, there's actually a lot of things that we can do.

A patient can do so well just touring the facility here and meeting with your team and, and looking at all I mean, I'm learning about all kinds of, treatment protocols that you offer here and modalities and devices and things that I've never even heard of, you know, and I'm just like, wow, this is fascinating.

And and they're very, very, you know, noninvasive and nontoxic, but effective at treating a lot of these things you're talking about. Right. And this involves science.

I mean, there's science behind it, like hyperthermia, for example. That's science. Talk about hyperthermia. Yeah. How does that so how does that help somebody with cancer?

Hypothermia. Initially I think everything started I think in Germany, you know, the one of the countries that use hypothermia a lot and then spread to other countries.

But, hypothermia is essentially is heating your body, you know, you know, body temperature increasing it to around 40 or 41°C, which is what Fahrenheit like for like almost all the 100, 510.

So getting your body and anybody for fever okay. Right. And that's when your body would you you produce a lot of cytokines. And one of the things also gets produced is the heat shock proteins.

Yeah. So what I've noticed with, cancer patients is with the test that we do here, that the Greek test, the urgency. Yeah. That test will tell me if the cancer is sensitive to heat.

Training in Anti-Aging and Functional Medicine

And most of the time, those, I would say 90 to 95% are sensitive to heat. Now, with that, they're just maybe 5% resistant though. So and I've been reading a lot about it.

In fact, it was a randomized. It was a randomized controlled trial that was done in Italy, where radiation we combined radiation therapy with hyperthermia therapy that almost 50% of the cancer patients, as far as cancer remission with radiation alone, the percentage was 41%.

And that's just remission, meaning that the cancer's not even it's not growing anymore, but it doesn't mean that it's actually gone away, right? 40%, 41% for radiation therapy.

When they combine it with hyperthermia, it went up to like 83%. Wow. And then the five year survival, this was the cancer of the head and neck. So head neck cancer head and neck cancer.

And as far as five year survival radiation, there was zero release and only was zero was surprised. And then nobody lived past five years with radiation during this study.

It didn't. Cancer, But when they combine it, it went up to 53% with hypothermia, with the hypothermia and radiation. Wow. So the mechanism there is you increase the heat.

And then the cancer cells is there are like the hypothermia device that we have. It heats up the cancer cells to 45 degrees intracellular early. And when you do that cancer cell there's several I would say five things that happens when you apply hyperthermia.

So one is you increase the cytotoxicity of the chemotherapy. If they're doing chemotherapy you can use this as an add on. So it increases the killing effect of the chemotherapy okay.

Number two it also sensitize the cancer cells to radiation if they you know, if they want to do radiation you can have your therm. Yeah. So it's going to improve conventional treatments in general.

Exactly. And then number three is it also when you heat cancer cells it releases heat shock proteins. Those are the proteins that would help in, repairing the cancer cells.

But when we do that it actually stimulates the immune system. Now the immune system will see it. Oh there's something going on and there is something foreign.

So they start attacking the cancer cells. So and then number four is the and you generally call it angiogenesis where there's blood formation new blood formation in cancer cells.

Actually the heat will kill. That will stop it from you know from the tumor from producing more blood vessels. Number five is it increases blood flow.

So when you increase blood flow into the tumor you increase the delivery of your agents, your treatment, whatever you're doing chemotherapy or natural therapies like IV curcumin and integrative UCB, curcumin and all the glucose blockers that we use.

So then that increases the effectivity of that because of the increase in blood flow. Wow. So so it supports natural approach as well. It actually enhances the the natural supplementation or natural therapeutics you might be using.

Right, right. And enhances effectiveness and the effectiveness. And also yeah yeah, yeah. You decrease the tumor burden to mellowed. So why if you're heating up the cells why is it called hypothermia.

Hypothermia. Hypothermia. It comes from the word. You know it's like oh it's hyper hyper. Yeah. Oh yeah yeah yeah I was thinking freezing cold hypo. So this is hyper.

This is hyper. Yeah. So you're increasing or decreasing the temperature. Yeah. Of course that makes sense. So so you're increasing now are you actually doing this to the full body or is it a targeted, just to where maybe the most cancer cells.

Hyperthermia as a Cancer Treatment

Yeah. So they're different types of hyperthermia. So one is local, which is let's say fever is local, meaning just, one particular area. So let's say for breast tumor, we can put the heating device there.

And it doesn't by the way. So they use an electromagnetic, I would say mechanism there that doesn't burn your skin, but intracellular, it heats up because of ultra low frequency.

So you didn't have the you can feel it. It's warm but like infrared it's an infrared. It's a different way. Frequency of. Yeah. And it heats up the cancer cells.

More than what you feel here. Although there are some situations where if, sometimes we put like a, like, like a cloth or something just to prevent it from sometimes the patient can tolerate it but it doesn't burn.

You let it stay for 30 minutes. So yeah. So that's one of the treatments is are you seeing that people need to actually see some results. Yeah. So they need multiple treatments.

I would recommend usually three times a week for that for like 3 or 4 weeks, treatment along with other therapies. So and so that's the local therapy that we do.

There is regional hyperthermia which is available in other clinics, which is, which is, which encompasses just a larger area, for example, the abdomen.

You can see this round thing that they can put here, and it targets a much broader area, especially if they have like metastases to the lymph nodes. Sure.

And then there's the whole body hyperthermia. If you specifically with stage four cancer patients and it's all throughout the whole body of the body, I do the whole body, unfortunately, I think it's not FDA approved here in the US.

We didn't have that here in the US and in other countries like Mexico and Asian countries, they have that Germany, we have that full body hyperthermia.

And it's basically the same mechanism. And then if you go back to, William Colley, who developed the, it we call it Coley's toxin. Yeah. Where he noticed that this patient went into remission, but who developed?

He had a cancer. I don't remember what type of cancer he had, but apparently developed some sort of bacterial infection. Right. And he had fever and infection and actually, they found out that his tumor shrunk and went into remission.

So I think because it because of stimulating the immune system, what exactly the mechanism there was stimulating the immune system. Yeah. So basically the same mechanism, the hyperthermia you're stimulating the immune system, right. Yeah.

Which is like if I was actually, you know, doing either hypo or hyper, you know, I do ice baths, for example. And we know ice baths if you're submerging, you know, cold hydrotherapy.

There's a lot of studies on that that it does, stimulate your immune system and then vice versa, an infrared sauna, which I know you have the infrared sauna here as well.

You're heating up. You know, your cells from the inside, your same thing. You're stimulating your immune system. What would you say? I mean, that is probably like the most important thing of all.

The work as an integrative doctor you do is, is really working on enhancing the patient's immune system. Exactly. That's the main thing in cancer. To me, cancer is a problem with the immune system.

So is defective effective? And yeah, that's exactly what we are doing here in integrative medicine is boosting the immune system with, you know, supplements, treatments that would boost the immune system.

You know, and we do we do have a lot of that. Yeah, hyperthermia is one of them. And then then, actually, now there's some, research about low dose chemo.

And which is the metronomic I know some university hospitals are doing that now and some and colleges, but it's not yet widely. Or practiced but I started reading about it at least stimulates immune system.

So radically. Yeah. That's what they've been saying. So low dose not the conventional of those because it's opposite. Right. You suppress the interest in the conventional system.

So. Yeah. Yeah. With low dose iPPt right. It's the potentiated therapy which, which, I believe we're interviewing one of your colleagues while we're here about that because you guys offer that here.

It does make sense to me, right. Because you are basically injecting a smaller amount of what your body, recognizes as a toxic substance. So it's going to stimulate, you know, a response to help enhance the immune system.

Yeah. Yeah. So it makes perfect sense that that would happen. Yeah. You were talking also about, beforehand you were telling me that you, the use of repurposed drugs.

Yeah. Talk a little bit about that. What what are repurposed drugs and how do you use them to help people with cancer? So, when I learned about cancer, I started reading and following doctor Tom Seyfried's research on it, and I read his book, cancer is a Metabolic Disease.

And all this all goes back to, Otto Warburg's, research in 1940s, where cancer uses glucose as the main fuel and ferments glucose. And that's because it was there's a damage to the mitochondria.

So once you have damage to the mitochondria, the cancer cell will switch to these fermentation process, which is a pretty native type of, metabolic pathway that the cancer will use it.

Yeah. And not not very, productive, not very productive, not really efficient. It only produces like a certain amount of ATP. So usually in a normal cell we use produce 30 or 36 ATP.

And that's the energy or the. Yeah. Cancer cells lower than that five or something. Right. It's pretty 356. Yeah. But then that's why they compensate by switching to fermentation.

So they grab glucose the main fuel. Now we have repurposed drugs. We actually have a lot, a lot of of of, drugs out there that blocks the glucose glucose pathway.

All the different, genetic, I would say overexpression or upregulation in cancers. We see those in again in the Greek tests that we do. There's I can see the genetic markers and on these genetic markers, there are actually drugs out there that are cheap, that are that's been in the market for 65 years, 50 years that we can use to bluff with different pathways, be this cancer cell use different pathways, right.

Glucose and then glutamine, which is an amino acid. If you block glucose by suddenly switch to glutamine pathway, which is an amino acid. So there are drugs that we can use that for example, good die period.

Them all, which is an old drug that we used to, they used in the 1960s for heart attack, in combination with aspirin. I think the brand name is personally.

And I remember, my father used to this is an over-the-counter drug is over the counter. It's still actually available. So now and metformin is another one that I use in.

And one thing that I like about mint for me is because it block different pathways. So one drug that we know the side effects already, I mean, is generally tolerable.

And it blocks four different pathways. And it blocks the glucose pathway. And we know that then the IGF, which is the insulin growth factor that then helps us slow down the growth of the cancer cells.

Right, right. And then you have the Ampk, which, which is a and the gene that would switch the cancer from, from anabolic to catabolic.

Immune Support and Low-Dose Therapies

Once you are in a kind of ball state, then you stimulate glycolysis where you start producing more ATP and then break down glucose. And and then I just found out also them in foreign blocks, HDR or how to which is the marker that you see in breast cancer patients.

Some of them they will have Her2 positive positive. Yeah. So metformin also blocks that. So so yeah all of this can in one drug we can use it to block the different pathways.

Now again that's just for pathways cancer. So of uses multiple pathways. So even ketones right I know there's some people are using a ketogenic diet for helping people with cancer.

But we know that actually some cancers can switch from glucose and thrive on ketones. Right? Yeah. So speaking about that. So then, I know they're doing a lot of research.

I actually also read the book How to Stop Cancer by Jane McClellan, which is talk about all these repurposed drugs. And just this diagram is like a triangle diagram is a glucose and glutamine in the fatty acids.

We can use different medications to block those pathways. So I know there's a theorem called clinic protocol. And then they use four different drugs. So there's mid-band Azo which is actually a parasitic drug.

And that again also benzos uses different for pathways. And then there's different pathways that the benzo blocks, which is the hedgehog pathways. I mean, it's pretty complicated, but and then the pathways we call it with pathways and one thing that I would like to mention here, though, there, at least from my experience, is seven drugs that targets the cancer stem cells.

So this is the most important because right now the chemotherapy radiation, because it doesn't kill the cancer stem cells. Right. So important to know doxycycline is is an antibiotic which again is an old antibiotic, but it's broad spectrum antibodies that actually kills the cancer cells or targets the cancer.

Actually there's a an article there. I think it was published two years ago where they use a combination of vitamin C, doxycycline and Zephyr Max, which is another antibiotic that, targets cancer stem cells.

All three of them. So and then, so I mentioned to the second vendors all the parasite drug, you also target the cancer stem cell. And then in our clinic we got w anti inhibitor.

Double anti inhibitor is pretty interesting because I mentioned so w and t is a pathway where normal cell uses for growth for regeneration for repair.

But in cancer cells doesn't use it mainly for growth. When you block that pathway you essentially kill the cancer stem cell also shrinks the tumor. Right.

So but you wouldn't be using these if you're prescribing these repurposed drugs, which, as you said, they had side effects. We know drugs have side effects, but most of them, you're saying are tolerable for most people.

They're not going to be life long or did devastating side effects in most cases. Right? Right. But you're not just giving the drugs and say, go home, take these and we'll see you later.

You're looking at all the other integrative and functional things you can do to support that person. Healing in addition to these repurposed drugs. Exactly.

So yeah, that's one of the modalities that I use in combination with other things that I just said they use. That's really important.

Repurposed Drugs and Metabolic Cancer Treatment

You know, that people understand that, that, you know, this multi pronged approach to, to treating cancer is, is, in my opinion and is the research is showing more and more the way to do it.

Right. If you just take the drugs and go home and don't do anything else, you don't change your diet. If you don't exercise, you, you know, you don't utilize all the other best of integrative medicine to support your body to to enhance its immune system so it can heal itself.

And you're missing out on all of those incredible potential healing benefits that that come from everything else, right? Yeah, exactly. Even if they do conventional treatment, you can still use these off label drugs as a support.

So, I mean, I have some patients that are doing conventional chemotherapy and I can still use the metformin to bulk glucose and then diaper them all to block the glutamine pathway.

There's actually a supplement that I like is berberine that blocks both. Yeah, berberine. And one thing with berberine though, yeah, metformin blocks the mTOR.

But bourbon doesn't block that. It's only it only blocks the glucose pathway. So so if you're taking these things, you

need to have somebody who knows what they're doing to help guide you through it.

Because if you're taking some things that are blocking, you're taking some, repurposed drugs that are blocking certain pathways, but you're taking certain supplements that are actually, you know, counteracting that or whatever, you really need some guidance on that, right?

Right. Yeah. Definitely. Yeah. Yeah. So and I'm starting to see that, you know, in some, you know, conventional dogs that are using combination. The metformin is one of the metformin that's probably is the most, cancer.

I mean, research there for cancer. Well, yeah. So do you have any case studies like, utilizing some of these? Yeah. So you want to share? Yeah, I actually have one patient. And now that I've been seeing, he was diagnosed stage four lung cancer in May of 2019.

And he was diagnosed with stage four lung cancer. And he's all these about 79, 80 years old. And doesn't want to do radiation and chemo because he says you know I cannot survive if they do chemo on me.

So it was too tough on him. So he came to see me and, you know, it just okay. So I started, you know, seeing the whole picture. Of course we we here in our clinic, we do basically nutrition detox.

So we look at the root cause and you just go the usual stuff knowing the root cause, looking at the, what's driving his cancer and do the viral test. Epstein-Barr virus is one of them that I usually see in cancer patients.

That's interesting. I've heard that again and again. I see, you know, a lot. They don't know it, that they have it. But when you test them, we have Epstein-Barr reactivation.

You know, one of the things that I've seen with him, though, is he had a lot of bad, he had a root canal and he had, like, a dental amalgam. So I said, you better see in a holistic dentist.

Yeah. Biological dental biologic dentist. Right. I mean, that's that's worth noting here, right? I mean, there's so many diseases that are being linked to, you know, mercury fillings to, root canals, as you said, because, those pockets I saw a documentary on that called, The Root Cause where the root causes.

Yeah. And then go into, you know, once it's the root canal, there's just this pocket of basically almost necrotic tissue. Right. That's very, pathogenic, that's built up underneath your, underneath where they do the root canal.

And then that's stemming throughout the entire bacteria. And, you know, and years and years and years of that. Right? Then you're going to end up with, with some problems. Right.

And remember, that's chronic inflammation and chronic infection. Chronic inflammation drives cancer. So again that's we're talking about root cause right.

So eventually did talk. We did went to a holistic dentist and found out that he had a bad root canal, the same region with his lung cancer. His lung cancer was on the right hand side of his lung.

So, you know, so after removing all the root causes. So I started him on some repurposed drugs and I can he's on a lot. So I, and, I would say, he initially when I saw him, he was an actos and metformin because he's diabetic also.

Now another risk factor for cancer is diabetes because glucose. Right. So then that drives cancer the glucose. So so he wasn't metformin in actos which is the brand name.

And eventually over time I started adding die period them all. And propranolol is another it's a beta blocker is a blood pressure medications but has anti-cancer effect.

Cimetidine is actually an H2 blocker which is an off label medication. Brand name is Tagamet. It's off label I mean you can you can buy it. It's over the counter and it has anti-cancer by blocking the histamine receptor.

So I put him on that. And up until now I'm still alive. I mean the tubes are still there. But you know he's still alive, I mean he's still walking. If it was not for the pandemic he would still be playing golf.

Yeah. And so was he. What was his quality of life before you started these, repurposed drugs? And what's his quality of life? Been in, what, a year and a half?

Yeah, over a year and a half now. Yeah, well, he's quality of life is still pretty good, I mean. Oh, and he's also in the genic diet, so now he he's he's body in ketosis.

He lost weight. He lost weight. And then he actually is energy. He's more energy now because before, he was not, doing anything. What cancer patient has to do like especially in nutrition.

Yeah. And detoxification, all this stuff. So he's actually better. And another challenge that I have with this guy is the opposite cancer. He had his first cancer ten years ago.

He did have plastic surgery. You know, hardest cancers, right. And and then, he didn't have surgery and then he was on hormonal blocking agents, and which is the conventional treatment for prostate cancer.

When I saw him, he already stopped the hormone because of the side effect. He was getting tired, and he got lost of muscle mass. So he stopped that when I saw him.

And then I started to see his PSA going up to. So at some point it went up to 91. That's really high. So what I did, I added more repurposed drugs and he is actually on.

And then Basil which is one of the drugs which is a dog De Wormer. And you know some more patients are taking it. And it's also blocks for different pathways.

One is glucose and it touches on the, a gene called MDR one and the what MDR one is, it causes resistance to in other treatments. In that really when you use, feminisms, that frees up that gene.

And then there's another, it blocks the turbulence. So when the cancer so divides, we have like a beam, like when you build a house, it's like, structures and beams.

Yeah. That benders also blocks that. So it blocks for different pathways. So that's pretty cool. So he's on that. And also I added hydroxychloroquine.

This is another drug that I use which is pretty I guess, which some integrative doctors have been using successfully for treating Covid for Covid. Right. Exactly.

The one thing with hydroxychloroquine is it blocks autophagy.

Case Studies and Patient Outcomes

So how I explain it to my patients is the cancer cells die, they release the nutrients and the DNA fragments, and then the remaining cancer cells will grab this and start, you know, you know eating eating it to to survive.

Hydroxychloroquine blocks that does it block the good autophagy from your body though. Because you're don't you want to get rid of a lot of those dead cells that your body's releasing every day. Right.

No this is different. This is what we call micro penal cytosol. This is when the cancer cells take in the some nutrients. So this is the cancer cell autophagy.

Not your normal. Yeah. Like not the norm biochem. Yeah. So this different. Yeah. Interesting pathway. So what was it. What was his when he was diagnosed with stage four lung lung cancer.

Cancer. Was he diagnosed non-small cell lung cancer, by the way, just to be more specific. Yeah, but. So he was diagnosed by a conventional doctor. Yeah.

Did they give him a prognosis at the time? Yeah. Oh, definitely. Yeah. What did they tell him? He. Well, he they told him that if you're not going to do chemotherapy you'll die in six months.

So this is a year and a half later, year and a half now. And he's actually more than that not only still alive, but you're saying it's quality of life is actually the life is good. That's good.

Wow. Yeah. So and then the PSA started to come down from 98 to now. Last week I saw him. It was down to 46. Wow. It was just slowly trending down from 90 to 60 to 1540.

Why ketogenic diet for him specifically ketogenic diet okay. So that's another thing that he's been using because he's a meat eater. And then I follow, you know, doctor, some serious research, which is, you know, ketogenic diet.

And then, because, well, ketogenic diet. So we know cancer cell uses glucose. Right. So when you switch to the die, you know, you're essentially starving the cancer cell with its nutrients, which is a glucose.

Now usually with ketogenic diet though I would usually recommend for them to limit the protein intake because now you're talking about the glutamate pathway. Yeah.

So usually be plant based ketogenic right. Right. What about the cancer being 50g a day okay. What I would recommend the protein the lower protein. Oh yeah.

What about cancers though that can switch to ketones as their energy source. Yeah. So I actually been talking to, doctor Tom Siegfried about this, and I asked him about.

Yes, because this is what, what? I guess professor Lee Santi and what they found there. And, yeah, there's some interesting science I've researched on that.

So he actually, sent me an article in this, and he said, I have to ask Professor Santi on this, and they don't know. They cannot they cannot explain to him why that happened.

But based on his research, he cannot see it because because there were some. When you think about it, in the tri carboxylic acid cycle, there's a deficiency of the enzymes in cancer cells that they cannot process fat.

So that's still I would say that's still controversial. There's still some debate on that. Sure. But one thing for sure is glucose. We know glucose, you know, you know, that's one thing.

And glutamine and glutamine. Yeah. But when it comes to fatty acids and ketones, there's still some debate there. Sure. Because some some people are seeing some benefit when they actually switch to that.

Right. Because because that makes sense to me. Because if they if that's the case, then because Doctor Thomas if I didn't see that, you know. Yeah. Although he use it with hyperbaric.

Yeah it does. What about the long term studies that, have proven that if, if you are on a high fat diet, that your risk and chances for diabetes go up exponentially, that basically a high fat diet is the way to make yourself pre-diabetic, which then we know diabetes is a precursor to cancer.

And and that whole, you know, cascade of events happens, right. Well, I know, I was in contact with Miriam Kellerman is one of the, nutritionist that I was dealing with.

And then there's, I talked to one of the dietician from. She's a nutritionist from there's a foundation that, I remember that, he was a producer. Hollywood producer.

Okay. You know them? I'm not sure. This is a foundation. I was talking to the. What's the the what? Collective nutritional foundation. And she was doing ketogenic diet with this foundation.

They're connected with Johns Hopkins. Okay, they ask her about the long term. Side effect of ketogenic diet. Yeah, actually, we have a lot of epilepsy children that are now into like adult they're still doing in diet and she hasn't seen it.

The diabetes I'm not really sure that part. And I was like, oh okay. So I guess, I don't know. I mean, I guess there's still more research there to be done there.

Yeah. Yeah. Interesting. Yeah, I've done quite a few research. There's quite a few interviews with like, Doctor Joel Furman, who's a medical doctor and, and a number of others.

Nathan. Doctor. Nathan. Good. Yeah. And and quite a few others that are working with cancer patients and, and, you know, a lot of, a lot of the research is pointing that there's certainly some short term benefit.

Doctor Sunil Paez, integrative medical doctor out of Albuquerque, that there's there's some short term benefit, but for people stay on it long term. There's there's definitely some potential negative side effects.

But although this guy though, my patient is also in that form and. Okay. I wonder if that has something to do with it. So probably why he didn't really he's blood sugars now control that.

Yeah actually because that helps block the glucose. Right. Actually they improve his glucose because he's fasting which is to elevate. Let's see. That makes sense. Yeah.

Ketogenic Diets, Glucose Blocking, and Closing Remarks

So and then and then I think I added also another glucose blocker on him. This is what I've seen in even in diabetic cancer patients when I add two deoxy glucose that's another I guess I would say supplement because not a prescription.

It blocks the glucose pathway. What it is, it's actually like a a glucose effect glucose molecule. So when the cancer so grabs it thinking it's glucose doesn't get down to, the byproduct which is lactate, it doesn't go to the pyruvate lactate level.

It stops in one pathway. Is there several pathways in the glycolytic pathway? There's several steps in the Glasgow arrhythmic pathway. It stops in the first because it doesn't get processed.

So that's one thing that I've noticed with two deoxy glucose we call it 2DG. It blocks the glucose pathway. And it actually helps with diabetes in my diabetic patients.

Interesting. So the same type of cancer you have the cancer right. Works well if you combine it with metformin. Well this is complicated stuff that definitely needs to be, discussed with your integrative medical doctor, like Doctor Acevedo.

So, you know, I would I would encourage you, one, if you you have more interest in this topic, go to Cancer Center for healing.com and connect with the team here.

And, have a consultation, talk with the team, learn more about how you can utilize a lot of the great tools and resources that that the great doctors here have to support you and your healing journey.

And, and I just want to thank you, you know, for for the great work you do for taking the time to share all this with us. And, you know, this is really fascinating to me.

If people stuck with us this whole time, I'm sure it's been fascinating to you as well. And you've shared a lot of really

good information that I think can really help people.

So thanks, Nathan. Thanks. Thank you so much.