Exploring the Link Between Digestive Wellness and Cancer Prevention and Recovery Transcript

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Introduction and Doctor Connealyu2019s Background

Everybody so excited to be with you. I have a good friend of mine. Doctor Connealy. Very well regarded in integrative medicine. Holistic ways to approach cancer.

She's very unique in that way. And so we're going to hear more from her on her background, how she deals with digestive health, relate to the immune system, cancer, and then some very unique cancer therapies she offers at her clinic and the Cancer Center for healing.

Very unique here in Southern California. And so, Doctor Connealy, great to be with you. Wonderful to be here to share this experience and let everyone know all of this great knowledge that you and I can impart.

And you've got a very unique background. You're a medical doctor, but you did all the extra training and integrative medicine, and then you did even more training and integrative approaches to cancer.

So tell us more about your background if you would. Right. Well, it actually started, you know, long time ago. And my mother was pregnant with me. I'm number three of six children and she started bleeding.

And back in the 50s they used a medication called de diethylstilbestrol. And that drug was to prevent the miscarriage and stop the bleeding. So I'm a teenager.

My parents get a letter stating, oh, you were given a drug D s, and so you need to go to a cancer institution close to your home because that drug caused cancer in both male and female offspring, hormone problems, anatomical infertility, etc..

And so I started going to MD Anderson and getting all the workups of everything when I was a teenager. And so that led me down a completely different path.

I never had two periods in a row, so I had like had to learn how to control cycles because you didn't feel good if you didn't have a menstrual cycle. And so my journey kind of I always wanted to be a doctor when I was a teenager, and then and I was a babysitter for an ER doctor and I'm like, oh, I can do this.

And then my whole journey has been is how not to get cancer. And because of the other problems I had along the way from the D. S, I learned a whole lot other things.

First of all, I became an expert in hormones because I had hormonal problems. And then now I'm in menopause. You learn even another dimension. And then I had infertility and that was a whole nother dimension.

And then I had scoliosis, and I tried every modality on the planet before I had surgery four years ago. So every and I did, I would say everything unconventional.

And yes, some of it was conventional, but I always tried to analyze and go down all the rabbit holes of I had gone to conventional doctors, I'll be honest.

And they like, you know, one gave me birth control pills because I never had a period. Well, you know, we all know now that birth control pills come with hazards and you better you tell the patients about the hazards and then you need to counterbalance the hazards.

Right. And then when I was delivered twins 29 years ago, I went into something called Cheyenne syndrome, where

the pituitary goes into shock. And I went to so many doctors and the endocrine, I went to endocrinologists, and they all looked at me like deer in the headlights.

And so because of that, I had to, of course, understand everything about the pituitary, the hormone production, pregnancy and what I had a complicated delivery.

And so that created so when you have your problems, it makes you become an expert. And so you don't become an expert by just living a life of nothingness.

Okay. I hate to say you become an expert because you've had a curveball or a detour in your life. That's really what makes you think and start living very consciously.

So here we are now, and I started years ago. I had this friend of mine who was an oncologist, and I loved him because he was so good. And I said, oh, would you be interested in developing an integrative oncology program?

He said, sure. So we went to go visit a clinic in Mexico. And and he loved it. And so we started Oasis of Hope in the United States years ago. And so anyway, that started out and then Oasis a Hope felt like, okay, the patients really only want to be seen in the United States.

So we need to separate. So that's what we did nicely because, you know, it was just the right thing to do anyway. And so we started the Cancer Center for healing.

And so and because now in this day and time, you know, you didn't see cancer 20 years ago now like the rates now are about one and two people.

Personal Health Journey and Integrative Oncology Origins

And they expect to have 2 million cases this year. And you know, over you know, unfortunately, you know, you're about a plane crash forever. And you hear about a shooting, but you don't hear about this 1600 people, you know, who die a day of cancer.

And so we need to really educate, inform, innovate for patients because medicine, the paradigm of medicine, has reached its point of no return. And we practice the best of conventional medicine.

That might be blood work and scans and the history and physical and the whole entire workup. And our history and physical is very different than a conventional doctor, because we go back from in utero what happened?

And because we all know we we not only inherit your eye color, skin color, but we inherit emotional, you know, intelligence. So and then but our treatments, you know, and some patients may need surgery.

Some patients may need chemotherapy. And so they might need a smart drug. You know they might do. But that's not all you have to address. When you address a patient.

You need to have a holistic approach, meaning the entire mind, body and spirit involved and looking at everything. And that's where conventional medicine doesn't look at is how does someone live every day?

Okay. Because what you eat and your lifestyle is going to determine your help. And so doctors, it was so interesting. I had a patient yesterday and she had done with a natural path, a microbiome test and her conventional.

She went to her conventional college. She and he just blew her off. And I'm like what? I mean how much is talked about the microbiome? I mean there's we have bought libraries, buildings on the microbiome.

And the microbiome is 75% of your immunity. So I don't understand how an MD can, you know, basically say that doesn't matter. I mean, how that's like impossible in the 2024.

So it's very sad that we have a disconnect because doctors more than other whether they're MDS, natural pest, we need to cooperate and collaborate for the best avenue for the patient.

And because we know none of us know everything, but somebody might know this and somebody everybody can, you know, put all the pieces together and we shouldn't be discounting.

We should go look up things first before we discount the patient, because then what happened is that has an impact on the patient. The patient doesn't like that. They don't like that.

Oh, they just disregard that. What you eat that my patients tell me that the doctors say, well, does it matter what you eat? No, it doesn't matter. You can eat anything you want.

Well, there is no book that says you can eat anything you want. Even cooking books. Don't say you can eat anything you want, right? So there's just so much.

So patients are not trusting now of the whole medical system. And you know, I kind of agree, even though I'm a conventional doctor, I just believe that we have to use the, the, the science and information that we learn now in a conventional way, which is wonderful because look at scanning is incredible.

Like new breast imaging is incredible. You know, we do have life saving treatments, but for chronic conditions, which is about 90% of the profession, it's there's not a lot of answers.

And if you look at the health of the United States, autism is 1 in 37, maybe even less elementary kids, 60% have one or more chronic problems. Our teenagers have the highest rate of anxiety, depression, and suicide and 30 year olds with getting cancer.

So obviously our medical system is not working for us because what we know in 2024, people should be healthy and a Navy Seal. So they should be and smart because the on the mount of knowledge we have today is unbelievable.

Okay, so everybody should be intelligent and healthy and physically capable because look at the Olympics okay. Now we're not Olympians. But what what I'm saying is we still can be functional, you know, you know, physical beings.

Okay. And so it's it's really sad that the medical system is missing out. But I do know that our young patients, but I'm so excited about it is our young patients are so into transforming the future of healthcare and humanity.

And I love it. So that's why I work every day, because you and me together and all the people that are, you know, thinking like this, they are going to change the future.

And so and we've got to we have to do it. Now, I've been saying we're in a 911 for probably ten years, but we're beyond the 911 now. We are okay and we can't allow this to happen.

In fact, in everybody's talking about cancer and young people today. And I read from doctor in GE, lady doctor from Harvard, she goes, these, these two young people, they've been exposed to something or multiple exposures.

So that is what's causing the increased rate of cancer in young people. And so like okay. Yeah, it's called the exposition. Right. You know, we know that we're all, you know, your body keeps score of everything. You know.

So so it's you know, people like and why aren't why aren't all the doctors taking a stand saying wait, stop. We need to do something right? Why aren't we.

Why are we all I mean, I am, you are. But why aren't more physicians if they see this alarming rate? Why aren't we saying, okay, well, we've got to look at this.

We've got to look at everything. We've got to collaborate and say, we've got to stop this. Right. And that's what you do. You work at root causes. And of course, you know, we work.

We look at many different levels of root causes diet and stress and sleep and talks and exposure and hormone balance and all these things. But give us your insight on the connection to the digestive system and whole health, you know, the whole health of the body.

And then of course, get into the immune system and cancer and all that, if you would. Right? Well, your digestive system is everything. So if you don't have a stomach, are you going to live?

No, you're going to be dead within four weeks. Right. Because what is your stomach do it for uses hydrochloric acid and enzymes and pepsin to absorb and digest all your nutrients.

And one of the most important things is making sure that your entire digestive system. So your digestive system starts with your mouth, with how you to your food.

Right. And then if you don't, you your when you chew your food, it allows it to be absorbed in its smallest form. So the better you chew your food. So anybody that has digestive issues, I tell them you need to cheer your food like 30 times every bite, which takes you a long time, which is good because then it allows for the whole digestive system to work and to have satiety also.

But we all just inhale our food, right? And so instead of taking our time and enjoying the food, that's going to nourish and strengthen our body. So we have enzymes in our mouth, help digest the foods.

Then it passes down the esophagus, which is the tube going into your stomach. And then as I said, stomach makes hydrochloric acid. And I did a lot of hydrochloric acid studies.

I used to use the Heidelberg machine, and this was a machine that would actually detect the hydrochloric acid. And almost it's so interesting. Almost everyone had low hydrochloric even if they were 25.

And I think with the incredible stress and probably emfs, you know, we're shutting down our hydrochloric acid production. And then if you're 60 years and older, about 50% of those patients have a bug called H.

Pylori. And doctors don't even think about checking for that bug. And so so your stomach has this beautiful peristaltic action and has the hydrochloric acid and pepsin and everything to turn everything into soup.

And then it goes into the small intestine, small intestines, makes more enzymes. And then your liver, your gallbladder and pancreas all beautifully chime in for the other aspects of digestion until it goes into the large intestine, which a whole bunch of other processes take place, and you have the pyres patches that align the the intestines, which is your immune system and your.

Now that we know about the microbiome, which there's the mouth microbiome, the skin one, but we have the intestinal one and there's more research done every, every single day on the microbiome.

I mean, it's just every day new stuff comes up and everything affects our microbiome from the food we eat and the quality of food. So if you eat boxed fast food, you're not going to have a good microbiome, okay?

And then you've got to eat the food that nourishes and strengthens your microbiome. So that's 75% of the immune system is in your microbiome.

Digestive Health, Microbiome, and Immune System

So you know the food you eat, the toxins, then you know you have to look at parasites and candida. And I would say most patients have candida and parasites.

And the average doctor doesn't look at that. For example, cancer patients, over 60% of patients have yeast. And then if you do surgery and chemo what do you do?

You grow and proliferate the yeast. Well then how are you going to get rid of cancer if you have a constant in production of yeast. So you've got to address that at the same time you address the cancer okay.

And then parasites, people think in the United States that you don't get parasites. Well, you know, we yes we do. You know, we do. In fact in the India they do their population twice a year, naturally.

D worm. That's why their cancer incidence is lower than ours, because they'd worm their entire population twice a year. And so the microbiome is its own universe.

I would tell everyone to really understand your microbiome because and love it and nourish it, and because we know the studies show that if you take antibiotics, which people pop all the time, they, you know, destroy their microbiome.

So doctors don't say no after you take this antibiotic that you may need at for an acute situation. Not be careful though, you know, don't take an antibiotic.

You're wasting your microbiome. And doctors give antibiotics all the time for things okay. Thinking like you go in, I know patients will go in for something.

Oh, well, let's just try an robotics and see if it goes away. I'm like, no, we can't do that. We have to make sure you have an infection. Okay. And so but every time you take antibiotics, you cause mitochondrial damage.

And your gut is directly related to your mitochondria. So if you don't have a good gut, you don't have a good immune system, and you're not going to have good mitochondria.

And I think there was a paper out about if he took 60 days of antibiotic really destroyed the brain. So, you know, we we've got to understand the ramifications if we have to give somebody something, how do we counterbalance that infliction to the patient?

Okay. And because our job is to protect and to inform and to educate the patients, Hippocrates says, first, do no harm. So we we, we we doctors have to take that role very seriously because the patients are counting on our discernment and our intelligence and our understanding of what is the best thing for our patients.

And and our system is not doing that, unfortunately. And so that's why doctors need to become educated and, and know as much as they can know and not discard another doctor's opinion.

Right? I mean, God knows, we could look, learn, learn. All of us learn things. So so the microbiome is critical. What you eat is critical. How you think is critical, because how you're thinking also affects the microphone.

And so so we just really need to nourish the microbiome in all the ways possible by reducing stress, by eating the foods, doing the fiber, supplementing with like butyrate.

If the patients need that, do they, you know, what bugs do they have? Get rid of the bugs that are interfering with the proper functioning of our microbiome.

And, you know, vehicle transplants, you know, now they're PhD approved for cluster Divisio now. And they have oral fecal transplant pills now that patients may need which, you know, there's no downside to getting a good donor microbial.

And so you know, it's interesting I had an interview with the company that makes the fecal transplant. And I said I started asking them all these questions.

How do you screen your donor? Do they take medicines. Do they all these things and the doctors, the, the the person from the companies, like, well, I've never been asked these questions.

And I'm like, well, we know if you get a transplant, if you get a heart transplant, you take on the donor's existence, okay, emotionally and physically.

So why aren't you screening the donors properly? So anyway, you know, so these are the kind of things. And how difficult is it to do this? You know, you're charging 10,000 is like, how difficult is it is to do this basic thing?

Wouldn't you want to know that the patient is healthy, that they are, you know, mentally and emotionally stable, they're physically active and they, you know, aren't on any medicines or any other external things that could be affecting their microbiome.

Right? So, absolutely. And also you've seen a literature and it's not surprising you get a lot of cancer patients obviously. And so tons of literature now showing out how radiation therapy chemotherapy leads to leaky gut.

This biopsies. How do you help these people. What are the things you're addressing right away to help them. Well, well, one of the things that I like to do is first of all, I want any cancer patient.

I want to clean them up. Okay. So whether that's purification, is it getting rid of yeast in person. So we're big on that okay. Huge on that because you've got to get rid of the junk.

And then I prefer and I said this five years ago is that I think every cancer patient should have some kind of transplant. And so the expensive ones I only use for like really, really, really, really serious things and that people can afford.

But I use an oral fecal transplant pill. Okay. But you you don't do that in the beginning. You do that as you've gotten rid of the garbage, okay? Because there's no sense in putting something great and good in someone who hasn't done their, you know, cleanup.

Okay. So that's you know, what I prefer to do. That's pretty cutting edge. I don't see other integrative cancer clinics doing that. That seems very cutting edge, right.

What we're seeing that if you even if you do a transplant that you already see eradication of disease. So you know, they're doing this all over the world, right.

But uses as you know, a little slow to, you know, to adapt these things. And so but we all if you understand that 75% of your 80% of your immune system is in your gut, you better get that ready.

Because if you're going to do anything, it's injurious and immunosuppressive, right? Surgery is injurious and biopsy is injurious. Immunosuppressive a surgery is injurious.

Immunosuppressive chemotherapy and radiation or injurious and suppressive. So you should be protecting them. So I protect the patient. But what they need a biopsy.

I do the whole protocol. If they need surgery, if they do chemo. Here is your counterbalancing that you have to do so. And that's not doctors aren't doing that you know at all.

And it's, it's it's sad because like we know like that these things matter. Right. So but doctors you know they're overworked. They are a slave to the EMR.

EMR the doctor spends probably 75% of his clinical time on the EMR. Well, that's the electronic medical record. So, you know, ago we didn't have that. Okay.

Only laugh because my wife and I talked about this all the time. She practices with me and I like I see her in the

morning. She's on Yamaha. I go to bed at night.

She's on EMR like, this is this is a little crazy here. Yeah, it's getting crazy. And so, so the the doctors, you know, you know they have clinical time, very little clinical time to see the patient, to talk to the patient, to, you know, really understand what's going on.

And it's so medicine is all about like what you put in your chart. It's not about care. And so so that's why you're not getting care. Yeah. And I would say the number one thing my patients talk about with other physicians is one they treat them and talk to them with doom and gloom.

Well we know if we do that that totally affects the patient. So it's very important how a physician talks to a patient and talk about possibilities. Not that you're going to die, okay.

Number two is when they bring up things like what they eat or anything, you know, the doctor denounces their thoughts and makes them feel like what they're saying doesn't matter.

And so you, you know, that doesn't create a partnership and foster healing. All right. So so and then, you know, if you look at their medical records, all they've done in blood work is a chemistry and a CBC.

Not all the other things that matter, like see, react to protein and iron and ferritin and vitamin D and hemoglobin A and C and D, all these other things.

Because the miracle that we live in is, is infinitely complex and complicated.

Cancer Root Causes and Holistic Patient Care

And so we've got to understand every single thing that's going on with that patient from how they live to their, you know, biochemistry to their bioenergetics and their bio physicality.

So, so we address every single facet of that person when we see a patient. I mean, there isn't there isn't anything unless I don't know it yet and that we're on the constant quest of, of, of information and intelligence.

And because, you know, something new comes out all the time. Right? Yeah. And so, so that's how we address a patient from every angle possible. And, and you've got to address the bio emotional.

So, because, you know, you become what you think about most of the time. And so and if you have outrageous stress, which almost everybody has and has had, but you've got to re program that stress to a favorable electromagnetic frequency in your body.

And that's another thing that doctors don't ever address, is they never talk to the patient about their teeth, about their stress, about their sleep, their rotter, their eating, their entire lifestyle.

And so but that's all important, right? Yeah. And so every physician should be doing this. So, you know, we have to change. Okay. Because we are not creating healthy people as the bottom line.

And we should be where all the information and knowledge. There's 1.2 million PubMed articles per year. Can you imagine that? Things we don't know that we're not doing, you and me.

Right. And so we've got a you always think like I always will. Okay. Let me look up. There is a study on X and turn out, oh my God. There's a study on something you thought it would not be a study on.

Right. So and I'm talking more about natural substances. Yeah. And so but there's as many information scientific articles on natural substances as there are on medicine or stress.

If you look at stress and how that affects the body. So so we need to really address every single facet. And that

takes time. And you know, a lot of patients think there is something easy quick fast.

But there's nothing easy quick fast okay. And I always use the analogy of remodeling the house okay. When you remodel a house how long does it take? Usually a couple of years.

All right. Well, house is very easy. It's very easy. It's replaceable. But remodeling the human being is takes time. And, you know, cancer is about a ten year process.

From one cancer cell to tumors, ten years. So don't think surgery and chemo and radiation in a smart drug is going to unravel that ten year journey. No, we all have to.

The patient and the doctor must do the work to help that patient to the maximum potential. That's great. That's great advice. Now you have a book. I looked on Amazon still a bestseller, the cancer revolution, right.

So I I'm still yes, I'm updating that book Cancer Revolution because as knowledge we have more advancement in knowledge. I've added more things to how we analyze a patient loss about some of the cutting edge things you do at the clinic for cancer, it doesn't have to be digestive related because I've been to your center.

Not only is it beautiful, but you guys are very cutting edge. It's very, you know, you just have a sense of peace here. But it's very beautiful too. It's it's a high end, looking comfortable clinic for sure.

Well, you told people. I thought my clinic was pretty nice until I walked into yours. And I'm like, wow. So tell us about some of these cutting edge things you're doing with the cancer patients and how you're helping people.

Okay. Well, first of all, like I said, we do a very comprehensive assessment. Okay. That's number one. Because if we don't understand the patient, how are we going to change the patient? Okay.

So we have a big understanding then my blood work is extensive. Then my treatments okay. We do everything from very particular IVs. It could be IV button.

See it could be artisanal. It could be DCA, it could be curcumin. It could be endo laser with riboflavin. So we use a Weber and delays or system and we use so the Weber endo laser it can be done topically.

It can be intravenous. It could be any enter into the body. And so lasers you know are light okay. Different spectrums of light. And then you use photosynthesizing agents like curcumin like ICG two or riboflavin as a color.

So all these things will the light the photosynthesizing agent activates the issue and the light destroys it. For example, viruses. If you give IV into laser with riboflavin, that destroys the viruses.

For cancer it's curcumin and or ICG. And so then we always check the voltage of every patient. So if your cells don't have energy then it can't take care of you okay.

So what destroys your energy. Your thyroid is probably number one. Then if you have yeast, parasites, toxicity, scars, tattoos and teeth, they will all interfere with your energy.

So how are you going to get well if your cells don't and stay well if your cells don't have bolted. So we assess the voltage and then we, you know, correct the voltage with energy okay.

Then we utilize hyperbaric hyperbaric because we know the studies show that cancer is an anaerobic situation. So many of the patients get either hyperbaric or IV ozone or IBU.

One of those things, IBU is a process that take the blood and put it through a filtration system. And then ozone, because ozone is phenomenal for super oxygen, neutralizes viruses, bacteria and fungi.

Then it helps the immune system. It neutralizes toxicity. So those are all, you know, wonderful benefits. Then we

use PMF for any IV because that helps the permeability of the cell to take up whatever agents it is, not to mention it's adding energy to the body.

Then we do all kinds of different energy treatments. We have bio charger because everything's about energy bio charger.

Cutting-Edge Cancer Therapies at the Clinic

Then we always do a bio energetic survey on patients. You have acupuncture points on your fingers and toes that relate to an organ in your body, and puncture meridians have been around for a very long time, so I always tell patients energy precedes action.

So you might have a clean scan, but what's the bioenergetics of the patient. So we always look at the energy of the patient I talked about the voltage.

But this is another way of looking at the acupuncture meridians. Then we well a lot of times we'll use repurposed drugs, repurposed drugs. There's about 310 drugs that starve cancer.

So we will put the patients if they have a real serious condition. And we need every single thing in our armamentarium to, you know, get rid of it. So we will use repurposed drugs.

So these are old drugs that have been around a very long time and have little or no side effects. So they might be anti parasitic drugs. It might be starving sugar, it might be starving glutamine.

It might be all these different things that we utilize for the patient. And so because I like I said in in India they you know do their patients. But those are anti-cancer drugs at the same time.

And then let's see what else do we do. Obviously we do fractionated chemo which is low dose chemo. Patients may do way better on low dose chemo because what we do is we give the patient insulin and, you know, primes the cancer cell because cancer cells have insulin receptor sites on there.

They're called insulin like growth factor. And so that will prime the cancer cell to take in the chemo at a lower dose 10%, 10 to 15% depending on the situation.

And so and then after that we give them IV endo laser. We give that to activate those substances. And you will usually use curcumin, curcumin as anti-cancer, anti-inflammatory etc..

And so we'll do that also. And then the next day after the chemo we give our patients a special IB to purify their liver because we don't want their liver overloaded because then they don't feel good.

And so so we have this whole system in place to basically neutralizing the toxicity and enhancing the patient's ability to fight cancer. So and then we use a device called Cell Sonic to reverse the polarity.

So that was machine was invented a long time ago by a scientist in England. And so cancer cells have polarity and normal cells have normal polarity. So polarity is the organization of tissues in your body.

So if it's disorganized it's going to rotate clockwise. If it's disorganized polarity it's going to counter clockwise. So we use that device not only to reverse the polarity but also maybe their liver is not working as good kidneys not working as good.

We will use sound frequency and light which is emanated from the cell Sonic to help the body heal. You know the old technique of hitting your body, right?

It's been around for thousands of years. It's using obviously sound in your own energy to activate healing. So, so we have so many things to help the patient heal.

And sometimes we use when we find the patient is low voltage. We use something called a bio modulator to activate the voltage of your body. So we use a lot of things to activate voltage because by the time the patient comes to us, they're like really not doing good, right.

Yeah. And so because doctors don't address, you know, all the facets of the human system. And so and you know, we're learning every day, every day we're learning new things to help people.

Personalized Medicine, Resources, and Closing Remarks

And then supplement wise, you know, again, cancer patients need very specific supplements to change the terrain and the garden that the cancer came in.

So anyway, it's a constant discovery. Yeah. So you guys do personalized medicine so people come in, you spend a lot of time, you assess some lab tests or signs, symptoms or histories, and you're giving them programs specific to them, which is the best way to do medicine.

So that's phenomenal right. It's the preventive proactive precise personalized approach to medicine. Yeah. Very good. Well, thank you so much for your time.

I know you got to get the patients and I'm going to too, but I want to make sure the viewers have your website so they can get more information or contact your center if they need to.

So either way, for the viewers, these centers are right in the same building right beside each other. I've been to them. So we have the Cancer Center for healing and the website is Cancer Center for healing.com. So pretty simple.

And then we have the center for New Medicine. And that can be all the other conditions people experience. Yeah. Human optimization to autoimmune to cardiovascular all that.

Yes everything. That's right. And what's the best then on Instagram Instagram. My my handle is Liam D. So every day we're putting up new information for people, thought provoking information for patients to help manage their lives.

S and Connealymd that's connealymd.com. So you have a website for that too. And then like said on the Instagram. So thank you so much for helping the viewers understand, you know what's going on with cancer.

The got the whole body connection. Right. Well thank you for having me. It's my privilege and pleasure to be with you today.