Introduction to Dr. Dana Flavin

Hello, everyone, and welcome to the Cancer Breakthroughs Summit. To them, honored to interview and speak with Dr. Dana Flavin. Dr. Dana is really composes within her a very unique combination of 40 years of extensive studies really.

I mean, 15, 20 years of academic studies, being a medical doctor, being a researcher, being expert of toxicology in the FDA. And during her journey, she also developed effective treatments for multiple conditions and medical issues.

And over the years, Dana brought her focus into treating cancer in an integrative, complementary and creative way, which is really based on research. And that's what's unique about her is a deep understanding of the research mechanism in and of the clinical part of it.

And really what Dr. Flavin brings with it is a true passion and commitment to help people. It's really what drives her, which is not something we've come common today and we really have to value.

So with this Dr. Flavin I want to welcome you to the Cancer Breakthroughs Summit. Thank you, Isaac. It's it's an honor. It's honor to be on. I've been wanting to speak to you for for ages, and I gather you've been too busy.

Ah, I've been too busy. And so it's. But it's something where I was looking at some of the things that you're working on and the, the most recent things with meditation and emotion.

I was I was delighted because I finally realized after all these decades that I that the one thing we're all missing in the cancer research is the emotion.

And this is something where I never wanted to believe it before. I thought, oh, it's easy. You'll just block this, block that, block this and, you know, and get rid of this pathway and downregulate bcl2 gene and although I call them the bad guy genes and, and then everything's fine.

And in the beginning it was with most of my patients and I would be I was able to reverse people sent home to die told they were therapy doubt and they had you know 12 weeks to live.

And after ten weeks, they had no more cancer. And I'll tell you, this was mind blowing for me. I did not expect it in the beginning. I thought in theory, from basic, from all the science and chemistry and pharmacology, it should do something.

But when it did, it was like it's like designing an airplane and saying, well, you know, a bumblebee doesn't shouldn't fly because according to the physics, it can't fly.

And and I and I thought an airplane is only going to fly if it's done well. And then all of a sudden when it flies, it's like, oh my God, it's real.

Personal Health Crises and Medical Training

And this is where I started to realize that the colleagues that were in conventional medicine were missing half of the half of the answers. Oh yeah. So it's, it's so good that we really get to hear your perspective and experience.

So maybe tell us a little bit about your your life journey in your professional journey, because it is complex and I don't I decided not to make it in justice and let you really introduce yourself in a small way, because I think that, you know, you're in a really deserves a thorough introduction.

Okay. Well, thank you. Thank you, Isaac, that the journey has been very rocky, very difficult. I'm actually working on a book right now and they said, well, they want to know more about your personal, you know, background.

And I'm like, Oh, my God, you're kidding. I said, Well, let's see, my father's stroke at age when I was 15, and he was paralyzed for 22 years after that.

And of course, he was a dentist. So what did he have in his body? Mercury High blood pressure. Right. So he he he just was basically paralyzed for 22 years and could hardly speak at all.

In fact, it didn't make much sense except one or two words. One year later I had grandma seizures, ended up very heavily medicatedin high school with phenobarbital, Meprobamate, Dilantin.

I was so drugged up, I slept through all of my high school classes and I don't know how I got 100% on my biology exam except that I loved biology. And so that was that was wonderful, except that I had a nun teaching.

I went to a private Catholic school, and the nuns would not give me an A because she said, you didn't do extra work. And I thought, extra work. I couldn't even stay awake.

I mean, you're kidding me, right? So then that was until till I was 18. And then two years later, my best friend was killed and he had an automobile accident.

And two months after his death, I had a breast tumor. And I didn't realize until about two years ago. My God, Dana, it was emotion. That's where you got it.

And so it was it was borderline. So fiber adenoma, maybe a 10% chance that it could have changed into something else. But they removed it. And I thought, yes, I'm out of the woods. I'm safe.

That's it. It's gone back. My bad luck is over. And nine months later, I broke my neck and flipped over in an M. G. midget and landed upside down in this in December in a cornfield in the middle of Illinois and was trapped under the car for probably 2 hours.

And a friend of mine was driving, but he wasn't hurt. He was thrown out of the car and I had my seatbelt on. So I was trapped under the car and I had no roll bar.

So I'm lying there with with my neck in the cornfields, in the freezing cold. And we turned the car off or I did anyway, and I'm upside down in this damn thing.

Right. And they, I finally got the engine shut off and then I had to sort of half crawl out, okay, and wait for the ambulance to come because it was in the middle of nowhere at 1:00 in the morning.

I mean, no one's even out there. And so I knew something was wrong because I had numbness in my fingertips and my right hand. And I thought, oh, it's the neck.

And so I was very concerned that they would make sure they did not lift me up by letting my neck fall back. So I was a little bit in a panic because the ambulance drivers weren't the quickest in the world.

And I had to insist that they hold my head, hold my head, hold my head. And then in the ambulance, I noticed I started to go into shock and I and I said, please talk to me, talk to me, talk to me.

And my father had always taught me that an accident is an emergency until proven otherwise. And so I was very, very cautious. And I ended up two weeks in a tiny little hospital in the middle of nowhere where the doctor wanted me to get up and walk.

And I refused to be until I moved to a larger hospital in Chicago. And so finally, after about a month there, and I'll never forget the man coming in and he said I said, do do, do, do, do you have a neurologist for me or at least an

orthopedic person?

And he said, I have consulted God myself in the books. And I said, Well, no offense to God in the books, but I'd really like to have a neurologist in here.

So when they finally transferred me to Mercy Hospital in Chicago, they told me not to move. They said I had broken C four, five and six in my neck and torn all the ligaments, and that if I moved, I would be paralyzed for the rest of my life.

So obviously I didn't move. And then they put screws in my skull because in those days they didn't have the halos like they do now. They put screws in my skull and stuck me in a bed about that wide called a Stryker frame.

And they left. And so I was in there for six months until they finally operated and took a piece out of my, my anterior superior iliac and put it in my neck.

So and then they sent me home in a body cast. This was age 21. And I thought, this is it, this is life, right? What do we have something else coming? And that when I was leaving that hospital in my body cast, the chief resident came in.

He had given me 30 yellow roses and he came in and he said, Why did you give away all my roses? I they were for you. And I said, Because I'm going home and they're not.

And it hit me so hard and to think to myself, you know, I should have been either dead or paralyzed for the rest of my life. And in the neurology department at mercy, the people were either paralyzed, some were quadriplegic, some were hemiplegia.

There were Parkinson's disease and Alzheimer's and any neurological problem where these people were never going to have a normal life again. And I got to go home in my body cast.

And I thought to myself, you know, there but for the grace of God, go, I so I felt then that it was time for me to really concentrate on science and, you know, never mind the psychology courses that were fun or theater courses that were fun.

No, it was time to be serious. And so I did. I ended up then studying and never quitting. And so 58 semesters of education later, I'm still learning and I learn every day.

It's every day. There's always something new. Wow. Amazing, amazing. The combination of your own personal journey. I didn't know all the details. And and when when did your focus move into into treating cancer?

That took a while. In the beginning, I was more how should I put this? I studied medical school in America, but nothing was recognized in Germany. So I had to do everything all over again.

But this time in German, which I thought, well, okay, I'll, I'll pick up on my German.

Early Research Breakthroughs in Viral Disease

But I spent every Friday afternoon in the library looking, doing my research and ordering between 150, 200 articles a week. My ex-husband was a director at Roche Pharmaceuticals, so it was for me wonderful because I got to order all of these wonderful articles.

And I began actually in this journey not and not in cancer. It started out actually the one of the first things that I that I worked on was Epstein-Barr virus.

And I had a weird circumstance where I had a horrible resident that went with me to a meeting that that the chairman was supposed to go to in Hungary.

And he gave a talk on nitric oxide. And he was so mean to me and he was so horrible to me that I thought, I'm going to show him that my oxygen radical enzyme can activate his nitric oxide.

And I found out that the two work together and I published this in 1993. I think it was called a common enemy in the in the New Zealand Medical Journal, which nobody reads.

But no offense to New Zealand, but people just don't. It's not a big thing like Lancet. And so two months later, the head of of Essex Pharmaceuticals in Munich phoned me and said, Dana, I heard you might have a treatment for my little boy.

And and I said, he's got Epstein-Barr virus or mononucleosis, as they say in America, or glandular fever as in Europe. And he had an a large spleen that was ready to burst, and he was only four.

And I said, Well, Giovanna, I don't know, I just just published a theory three months ago and I think we can try it. So we did. I blocked and then oxidized and I blocked inducible nitric oxide synthase and the child was cured in 24 hours and I didn't even know this until four days later.

And I'm panicking thinking, oh my God, it stopped the entire toxicity. Did the virus grow? Did the virus grow? And then I finally called the wife and said, Yeah, hi Ahmed.

How a little. Usually in doing it she goes, Oh, you really? It's fine. Then I went out and bought everything you recommended, shove one capsule after another down this little throat and it was cured the next day.

And I said, You mean to tell me that he had he had Epstein-Barr virus for over three weeks. The spleen was ready to burst and he was cured in 24 hours.

And she said, Yeah, Banner flew off to America for a meeting. And I, I was floored and I thought to myself, why isn't there a treatment for Epstein-Barr virus?

It's so simple. And the thing is, it turned out that the enzymes that that I that I had discovered, one of them I'd worked on for years on oxygen radicals, but the other one, nitric oxide, it didn't know a darn thing about.

And then I began to read more and more and seeing how it was also in cancer and this and that. But it turned out that it was a common enemy in all inflammatory diseases, even HIV.

You can reverse age back to HIV positive and know no side effects. And every single viral viral infection was completely stopped and reversed on this.

This combination therapy. So I, I was I was flabbergasted. And the thing is, it was one of these things that that kind of I mean, that's an incentive to say, wow, I want to do more.

I want to do more because it's such a reward. And I thought I was so I was honored that I was allowed to have this information. And I thought, you know, had I not gone to Hungary with that horrible resident and he made me so angry and I was so sick, I had actually strep throat.

In fact, that blew an eardrum out on the way back on the plane. That's how sick I was. And I thought, don't get mad. Mommy always said, don't get mad, get even. Right.

So I decided that I would learn everything about his enzyme. And when I saw that they work together, it just blew me out of the water. I was flabbergasted.

I mean, this was it just drives you on. It's turning lemons into into lemonade, really. And really seeing everything is an opportunity. So let's let's shift into cancer.

What is your maybe you can share with us your basic pillars of how you approach a cancer patient. Okay, well, it's

different now than what it was before.

Let me put it this way. In 1992, I was in Ireland visiting friends and one of my friends said, I want to introduce you to this lady ActionAid, and she has cervical cancer and she has no money, she has no insurance.

She's not going to be operated on for six months and it's the size of a cabbage. And I said, Oh my God, I've never I said, I wasn't treating them. I mean, I was in medical school.

So I put together what I thought would help based on a book that I had written, that if if you can't sleep at night, open the first page and I'll put you to sleep.

This is all chemistry. It's called molecular alterations in tumor promotion and cancer. So I actually put together what I knew would help topically in the cervix and orally.

Nancy, I put her and sister in and and sodium selenite and so on, and she was eating apricot seeds. I didn't know anything about them then. I thought they were going to kill her.

I'm like, Wait a minute, how many were eating it? And she she said, No, they're not poisonous. So she was taking the apricot seeds and she was on the tea.

Right, the tea. So burdock root and turkey rhubarb and all of that. And my God, in six months she was completely cured. And I couldn't believe it because I thought I've never I'd never treated anybody before and I did not expect this result.

So, you know, and then these are yeah, you're know, I'm recollecting the days of the nineties when these were the tools that we had, you know, and we really, you know, you do the best and you combine the best with the tools you have.

So tell, tell us what is what is your approach at the present time? Like what the present time, it's a lot different than it was before, before I was putting in things that I that I already knew would have certain effects on certain enzymes, receptors and so on, so forth.

But now, having read a lot of physics and looking at some of the work by a professor, John Jay Joanne from he's from Korea, he's past now. He wrote a small book called Hexagon of Water.

Okay. And then when I found out was when he measured the water in a tumor cell, it was only 20% structured, meaning 20% hexagon shape. Now, the hexagon form of water is the healthiest, best form.

And that's why snowflakes have six sides, because when the water is spinning, it's becoming structured. And then it's turned out that the structured water is the best for curing information.

That's from Luke Munch and his work. And so when I read that the there was only 20% structured water in tumor cells, but 80% in a healthy cell. I began to realize, Oh my God. And Dr.

John showed the heavy metals and some of the viruses, etc., and parasites and so on.

Cancer Treatment Philosophy and Detoxification

Candy structure, water. He said fluoride will do you structure water, aluminum or aluminum? Will these structure water, mercury will do and so on. And so a lot of the toxins of heavy metals that we're exposed to will change the structure of that water.

And and he said that, you know, from what other I learned from other people was chromosomes will give off a frequency of 5 to 8 and that structures water.

But if you do not have this stability in the water, if you have too many heavy metals and contaminants, it won't structure it. So what happens is your DNA is supposed to bind on to structured water and be stable, but it isn't.

If there are the wrong frequencies there and those wrong frequencies are coming from the heavy metals. So now I realize people like Chris work and all the rest.

They're not wrong in detoxing. It's one of the first steps that must be done in general. And this is where Stephanie Seto from MIT said, You know, Dana, sometimes I think that the tumors are there to protect us because all the bad guys go into the tumors, all the toxins, the heavy metals, the fungi, every it's all in the tumor.

And you don't see it in the other cells. You see it in the tumor cells, which made me realize what a mistake we're making in cancer therapy by destroying the tumor.

In fact, I wrote this to Anthony Holland, who is, you know, working on music and sound, too, to destroy tumor cells. I said, no, no, no, no. You don't want to destroy them.

You want to heal them. You want to detox them and allow them to leave, give them permission to leave because they're not needed anymore. If you're getting rid of all the junk.

I want to interject. This is so profound because there is, you know, my my my book, the survival product, the body wants to survive. And the cancer is the body's best solution to deal with the great crisis, with the toxic crisis, with the traumatic one and three.

The irregulars all recognize that it's part of a community itself because it loses its purpose to his very strong identity and this part of survival, it destroys the environment and everything around it.

So it's important for for the audience to recognize that every cell has a potential to become a normal cell. Again, it really is based on what comes into the cell and how the cell functions.

And in this sense, what you are saying makes a lot of sense. So please, please keep going. Okay. Well, this is this was quite a surprise to me for this to realize that you don't want to kill the cell.

Those those cells, those tumor cells, and especially the cancer stem cells. They have retroviruses in them. And ironically, these retroviruses are in the fetus when it's developing.

As soon as that fetus is born, the retroviruses are shut off. But when you get a cancer, those retroviruses are reactivated. And it's a very interesting parallel when you begin to look at this and you see, aha, then it becomes almost like a fetus again where it wants to start growing and replicating.

And so this is where sometimes I'll use Tera to generate like retinoic acid. Not that often, but it's part of what they call the hedgehog pathway. Johns Hopkins did a lot of work on this, and this is where I look at the at the at this territory dance and realize, okay, we can we can actually block and get rid of the cancer stem cells, but we still have the cancer there.

So you must absolutely imperative that you detox and that you look at also some of the work from I mean, from going back to the forties. When you look at Warburg work and you look at the whole thing on an acid base balance sometimes so primitively simple as changing the age of the body will actually change your cells so that they will not have to try and escape.

And if they have a fungal infection like Candida, which are very common, you can get rid of that with oregano or Gano oil capsules. And I give my patients one a day.

I don't want them to do an overkill. I just want them to get get one a day and start to decrease that Candida and change the patient, change the diet so that you're not going into the acid so you can keep it more base.

And then through the detox, you're actually freeing it up. It's like taking taking a prisoner and taking off his his restrictions and letting him leave.

And that's basically what you're doing. You're letting that cancer leave. You're letting the body heal itself. And the emotion is the last part. And that's where I've had I've been very, very fortunate to be extremely successful in the reversing of the cancers in almost every patient except except those who were abused as children or abused in a relationship.

And this is this I didn't expect this to be perfectly honest, and I did not expect that you would actually imminent breast cancer. There are books written that say the right breast is partner problems, the left breast is family or parents or whatever.

And I'm seeing this over the years and thinking, wow, I think they're right. This is what it looks like. And Dr. Harmer from Germany said that when he got a testicular cancer himself, when his son was killed one year after his son was killed, he ended up with the cancer.

That's trauma. And he said that this is one of the important aspects in cancer. And I never wanted to believe that I really did. And I thought, oh, come on, you've got a mutated cell here and you've got damage on your DNA.

And, you know, it's so simple. And the more you look into it, the more complicated it is. And you realize actually the solution is simple, but the cancer is complicated and the frequencies that it's giving off, you can take a layer of healthy cells and put them behind a glass, preferably crystal glass.

And then and then healthy cells on top. And the frequencies will go into that glass and transfer to the healthy cells and turn them into tumor cells. This is very interesting because I found a frequency that will turn and turn a tumor cell into a normal cell.

And I'm trying to get some studies done so that we can look at this a little bit further. I do know it's a frequency. And I thought, well, all right, but it's complicated then.

I can't discuss it right now. We want to see if we can get it tested, if we can get it tested, I don't think I'll ever tell anybody. I'll just put the frequency into something like silica and just let the patients have it as a capsule.

I don't care. The thing is, it's not about this. If you want to cure cancer, it's not about money, it's about love. And if you don't love your patients, you cannot help them.

And if you don't love what you're doing and the and the the it drives me on when I when I see somebody that is, you know, they're telling Mo, nothing's going to help you and da da da da da.

And then you find something that does and it's like, thank you. Thank you for helping me to find. I'll give you a perfect example. I'm using some Chinese herbs now that I didn't use before.

Okay. And I'm Dan Chan is one. It's a red sage. And I didn't know I was looking for something to help a patient who was on chemo. She wanted to protect her kidneys.

I didn't really want her on the chemo, but, you know, it was her choice. So I thought, well, I have to protect the kidneys. And then I look at Dan Chen.

Has done Shin, Sylvia Hamilton, Rose, I'm a Chinese doctor, so. Right. Yes, great. It's one of my favorite herbs. It's amazing. You're right. You, I. Isaac, you're absolutely right on.

I feel so stupid that I never knew even knew about this before. And I, you know, it's it's. Yeah, it's yeah. But it's amazing that you are exploring it.

It's part of the joy that you bring, you know, that is a non protocol driven, you know, you, you know, you are really

exploring your SEO dungeon, really regulates the regulates the blood flow but it also reduces inflammation.

It also protects the heart. So it opens the heart. And as you said, love can heal anything. So this place. Well, the other thing I found out about Dan Shen was that it actually will repair the RNA in tumor cells.

And I didn't even know the RNA in tumor cells was mutated. I had never seen that before. I've looked at I thought I looked at every pathway, receptor and gene, but I didn't because it didn't say anything about that until when I when I came to that realization.

And then I found another drug in China, I think maybe Japan, where they were working on where it would also repair this this micro RNA in tumor cells.

And I wrote to them and I said, Is this from Dan Chen?

Emotion, Trauma, and Frequency in Cancer

They never answered. I bet it is. I'll bet it is. That and the other thing that I that's new in my my regime now is dandelion root tea and deadline routine.

I don't I'm still looking up the mechanisms on dandelion routine, but I had a patient who received this experimental jab, as we call it, in the UK. Anyway, she received this medical experiment from one of the drug companies in her arm, and she couldn't see after that because she made no tears in her eyes.

And she told me she's in Barbados actually. And she told me, well, I drank some dandelion routine and the tears came back in my eyes. And then I could see again.

And then I realized this stuff will break the spike protein down. So I'm like, wow. And so now I'm trying to find out, will any of these will Dan Chen do anything in the in the RNA or will it help in this?

And I don't know yet. I'm trying to get in touch with some of the colleagues to see if they can test it out. But the main thing is we're getting some very, very good results on our detox, too.

So even patients who are pushed into a turbo cancer or reactivated cancer, it's stopping it, which is great because then we're getting the activation again against the cancers.

It's really interesting for me looking at dandelion tea from a Chinese medicine point of view, it's a moisturizing cooling herb for the liver. So it reduces liver toxicity in the liver opening to the eyes in Chinese medicine.

So it's the dose and dandelion will really work. Well, I can. I can tell you. So tell me. Tell me, what is your dietary approach? You know, there are so many different approaches.

And is it a static approach? Is it a dynamic approach? Maybe you can share with us a little bit how you go about from a dietary perspective? Well, I'm not as fanatical as some people.

In fact, some some of our colleagues, I think, get to the point where it's like, you know, you can't do this, you can't do that, you can't do anything.

You always have to look at what you're eating. And this is my main number one is to go organic to get just get the pesticides, pesticides out of the body.

And that's important. And then we also do things like will give a bone soup from from organic chicken bone soup so that you've got the glycine in there.

Dr. Centipede says that that glycine will help to drive out the pesticides and start to replace that glue to thiamin. And so they're on. And I see also a lot of garlic, a lot of herbs, etc., rosemary, especially if they have viral infections

or viruses like Epstein-Barr virus and so on.

They're all on, you know, additional herbs, herbal medicine, but not as medicine per se. But I tell them, put it on your food. If you're going to debate baked potatoes, put put rosemary on it.

And I do allow most of my colleagues do not I do allow some lamb Once, maybe once a month, some lamb just so that they have a little bit of extra. And I've got problems right now with, you know, where do we get, for example, wild caught salmon that's all contaminated?

Where do we get certain foods that I try to get the people to go more vegetarian, like the Mediterranean type of diet, fresh, leafy things, kale and obviously cabbage and sauerkraut to help replace that before the bacteria in the GI tract.

And so it it's more of a natural diet, but but predominantly plant based. Okay. And and and it has to be organic because what's the point? You know, this is a problem.

And I agree with you that radical diets, you never work. They work, never work. They work for a short while because anything that is radical, not only you can keep it takes you off balance.

And it's really a thing in cancer, what you don't do like you know, you have yeah getting organic is really important and pesticides of course a big issue in your in your supplement regimen are is there any any highlights you want to share?

And I also want you to touch on how do you use supplements and your strategy when somebody is also getting conventional treatments? Well, it depends on what they're getting for conventional treatment.

I mean, I can honestly say I am absolutely flabbergasted that the first thing that they ever pushes is platinum. Says platinum carboplatin and Taxol. It seems to be that this is all they know.

And I realize that this is a monetary game and that the thing is that once you, for example, if you've got a PD one inhibitor which helps the immune system, but their first they blast their immune system out with with with chemotherapy that is toxic to the immune system.

So it's sort of an oxymoron. What you're doing is that they're getting these they're getting all of this heavy duty chemo, and then maybe they'll put them on something that is an immune stimulant or something like the PD one inhibitor.

But this is these are it. I just feel that there's not enough scientific evaluation and analysis for what they're really doing in cancer patients. And so this is why I feel that the cancer patients are getting the short end of the stick.

They're basically just, you know, pushed through a protocol that everybody gets. It's all the same for everybody. If you've got this type of cancer, you'll get this.

If you get this type of cancer, you get that. Sometimes they're all the same and they don't. It's like they don't care. And I it's awful. What I'll do is I'll make sure they get fish oil.

One of the first things I gave years ago and I remember an ovarian cancer patient and she said, you know, I'm the only one who's hungry after chemo. And I had her on fish oil.

I had her on fish oil and also cod liver oil so that we would get the A&E and we would get the omega three fatty acids, which would cut down the inflammation.

And it helped her tremendously to get through the chemo thing.

Diet, Supplements, and Integrative Support

I think that one interesting thing is that you mentioned briefly, but if the immunotherapies, when you block the PD-L1, you allow the immune system to recognize the cell.

But if the immune system is weak, even allow it, it's not going to function well. And that's why supporting the immune system while blocking is a good strategy, a Dana, I really want to thank you for sharing all of this wisdom with us.

It was really amazing to learn more about your journey and how can people find more about you? How can people contact you? Well, they I'm I'm on my website is Collmed collmed.org www.collmed.org actually stands for collaborative medicine and research.

And I started the foundation when I reversed a breast cancer patient who was given basically 12 months to live. She came to me with 30 metastases in a brain, in her body everywhere, and I put her on frankincense and changed her diet and, you know, got her off of red meat.

I got her off of milk cows, milk products and so on, and ten weeks. And I got her on a high dosage of buzz. Well, yo, frankincense, I never used it before, but I received an article from some other patients that said it helped in glioma.

And I thought, well, hell, what do we got to lose? And so I put Claudia on this, and ten weeks later she came back with an x ray, an angel, and she was crying.

And I thought, Oh, God, they've grown. She's no, they're all gone. I said, What do you mean they're all gone? It's actually on a on a video where we recorded this because I couldn't believe it.

I could not believe it. And I thought, Oh my God, I've got a duty and obligation to the rest of the world and mankind to get this information out. And I kept saying, why didn't God give me something that was going to give me billions of dollars?

Instead, I have something that's ancient from the Bible. That's. That's frankincense. You're kidding me, right? And it worked. And it absolutely worked.

And that's when I realized that I have much more to do to look at the natural things, what patients can take, what's going to kill them with their treatment, what will actually help to reverse their cancers and put them into remission.

But I thought it's all natural and I'm a pharmacologist. So as a pharmacologist, I'm like, Oh my God, oh my God. It's not the drugs. It's the natural substances that are in there that are actually balancing out our entire system and our entire immune system.

So that's why I started Collmed because I thought I have a duty and obligation to get this information out to the rest of the world because nobody knew about it.

And I published it in the Journal of Neuro Oncology because I was so surprised. And here you see the brain with all these tumors and you see ten weeks later, they're all gone.

And I'm thinking to myself, what? What are we doing wrong? And conventional medicine that appears to be helped from natural medicine. So are we missing the boat on something?

And my answer was yes, we're missing the boat on the and the substances that will help in cancer. But because I'm a pharmacologist, I want to know how it works.

Where does it work? Why is it work? How does it work, you know, etc.? And then dosages and balancing and all of that stuff. It's I'm, I'm trying to get a book out right now.

I want the whole world to know what I know. It's not for me, it's for mankind. And that's why I want to get all this

information out. And then eventually everybody can do whatever they want to do, if they want to follow this protocols that I've been fortunately successful with, that's fine.

You know, I'm not obviously, I'm not in this for the money. I don't I don't get paid. The all goes to the foundation and it goes towards research.

Collmed, Natural Therapies, and Closing Remarks

So this is something where I want I want these people to be saved. And I do not want them to be tortured and suffer from the mistakes that we're seeing in conventional medicine.

But we also see mistakes being done in natural medicine because we see people who don't know what they're doing and they pretend they do or purport to know I have a breast cancer patient where they went in and a doctor was flying into New York from Ohio and he was injecting her breast tumor ready for this with ozone and mistletoe directly into the tumor.

Now that pulls the cells out that when you take that needle out, you're pulling the cells out. I couldn't believe it. This is barbaric. And I thought to myself, we need to organize the natural medicines, the mechanism, their pharmacology, what works and what doesn't work and thinks that should not be done. And why?

Because this is something where I believe that that we have an obligation, you, me and any of us that are working with patients who know what's safe for the patient and what isn't, to get the information out to mankind and to the colleagues so that we can save more lives.

So to thank you so much for sharing your journey and your wisdom, and it's really unique and really it was great to talk to you today. Well, thank you, Isaac.

I wish you the best of success further, because you you are absolutely you're way ahead of me and the Chinese medicine. I feel like I'm you know, just just like learning about all of this stuff.

So maybe you can teach me more about the Chinese medicine so that I can help my patients even more. Be delighted. Yeah. Each of you know, we are all in the journey together, and each of us supports the other.

It's a supportive, collaborative spirit that should be part of holistic medicine. So thank you again. Thank you. I thank you. I thank you. God bless. And keep up the great work.

Thank you.