Introduction and Dr. Connealy's Background

Well, Dr. Connealy, it's such an honorand pleasure to have you on this segment of integrative cancer solution. Thanks so much for joining me. Well, it's my privilege and honor to be with you today, Michael.

Well, so you are a lady that has been you've been done. You'd been doing a lot. Your prominent leader in the field of integrative medicine, utilizing all the best sciences, including conventional homeopathic, is the medicine, modern medicine.

Dr. Connealy is the medical director of Cancer Center for Healing and Center for a new medicine at the combined 30,000 square foot clinics had become the largest integrative medical clinic in North America, and I have been visited by over 47,000 patients.

The Center for New Medicine focuses on a precise and personalized approach to patient care that includes prevention, early detection of cancer, internal medicine, autoimmune disease, natural hormone replacement, chronic issues, and even esthetics. Dr.

Connealy's clinic focus on treating the patient with a disease and not the disease of the patient while determining the origin of of the illness. Dr. Connealy is the author of two books, The Cancer Revolution and that Be Perfect, Healthy that have both revolutionized the landscape of medicine.

I have both books on my bookshelf. They are awesome. If you don't have them, I suggest you get them right now. In 2017, she was named one of the top 50 functional and integrative doctors in the country.

She writes for many publications, including Townsend Letter, a prominent medical magazine. She serves on the board for Dr. Josh Axe, ACM and the ACIM Connect.

Well, I am so excited to chat with you today, Dr. Connealy. Great to be here with you. So you have first and foremost, why did you get into cancer? I mean, out of all things, I mean, because you you that was not your original direction.

Right. Well, I am number three of six children. And my mother started leading and she went to the doctor and the doctor said, oh, we have this medication that will prevent loss of your baby and stop the bleeding.

So that was in the fifties. It was a drug called D. E. S diethylstilbestrol. And so when I was a teenager, my parents received a letter. I grew up in Houston, Texas.

And the letter stated that that drugs cause cancer in both male and female offspring, hormonal problems, anatomical problems and many other things depending on when it was given in utero.

And so I had to start going to the Anderson Hospital and to get checked because they said you need immediate check and get pap smears and biopsies and all that.

So I did all that, had some problems. We fix problems. I went to college and then I went to UT School of Public Health to do my thesis on. And then I always wanted to become a doctor and went to medical school, finished medical school, went out to California, to Harvard, UCLA.

And then I started practicing medicine. I worked in the E. R. and I worked at an urgent care and family practice. And then I decided, okay, I need to do something more.

And so I started my practice, my first practice in Beverly Hills, about 37 plus years ago. And and I focused at that

time on weight loss, because weight loss was a good way to get patients and still a good way to get patients.

Hormones, Prevention, and Early Career

So I studied with a pathologist internist, and he was from Houston, Texas. And he taught me a ton of endocrinology and all things that I did not learn in medical school or training.

And so I started really like growing my practice. And personally, I had lots of hormonal problems already because part of the side effects is I never had two periods in a row.

And so I went to doctors and of course, they give you the birth control pill, never telling you the good, bad and the ugly of the birth control pills.

And and so that unfortunately, I went on the birth control pill because I didn't know what I know now. And that literally changed my whole system. Okay.

And anyway, I got off the pill and then I found the magic of progesterone and progesterone saved my life. And I was able to cycle my body because I never had a cycle.

Never. So while women determine on that cycle. So it taught me so much about hormones and how they ruin your entire existence. So one of my messages I know we're talking about cancer is hormones are the natural drugs that rule every second of every day of your life.

So when when people think about hormones, they think about testosterone for men as children, for women. Well, there's hundreds of hormones in the body and so we have to fix all the hormones and we have to get that whole endocrine system magically working for each patient.

Okay. Even in a cancer patient. Okay. So anyway. And so then I always thought about how do I prevent cancer for me? All right. So I'm just devouring everything.

But no one's talking about prevention. No one. So years ago, I was at an anti-aging conference, and I met this gentleman and he had sarcoma. And Sarcoma is a tumor of muscle and bone.

And he had they were told him that he had to have surgery amputate of his leg to remove the sarcoma when he was 22 years of age. Well, no one wants to get rid of their leg at 22 years of age.

So he said, I'm signing out. And so we told the surgeon, I'm done. I'm not going to get the surgery. So he spent the next 11 years, not months. Dr. Karlfeldt And I always make that point to patients that healing sometimes takes time and learning takes time.

So he spent 11 years learning how to cure himself of cancer. And so he traveled the world all over everywhere. He was young, but he was very brilliant.

So he became one of my mentors 28, nine years ago. And he told me about everything you have to do. And I'm like, Well, he knows because he has done it himself.

So anyway and so ever since then, I have been working on myself because you got to be a great clinician. You have to master yourself first before you go and take care of somebody else.

So that is where it is. And then I had an oncologist friend, Dr. Howard Bone, and he was great. When I would have a patient with cancer, I'd send them to him.

So I asked him one day I said, Oh, would you be interested in setting up a clinic with me? And he goes, Sure. So I said, Let's go down to Mexico and visit one of the clinics that I know about.

And that had been there for about 60 years. And so he went with me, which was rare for a conventional oncologist. Anyway, we went down there and we opened up the cancer center for chemo.

Okay. And it was actually Oasis of Hope before that because Dr. Conteras partnered with me. And anyway, so we are Cancer Center for Healing anyway. So Dr.

Fong got sick and so he had to leave. And so I just continued on to where we are today and today we're seeing patients from all over the world and unfortunately we get patients too late.

They wait. They rely on just conventional surgery, chemo and radiation, which I will let everyone know. You may need one of those. Okay. But we've got to focus on this as a society for all medical problems with prevention, prevention and prevention.

And I know you're all about that. And I know everybody is going to be talking about this, about prevention. But in our clinics, we are experts at that.

And I am I always train everybody. I always teach this. This isn't something I keep a secret. I want everyone to know what I know, just like you do. Because that's how we're going to create salvation of our nation, is to help.

Health has to be your number one value because if you don't have health, you don't have yourself, you don't have a family, you don't have a job and you don't have a life.

So we all, as an entire world, need to be concerned about restoring the treasures of health to every single human being. And so that's my mission. And yes, people come to me with stage four cancer, tried everything.

But then I have the patient that says, you know, my mother got sick, my father, so and so. I do not want that. So tell me the roadmap. And so we do do that.

And we do everything from human optimization to early detection prevention to end stage cancer. And you and I share some patients together. So we've got to we have to change the trajectory of medicine.

Okay. 100 years ago, all doctors use homeopathy and natural things until they revamped the medical schools and then indoctrinated system. We're here. Here's what you do.

And now it's just cookie cutter them.

Mentorship and Integrative Cancer Foundations

But that is not how we how we treat patients. Because every individual is an original, you know, how you do your fingerprint and how everyone's unique on the planet.

Every cell is unique, too. So we've got to treat patients with that. And what is appalling to me is that you go to that conventional doctor, whether it's an oncologist, a regular, and they do not say what matters all they just said, you need your surgery, your chemo and radiation, not how are you living day to day that created this perfect storm of cancer.

And this is what's appalling to me, because we're in 2023, there's 1.2 million PubMed articles written every year and they're all on this stuff. I think you can look up anything and find it.

You think you know how you look up something and you go, Oh, they probably won't have it. Oh, I did for an experiment. I went on Chat GP and I said, Oh, natural solutions for breast cancer.

All right, what did they say? Change your eating exercise. Two of them were emotion and stress. Now what doctor talks to a patient about these things?

None of them. And my patients continually complain. Just. I'm just like, I'm sure you know. And I always tell patients, have you ever read a book that says you can eat anything you like, even a cookie like that's not related to help?

Even a cooking book doesn't say, oh, just eat cereal for breakfast and Hamburger Helper for dinner. So we've got to eat. And then and then unfortunately, the patients feel like they're crazy.

So that interferes with the whole healing process. So we've got to become alliances with doctors and say, look, you know, I know this isn't part of your paradigm, but let me do it and become collaborators and corporators in the medical field and taking care of the patients.

So the patient has the best healing journey because you and you and I both know that whatever we say to the patient is affecting them directly and we have to take the fear out of them because they're scared.

And we've got our job is to say, look, let's look at the good of this. Let's look at all the things, all the possibilities. Let me help you be excited about your healing potential.

And and so that's, you know, we have to change and I know we're changing it, but it's too slow because the patient is sick today. And so we've got to be open to the universe, to everything that's out there.

And every doctor has to get out of their closed mind and be open to it, even though they've never heard of it. Go do their homework because I have lots of doctors as patients and I will tell you a story because this is a very, very funny story.

You have to hear it because it's so profound. So I had this lady doctor come in to see me and she's only 34 years of age. And I go, Wow, what cancer does she have since she had melanoma?

And so I'm like, she works at Kaiser, she's conventional doctor. Like, what is she doing here? So anyway, I review all the charts and all the records, and so I go in and say, Hi, how are you?

Nice to meet you and everything. And I said, But I, I'm just curious, like, why did you come here? Because you you're are conventionally trained. You work at Kaiser, you go to the Kaiser, and she says, Well, I was on the Internet and I was listening to all these integrative, functional doctors talk about health.

And I thought, they are all wrong. They just they don't know what they're talking about. So she decided, I'm going to go check on all she said. It led her down a rabbit hole that she realized that everything we're saying is correct.

And so now she is working on becoming a functional, integrative doctor because she thought we were all on the wrong path. So if you go if anybody go reach your chosen studies, they are going to find the secrets of health.

And that's what I know why you're doing this. It's so that people have the knowledge, they have the understanding, they have the possibilities. And I'm not saying they may not need conventional medicine.

We do conventional medicine. We work up the patient. We do a chart just like any doctor. We do probably better physical exam because I hear all the time patients tell me, Oh, my, my doctor never examined this.

And so our bloodwork is completely different than a conventional oncologist. And then our treatments are going to be completely different because we've got to restore the health of the patient.

If a patient has cancer, that cancer started ten years ago from one cancer cell to tumor is ten years. So that means we have nine years of opportunity to prevent cancer and we aren't.

And we have all that working knowledge to prevent cancer and we're not. And we've got to totally everyone every needs to be aware and start researching and studying it.

There's so much written on it. You mentioned my book, Cancer Revolution. I mean, you've written things every one of us since written things. I continually to write things.

We have cancer conversation. We do this ad nauseum. So we're educating, educating, urging people. Because self-care is the new health care. I couldn't agree more.

I'm curious. So this gentleman that traveled, what were some of the thing? I mean, so he became your mentor. And obviously you've learned so much since then.

So that that was like your foundation. But I would love to hear what was that foundation that that he gave you from all that and his 11 years of of learning sarcomas It's hard.

I mean, everyone out there, I mean, sarcomas are so what what he did learn and what what what did he tell you? Yeah, well, the first thing is, you got to change your mind.

If you don't change your mind, your emotion, your psychological spirit, you can't change the cells. If you listen to Bruce Lipton, biology of belief, we become what we think about most of the time, and most of us are living in our subconscious and unconscious.

And we have recordings from In Utero, and they say we go back nine generations of who we are. So we all have these recordings that we're aware of and not aware of all the time.

So we've got to be in that mindset 24 hours a day and living consciously. And I personally learned all of this years ago, meaning I didn't learn at all.

I've been learning it and I'm still learning it. But I learned in medical school we didn't learn anything about stress and emotion. I mean, our hour of psychiatry when I did psychiatry as here's these drugs and here's and so no one talked about mindfulness and meditation and all these, you know, breathing and tapping and on and on and on.

And so so that was the first the second big thing was that you got to change your eating. You've got to you got to clean. You've got to sometimes you need to fast.

Sometimes you need to do wheatgrass. You just need to partner with the doctor who can't get you on the right protocol. But sometimes I tell people that fast, but if they're too skinny, they can't fast.

Regress has been used for years and years and years. Fortunately, I had grown up with people who did wheat grass, so that wasn't foreign to me, you know, I grew up with people who drank, brought me, rolled.

My mother was bone broth and sauerkraut and tongue and all kind of things. So fortunately, I grew up like color, ancestors age. But we have to you know, a doctor needs to customize the eating plan because like if you talk to Siegfried, somebody, sometimes people need to go on ketogenic, okay?

Some people need to eat warm foods and eat meat and eat protein and all that kind of stuff. So there's no one size fits approach. So I always tell patients, you know, we have to we have to fix the eating program according to your bloodwork.

Treatment Philosophy and Patient Collaboration

So like, for example, if you have high hemoglobin in one C, you probably need to do okay. And so because if you have high sugar, your cells are paralyzed, they can't take care.

So you've got to get your sugar down with what you eat. So Kito is one of the best eating programs. I've been around for a long time, but it's not sustainable the whole time.

But it is a good way to get you there and then you recalibrate it, you know what I'm saying? So but when a patient

comes in, you've got to go down 100 healing parts.

You can't go down one. You've got to go down 100. All right. And and because you're making up for lost time, right? So why don't you get your body and mind and spirit all in the same alignment?

Then, you know, you have wiggle room, but not not when you have a diagnosis. You've got to be laser focused and address everything. Okay. So like for example, we have inflammation, which is reflected by your C-reactive protein, then, you know, that's another avenue you have to address.

And so the regular doctors don't even order hemoglobin when they don't even order CRP, which are foundational for any single patient. The other thing was a big thing was coffee enemas, okay?

Coffee minimums have been around for years and years and years and people are still doing them to this day. They started out more one because that's how they would be trained in the military.

The nurses had this great idea. You know, the doctors would probably less do it. Well, it helped with their pain so much. Now we've learned all the beautiful things of copy.

And then he taught me a lot about energy. And Bob Victor. Yes. So that was the biggest thing I learned was about the energy of the body, what we're not taught in medical school, about the energy in the body.

Then he taught me about electro acupuncture, according to both. And so I that was like bizarre for me. I was like, why do you know this sounds woo woo, right?

But then when I started, do you know that bring it on patients? I was like, Oh my gosh, this is so revolutionary. And so he taught me about pancreatic enzymes.

He taught me about the scenario for cancer. Scenario for cancer is deficiency of pancreatic enzymes, viruses, immune system dysfunction and miscommunication toxicity, normal day toxins.

And then chemo is toxic and radiation is toxic. So how is the cell going to take care of you if you don't clean the body because your body makes something called superoxide dismutase?

Now it makes many things to neutralize toxicity like blow to fine and like folic acid and into optimum. But we have something special in all of our cells called superoxide dismutase.

So that enzyme cleans up the internal garbage of the cell and then vitamin C and there's hundreds of thousands of studies written on the power of vitamin C.

Right. And then he taught me about Chinese herbs and how valuable Chinese birds are, kind of like herbal chemo for some of these patients. And then he taught me about vascular because cancers have basic hilarity.

All right. And this is another thing now. They do address it with a drug called Avastin, which is a very popular drug. But if you look at the clinical studies, that efficacy drops after three months or everything.

So you froze again. And. You've frozen. So right after Avastin, the efficacy drops after three months. Right? Okay. Yes. So drugs have a place, but they have to be working, okay.

Because drugs work and then they don't work like chemotherapy. There's something called chemo resistance and chemo sensitivity. Chemo resistance means it doesn't work.

And everybody in the beginning of their journey has chemo resistance no matter what. So the practitioner needs to give you things that increase your chemo sensitivity, right?

And doctors, oncologists don't do that. But you do. And I do. Okay. Chemo sensitivity is the ability of the chemo to

work and destroy it. But when a in a cancer population at any given time, some are resistant and some are sensitive.

So we've got to equip the body at all times, every day so we can have all the cancer fighting mechanisms in place for the patient. So so, you know, and as you know, there's just an immense amount to study on a continual basis.

He taught me about hypothermia and I went to Germany. He knew Dr. Dallas and Dr. Dallas had a clinic and he said, Do you want to go to Germany with me?

And I said, Yeah. So I went to Germany, studied with Dr. Gilels, went on rounds with him every day for two weeks. People from all over the world were there to see him, and they did everything they did hypothermia.

They did low dose chemo, they did 80, 80 IQ lation. They did all kinds of things that we weren't even doing in the United States. And so I really hyperthermia really is big in Germany.

It's covered under their insurance plans. And in the United States, very rarely, you know, see hypothermia being used. It's very different than radiation.

Hypothermia is eating heating of body parts for the whole body because we have three heat shock proteins, 27, 72 and 90 that kill viruses and cancer. So hypothermia is a very innocuous and harmless procedure to work in conjunction with everything else we're doing.

If anybody's looking for a one shot deal, it doesn't happen in cancer. You got to have all the euros in the quiver that you possibly can have because every cell in the tumor has its own world.

So one cell is doing something different then the next one and the next one and the next one in the center. There's heterogeneity in its function and output.

So that's why you can't rely on one methodology. You can't go, okay, I'm just going to do the surgery, because if you didn't try to change the terrain, the soil, the environment of every single cell, the cancer comes back.

And that's the problem, because if you do surgery, it's injurious, injurious and immunosuppressant. If you do chemotherapy, it's injurious and immunosuppressant.

If you do radiation, it's injurious and immunosuppressive. So every doctor along the way should be don't be developing this collateral support plan so that they can do surgery, they can do a biopsy.

They can do chemotherapy, they can do radiation. And so I'm sure that you and a lot of the people that you're interviewing are doing that, okay? But it's a very, very serious situation constantly.

We need to be supporting the energy and the physiology of the patient on a regular basis. Yeah, that I mean, that is the biggest thing is that patients say they're diagnosed with cancer.

They go they're an oncologist. They're they're given these few options we can do. You know, we can either start with chemo, radiation and then surge and then surgery or we'll do surgery and then came on the radiation.

So you have these these few options that are given, but like you mentioned, nothing is talked about nutrition and even chat. Like you're saying, Chad GP is smart enough to know that you know, you need nutrition and that that's the scary part is that know doctors don't even know the science that's out there and they're they're still just kind of stuck in the same of standard of care model that existed 40 years ago.

Advanced Therapies and Personalized Cancer Care

And so we have that component and then we are bringing then in therapies that are toxic, that are immunosuppressant and and then are expecting that the body is going to then magically just be fine after when

you've haven't fed it in nutrition.

We haven't supported its ability to detoxify these heavy metals, these toxins. This is chemicals that, that yeah. When it's being given to you and they come in hazmat suits, you know, and then they put it directly into your blood.

And so you don't think that you need to detoxify from some of that and you don't think that you need to support your immune system? Your immune system doesn't play a role and supporting your ability to fight cancer when you're done with chemo.

I mean, that is just so sad that that information is not part of standard of care. It should be there and needs to be there. And that's why we keep pushing this information, all of us.

Yeah, exactly. Because unfortunately, we're seeing so many people suffering and needlessly. Okay. Because we do chemotherapy in our practice and our patients are suffering because we do all this other support and we have the patients take care, learn how to take care of themselves.

And so because my patients so they always will say and that's even given conventional chemotherapy, if some of the patients need conventional chemotherapy.

But we develop this collateral support plan and the doctors are always like, Oh, she's doing okay, she's doing this aggressive chemo. And so they just say, Oh, just keep doing what you're doing because they're not allowed really to document in the chart that you're doing all these other things.

So, you know, whatever it is, it's the special ivy. If it's something to cleanse the liver, if it's red like that, it's intravenous curcumin or whatever it is, you know, the our PMF, you know, the conventional doctors don't want to hear that.

And they will on some of my patients, they'll say, oh, okay, good, just whatever she's doing is okay, but I can't document. So I'm like, what? So anyway, it's, it's that luckily the patients are getting smarter and smarter.

You know, we have these kind of things, but also look at now all the health podcast. So it's becoming now so like people will way out in the open, which is awesome and that's what we have to do.

So we're in a, we're in a time of transformation. So and I'm excited about the big changes we can make to them. Yeah. And that's exactly where it needs to go.

I mean, the pressure is not going to come from the pharmaceutical companies going to not going to come from AMA, not going to come from the medical doctors.

It's going to come from the people. Yeah. And and if the people are educated and recognizing that this is what we're looking for, this is what we needing, this type of care that we we want, then the system has to change.

It has to modify so that that's why it's so important that that people listen to these things, listen to, you know, you have so many outlets of communication.

You know, you get your books, you get your talks. You have you have so much out there and there's so many doctors that that that dude. So to listen to all of that and then bring that to your doctors, question your doctors.

Well, how about this? While I am doing this and not thinking that when you go to medical oncologist that what they say is the be all, end all and that you have to accept accept everything that they're saying.

You are allowed to question them. You are allowed to find a second opinion. You are the one shopping for your doctor. That's right. That's exactly right. And did you hear me?

Yes. Yes. Okay. Yeah. And that's the thing is. You got it. We all need to question everything. When you go to the

grocery store, you need to be looking and studying the ingredients.

If you buy something at CVS, look at the label to make sure there's not a bunch of chemicals you're ingesting with the ibuprofen or ask like a lot of people take baby aspirin.

Well, baby aspirin has tons of chemicals in it. So you need to buy, you know, real aspirin, which is not it said or Willow Barksdale. So yeah, because I went to CVS and found the aspirin and has all ten chemicals, I was like, Oh my God, this is this is.

People have no idea what they're buying, but just like a chemistry lesson on the block. And so people need to be paying attention to, you know, I picked up a bag of potato chips.

Oh, my God, the amount of bad oils and everything is an atrocity. And you have to think food is like a QR code to go to your body to turn on that smell.

So if you put chemicals on it, you're destroying the cell and you're gumming up the membranes with all these bad oils and you're not getting the nutrients you need for the cell to work for you.

I mean, it's it's it's, you know, since we bastardized food for the last 100 years, I mean, it is people are are have no clue what they're putting in there, but they have no clue.

So you have to eat foods that have one ingredient basically. Yeah. It's the closer to God. Yeah. That, that the food is, the better it is. So yeah. How you do so many different things.

I mean there's so much that is done at your clinic and I just want to kind of close with what is one of the things that that's really caught your eye lately, you know, that that you you brought in and you're really excited about this type of therapy and what what what what is one of those I mean, we've talked a little bit about the foundation, all that that what what started you know, I'm just curious, what is your latest little arrow in your quiver? Wow.

Well. I know there's a lot, so it's hard to isolate what I mean. The first thing I make sure, fortunately, most of the patients have changed their eating in their understanding reading by the time they come in.

So that started about five years ago. So that means I think that's a good. Then the biggest thing I think is, is you got to change your thinking and that takes a while.

So we always do a most of the work you probably do to so everyone gets emotional work, right? But you got it. That's a huge, huge, huge thing. Okay. I, I would tell that's the single most important thing is how you think and how you direct your cells every day.

And then, of course, you know, there's, there's supplements. I want the pancreatic enzymes, the vitamin C, you got to get your body alkaline. I do an RA of IVIS, you know, of course, every lot of people know about IV, vitamin C, I do IV curcumin.

If a patient has tumor burden, I usually always put them on IV with our IV, our nation. I also love DC, a intravenous DCA with oral supplementation and then and there's an array of these that I use.

Okay. And then we do do logos. The only time we recommend chemotherapy is if patients have to revert. Now it's we can do without chemo. I'll tell the patient, okay, we can do that.

But once the cancer is traveling to a new nest or destination, a lot of times it's very difficult. I know you'll hear testimonial cases about patients who have reversed their stage toward stage three cancer.

You know what? I'm all for it. But do it with supervision of a physician who can watch you very closely so you don't get into danger. Because I have patients that come to me that did that, and now they're grasping at straws because they weren't partnering with the physician to say, no, this is too dangerous and this is why it's too dangerous.

So and there is a gentle way to do chemotherapy, and that is with fractionated chemo using a lower dose and then doing all the collateral support. And then one of the biggest things that I added that I'd known about for years, I just couldn't find the right person to do it.

And that is my blood cell analysis. Looking at your blood under the microscope, and it's a living moment of looking at your blood under the microscope.

And now we're seeing things that we haven't seen before. And you can look at all your cells and what they're doing, what they're not doing. You can look at the functionality because it's a lie sits moment.

Like I said, and because of COVID, because of vaccines, because of many things, lots of things. And the environmental changes we're seeing things that we've never seen before.

And I have collaborated this with other people because there's a few people that do do white blood cells. And so anyway, that tells you something you can't do in regular blood work.

Okay, so that's one big thing. The other big thing is voltage to the body and if you don't have voltage, which is basically energy, just like a battery, then the cell can't take care of you.

And so, so I worked with Dr. Tennant and really took his course and everything, read his books because he was very just you. Do you know Dr. Tennant? Yes.

Closing Thoughts on Prevention and Empowerment

So I added that to my protocol that I did wasn't doing, let's say, two years ago because he had mastered the bio modulator. And so anyway, adding scalar energy really change the dimension of that.

So making sure that your cells have energy is critical to you. Reading a lot because the bottom line to everything is, does the cell have energy? And I'm not saying energy to go run a marathon.

I'm talking about energy and voltage for every cell. So that is something that I'd be separated on doing on every single patient and then repurpose drugs.

You know, there's about three drugs that help stop cancer. So I'll individually assess and decide which drugs. I mean, a lot of people know about something like ivermectin.

Okay, so ivermectin is very good at starving cancer, but the other top ones are metformin. And there's a step in drug, there's an antibiotic, there's an anti-inflammatory.

So we have to customize with each patient what we're going to do. But those can be helpful. There's a great book called Starving Cancer that is helpful in the understanding of how drugs interfere with metabolic pathways.

That's the whole point of doing certain events like DC. It removes the lactic acid that the cancer cells the juice is also creating, changing it from an anaerobic metabolism to an area with metabolism.

And so everything is we've got to change the cell. It's not just about destroying tumors, it's about changing the soil. And everybody just is not getting this.

And you got to change the terrain. But if you look at microbiology 1 to 1, you know, all the sciences now all talked about that. It's all about the terrain.

And so if we don't change the terrain, if you have that you mentioned heavy metals toxicity, all the toxins, and we're all exposed to hundreds and hundreds of toxins.

And a regular doctor will say, well, of course, your body has a good system to destroy toxins. Well, no, it has a

great system, but we've overloaded it to the point that it can't work.

The other thing we use is missile, which I know you talk to other people about that. So I won't go into detail about that, but I use mistletoe. But again, it's not one thing.

And first of all, you have to personalize your treatment plan with each patient. And so you have to build this. And that's where patients get overwhelmed and they get very old.

And I tell them, yes, I tell them first visit you will be overwhelmed. This will take a year for you to fully grasp and understand. But right now, you just have to do these things.

You need to go. I tell people, go read, go study, go, listen, go, whatever. You have to get this understanding because they've lived their whole life thinking this way, work smart.

But obviously if the standard of care worked, why is everybody still our babies? Are you? Our elementary kids are ill. 60% have one or more chronic problems our young people have.

The teenagers have the highest rate of anxiety, depression, suicide and anger and everything. Okay, then, are young adults. In the last two years, we've seen an exponential increase in young people with cancer, brain cancers, breast cancer, you know, Hodgkin's, I mean, lots and lots of lots of lung, early lung cancer.

That has nothing to do with smoking. So if the 30 year old canaries in the mines telling us there's a big, big, big, big problem. All right. And we are as a medical profession, they're seeing I'm telling you, the doctors are seeing it, but not saying anything and not creating this extreme awareness that we as a society must bring attention to.

And then, you know, our 60 year olds at 60, as you know, the launch is completely over. And so that's when you have to take much more take control of your health.

You need to always in the same time. Now, I tell people, it doesn't matter that you're young. And so we had they did a study just recently and found that the US has the highest death rate over any country.

And for giggles I looked up like where we rank on longevity. Okay, we're way down of the list. Okay. And with what we know, we know what we can do. You know, I know everybody on this.

I know that you're going to be talking to knows and we collectively can change the trajectory of medicine and humanity. Yeah I loved well you are such a warrior and I and I love it you are such a warrior and it's such an honor to know you.

And I'm I. The world feel blessed. The world is blessed by what you're doing. And so I want to really thank you for for spending this time with me and and really giving people directions as to where to go, what to look for, what is the foundation.

Thank you so much Dr. Connealy Well, thank you Mark for having.