Introduction and Guest Background

Hello, everyone. Welcome once again to the Prostate Cancer Summit. We have yet another amazing expert guest. His name is Doctor Michael Karlfeldt. Maybe you've heard of him because he had he he has and had his own summit.

Cancer summit with my colleague and friend Nasir Winters. Doctor Karlfeldt is a board certified naturopath. He has devoted his career to practicing and promoting natural health, and is in high demand as a speaker and educator in this field.

He provides personalized naturopathic care. And his business, Multi-disciplinary Integrative Medicine. Doctor Karlfeldt Center is in Boise, Idaho. That's right. Boise, Idaho.

He treats the root causes of diseases and strengthens the body's ability to heal. Doctor Garfield has practice medicine for over 30 years, and is one of the leading experts in treating cancer.

He works to increase awareness about natural ways to treat cancer and pose a TV show show called The Doctor Michael Show and True Health body, mind, spirit.

That's a lot of shows here. Michael health made radio too. Now it makes a lot of sense. Michael. Why we have why this is the first time we talk and and why this has why this has had to happen sooner.

I mean, yeah, you're involved in a lot of things here. I can't sit still. I'm sorry. You know. I'm sorry. Michael, such a pleasure to meet you and to, have this conversation with you as it relates to prostate cancer.

You know, you've been on my radar for a long time, and, as, like this Doctor Castille. God, I need to get. You know, it's a small world. People who do integrative medicine for cancer.

So I sort of like to kind of reach out, see how, you know, perhaps might one of my patients could benefit from seeing somebody else write. And then this is the first time it happened.

So I'm super thrilled about this and super thrilled to learn. And for our audience to learn more about, you know, how you treat cancer. The first question I have for you, Michael, is why we you clearly have chosen the the road less traveled.

When people say you are an integrative oncologist. How is that? How amazing. I said, no, I'm not no, I'm not integrative urologist. And all I do is prostate cancer.

Leave me in my lane. Thank you very much. When I hear about integrative oncologist, you know, Paul Anderson, nature winners, all these wonderful people to me, you guys really, you know, you take take the road less traveled.

So I guess the first question is why? Why treat conditions that I guess most people that go to you already have stage four cancer. So what got you to do what you do? Is the question.

Yeah. And and cancer is such a, I mean, when you hear the word cancer, I mean, you you almost equate it to, you know, I'm I'm at the end of my life, you know, this this is like a death sentence in the mind of a lot of people. So.

And that is, you know, when I, I've been doing this, in clinical practice since 87 and, so I, and I didn't start out with cancer even though I had cancer patients.

I'm, I'm a naturopathic doctor. And so my, my whole, whole way of practice is kind of looking under the hood and

see what's going on underneath the hood.

And, and how can we fix that rather than just kind of do a temporary fix? You know, I hear, say, pharmaceutical. Are you going to manage that symptom?

We put a little tape on the dashboard, and I, we want to see that red light flashing anymore. So as the naturopath, you always want to dig deeper. And so there there a few events, you know, that really kind of drove me in that direction on the the most obvious, you know, my my father having colon cancer and passing away from that.

And he you really didn't have the options that we have available.

Why Integrative Cancer Care Matters

And I wasn't very close to him at that time. So I actually didn't find out of his passing until after he had passed. And, so that that was very that was very hard and kind of knowing that he just faded away in the medical model with no other option, no, not knowing that there are other ways to address things.

And so it became my passion to really bring that information forward to, you know, to people so that they know they're not limited. I mean, and we're not going to throw out traditional oncology, you know, baby with the bathwater.

It it plays a huge role and it's necessary. But it's not the only thing. And and that is so important for each individual to recognize that they, there's so many different paths and so many different options and and I want to be able to be there to present a lot of that information with people like, like yourself.

You know, that's why these kind of events are so invaluable. So that that was kind of the the big driver, another driver is the patients that are coming in now that the one you're seeing there that their path, you know that when they're just moving through the conveyor belt, you know, the traditional oncology where, you know, it's it's just a form line.

They're not they are not a person anymore. You know, really when they come in, you have this cancer and this is what you need to do, you know, and, and and the medical oncologists, they're kind of stuck in how they're, you know, what they're able to do and what they're able to say.

So there's nothing against them in any way that they don't. You know, because a lot of patients are saying, well, why didn't they talk about vitamin C IV, or why didn't they talk about cutting out sugar?

You know, why didn't do that? Because that is not within their scope of practice. You know, it is not part of the standard of care. So it became really important when I saw my cancer patients suffer and and not having the additional tools and then and not recognizing what's out there, the possibilities.

You know, I, I really triggered that passion in me to make sure that these people that are, you know, thinking they're at the end of their life, feeling like they have no hope.

They need hope. They need to know that there are things that are possible. And so that that really kind of lit my fire along with my own personal story.

Thank you for sharing that, Michael. As a as a little bit of an aside and you don't have to get into any detail. I wonder if you felt with your father that.

Oh, man, he died. And I never brought closure to our relationship. Was there something like that that you felt? And that's a big possibility. I mean, yeah, because it it becomes, you know, me in a way, helping him.

And so it's me getting to to be there and creating that connection in a way. Yeah. So, so that I yeah, it's it's a lot of that as well. You know I didn't get to be there.

I didn't get to see you know we weren't that close. He's a stout German and not, you know, emotions was not, you know, part of his vocabulary, other than anger, you know, and.

And so I love you, Michael. Was that those words ever come out of his mouth? I that no. Yeah. Yeah. That was not and and. I listen I see are you do you have children.

We do. Yeah. Yeah. Got 14 I look at my kids I was like, guys, you realize I don't want to hear any complaints from you, okay? Like like I don't want to hear adult, you know, you know, childhood trauma when you become an adult.

I don't want to hear that. You have it way different than you. I did, and that your mom did. You know, everybody in our generation had some level of, you know, family trauma?

I I've never met any Gen X and above or millennial that doesn't have childhood trauma. The other you know, the our kids like for the most part it's like no I don't want to hear that. Okay.

You guys have it. You know I love you every day, three times a day. All right. Texting I love you. Love you. Yeah. It is it is fascinating. Yeah. Because it's, Well, when you look at the hardship, but I, and I look at kind of my hardship and then I can I go back to even one more generation back.

And here you're like World War two and World War one and and, you know, you had the Great Depression, all of that. I mean, yeah, I had a single mom growing up and and yes, we, you know, had hand-me-downs and and yes, you know, I the school I went to, we had us. Yes.

Some people throw you out threw throwing stars towards me and all these kind of things. Yes. I kind of grew grab that. But I still feel that I was as fortunate.

Yeah. Compared to looking back. And then we look forward to the generation now and compared to what we grew up with. Yeah. Yeah, it it seems so easy. But then again, with all the gender, you know, confusion and all of that, I, they, they navigate a world that I don't know, I knew no how to navigate that.

Plus maybe they have it too easy right. There is there are elements of how we grew up, you know, that are that made us a little bit of who we are. Right now.

We have to figure things out on our own from a young age. We have a 21, a 20 year old daughter, which we love. And she's amazing, but it's almost like and she's unapologetically telling us, guys, I really don't want to grow up.

I mean, I know I have to, but I have no interest. Right? And this is a I need help with this and that things that that 20 years old that was independent financially and otherwise.

Right. So it's that's so part of our upbringing kind of made us a little bit who we are a little harder. And my daughters would say, yeah, our generation is a little softer.

And maybe because we just want to we want you to feel no pain. We felt so much pain that we we want you to feel no pain. And some pain is probably good.

I don't know, that's a different some. That's for a different stomach. Yeah. No pain, no gain. Some at that. That's why I like that. I'm like yeah, no pain, no gain of it.

Oh Brad is listening. All right. Yeah yeah, yeah. Hosted by Doctor Karlfeldt and Doctor Espinosa. But I'll tell you about pain. What are you talking? But I'm a girl. Still man up.

Yeah, exactly. Thank you. Prostate cancer. Michael.

Prostate Terrain, Fungus, and Heavy Metals

So I think, so one can say. Well, let me give you a background. What I do with prostate cancer patients because a little bit different. What you do, I don't do the IVs myself.

I don't do the IVs, just I don't have the facility. I'm in an NYU. We just don't have that beautiful facility that you have. Right? It requires space.

I believe in it. And I do recommended some patients. You know, I don't do the mission. I don't what I do is, you call it taurine, I call it, you know, micro tumor environment.

I try to make, and create a micro tumor environment that's hostile to to cancer cells and specifically prostate cancer cells through lifestyle modifications that if they're prescriptive and followed even 80% of the time, it can help with that.

Now, that said, you know, a good number of my patients, 80, 90% do very well. There's a few that have such advanced disease that they do better. But I'm still stuck because the disease, by the time they see me, as it relates to prostate cancer, really advanced.

You do other things that I think are valuable. So we'll go into photodynamic later as kind of the the conclusion of what you do to the prostate specifically.

But how do you treat the terrain and the microenvironment. Well, so I look upon the prostate almost kind of like a storage unit, you know, so you have a lot of nutrients there.

You have a lot of so it it allows things like fungus parasites, you know, there's a lot of pathogens that can enter in there. And also, you know, it's very mineral rich.

You know, selenium, zinc, you know, all all these things. And and when an individual is deficient or if they are been exposed to a lot of heavy metals, you know, maybe they are in the military, maybe they are a, that, yeah, they'd like to go in the gun range or the first responder or something like that, you know, where they're exposed to a lot of heavy metals.

It the, the and the prostate, you know, because it is so mineral rich, is also prone to them, have heavy metals that start to accumulate in the prostate.

So it becomes a reservoir of a lot of kind of things that we don't want. And so it becomes an even and we know through kind of like the power of osmosis, you know, where you have, you know, one environment is very much dependent on the environment right outside, which is depend on the environment outside of that kind of like a family unit, a neighborhood and a city, you know, that it all kind of translates into the behavior of the people within that, that family.

So. By. Clearing out and then looking at, see, and, and and fungus, I see again and again and again, you know, the prostate, you know, that that is, that is so, so common.

So, you know, it's almost like if you deal with prostate cancer, you should immediately go after it with something antifungal, you know, to. Pause right there.

You're the first to say that here, I know about this. I can't say that. I say I go after fungus in my practice, but I can say I say some of the herbs that I, that I provide have antifungal properties, but the messaging can go into different directions that I don't want to confuse the patient.

So I though I know this, I keep that sort of to myself. But I know what I'm doing now that you mention it, tell me more about the fungal associations of prostate cancer and be as specific as you can.

In other words, if they have nail fungus, is that a sign or is it more specific? Literally in the prostate as best as you know it seems to be. Yeah. So yes, you can have people with nail fungus and you know, that's more systemic.

But you know, a lot of times you may not see it in other areas, you know, that much, but the prostate becomes kind of a a heavy source of it. And so that's why, you know, and and I'm not saying that every cancer is a fungus, I even though maybe every cancer has fungal implications or fungal, you know, DNA within the genome, you know, that that is you know, people are looking at that.

But in regards to prostate cancer, I see that again and again and then working then with, you know, you talked about antifungal, you know. So like that's why I like it.

Draconis solid. Yeah. Which is a antifungal. But it's also becoming a strong repurposed drugs. And yeah. Is it because it's clearing out fungus or is it other reasons?

Well, I don't know. People just seem to get better. Or you can then bring in the, paddock cat's claw, you know, all these different antifungal, and you see numbers go down, inflammation go down.

And then obviously you do need to combine that with, with dietary changes. And, and also another thing it's important to understand is that when we are toxic, when we deal with a lot of heavy metals, and we live in a world where it's almost impossible to, to, to stay away from it.

I mean, you have cloud seeding, these heavy metals, they're silver fillings. Yet vaccines. You got aluminum cans, you drive a car, you know, it's just everywhere.

You know, wherever you go, it's going to be. So, if the body doesn't have the ability to clear that out, that almost allows some fungus to stay in the body because fungus, it functions like a key later.

Yeah. And it holds on to a lot of heavy metals. So, so you can't just kind of go after fungus by itself. You know, if you're dealing with prostate cancer or, you know, any kind of fungal issue, you it's only you gotta work on both at the same time.

So you gotta work on grabbing the heavy metals as you kill the fungus. You know, those heavy metals are going to be released and you want to grab those and use different agents to, to to do that.

And then in addition to obviously open up the detox pathways and all of that. But but yeah, it's that I see that as a, it's so frequent when I work with, prostate cancer patients.

Fascinating. What else do you do to manipulate the terrain so that these cancer cells are unhappy, die off, or your body figures out how to get rid of it?

Yeah. So so first you got to understand what what what kind of terrain are we dealing with? Yeah. So we we can obviously we can. You know, we have our general tools.

Geologists do have metal plans. Let's kill parasites. Let's go after fungus and all of that. But each person is unique. Each person has a different story and we want to know what that story is to understand, you know, what kind of terrain are we dealing with? And, And then there are different ways to then, you know, there are labs.

We can we can check things. I use a technique called also autonomic response testing orbits as a form of a muscle testing to kind of pinpoint where you can use different vials with, you know, cancer tissue.

And they can correlate that with, different pathogens or chemicals or heavy metals or, or trauma. Yeah. Prostate. It's a, you know, a big, you know, trauma center as well.

You know, that's where we feel survival, you know, so if our survival is threatened, you know, then, you know, prostate frequent is impacted. So it's kind of looking at all these different things.

Now first assessing and see what's going on. What kind of terrain are we dealing with. And then bringing in tools. And I like to bring in tools first that are non harmful.

And obviously the more natural you can go in that direction the better. Doesn't mean that there isn't a time to bring in, you know, stronger guns.

Assessing the Terrain and Using Photodynamic Therapy

You know it just more collateral damage that's going to take place. And if we don't need to do that from the get go and we can see if we're able to move the needles, needle with what we're doing, in a less harmful, more supportive, more regenerative way, then, why not do that first lovely photodynamic?

What are we doing here? What are we doing to this prostate with this therapy called photodynamic and this is different than photon therapy, which is like a form of radiation that's used in the US and several in several, several institutions.

So tell us a little bit about that. What is it, what kind of energy and how do you do it. Yeah. So and and and people kind of look well is that different than radiation.

And yes, it is different. I mean yes, we lose it using kind of higher energy in order to be able to kill things. In both instances, the photodynamic what we do is that we use an, a photosensitive, sir, you know, and, we there's several ones out there.

The one that I preferred is called nano ICG, and, it has a very strong, tendency to accumulate in tumor tissue. So we've, we've seen after just a few hours of, of infusion of it, that it is, you know, within you can sample the tumor tissue and the photosensitive is in there.

You can also with prostate, you know, the beauty of that is that you can also inject the prostate with the photosensitive, sir, and you can also then kind of infuse it, you know, through a catheter, you know, to trigger accumulation in the prostate that way.

So, you know, some people obviously, where, the prostate is so swollen that, you know, bringing in the catheter, it can be a little bit challenging, you know, so then to, to use an, an injection technique, you know, to get the photo sensitized or even at a higher location in the prostate and then we can, you know, if we can't bring that the laser light, you know, through a catheter towards the prostate, we can then, you know, do it then rectally to really kind of point at the prostate to, to trigger, you know, the effect there.

And, and what happens is that as it photo sensitized or accumulates in tumor cells, it then will draw more of that energy from the laser. So you can then use a laser that is not going to, damage the tissue.

It's not strong enough to damage a tissue that you're shining on. Let's say you're shining, you know, through the rectal wall onto the prostate. Yeah.

It's not going to damage the prostate or damage the intestinal wall in any way. But because of photosensitive cells in the prostate, it will then draw enhance that energy costs.

And then, you know, creation of what's called reactive oxygen species or oxidative substances in the cancer cells, causing them to oxidize and die. So it's very it's very similar. Yeah.

We know chemo is an oxidative therapy with no radiation. It's oxidative therapy. This is an oxidative therapy as well. But it becomes much more targeted.

And it doesn't just create collateral damage all over the place. Maybe I missed it. So how is this energy getting into your getting into the prostate.

Is it similar to radiation equipment. What kind of equipment. It's used to get the energy into the prostate specifically. Question number one. Question number two.

How do you know that it's not that, energy is not hitting any other tissue. Is there some sort of, images that you're looking at to, to, to learn that?

And how good is the quality of the images. So the. Yeah. So you can look them through kind of ultrasound. Yeah. So that, you know, you can ultrasound guided to see what what's happening. We, we don't have like Pet scan or you know we we don't do that at the same time.

But you can look down with an ultrasound to see, you know, that, that the infusion is taking place and you can see the disbursement there. The whether it's in healthy tissue.

So there's going to be some accumulation to help the tissue. Yeah. It is. So it's and what happens is that the, the healthy tissue tend to have more of a protective.

They have things like different enzymes, you know, to help to protect itself from a lot of the oxidative stress and oxidative damage. The the thing with cancer cells is that they. Are.

They're so metabolically drained, you know, so a lot of times it doesn't take a huge amount to kind of push them them over. Yeah. So yes, we and this way we're then using that much less energy than you would with a, with the radiation, you know, with the radiation tool.

Yeah. So, it and the fascinating thing is that, you know, so when we do it, like, for instance, we have the prostate and we do it on a breast and a breast would be kind of obviously more visible.

We can then see kind of the, the, the tissue in itself, the, the dying of the tissue directly there. And so it's, it's not enough to trigger too much damage to help the tissue, but it's enough with the photo sensitized or to, to trigger oxidation of the cancer.

So great. And they and they've seen kind of they've done is about a 50 to 1 ratio, a preference of the for desensitize for getting into the tumor cell.

And that has a lot to do with the, the vasculature and kind of the leaky blood vessels that, that tend to feed the cancer. So wherever there's more vascularization around the prostate, oftentimes that means tumor cell formation.

It targets that area more and more damage is done to the tumor. Yeah. Because see, when you have these kind of leaky blood vessels, you know, bigger molecules can then enter in and then enter into that tissue.

And so I mean, these are not a nice diversion, but still, you know, substances tend to accumulate at a higher rate than within the tumor tissue. And it has to do just with the, the, the higher level of blood vessels into that tissue.

But then also the leakiness of them. Yeah. And so that just allows things to just start to accumulate in that tissue. Wonderful. Michael, I want to be I want to promote your book.

Can you tell us a little bit about your book, on cancer? Yeah, yeah. So, yeah, that's a better way to treat cancer. Yeah. And, came up with it last year.

And the reason for me writing that is that, there there are a lot of great books out there, and my patients were just looking for more of a of a manual.

I mean, and you just bring all, all the different things you talk about. You just put it in one book and just let me read it. And and I was thinking, that is going to be a shorter like 200 page book.

But, you know, I ended up being 500 some pages. Yeah. That's I that's the way it always is, isn't it? I know it just grows and it's not any piece that I would like to take away, you know, from the book.

But it, it's, it's essentially a manual. What do I need to consider. You know, when I deal with cancer. Yeah. What is

cancer? You know, I have a full understanding of what that is.

Book, Metastatic Disease, and Closing Remarks

Yeah. What what what are all the aspect that I need to understand when I'm battling it? You know, like the diet. Yeah. Like some natural substances controlling inflammation, mitochondrial dysfunction.

And how do I address all that? The spiritual aspect, your emotional, lifestyle, you know, how to measure, you know, where am I at in my journey? Yeah. How do I know if I'm getting better or getting worse?

You know, how do I prevent, you know, all these different things. So that way people can just go to the chapters that that they that intrigues them and kind of dig deeper.

There. Beautiful. And look, I thank you for there are two unique aspects to our conversation this summit. One is the fungal association, the prostate cancer.

I think there's something there. And the other is, the use of photodynamic. Therapy. That that you offer. So I thank you for that. Clearly for the photodynamic.

You have to know that the cancer cells are encapsulated and there has not been, metastatic disease also, because it's then all bets are off. It's not going to it's going to not going to do much if it's already out of if the cat is out of the box.

Well, yeah. The, the beauty also is that so you're looking when you're looking at metastatic disease. That's the same as where we were talking about in the original location.

You're still looking at terrain and you're still looking at the effectiveness of the immune system of recognition. And also looking at, yeah, because immune system a lot of times can be tricked by the cancer to, to carry its message, so to say to and I bring it to locations and and you know macrophages are just part of this process.

But the the question is I'll always, you know, why is it going in that location and that location. Again, that has to do with, you know, how healthy is the body as a whole.

And it's never kind of the original cancer that really gets you. It's when you start to move in other location and when it's in those other locations, you want to make sure that those locations are strong and healthy as possible.

And so that's why it's it's so important to kind of address that and, and working on it systemically. So you can use the photodynamic then for systemic as well where you're then literally as you have circulating tumor cells that are floating around the bloodstream, you can have the intravenous laser, you know, needles in, in your arm.

And as the circulating tumor cells or cancer stem cells or whatever it is that passing through the bloodstream, you know, they get an impact, they get tagged with the full desensitized or and then we get, yeah, impacted by the laser, to trigger off that that cell death.

And then as they, they die, then, you know, they get broken up into pieces and the immune system can then start to recognize, yeah. What are the components and of, yeah, this, this cancer.

And how do we produce antibodies and, and immune system response to kind of make the immune system more intelligent. So so it is good. You know, when you deal with something that there's a risk for metastases or there is metastases, that you then recognize, you know, treating it systemically becomes, really important.

So it's not just about the location of the cancer all the time. Beautiful. Well, that's a wrap for this conversation, Michael. How can people find your clinic and learn more about what you do?

Well, the best way is to get on my website about, the karlfeldtcenter.com. And, yeah, I definitely would recommend

people get my book A Better Way to Treat Cancer.

Just go to Amazon and and you can find it there. I have huge amount of resources on, on my website. You can just type in cancer and there's, you know, a huge number of articles, interviews that I've done.

And also my podcast, Integrative Cancer Solutions. So all of those resources that's available. Thank you so much, Michael. There's been a wealth of information and really appreciate all the work you do in our space.

And, you know, giving people, as you said, hope to, you know, spend more time, quality time with their loved ones, family members. So thank you so much for being on absolute.

My pleasure. Thanks so much, Doctor Espinosa. All right, everyone, thank you so much for joining me. Joining us, joining me at the Prostate Cancer Summit with his other, just amazing interview with Doctor Michael Karlfedlt.

Stay tuned. There's more coming, throughout this week, depending the recording is a little bit earlier as you know. So we have the goods here for you.

The best of the best in the world of prostate cancer. And stay tuned. Let me know what you guys think. Talk to you at the next interview. Much love. Talk to you next time.