How Calming The Body’s Survival Response Can Transform Healing Transcript

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Introduction and mutual respect

Here with my dear friend, Doctor Isaac Eliaz. He's somebody that I, you know, so value. Look up to. He say he's a leader in the integrative cancer space.

And so, Doctor Eliaz, thank you so much for being with me here today. Michael. Thank you for having me. And, you know, I love talking to you. And you know how much I respect your work and your center.

And so I'm willing to make my small contribution to this summit. And, if it can be of any support, that's great. Well, thank you, thank you. And and one of you wrote the book, The Survival Paradox.

And and we are I think we when you wrote it, you I mean, you recognize the importance, but I, I feel like as you're doing more and more research, more and more it's coming out your understanding the, the value of, of shifting that survival, process that takes place in cancer cell and kind of calming that down.

And in addition to certain chemicals that are involved in and promoting that survival, aspect. So do you do you mind kind of explaining in a little bit what happens with a why a cancer cell gets into that state, right.

Yeah. Yeah, definitely. And you know, I talk a lot about a lot of topics, through these decades of experience in development in clinical research and education.

But I'm really going back to this very basic concept, Michael, because it is so fundamental to our existence. And it drives every disease, literally every disease.

And but cancer, like at the top. So really we are driven by survival response because that's how I know the fear of dying. And it's it's built in us in every cell in our body.

So every survival response and what I call survival paradox.

The survival paradox and cancer reactivity

And the reason why I call it the survival paradox is because the survival response is really what what what creates the, the the reactivity. We are reactive is part of a survival response.

So a survival response can either we as a response. What is a survival response. Let's look at it for survival response is not accepting that everything that arises and expresses itself is going to have an ending.

So in one level, it's our life. It's what exists here is this world, is this, is this, you know, it's the Earth. Even at some level, it's a very large scale of time.

But every breath, every thought and we are so identified with this survival response, it is it skews our reality. It's separate between us in the outside.

And it creates this. This really, really this delusional, this really. It's not really dreamlike objectivity, which is really what modern physics is based on and what really a lot of research is based on.

You know, we have quantum mechanics coming and saying, hey, wake up, everything is probability, nothing is stable, everything is changing. There is no, you know, there's nothing that stops in time and space.

And this is really the essence, for example, of the Buddhist philosophy. Amazing how they meet. But the survival response is not seeing this, which our regular mind cannot see.

I want to give this big picture because it's white, affects our mind, and that's why working with our mind can affect our health. But within it, with this process of survival, we hold to what we need to let go of.

It's called grasping. And the grasping creates either a fight, a reactivity sympathetic response that you either fighting or we run away. We shield ourself, we hide, we create separation, which we see so much around our work.

So these basic processes are driving and result in effecting literally every disease. And we thought initially chronic diseases. But even more acute disease is the biochemical expression of it is through a protein called galectin three.

In some other protein. That's one of the key ones, which which I allow means. And they are really and they are really it's called damage associated pattern.

When there's a damage associated pattern in the body, dia de amp, the body reacts very, very quickly, not as quickly as the sympathetic system, but it does react quickly.

And as a result, as a result, it creates a chain of biochemical reactions. So now this is well established. And now for example, galectin three is about 15,000 papers.

But it started with interest in cancer. And why? Because cancer is one of the best examples of a cell that doesn't let go and wants to survive for it.

But it's really it's the basis of cancer. Cancer is the cell that lost the recognition that it's part of the community, that it comes, it serves, and then when the time comes, it goes away through doses to give rise to another cell.

As we age and as we get as we get challenged with different processes emotional, physical traumas, toxins, genetic epigenetics, it affects our ability to let go, right?

The baby gets a cut. There's no scar. We get a cut. There is a scar. We are not able to completely let go and then we react. Galectin three represent this reactivity in cancer is the epitome the best example of reactivity on a chronic basis.

But the the intensity of the reactivity, the intensity of the self grasping and the fight with the outside is what will determine how aggressive is the cancer, how much it will metastasize.

And all of this now affects cell metabolism, cell membrane receptors and the relationship between the cell and the environment. That's just like the relationship between organs in the body and the relation between us and our community.

It's very similar in different scales. So when we understand it, we understand how different, method, different techniques can have an effect with cancer and why we have to address this.

We have to as part of an integrative cancer protocol. It's it's it's sometimes, you know, we are so drawn to fancy treatments that we forget the major driving forces of all of it.

Galectin-3, inflammation, and cancer progression

And what we will see is through different developments in oncology and in integrative care, we will see this. It keeps on showing up. We just have to see it, remember it and see what we can do about it.

Yeah, it is fascinating to see kind of how cancer is, is following the emotional patterns of the individual. Yeah. I hear you're talking about survival and and it's interesting.

You have the fear of death. And when you look upon and obviously when you're diagnosed with cancer, you step into that fear of death. But then you look at the the signal, the emotional signal you're then sending your body.

Is that survival state. You know, that survival where you're you're trying to survive, but now you're sending that signal to tissue that is geared to survive.

You know, cancer is geared to survival. It it shifts the the genetic expressions. It shifts, you know, the metabolic activities within the cell, all geared towards survival.

And and here we also like you're saying is that you have that disconnect between you and the environment. Yeah. You're, you're there's, there's that that kind of fear of, of, you know, the separation of identity instead of kind of knowing that we are part of all of that.

And, and instead of judging, you know, discriminating, you know, being afraid of, you know, the, the step is then to kind of move, you know, beyond just doing like vitamin C, our I. V.

and artists and then all those which are fancy and nice things to do. But the core component like you're talking about. Yeah. Addressing that survival mechanism that is so hard to break.

And then also looking at it chemically, to address that on a chemical way as well, you know, and then layer on top of these, you know, other therapies on top of that.

Yeah, completely. Really said it very well. You talked about the the separation, you know, and not being part of and that's exactly what the cancer cell does.

So what happens when you start with like with, you know, you don't have a cancer cell necessarily, but you have dysplasia. It starts to behave differently.

It starts slowing down its communication with the body. Right. It still communicates a little bit. The benign tumor still communicates. And then what is cancer is a cell that is autonomously functioning.

It no longer recognizes that. It's part of a big community of trillions of cells. That's exactly the cancer process. And the cancer process is the most devastating one.

Of course, autoimmunity is the same, but we are fighting our own body. And that's why we see autoimmunity in so many inflammatory and degenerative diseases, especially neuro inflammatory diseases.

All of these are driven by the survival response. All of these different, driven by galectin three. And that's why understanding this and addressing galectin three will change every treatment.

For example, if we look at immunotherapy PDL one inhibitors. So PDL one is a PD one receptors are excreted in order to to create energy of the immune system in order to prevent the immune system from responding, okay.

Galectin three increases Pd-l1 expression, which means that that the the Pd-l1 inhibitors will not work. But galectin three mechanism is that it drives inflammation, so immune and inflammatory dysregulation are driven by collecting three S and UPS to a molecule that starts the process.

Yeah, I know I don't want to start throwing slides and making it complicated. But for example, my first NIH grant doing research on sepsis, which I will touch and show how it's related to cancer in shortly, shows that in animal models, when I blow galectin three, interleukin six doesn't go up, kidneys don't get damaged in the sepsis process, and the animals don't die.

And galectin three spikes much before interleukin six and goes down pretty quickly. But it starts a cascade that never gets blocked. We are almost caught in this illusion and we run, run, run, run with it.

This would kill people in Covid. This would create immune dysregulation, inflammatory dysregulation in Covid, certain people in vaccine injury doesn't matter.

The same mechanism. That's what kills people in cancer. So we have to recognize it. And then we just say, wow, what can we do about it? And the what we do about it for me is, wow, you know, like, I know this night, last night, and my daughter had my younger daughter had the 35th birthday, which in Chinese medicine is significant.

And it's a big insights which are so basic, you know, and one of these was, wow, you know, why are we stuck in reactivity? We also addicted to reactivity.

So I'll give you an example. Off the cuff. I didn't like to talk about it. You look at the concept of detoxification and acceptance okay. There are so many companies and so many protocols and so many webinars on detoxification, detox, detox, detox, detox data.

What is detox? Detox is cleaning the byproducts of reactivity, right. But what does the how do the other than detoxify? It helps the exhalation. The heart accepts.

How many products do you know about acceptance? Pretty much zero, except maybe a now more popular open heart medicine.

Why integrative therapies need the foundation

When you blow galectin three, you develop acceptance, definitely. But it's not interesting. We can't make this shift from detoxification to acceptance, because once you have acceptance and you exhale, you have forgiveness.

And once you have forgiveness, the reactivity goes away, right? The stimulus is the same chemical, emotional, genetic. If we don't react to it, we are still at peace.

The receptors on the membranes don't change. We still are with normal mitochondrial function right. And then all these metabolites. I will touch you in a moment.

It's important for people to know at least the basics. Maybe they're not basics, but for me it's like I see them as part of the picture. They're like dormant.

You know, we have time to produce energy efficiently. We're not in a survival mode, right? All of this happens in the same in the same chain of events.

So once the cancer cell can accept that is the part of a community, its metabolism can shift. Think. Often you and I know I've said patient cancers gets more aggressive.

They don't respond to treatment. Right. They move more toward aerobic glycolysis. You know the SUV goes up in the Pet scans. The cancer goes metastatic, goes crazy, kill the person, but the same cell can go the other way.

It can. It can we differentiate. It has a choice. We have a choice. We have to be reactive or not. The biochemical process of it is started by galectin three.

So the psychological the emotional mental is not easy, especially because we are dealing with a cell that doesn't listen to us anymore. Like, you know, we can convince yourself that is part of the community.

Hey, let's all work together. But somebody was already identified as an enemy. They're not reactive. They're not going to they're not going to listen.

And that's why the basics of using modified introspecting is so important. And now you know, I moved on to my really fascinating work on x three and this very fancy antibody based selective apheresis of collecting three that I will share.

It's truly, truly a breakthrough. Even the FDA gave us a breakthrough designation for the treatment of sepsis. And so I you know, I sold the genetics and I'm moving on.

I'm emotionally recognizing how many hundreds of thousands of people get help. But I'm telling myself, oh my God, this is so simple, and it has to be used.

And so that's one of the reason I wanted to really share, because is we made this transition in the company we didn't get to publish, and I can't give all the detail, our real life data on MSC from our principal investigators in Israel.

So these are the people who topped up oncologist who published our multicenter trial. And they're seeing amazing results in early metastasis of prostate cancer okay.

Not only biochemical really. No. Just for people to understand there hasn't been a fundamental change in early metastatic prostate cancer, except different hormonal therapies, different chemotherapies for 50 years.

And the freaking natural product that I had the good fortune to develop and push is doing the trick to a point where one of the largest hospitals in Israel in the world actually is sponsoring the trial out of their own pocket.

Okay. We just I'm trying to work with the new owners to send them the material. There's so much excitement about it. Why am I mentioning it? When to strengthen the value of using motivated prospecting, which now has crossed the 100 published papers on multiple conditions.

But to to give an example of how this survival response is fundamental in cancer, in fundamental and other diseases, and just to wrap it together, when the cancer, patient is facing the disease, and the term where I'm going to fight my cancer is already problematic, you know, because we're putting a fighting energy into it.

And it's the difference between fighting and being competitive, between be having an intention to heal that comes from the heart. It's a big thing. It's very different.

But it's hard to come to because it requires a very big mental and spiritual shift. But, you know, I know how much you are interested in it. People don't know about your theological and spiritual and psychological background.

So that's, you know, you're one of the people I can talk to when we finally get and we see each other once in a blue moon. So I just wanted to bring it up.

Yeah, yeah. And I always love those discussions. And, yeah, we're we're truly fallow hearts in that area. I mean, it seems to me, I mean, from what I'm hearing is that, you know, you you mentioned like, Pd-l1, and how galectin three and upregulate or survival upregulate, see, the galectin three that, you know, prevents and the also up regulates that Pd-l1.

How galectin three is kind of a that the top of the pyramid in a way. You know, for all this survival mechanism that takes place, the upregulation of VHF or IGF one and all these different, you know, manipulations of these drivers that takes place when the body gets into that survival state.

Sepsis research and the X3 filter breakthrough

So if we then bring in these other therapies and do not consider, addressing the galectin three, it sounds to me then that these other therapies are not going to be as effective because the, we are the cancer cell is able to navigate a lot of that by up regulating a lot of these different, cancer drivers.

Yes, yes, yes. It's it's it's it's very true. And people really have to recognize if you look at the published research, some we did and some published by others, most of it by others, you will see a modified it was picked in.

I mean, all this research you know, and pick the soil you will see modified it respecting, you know, being synergistic with multiple chemotherapies with radiation therapy that I did a part of this research.

And why? Because it addresses this basic pattern and it allows the immune system to recognize the cells. So something very interesting if we look at different therapies differently in, you know, ecology.

But even if we look at supplements, we look at the we look at curcumin. Treatment is amazing in the dish. Petri dish kills every every cancer. Then you go to animal studies. It's still effective.

You go to humans. Maybe you look at MCP research. Okay, Bailey does something in the petri dish. Does does significantly. You can say in animal best results are in humans.

No other substances like this. Why? Because it's so early. It doesn't kill the cancer. It allows the body to address the cancer. That's the that's the beauty of it.

So I think so that's what one thing I really wanted to emphasize, I want to shift for a moment to a very different feel to my work with the zero three filter, with the that Terapeutico really have now been working on it for 13 years and I got, you know, patents all over the world, really top, top nephrologist ICU doctors.

If the recognition for breakthrough designation, you know, it's it's a, it's a fancy medical device. It's a lot of work, a little bit of headache, but very rewarding because sepsis is a number one killer more than all cancers put together.

So why am I doing it here? Because we did a very aggressive sepsis model called LPs induced endotoxin. It's so aggressive that in 24 hours, 70 to 80% of pigs died from the from this sepsis.

When we filtered just collecting through the only filter that is selective to one molecule through the plasma, we shut down the process. Really animals don't die.

There is no Ards. There's no acute respiratory distress syndrome. There is no lactate. There's no meta bollock shift to survival. And that's what now when we do what you call a multi-omics genomics proteomics study of the of the patterns, the most dramatic changes, literally normalizing the gene expression in the protein expression M0 in in protein, in acting in Ampk in in in in hypoxia and using factor in various the key drivers of cancer.

I started this invention initially out of thinking to use it in cancer. I just ended up in sepsis. But the most dramatic results are in cancer. And this is why I know it's going to be a game changing cancer, possibly as a standalone, but mainly with other treatments.

And it will allow, for example, a Car-T cell to happen without inflammation, without the narrowing, I'd say is driven by galectin three. You know, a lot of of neuroinflammation after all these treatments.

And so it's interesting. There is data, as I mentioned on galectin three and PDL one, but small groups, we're now starting to appear with a very large hospital, a 300 patient diagnostic trial on their on renal cancer, hepatic cancer, non-small cell lung cancer, every patient.

It is one of the top 40 hospitals in the world where every patient studying Pd-l1 inhibitor will get galectin three levels before. Before the first treatment and before every other treatment.

To consolidate the relationship between galectin three and Pd-l1 inhibitor response in side effect, and to optimize the timing where we can use the X gal three as a therapeutic.

So this is really exciting. You know, it's exciting for me because if you told me 20 years ago I would be working with the FDA, you know, like one of my consultants was the head of the FDA medical device with top doctors from Stanford and Major Institute, which I did work for 20 years.

But on a regulatory development, you know, we all, we all have PTSD from this, you know, is is chased after integrative doctor, but they're amazing people, you know, and the, they're on board.

It's amazing how much on board they are. Some of them are on board because they get it and some on board

because they see you know, I really don't understand it completely.

But this guy here is something I'm going to support him. You know, I don't care. It's like and it's a community. You know, it's interesting. Like we're doing crowdfunding and like like I think like 1200 people.

But one third of doctors, you know, so the medical community is mobilizing because we need to change. So while the focus is sepsis, the real knockout on this because it's a platform technology will also be in cancer.

I'm so from my perspective, I just want to see the first patients reacting to it. And then I'm like, I've done it. It's the only thing I call my name after.

I never use my name in anything. But I call it Layer Therapeutics, but it's a project of my life. But, it's interesting how it ties back to cancer and it ties back to cancer.

Also is part of, of what I knew, you know, so it's confirming what I knew when I started. So it's kind of nice. You know, it would be pretty bad if you drove on the road for 12 years and founded, oh, my God, the dead end.

I mean, the wrong place does happen. You accept it with love and move on. But, I mean, it seems like. I mean, you had the pack, the cell C, and now you know that you're the for this process and this is different machine from my understanding.

From what what is kind of what it it column. It's actually columns. The whole work. The whole freaking work is to develop this this column. This is not the actual the the real one now is bigger is this small column that has antibody in gel.

And it works in a very fancy machine. But the machines are different machines. It's a column that is so much work, and a lot of the work is to confirm if it's safe, even if you know that it's safe and there's a lot of regulatory stuff, some of it will say why it's needed.

It can be a headache, but safety knows there are a lot of things that we're doing, integrative medicine that we do by insight. Then we find later we're in the best thing.

So that's the value of of doing it right. But we are very we may be in clinical trial in a year. So it's very exciting. That's wonderful. And and and I know you did your initial crowdfunding.

Is is there a potential for people that are wanting to, to donate or kind of support this. Yeah yeah yeah yeah. It's not supported. It's actually an investment.

It's not a donation. It's an investment directly by you know it's it's different. Yeah, definitely. They can go to we fund their WEF under and just put a layer of therapeutics and or layers and they will get to we are one we are in the top 1% in the country in crowdfunding.

So it's very exciting and we really need the help of everybody. So because we, we, we don't need so much money to get to clinical trials, but we do need it.

Without it, it's only going to be maybe. And I don't like to end the project with the maybe it's not my character. You know.

Personalized cancer care and clinical trial plans

And that's the thing as we know these, you know, pharmaceutical drugs, you know, that are then for, you know, if they bring in a new chemotherapy, new immunotherapy, the amount of hundreds of millions that are that it takes to bring that to the market.

And obviously the pharmaceutical companies, they are fronting that and they have the ability to front that, you

know, and to bring that. But here we have something that is obviously not going to benefit the pharmaceutical companies per se, you know, so it becomes a little bit more of a challenge than financially to be able to drive these type of, programs forward.

And it's so exciting them to see, you know, the governmental recognition of the importance of this. But we still it's always, you know, that that financial aspect to drive something, that is going to make such a huge change, huge difference in how people are being treated for or sepsis and inflammatory, autoimmune and neurodegenerative cancer.

I mean, the list goes on and on, right? And yeah, you know, like every 2.8 seconds, somebody dies from cancer in the world, 11 million people. But it's interesting.

People don't recognize there is not one approved treatment for sepsis, not one, because sepsis is not the infection. It's the body's response to the infection.

It's the immune inflammatory dysregulation. Cancer is not the cancer cell. It's the it's a it's inflammatory an immune response that kills the patient.

Right. As we know so well when we can because we're going through this crazy right. I will be like colleges and everything just get burnt now in sepsis to it.

It's to an extreme if you don't treat the patient 18 hours in cancer, it can take years. It's very aggressive. It can take months or weeks. Same process. It's amazing.

And that's why it's applicable in so many fields. And so it's really an extension. It's still the same. My same work on galectin three. You know, 30 years later just in another angle and a very exciting one with a major recognition by the scientific world, by the FDA, by the NIH, with grants.

I mean, it's kind of it's a little bit insane if you believe there's a theory and then tentative, pardon me, but it's all part of the package and it's all part of acceptance.

Acceptance. If you accept, you accept conventional and you accept alternative and you understand it's all part of one big reality. Otherwise it's this treatment and the treatment.

The thinking doesn't change it, just the method change. It's an IRB, the Navy instead of a drug. We need to change our thinking. And that's on a superficial level.

On a deeper level, we need to change our perception of reality outwardly. What comes to us in inwardly to our own feeling, emotions, thoughts, etc. if we don't, we react.

If we do, then we respond with love, compassion, spaciousness, acceptance and it makes all the difference in our quality of life. You know, ability to affect others and in the treatment of cancer.

And galectin three is just the biochemical response to it, just like the heart accept dirty blood any way, even if we are jerks and we fight everybody, right?

But it's easier to do the hard emotional, psychological, spiritual recognition because biochemically it's already happening. So it's an amazing journey.

Totally one of the things with a healing opportunity in cancer, you know, that you see so much in your patients. And that's the thing is that the key is to marry the two.

I mean, so here you're you're diagnosed with something and and we recognize you are in that survival state. And the key the ultimate key is to shift consciousness.

And like you're mentioning, I mean, I'd love later on for you to talk a little bit about, the open heart meditation that you do, the retreats that you do, and, and, you know, because that is such a powerful tool to shift that consciousness away from that survival stage.

But while we're doing that, in order to be able then to kind of work on it biochemically, to give us the time, you know, that we need in order to be able to shift our, our, our view of the world, our view of ourself and and how we are connected to the world.

Yeah, it is that important to bring in things like that. Packed us all, see. And then also then when the, the, you know, the, the type of aphorisms that you're talking about when that becomes available, when you've kind of moved into, you know, the trials and having that available to the public, you know, then you married the two becomes such a powerful medicine, when you're dealing with cancer.

Right. It's true. And it's part of the bigger picture. Open heart medicine. The medicine of an open heart is that it introduces us to infinite healing potential.

And the reason why it's infinite healing potential is because pure definition, the only truth we got, it's our belief system, is that everything is changeable all the time.

That's that's the truth of it. No arguments about it. And if everything is changeable, everything is possible. When doesn't change, when we hold to it, when we hold to survival.

So in this sense, the more detox we do, the more our blood is clean, the more emotions, the clean, the most, the more we have less. If you metals and mycotoxins, the easier easiest it is to accept, right?

It's nice to drink. It's easier to drink very clean water than to drink something that is stinky and terrible. Right? So that's the value of detox, of letting go, of letting go, of cleaning.

And then when are we in the survival mode? If I told everybody to hold their breath in one minute, everybody will be in survival mode when we have oxygen, when we breathe deep, when we are well oxygenated, then we are in less of a survival mode.

So breathing and you know, and different therapy and vitamin C and different ozone therapies and mitochondrial regulation, they are all metabolic expression of the same.

A cancer cell in the cell that forgot to take a deep breath per definition, even if it has oxygen, it forgot. It lost the ability to do it. It's in a reactive contracted state.

And so we want to change it. Anything that changes. And the reason why again I go into sepsis because in sepsis it crashes in minutes. You know. So what happened in sepsis the patient come to the ICU.

They are crashing. You know they're getting vasopressors to keep the blood pressure. They're getting fluids. They're getting sent to a line. Sometimes you get intubated if it's severe and usual, and they rarely die in the first day.

And then let's say that you fight and then the blood pressure is very low for, let's say, for a long time, for two days, okay. And after two days they get they recover.

They're going to die in a few days because all the organs got damaged from the lack of oxygen and from the survival response. This is an extreme description of the cancer.

Exactly the same. Right, Michael? Colleagues in cancer, we have more, if we have more time to really effect it. So initially when I started my work with Ezekiel three, with the, with the with the galectin three filter, we were looking at the chronic kidney disease.

It's inflammation, but it's really some errors of operator. It was when we did the study with MGS over that use. We use the biological like something similar to BCG.

And they change the violent injected in the wrong place. It had insane inflammation. The placebo was the same animals. The blood got so sticky and fibrinogen went up so much it shut down the machine.

The galectin three filter.

Open heart medicine, acceptance, and healing

This was a very primitive filter. Still with an antibody. They couldn't say, no, we can't explain it. The blood is thinning out as we are doing it. And they said, oh my God, I think nobody thought about it.

Process it. Oh my God, this is an acute process. And they shifted, you know, it is rolling fine in discovering that galectin three blockers stop inflammation and fibrosis.

And then it's the roll to move it to the sepsis phase was the acute phase. But this phase is what drives cancer. It just a lot of acuteness happening all the time right.

This ongoing survival response of cancer. So yeah it's fascinating. It's bigger than MK. It's bigger than a filter. But this gives the opportunity in a very mild way with the supplement in a very dramatic way with X three, that can shut down the process, but it gives a chance for the body to recalibrate and to fight the cancer.

So the value to the drug into the PD one inhibitors and the different therapy that you do, but also it gives us a chance to recalibrate the person, recalibrate the cancer, which is really what you and I are interested in and in interesting these days.

I remember in the 90s, Michael, and the thing I'm a little bit older than you oncologists would laugh at me when I told them you got to test the cancer for chemo sensitivity.

Chemo sensitivity actually died out. And then all the genomic stuff came Norway. Now they've personalized care. They they're really they're really looking at the different expression of the cancer.

But it's easy just a bunch of tests. We need to know how to personalize the person. That's it out. And then how do we personalize the relationship between the cancer and the person.

So they are no longer enemies either by slapping the cancer on the face or differentiating the cancer. Then you get the normal blood supply. Okay, we'll give you a blood supply if you relax.

These are all strategies, right? I know I look at your the amazing protocol that you do because we get to meet your patient later. You kind of write down all these waves right.

And we know Monday we do this Tuesday we do this I mean oncologist regular our regular doctors would go nuts because it's not a prescribed protocol. Right.

That's the fun that we have. That's why it never gets boring. But it's all part of this very basic process. So I'm glad. I mean, I don't if I'll do it again in the near future, but this September I'm doing for the second time my open heart medicine retreat in Hawaii.

And it was remarkable what happened to people last year. Cancer patients, but also people with deep traumas. Because we all have deep traumas. It just changes your life.

So many of the people who came last year are coming again. So it is in September. People can find out on my website. They the elias.com. But yeah, it all ties together.

You know, as you and I recognize and is, you know, so it. Yeah. And I think the I mean there's so many jewels, but I mean, one of the key things to really remember that, you know, sepsis and cancer is your reactivity.

You know, it's how you react just to things. Right? And then you're talking about the heart. You know, being accepting of everything. You know, it's the only organ that doesn't care what comes in it just, you know, accept everything that comes in and then flows out.

I mean, I when when you talked about that in our early discussions, I mean that that makes so much sense and how important that is for us to live in such a way and recognize that energetically we are no difference, there's no separation.

And anytime we create that separation, we are then, you know, we're walling ourself off and trying to become different. And then we're starting to react to what's outside of us.

And that and to shift that both biochemically and, you know, consciously, you know, our consciousness becomes such a key. And and I it's it's amazing how you are, bringing all of this together, you know, so for everyone out there, you know, to me, this is a core component that we need to look at.

Yeah. Yes. We can manipulate with this supplement, with that or with that IB with that. You know, we can do a lot of manipulations and, and and that is important sometimes.

But if we forget the foundation, we are still going to be in a manipulated mode, you know, for the whole time. Yeah, totally. Yeah, definitely. Relationship between acceptance and the receiving and between giving.

And it's very interesting. Different systems in the body work all the time. You know, the heart accepts, it expands. So there's no problem for the heart to expend.

The heart wants to give it contracts. When the heart gives to the lungs, it contracts. But the lung needs to expend. Right. So it's different relationship in the same time.

It's it's beautiful. It like looks like a it's like a symphony of rhythms. But it's all comes into this idea of acceptance and then unconditional giving without holding, without survival.

And the that's the role of the heart, the spiritual role of the heart in the day to day role of the heart or the survival world of the heart is to give us to give without discrimination all the time so we can stay alive.

And whenever we do this survival contraction mode, it damages it. It's why galectin three so damaging. You know how disease. But you're right. You described it very well.

It's it's if we can understand the fundamentals, we can get to the same place with less interventions. But we always have the extra interventions when we need them.

And as long as we do the extra intervention without compromising this basic understanding of the depth of things, then we are we are really good doctors.

You know, we really help people. Otherwise we become technicians, which is valuable and just not interested in it. On the person that. Yeah, yeah. Now we want to look at the core component instead of just manipulating and, and and that's, that's what some important.

Well doctor Isaac Elias I mean it is always such a pleasure to always such an honor. I value as a as a friend, as a doctor. Say, you know, a scientist, you know, you you're bringing so many gifts to the world, and, and I'm.

Thank you so much. Thank you. Michael. Thank you.