Introduction and Jane's Background

Hey, it's Nathan Crane, director of the Health and Healing Club and host of the Conquering Cancers Summit. And today, I am honored and excited to welcome you to a very special interview.

Jane McClelland is the author of the number one bestseller, How to Starve Cancer Without Starving Yourself. Pretty important little ad to the addition to the end of the title.

There. She was awarded the Amazing Woman Global Award, 2019 Lifetime Achievement Award for her work with cancer patients. Since 2003, she has tens of thousands of followers in her Facebook group.

You can learn more about her and pick up a copy of her book at How to Starve cancer.com. Jane. Thank you so much for joining us. Thanks for having me, Nathan.

Yeah. My pleasure. So I'd love for you to share this a little bit. What was it that made you so passionate about helping people with cancer? Starting back as early as 2003.

Because I've had cancer myself. And not just once. I had it several times. So it started off in 94, when I was only 30 years old. And that's when, I got diagnosed with cervical cancer.

And then it spread to my lungs in 1999. So I then was stage four, and at that point I'd kind of learned quite a lot because my mother had died in the interim in 96, which had, completely freaked me out.

And I had gone dived into lots of literature. But it was really very hard to find out what to do. Back then, there was very little, availability of information.

So I did a lot of research on my own. I went to hospitals and actually dived into the medical libraries. I looked at journals. You know, I'm actually a trained physiotherapist, so that's my background.

I had some medical understanding, and I knew that just going down the alternative route on its own probably wasn't going to be enough. And so I did a combination of the two.

I used both traditional medicine and I used Eventually I ended up using some off label drugs because my cancer, I ended up having Milo dysplasia, which was a result of the radiotherapy and the chemo that I had in 94 and 99.

I then in 2003 ended up with this blood disorder in the bone marrow. And, that was more worrying to me because I didn't know how to control that. I was already controlling the cervical cancer with all sorts of complimentary things, but that just wasn't enough.

For what? What were you doing? Sorry. Sorry to interrupt, but I'd love for you to share just a little bit what you were doing with complementary therapies back then with the cervical cancer.

What were some of the things you were doing? So I was doing intravenous vitamin C. I had a whole range of many, many supplements. In fact, you know, I sort of I saw people who read my book, you know, I sort of I got names, maracas, because you can just shake me, you know, and I'd that'll.

And, and most of my followers have ended up being much the same because there are a lot of supplements to block different pathways that I've discovered.

But it was, so a lot of that I also, changed my diet, my lifestyle. You know, I did a whole host of other things, but essentially it all boiled down to starving cancer.

Exercise was very important to me. And, and then I ended up just taking this cocktail of off label drugs. I started off by taking, Initially, I've been taking aspirin, but then I added, I put them all, which is an antiplatelet drug now that's normally used, for people with cardiovascular problems.

And then I added a stat in which, again, was for people with, you know, high cholesterol. But Saturn's actually have huge benefits for cancer patients.

There've been long studies, epidemiological studies that have proven that, instructions will actually reduce you, it will protect you to a certain extent from having cancer.

And when you have cancer, cancer actually makes cholesterol blobs on the surface of the cancer cells. So every daughter cell needs to create cholesterol in order to create its daughters.

So blocking that diet pretty much actually blocks one of the cholesterol pathways. It's like a salvage route. If you block the starting, it'll sort of use the other salvage route, to, to create cholesterol.

So I blocked both of those cholesterol pathways.

Cancer History and Early Self-Directed Treatment

And that was a really effective way of blocking those daughter cells from being able to be manufactured, if you like. Yeah. Let me let let's take a quick step backwards.

So you're 34 years old when you were first diagnosed with cervical cancer, what stage did they tell you it was at. Well I was told when when I was initially diagnosed cervical cancer has a slightly different staging system.

So I was told I was stage one. Be it ended up actually it already spread to many of my lymph nodes, which in many other cancers would be described as a stage three, stage three. And yeah.

So I was kind of, lulled into a false sense of security when they told me it was a stage one and not, you know, I didn't do the research when I was first diagnosed.

I was so depressed because I'd had my, uterus removed. You know, I've had a massive hysterectomy, radiotherapy. I wasn't able to have children anymore. So you did that.

You did do it. So you had a hysterectomy. You did radiation. You did you also you did chemotherapy. You did chemotherapy. Yeah. In 99. So was my hair again.

And yeah. And then in 1999, just so we keep on the timeline for our viewers, nine, nine, nine, you were diagnosed with lung cancer as well. Initially, it was a secondary it's not a different cancers.

You're saying she expected my lungs. Yeah. Because it's not the cancer was the mild dysplasia which is in the bone marrow which was in 2003. So that was a third cancer.

And during this so so that is that is the second cancer on top of the cervical cancer. No. It's a lot. It's it's amazing what you've gone through. It's incredible.

I mean I can only you know, there's there's a number of other people I've met over the years that have gone through similar again and again and again and again.

And often times you see this pattern of, you know, the chemotherapy radiation, if there are even surgery and then chemotherapy, radiation, if they're not doing all the other supportive, holistic, you know, natural, things.

And then oftentimes those cancers come back, even if they're in remission, five, ten years later, they come back with a vengeance. Right? But it sounds like what you've done along the way is you've modified your diet.

You've started exercising more. Yeah. What it was is working at How to starve the cancer stem cell because it's the stem cell. You've got your fast dividing cells, which, well, is is what you see when you look on a, an MRI or a pet scan, that is the cancer that you see.

But what you don't see, the cancer stem cells, which are few in number, but they're the really dangerous ones, and they don't divide quickly, so they don't get taken out by chemotherapy or radiotherapy.

Right. These are the really tricky ones to treat. And actually by starving them, you can actually treat them. And so the if you don't mind asking, if you don't mind me asking what what's your what's your age now if you don't mind sharing publicly and, and do you, what are your cancer biomarkers.

Biomarkers now. Okay. I don't have to. I'm done now. I'm now grand old, aged 56. Can't believe I've said that out loud. But anyway. So. Yeah, so what do you look like? What do you look like?

You're in 40s. You look like you're in your 40s. You've been doing something right these last. Yeah. You know, woman, which I've been on since 2006, is very anti-aging.

It's one of the best anti-aging things you can take now. And berberine as well. They both have similar effects on, the telomerase and, just basically just keeping, keeping you youthful.

So, that's been one of my secrets. But yeah. So having, yeah, I had, so since 2003, then came back again in 2004. But since then I've been cancer free.

So I, I took my markers for several years regularly afterwards actually, funnily enough, I've just had my markers done last week. I haven't had the result, but they, they've been within normal ranges ever since.

What are the what are the biomarkers that you look at? Because, depending on the cancer and depending on, you know, where people live and what labs they have access to and so forth, or what their and what their integrative oncologist might report.

What what are the biomarkers that you look at. So there are specific cancer markers which are relatable to different types of cancers. So the K125 for example, very very and you got the same 15 three or the 2729.

But my specific cancer marker was the SCC the squamous cell carcinoma. Yeah. And, and and that was it correlated very, very strongly. I could see when it was going up, when it was going down, you know, I knew as soon as I could see it going up again, I knew I was in trouble.

I mean, these things vary a little bit, and sometimes they don't always correlate with your disease, but mine definitely did. I knew when I was getting worse and things would, you know, the markers would show it as well.

Do you look at circulating tumor cell count? I've never done that. You know, back in my day, that wasn't available. So, and right now, you know, I've been cancer free.

Touchwood. For so long, I maybe it's something I'm considering doing it just out of interest. But I haven't had it done yet, so you. Wow. I mean, wasn't incredible journey so far.

So as young as 34 years old, diagnosed with cancer. You went through this scare again and again. 2006, you became cancer free. And since then. So now we're in 2021, right?

So it's 14, for 15 years now, cancer free. I mean, so so obviously we're going to get into how do you start cancer, right. What are the principles you teach in your book to start cancer?

What. Let's start with this. What's the one most little known sign, typically proven cancer treatments or protocols that you've discovered that has helped you and healing cancer that most people just don't know about?

What? What would you say is your top one? What I'm actually going to veer off on to a totally different subject, the process. Now, Pharaoh ptosis is actually using on say it again, it flare up ptosis, Maroc ptosis.

It's different to apoptosis. Apoptosis is the normal cell suicide. Have you had a ptosis? No, I don't even know about it. So I'm excited to hear more.

Targeting Cancer Stem Cells and Metabolic Therapy

Okay, but it's what I'm writing. I'm doing an update to my book at the moment, and it's, it's going to be in there. But feral ptosis is a completely different way.

In fact, they only discovered it in 2012, as a way to kill cells. It's a different programed cell. Death to apoptosis, totally different. And what it is is using iron and of course cancer.

Absolutely love sign to actually target the cancer cell, use iron to oxidize inside the cell. And what it does is it oxidizes the fatty lipid membranes and inside the cell, both the mitochondria as well as the sort of the, the, the external cell cell membrane, but it helps to just kill the cell off just by oxidizing these fats inside.

And, you know, there are specific you actually need to swap. It's kind of what I call a kill phase. I have in my book. When I describe starving, it is one phase and then killing it, which is apoptosis by oxidation.

That's a different phase. Now I've talked about oxidizing with and in fact that's how chemotherapy works. But to actually make it really work well, and this is another little tip, you have to block a pathway called the exact Antipater.

All right. And this is what brings in cysteine into the cell and pumps out glutamate. Cysteine makes glutathione. You probably heard of glutathione as your sort of master antioxidant, right.

Well, in order to get any of these oxidation therapies, be that, you know, each part or, or any of them, you can really help by blocking this act anti porter, which blocks the import of cysteine.

I know a lot of people end up style cysteine, but that can be a huge mistake when you're trying to do a kill. Phase one isn't a massive mistake. Because what you're doing is just providing that glutathione.

It will protect the cell from being killed off. So Proptypes is is, using specific. You can use drugs and supplements and intravenous vitamin C, which of course produces hydrogen peroxide, which reacts with, the iron inside the cell with tasini or artemisinin can help concentrate that in something called the lysosome in the cell.

And that creates this, oxidation. It's it's a very neat little process. Bit like cancer stem cells, which are metabolically flexible. There are escape routes that the cancer will use to try and get around that.

And this is a problem that we have with cancer generally is that it is metabolically flexible. It has pathway ways that it can just whizz round is I describe it a bit like Piccadilly Circus.

So on the surface, if you look down at Piccadilly Circus, you can see circus, you can see people milling around going in lots of different directions, but there are key routes there which are kind of like the genetics.

But if you look at the underground system, there are fewer routes. But actually these are really much easier to target because you can't go in between.

And, you know, genetics are about thousands of genetic mutations that can occur. You could be forever chasing your tail, but with the metabolic approach, you've only got a certain number of metabolic pathways that it will escape down.

So it's much easier to target cancer if you're targeting those metabolic routes as opposed to the genetic route. So obviously you need to do them both together as a sort of a you know, the best approach is to use targeted drugs,

preferably if you've got, you know, if you've got a mutation, you know, it's got a particular type of mutation, why not take that drug, but also do the metabolic approach at the same time?

How how did you figure all this out? Did you have a good I mean, obviously, somebody going through cancer needs guidance when you're when you're using off label drugs in combination with natural therapies, in combination with, you know, what we call an integrative approach, you need to know how much to take, what to take, what not to take.

You know, all those different things to block certain pathways and leave certain pathways open. So did you discover all this on your own or did you have a really good integrative?

I discovered this on my own. I took, I took the research about depression, all the statins, everything to my, both to my integrative oncologist, Doctor Etienne caliber and also to my, traditional oncologist.

This was back in 2003, and they weren't as constrained with the regulations, with prescribing, you know, their protocols. She was actually far more open.

Look, she knew my situation was dire. She knew I was sort of hanging on to life by my fingernails. So she was very happy. She put her, you know, neck on the line and said, yes.

Okay, I'll look at the research. She. She'd actually been doing some research herself into statins. She didn't know which one to prescribe, but I gave her.

I said, look, I've just found some interesting info on Lovastatin. It shows it blocks this pathway and this, that and the other. We didn't know much about how it worked back then.

The the research has only just sort of been I've been delving into the research ever since, just to find out how these drugs work, but she didn't know how it worked.

We just knew that it did the same with the don't treat them all. We knew that it worked. I didn't know whether the combination was actually going to buy me enough time.

I didn't. That's all I was looking for at the time. I didn't know it was actually going to eradicate the cancer. That wasn't part of my plan, you know, that was, that that was a mega bonus.

But, you know, my major, major, approach at the time was just to make sure I was giving myself extra time on this planet. Do you know, you know, Doctor Dana Flavin over in, yeah, she's in the UK.

I've never met her. She's she's currently in the UK. She often works in Germany, I believe, but. Yeah. Yeah, she she, this is her specialty for, like, 40 years.

I think she's worked for thousands of cancer patients. And she's, you know, when it comes to off label drugs and in combination with natural therapies to create an integrative approach like that's what she specializes in.

She does the research on it. And then, you know, she does it all through her nonprofit too. And she gets to work with patients all over the world. I think this approach is fascinating.

I mean, she uses, you know, off label drugs that have very few side effects, right, that are used for, for different kinds of treatments and diseases and so forth.

But when used in, you know, conjunctive therapy with, with some natural therapy, has seen just tremendous results. And I think, you know, if you can find something that's very low, toxic to the body, like an off label drug that's, you know, fairly safe, it's not going to, you know, destroy your liver and kill your kidneys and, you know, great renal failure and all these things.

And you get your liver and your kidneys and everything else checked out. Maybe that's why that's why you have to do the natural as well, right? You need the herbs to supplement food.

The diet, exercise to support and mitigate any damage is happening from the pharmaceutical. Exactly. So a holistic approach. And in fact, there are quite a lot of doctors now who've either read my book or have been practicing this for a while, like doctor Mark Rosenberg and Doctor Daniel Thomas, both of them in Florida.

And there's increasing numbers of people who are sort of coming on to, to, to doing this, and they write to me and then I stick them up on my website. So, now I've got a list of doctors actually on my how to self cancer, website, who actually, you know, will look at doing this.

So that's a really good resource for, for people if they want to have a look and find a doctor who can help them with this kind of protocol. It's it's a growing it's a growing trend actually using these off label drugs, arms kind of like patient zero with it, really.

We have we have these experts as well who are part of this, event who are a part of my health and healing club. We do live Q&A sessions with them every couple of weeks.

And that's, you know, one of the benefits for people to who own this series and who join the Health and Healing Club is that, you know, we bring in experts.

And I'd love to invite you, you know, we'll talk more offline so people can actually come on and ask you their questions. Ask these important questions to, you know, world leading experts and doctors.

Doctor Dana Flavin is one who's joining our, faculty at the Health and Healing Club so people can ask her their questions. But, you know, it is important to get guidance.

We've been talking, you know, from an expert who really knows what they're doing. Right. And it is, we do know we've been talking a lot about killing cancer cells, right.

Apoptosis. You've been talking about, flare up ptosis. Right. What about starving cancer? Right. Because you can kill all the cancer cells you want. But if you keep growing it, you keep making it, you keep feeding it.

It's just going to keep coming back. So what are those core principles you teach in your book to starve cancer? So the fourth principles is essentially diet is like a major thing.

So the big thing being obviously to reduce glycemic foods. So the really high glycemic foods, some people go full ketogenic. It's quite hard to maintain that for a lot of people.

They struggle with the ketogenic diet. But if you're doing the off label drugs, things like metformin or, you know, some of the supplements like berberine, these actually have the similar have a similar effect to actually going on a ketogenic diet.

So you don't have to be quite as strict with your diet if you're doing these things at the same time. It's all about sort of making sure you get the right combination together so that you're not going to extremes with anything.

You can actually take a slightly more middle path and a, you know, a healthy approach without going too crazy down one route. I know a lot of people do the ketogenic diet and a lot of people get very good results.

But, you have got to be aware that the ketogenic diet will stimulate other pathways, things like fatty acid oxidation. People don't know that a lot of the fatty pathways and fat acetate is a ketone, and that will stimulate a lot of cancers, particularly brain cancer.

Diet, Sugar Reduction, and Ketogenic Debate

So you've actually got to be a bit careful about being too extreme with what you're doing and making sure you're getting a really good cocktail of things to block the key pathways that are sort of being activated.

So diet is the first thing. But let's talk a little bit before I move on. Ketogenic diet I'm glad you brought it up. Right. Because, there's with the kind of fad or the craze that's happened around the ketogenic diet, there's kind of two camps that have happened, people who either swear by it and say, this is the diet that solves everything.

And then people who say, no, it's not. And actually there's there's dangers to it. You know, there's a long term there's long term dangers. We know, you know, a high fat diet, even healthy fat can actually is the fastest way to create diabetes, type two diabetes in your body, right. So that there are certain aspects of that which are I mean, ceramides, for example, people don't know about Sarah minds.

And they, they own waxy lipids that actually increase your risk of diabetes. And probably that's why the fatty aspect is, is may be implicated that, gamma Katrina really good for that.

So there's certain things that, you can take and mitigate your risk with certain things, but, I've got an online course, actually, which people might be interested in.

So it goes through everything, but you can maybe mention that afterwards so they can see on my website. Yeah, I know some doctors that are part of our series that will use more of like a modified plant based ketogenic diet.

That's not true keto, right? It's a little bit higher fat, but it's still plant based. So you're getting your nutrients. Problem with a true hardcore ketogenic diet.

It's usually more animal based. You miss out on a lot of the vitamins and minerals that you need, from the fruits and vegetables and berries and, you know, the, the, the, beans and legumes and things like that, that the body needs to, to thrive and repair and regenerate.

So I know. Exactly. Right. So I know some, some, some of the experts will use and modify in a short term. Right. And so they're seeing great benefits with that.

And I think that's important that we don't get stuck on this idea of like, okay, I need to go ketogenic for ketogenic and and do it forever because the research suggests actually the research proves now and a lot of the experts I talked to who work hands on with thousands of cancer patients, they say, look, yeah, short term therapeutic benefits, but it's not recommended or ideal to be long term or animal based at all.

Right? Yeah. And I would say the same. And if you are particularly addicted to sugar, actually going ketogenic and actually doing a bit hardcore to start with can be very useful.

Just to switch off those, those drivers, and, and your desire to keep on loading up with carbs. So it is very useful, particularly if you've just been diagnosed and you're really struggling with this sort of, you know, munchies the whole time.

You go on to sort of a diet which really strips it and you learn, you learn your body realigns, you know, it can, but it can be pretty tough for people.

And that's why I think a sort of a slightly more moderate approach where you have supplements and drugs actually making taking the place of that ketogenic diet and doing some of the work for them.

So they don't have to be so extreme. But, yeah, it it does depend, you know, that they're you need to know whether they, you, you know, I mean, you need to look at things like whether you have high cholesterol or what your like, Mark is, you know, you can you can actually track how well you metabolize some of these things in your system before you start going all in for a particular diet, saying, well, let's talk about.

So whether ketogenic or not, we do know one of the main fuel sources for cancer is sugar, right? It's glucose. It's

it's and we need to reduce that. When, when we have cancer. Right.

Exponential, especially processed. I mean, there's a big difference between fructose and glucose from fruit, for example, and berries. Then from, you know, from a pop tart, right.

Huge difference. Yeah. There is some cancers. They use glute five, which is the fructose transporter, prostate cancer. Some of the breast cancers actually use fructose, so it's not always a safe sugar.

People think it is. And unfortunately, that's that's not the case. You know, there are some cancers that really do thrive a lot on fructose. So it's a little bit you have to be a little bit wary.

And again, there are some supplements and things that can help block the gluten. Five so so we've got to either way you've got to reduce the sugar intake.

We know bear berries, for example, blueberries and, you know, blackberries and fresh berries have a much lower glycemic index but a high nutritional value.

Exactly. They've got that nice, soluble fiber in them, which actually soaks up a lot of they they're digested slower. They don't release the same amount of, glucose.

And then as a result, the insulin, you know, it's all much more controlled. If with those kind of fruits, what are the top three things you remove from your diet that you think made the biggest impact for you?

Oh, God. I'm well, definitely dairy products, sugar for sure. And wheat products. You know, that wheat, definitely have some kind of intolerance to. And I think also the same with dairy.

I recently put one of those continuous glucose monitors. Very interesting. Just, and just out of an experiment, I had cereal. No, my kids cereal. Like disaster with milk.

Wow. It was. I mean, I didn't go beyond normal, but, my God, it just went sky high. And I just thought, oh, my God, I really need. That's definite. That's.

But it was it's something that I think every cancer patient should do is when one of these things for a couple of weeks just to see what's going on, it's very revealing.

Yeah. I think, you know, I think it's well worth, having a go at that. So, so diet, cleaning up the diet, removing the sugar, the toxic. But it's not processed.

That's the problem is, you know, some cancers actually are really quite fueled by fat, prostate cancer initially. Later on, it becomes more glucose fueled.

But actually most of the prostate cancers, there are subtypes, that are more glycolytic to start with. But, mostly they are more, driven by fat and actually glutamine.

And then they become more glycolytic later on. So, you know, that's that's something to consider. Every single type of cancer has a fingerprint, a sort of signature as to how it feeds, you know, whether it what pattern it likes, which makes things a little bit more complicated.

But that's how, you know, that's how you need to address the cancer. So there isn't one diet that kind of suits all. You've got to sort of tailor it a little bit to, to whatever cancer you actually have.

Yeah. I mean, I've found some research I believe is in PubMed. When I was researching for my, upcoming book on cancer that actually one of the pathways that that cancer can switch to, is it fuel sources, ketones.

Right. So there are some cancers that actually if you're on a Kojak diet, it's going to make it worse. So that it is

really about personalization to the Braf driven cancers actually really like ketones so that, you know, things like the melanomas, some of those melanomas can be really fat loving as well.

So so it's important to understand what not only what type of cancer but what feeds that cancer and what starves that cancer. Let's stick with general principles and starving cancer.

Right. What are some other things that you did, that were quite effective for you? I think people underestimate exercise. I'm a bit of a slouch these days, but, you know, I back then, I was, I was pretty active.

I mean, I've got dodgy knees. I do a lot of, cycling and, resistance work as well. In resistance work, they've shown that the bigger your muscles, actually, the better you respond to immunotherapy, the better you respond to generally to, to, starving your cancer and survival because it actually acts as a sink.

You know, the bigger the muscles, the more of a sink for glucose and to pull in all of these things. So, doing some resistance work, I think alongside a lot of people to stick with walking.

But actually you need to definitely do some resistance work, too. And I think exercise and try and try and get, you know, that oxygen level really rise because that can really help the kill phase.

You know, you can actually oxygenate quite effectively. And if you do it while you're exercising at the same time, some people get an oxygen. Gen I haven't got this yet, but it's my next plan.

I've got a peloton bike arriving in in about three weeks. And I'm going to get an oxygen concentrator and I'm going to be doing that myself. Just to try and raise oxygen.

My, you know, oxygenation levels as well. Well, I'm. Well, I'm, exercising. Yeah, we know that, cancer, cannot thrive in a highly oxygen rich environment.

Right. And so things that you can do to oxygenate your body, oxygenate your cells, oxygenating food, oxygenating water, oxygenating exercise. Exercise is the one free thing you can do every day that will give you some of the most protected aspects of, you know, kicking that cancer out of your body.

Yeah. And going back to diet, one of the most useful things is intermittent fasting. Yeah. You don't have to worry too much when you, you know, if you're intermittent fasting and you just have that small window, your body will be, well, your cancer will be deprived of what it wants.

It doesn't matter whether it's ketones or sugar or fat or glutamine. Just doing the intermittent fasting is a really good option. All round for most cancers, I would say, absolutely.

I'm I'm going on 16 hours today, which is generally I do between 12 and 16 hours. It's a more recent thing I've been doing, because, you know, an intermittent fasting, you you start hitting that autophagy phase about 14, 16 hour mark.

Right? So if you can get 16 hours to 18 hours, if you have cancer, you know, you're, you're you're hitting autophagy and reduction and inflammation and, you know, cell death and all these benefits that you get, and, and even you start entering ketosis.

Right. And so you get short term benefits in ketosis every day helps. So ketosis. Exactly. But you get the benefits of the autophagy and killing the cleaning up the cell waste. You get you get the benefits.

Exercise, Fasting, and Autophagy

If you just can't eat enough in a day to actually, you know, feed, excess body weight in obesity, I mean, you really have to if your window of eating is six hours, you have to eat so much, right, to to try and add body weight and the nice thing is, is in that six hour window, 6 to 8 hour eating window, you actually, it's hard to eat a lot of food.

And it took me about two weeks, two weeks of doing the intermittent fasting before I didn't get hungry anymore in the mornings. So the first couple of weeks, you know you're going to be hungry, but then after that, and you don't have to be so strict with just water, right?

I do coffee, I do tea, I do, I might put a little fiber in there. I might put a little coconut oil, some stevia, things like that. Like, you don't have to be so strict with it.

I do my herbs and supplements in the morning during it, too. So you're still getting the benefits? It's like those. Yeah. It may kick you a little bit out of the deep or fast if you're doing some of those things.

Right. But the key is you're still getting a tremendous amount of benefits for not eating first thing in the morning. Absolutely. But one of the things that may be another thing that people maybe don't know so much is that autophagy is a double edged sword, you know, has it's is great and stimulating.

It more in fact, is brilliant for ptosis. On the other hand, if you're starving, it if you're just doing a star phase autophagy can with cancer unfortunately start to this is particularly in things like res mutated cancers.

To they really like to use autophagy. It actually brings and they use this process of sort of the and part of the autophagy process is to sort of, bring in something, clean things out, but actually then uses to bring stuff in.

It then passes it off into sort of reusing it for energy. And you've actually got to block some of these autophagy pathways sometimes with some of these cancers.

Unless you gene therapy ptosis, which is different. But that's yeah. So autophagy has to be done in, in a controlled by I think actually, if you fast for too long, you've got to be careful because you can then make autophagy more aggressive and it can feed itself using autophagy pathways.

So yeah, short term and daily intermittent fasting. Brilliant. And maybe a 1 or 2 day, fast. But longer than that, I, I worry that people may, you know, some people do really well and they fast for a time and but you just it depends on your cancer type.

Depends on the mutations. Depends on so many factors, as to whether it's actually going to benefit you or maybe be detrimental. You know, quite a lot of cancers do upregulate that, autophagy pathway.

Yeah, yeah. I agree, if you have cancer, you really need if you're going to do any long term fasting, you really need guidance. You know, like good integrative oncologist or good integrative doctor that really knows what they're doing with fasting and cancer.

Because one thing with cancer more often than not is that your body is lacking the necessary nutrients it needs anyway. So now you've been lacking these nutrients, right?

Whether they're vitamins, minerals, or phytonutrients or amino acids, whatever you've been lacking for a long time and not knowing it, it's been contributing to the cancer cell proliferation.

And then you starve your body even more of not only those nutrients, but additional nutrients. You may get some benefit in starving to cancer, but you're also starving the rest of your body.

Right? And so, yeah, it's a double edged sword. So if you're going to do any long term fasting and some people I know somebody do the 30 day water fast and their cancer was gone at the end of 30 days.

But people some people could do it through any water. Yeah. Some people could try that and they would die. Right. So you really need good, guidance. You know, I have met people who've done that 30 day fasts, got rid of that cancer, and then, you know, it is come back really, really quickly.

They didn't stop feeding it right. Didn't quite get rid of it. You know, I think, really? Yeah. It's hard doing that kind of

approach is, is really hard.

It's extreme. I'm not a lover of the extremes for any, that's not my my mode. Really. So what else? What else? Would you share with our viewers tuning in that they can.

That's been really effective for you, in starving cancer for me. Particular supplements. So, I mean, I can't be small because, just too many, but, certainly drinking green tea.

Massive. You know, that's that's, I think something that has, been really effective for and is effective for every cancer. It helps to block part of that glutamine, access it so it blocks the ability of.

And glutamine is an amino acid, as you know, and that actually fires up some of these. Cancer will use glutamine. Yeah. And it also green tea also reduces something called catalase.

So, that's one of the sort of the antioxidant pathways that the cancer uses to protect itself. So it helps to, you know, lower that so it makes it more vulnerable.

Some of the other things I've been using. How much green tea do you drink a day? Well, back then I was drinking a lot. I only take about well, I do about 2 or 3 a day nowadays, but you just, you just use a regular green tea bag or.

What do you do? Sometimes. Well, they didn't have. I didn't know about matcha tea back then, but I think matcha tea is actually really useful. It's a lot of research behind that.

But normal green tea is what I used. And I just make between 4 and 10 cups a day. It was a lot. Constantly running to daily. But, you know, it's, another one of the polyphenols, the polyphenols, the antioxidants, the anti-inflammatory.

I mean, yeah, the for therapeutic approach, you need, you know, therapeutic doses. You know, with green tea, though, one thing you could do is put 3 or 4 tea bags in a single cup, right.

And, and get the benefits that way as well. But matcha is really amazing. I do yerba mate most every day. And also very high in amino acids and antioxidants and polyphenols.

But yeah, don't forget the power of green tea. Yeah, absolutely. So that was one of my biggest. And, I just did lots of things really, in terms of supplements, but lots of fish oils in particular fish oils can help block the uptake of bad fats, you know, because, it's the really small lipoproteins that can get in.

It really likes the, the small lipids. And taking omega threes are really good for blocking that excess. So that's, one of the other big things I did, you know, about three grams three times a day.

So nine grams in total a day. Do you block, can you block the same access from, a plant based source of omegas? Like, I take a DHEA? Supplement from, like, an algae, right.

That's full of omegas or, you know, even flax seeds or flax flaxseed oil is, is useful. Actually, it's one of the things I suggest with the ptosis protocol, because it oxidizes very readily and it helps to oxidize those membranes in, in the, and kill them off, in the cell.

But, yeah. So flaxseed and omega threes are all, you know, these, polyunsaturated fatty acids that will oxidize very readily. So, yeah, and they will block the uptake of other mono unsaturated, which seem to be less favorable for cancer.

Good. And what else? Where maybe some other. Your key. Maybe two more of your really key components. Yeah. So that that I discover that I had to sort of educate my integrative oncologist about that.

So I well, I took some research, which I found in, Journal of, I forgotten which one it was. But anyway, it was, it was

a journal discussing Chinese medicine, and, I took this thing in, about Monia aqua phone in, which was the kind of like the, the, the source of the berberine.

And I couldn't get berberine as a supplement back then. I mean, it's everywhere nowadays, but, you know, back then, it wasn't available, so I was, I was getting it as a such as the raw tincture of the, the plant which contains, you know, contains berberine and OxyContin as well, which also have anti-cancer effects.

So I was getting a, and some of those will block fat as well as glucose. So I was getting much more of a rounded approach, if you know what I mean. With, with having the tincture, I think.

But now it's sort of focused on the berberine, berberine, berberine everywhere. But actually, I think, you know, a whole spectrum of I'm be better, which is true, I think for most medicinal plants, it's, you know, if you can get the whole plan, like, like in Asia, for example, people will either get the root or they'll get the leaf in stem, or they'll get the flower, you get the whole plant.

You know, we grow echinacea right out my window here, and then I dry it here on the wall, and then I make a tincture out of it, right. Like, and then you get the whole plant, like in Asia that we grew here at home, you can grow your own medicinal plants in your backyard or in your windowsill easily.

Make an easy tincture out of it, and then you get all the benefits of that plant versus just an extracted, you know, molecule from it.

Supplements, Green Tea, and Supportive Protocols

As we know, we, like our modern science, still has no idea that hundreds, potentially thousands of phytochemicals that are in certain fruits and plants and berries and things, what they actually do to the body, yet so but we know they're all beneficial, right?

I mean, we you can you can just use your reasoning to figure that out. So why not get all the beneficial parts. And yeah. So, another thing is Runty strikes, which is what is that that it's, I think it's a fungus, actually.

But how do you how do you spell it red, as in the color yeast, as in yeast and rice as well. Okay. Yeah. And it's something that the Chinese use, in their food.

And, and, it contains this is how they discovered lovastatin because it actually contains monocultures. Okay. Which is the raw material for lovastatin, which is the stuff that I took.

But it, it has, again, a much wider spectrum than just having, the statin. So actually, I take both Reggie's rice on a statin at the same, because I think they have benefits over each other, you know, it depends, but, yeah. Final questions were.

I know we're down to our last few minutes here. If you had the opportunity to go back to your first diagnosis, knowing what you know now, what would be 1 or 2 major things you would have changed back then that you think would have made the biggest impact of not having cancer or show up again and again throughout the years.

I think my mental attitude was all wrong, you know, I was just too depressed. And to reliant on the oncologist to get me better first time round. That that was the biggest mistake I made is just not realizing.

How well, I didn't know. And and actually things have developed so much since 94. You know, when, that's a long time ago. But, you know, nowadays there's so many options and there are different ways that you can count that, you know, can either starve it or kill it.

The different approaches and, many of them have merits. You know, there is an I don't push just although my book is about starving cancer because it helps to reduce the cancer stem cell.

Really. You know, there are so many different options out there for helping to to treat yourself. And to oxidize that cancer and actually kill it. And I think we're we're moving to a really, fascinating stage right now where we're in school pricing these metabolic therapies, and some of them are sort of making their way into conventional treatments now, which is terrific.

Finally, so I think if people can hang on, if they got cancer now, don't get too depressed because you just can keep yourself going for long enough to get some of these, you know, something.

And there will be much better metabolic therapies in the future. So don't give up. Hang on in there. It's my advice. My, I'm glad you mentioned mindset.

I think it's, you know, the biggest factor for anybody dealing with any chronic disease. And so you said, you know, you wouldn't have put all of your power into the hands of somebody else.

What would you have changed specifically about your mind in terms of, how you would have looked at cancer or how you would have aside from, you know, handing all your power away?

What would you tell somebody dealing with cancer? Now, some, some key things they can do, you know, for mental resilience, mental emotional strength to help them through this.

What we know is to be, you know, a terrifying situation. It is. And fear is kind of one of these, things that really suppresses your immune system. And the stress of everything is is massive.

And there are some things that you can take with you, you know, physically take like ashwagandha and, some other calming herbs which escaped me right now.

But anyway, that there are some really nice, calming things that you can do. Kava, kava. There you go. Things like that can really help calm you down and, help you adjust mentally as well.

Just by damping down some of that cortisol that's rushing around you and making things worse. And yeah, I think, meditation, I did I didn't do any meditation when I was first diagnosed.

Mindset, Meditation, and Closing Remarks

I did it definitely when I was, at the secondary, I was doing it daily, sometimes three times a day. And it was trying, you know, and I was having reflexology.

I was having and I was doing meditation at the same time, and hypnosis and I all sorts of things to try and get my head in the right frame of mind because, you know, you can't you can't ignore it.

Fear is massive. And, I was terrified, so, yeah, it's one of those things you have to address. What is your favorite, meditation practice that you ever did?

Well, actually, the hypnosis, I used to go and see this guy, and he'd make these tapes. Cassettes? That sounded longer as I. And I tried them on my little portable cassette player, while I was having my, treatments and things, and they would be terrific.

And, wonderful. He was this fantastic guy. I don't know what happened to him. I think he married some American and disappeared off to your side of the pond.

So, But he was great. And, that really helped me. Really help me. And he do things like trying to extend my timeline. You know what? What I thought was my.

I thought I was only going to live for six months, and he would try and make me break that into sort of looking beyond six months, because I'd always stuck with this sort of, well, in six months time, I'm not going to be here.

And, you know, next Christmas, people are going to be having Christmas without me, and they'll be doing this and they'll be doing that. And I'd be so sad.

And it would be a way of trying to sort of break through that and actually see myself in the future of actually having a future, and that was something I couldn't see.

And it's so, so important. I mean, there's so many stories I've, I've heard, you know, and in talking with so many people over the years, with cancers that, you know, many times somebody actually dies on the day that they thought they were going to die.

I mean, and that's, you know, that's not chance. I mean, that is the power of the mind, the power of belief. We know the biology of belief. We know the thoughts and emotions.

They actually can dictate your biological future. And so, you know, that fact of just getting your mind to the point of seeing yourself living past and longer and I'm sure healthier and happier you were seeing yourself, you know, during that, during those, processes.

Right. Hypnotherapy, guided meditation, all of these, I, I actually have a meditation that I, that I, have led for people. I've been practicing meditation for 15 years.

I mean, I think it is essential for our, betterment and well-being and healing. And I'm glad you brought it up, because a lot of people kind of just dusted off as this extra little thing.

I'll do it when I have time. But, you know, I, I tell people that should be your number one foundational piece of your treatment protocol is a daily spiritual meditation practice.

It's it's critical. Yeah. Yeah, I totally agree. Well, good. I think that's a good place to end it. Jane, I just want to say thank you so much. I mean, your story is just fascinating.

I want to tell everyone to go pick up a copy of your book right now. It's How to Starve cancer.com how to Starve cancer.com. Go pick up a copy of Jane's book.

You're going to, you know, we covered a lot today, but I think you'll you'll learn even more in there, obviously, that we weren't able to cover today.

And again, Jane, thank you. I mean, congratulations for, you know, all that you've done and where you've come from and where you are now. And I just wanna thank you for taking the time and and sharing, you know, your incredible story and wisdom with, with our community here.

Yeah. Okay. Thanks, Nathan. And I want to thank everyone for tuning in to the Conquering Cancer Summit. Please share this with friends and family. Together, we truly can make a difference for the future of humanity in ending the cancer pandemic.

Thank you and I wish you ultimate health and happiness. Be well.