Introduction to Peptide Summit and Dr. Lee

Hello is Doctor Kent Holter with another episode of the Peptide Summit 2.0. And today we have a treat for you. We have Doctor Lee, Aaron Connolly. Just gonna be talking about, peptides and adjunctive treatment, for cancer.

Thank you so much for being on. I know you are so busy and got so much stuff going on down there in Irvine. Appreciate you taking the time. Great. It's great to be here.

Great, great. And a little bit about, Doctor Keneally. She's a prominent leader in the integrated and functional medicine field with over 30 years. Is that.

I don't know if I believe her on that. She looks a little too young to me. Taking the best of all science, including homeopathic and conventional treatments for cancer, chronic illness, nutrition, lifestyle approach.

She's a medical director of a combination of two clinics in Irvine, the center for New Medicine and the center for healing. She created, the Cancer Center for healing because of the epidemic spreading of cancer, which is just getting worse.

Patients receive scientifically based treatments and receive integrative protocols. She has created, an acute awareness for the need to focus on cancer prevention, providing unique testing to determine the early stages of cancer years before scan reveals or recognizes it.

And I just think standard oncology is just so barbaric right now. You know, through our work, which is really interesting and, well, we'll talk about, it's a genetic test, which you can also find, you know, basically you'll say, oh, you're cured of cancer.

You can find these, you know, cells that are roaming around and also as a treatment, and, they basically, create personalized treatment plans for early the late stage cancer.

Patients, which is just everyone gets cookie cutter now as a standard, people go, oh, I'm going to Cedars, I'm going to the Mayo Clinic. It's just like, okay, that's what you get, you know?

And then when we talk about two, it's like you have, basically they get post chemo brain. They don't do anything about you depressed. They don't know why.

So again, treating the whole the whole system, you discover that many factors contribute to the disease process. Therefore, many modalities must be used.

Reverse it. And spending the proper time with each patient, to allow reversal disease. That's so true. And again, you know, going from the stand ordered model of one drug is one thing to looking at the overall picture.

It's just so much more powerful. And so really have to be multi-discipline, know essentially every system in the body to do it appropriately. And that's why, you know, people I feel are hard, hard to come by.

She's author of a number of books, Be Perfectly Healthy in 2009, the Cancer revolution in 2017. We'll ask her about. She's on a TV series, The Doctor Detective TV.

That's interesting. And she writes for many publications and towns and letters, and a bunch of others. She serves on the board for doctor Josh ash, Arkham Asylum.

Dr. Lee's Personal Journey into Integrative Cancer Care

She also parts are wisdom and educating medical practitioners from all over the world, which is nice that she's willing to take her time and train other physicians, which I think it's kind of ingrained in what physicians do, but very few physicians are willing to do it.

And or give up their secrets, you know, and so she's very generous with her knowledge and her time. Lots of speaking, engagement. And she's a sought after speaker around the world, with webinars and podcasts and, she's, down in Irvine and, just, basically been a hallmark of where to go if you have cancer and, where, let's say, if you're, you know, not getting proper treatment, but really probably better to be the first place to stop rather than the last.

That is correct. So again, yes. Doing some amazing stuff down there and we have some mutual patients and they've all been very impressed and say a lot of good things about you and, doing some cool things.

So, yeah, kind of how did how did you get into this? Wow. That's a loaded question. Well, a couple of things. One, I, I'm number three of six children, and I was born in the 50s, and my mother started bleeding, and, she went to a doctor, and the doctor said, okay, you're pregnant, but we we don't want you to lose your baby, and we're going to stop the bleeding.

So we have this great drug called dianthus, Dr. Bester. And so, lo and behold, and I'm fast forward 16 years of age, come home from school. And my parents had received a letter saying that I needed to go get a very thorough cancer workup because these offspring's, male and female offsprings of children who took days as a result of their mother being administered, were developing cancer and hormone problems and anatomical problems and infertility, etc., etc., etc..

So I was living in Houston, Texas, and where do I go is MD Anderson. So I go to MD Anderson and of course lots of things happened from then to now. And so my the dos gave me was a very strong tipping point for me, one to become a doctor and to to understand what really DS does and did to not only me but others.

But the biggest thing it became for me as or after I went to medical school and I went to conventional school, did conventional medicine for a short while, but really was not helping in me.

And I met this Russian pathologist internist, and he started teaching me about and other ways of looking at the body. So that really from hormones, all kinds of different things.

And so, with the help of, you know, that guidance and my own personal issues, I just started to look at medicine completely differently and what happened to me big time is, you know, it dawned on me, I've got to make sure I don't get cancer.

And so, sure enough, I just started researching everything. I met this guy at an AA forum conference who was not a doctor, but he was a sarcoma survivor specialist.

I mean, a survival surviving of a sarcoma, which is a tumor of the muscle, which is really not a good cancer because it only responds to surgical removal and not chemotherapy or radiation, even though they administer chemotherapy and radiation.

But anyway. Yeah. So that guy opened my eyes because he was diagnosed with sarcoma at 22 years of age. They said, okay, we're going to do amputation. So he remembers, he asked the doctor, do you know what my name is?

When he was going to have the surgery and the doctor didn't know his name, he says, I'm out of here. So it turns out AMA spends the next 11 years, not months, 11 years, figuring out how to, you know, get rid of the sarcoma and get rid of cancer and travel everywhere.

And that's what he did. So I met him at a forum conference, and I listened to his whole life story. I tell him my whole life story. And, you know, now, you know, years later, I'm doing so much of what he taught.

This guy taught me anyway. But he was 22 when he was diagnosed, lived, so he was 69. So for a sarcoma patient

to live that long, it's like unheard of.

He didn't die from a sarcoma. He died from that. He was in Cuba. And the Volkswagen, clutch got stuck and he got a raging infection. And he didn't want to go to the doctor because he didn't like doctors, and, waited till the 11th hour and goes into sepsis and dies.

But anyway, so that, you know, really, really transformed. And I've had my own personal challenges, and, over the last 40 years, I had infertility. I never had two periods in a row in my life.

So of course I had to learn everything about hormones and the lack thereof. And, I when I 26.5 years ago, I delivered twins and I suffered a Sheehan syndrome because.

So then it made hormones like a really, really old man. Yeah. Really big issue. And I went to doctor after doctor after doctor and. Yeah. And none of them could help me.

And literally they'd go, okay, let's try this. Okay. Let's try this. You know, and I'm like, no. Did you read The Safe Uses of Cortisol? Have you read this? And I bring him stuff and.

Oh yes, save you the cortisol Jeffrey like yes yes, yes. And so anyway, as a result, I have been my own guinea pig. I actually, interestingly enough, went to Mexico and got a pituitary transplant and it.

But yeah. And changed my life forever and it was the best thing ever. I never knew they were doing those. Oh, yeah. Oh, yeah. There's a whole school of gerontology in Carretera Mexico, which is not too far from Mexico City.

And so, so I have last year taking me now, last year at 18 hours of back surgery for scoliosis. I went to Germany for that. And so, at scoliosis, one of the side effects of D. D. S., you know, so I could tell you story after story from not just a medical doctor.

You know, my you know, it's easy to read a book, to experience pathology and experience a diagnosis, a whole nother story. You know, it. I think, the majority of doctors that are really into this so-called I don't know what we do, you know, alternative, integrative, functional.

I just think it's better medicine. Right? They modern medicine, I call it. Yeah. That one. The new modern medicine. Yeah. And but work is there. Oh you guys a non evidence base.

Are you kidding me. Is that you know because I was very evidence based, I still am. I would never have thought to go to a, alternative. You know, conflict because you're told that there's no evidence.

So then you go and you're like, oh, my God, this is more evidence based than the crap they're teaching me, you know? Which is 40 years old. Right? Exactly, exactly.

Wow. So you've really turned a negative into a huge positive and really use it to help so many people. Right. And so my whole focus now, I yes, I do lots of cancer because like you said earlier, people come to me after the fact.

But, you know, they say, you know, the pain of just doing things early is way, way, way smaller than, you know, finding out something later. And so, you know, and I, you know, I love it.

So like, for me, you know, like, people go, God, how do you do cancer all day long? And I said, no, I it's challenging. It's like stimulating my brain.

And and when you have to be it, when you're seeing a cancer patient, you have to be a psychologist, a psychiatrist, an immunologist, gastroenterologist, endocrinologist.

You know everything because you have to know how all the systems are working. So it really challenges you to really think and look outside the box. And these patients, you know, they're looking for answers some way

somehow.

Yeah. So and luckily our team is just constantly we're just constantly studying, researching and trying new things that don't the key thing, you know, Hippocratic oath is first, do no harm.

And so what's I have an issue with that though? There's nothing. It does no harm.

Critique of Conventional Oncology and Whole-Body Medicine

Giving a glass of water or coming to your office can do harm because they get hit by a bus. So anything you do can do harm. You know, that's another thing. But that's true.

But life is all about reducing risk. Please. You know. Yeah, yeah. And it's, you know. Yeah. Risk benefit for for everything. And and and that's, I mean that's, that's just amazing that you've, you've, you've taken that and turned it around, and use it because you know what, these all these multi-system illnesses, you do have to know more.

I'm telling you then the guests are we're just the neurologist, the, you know, and and I'm telling you is that you could probably do unless it's surgery or something.

Study for two months and look at all studies, like all studies and new studies, and be better than that specialist because they've been doing the same thing and they don't change in general.

Okay. There's some exceptions and the system makes it that way. But and that's the thing. So it is a big burnout where it's like you got so many things that go over where standard you go to your HMO especially, or even PPO.

Now the doctor goes, okay, cardiologist gets a religious just a that and and you know, all these people, people's looking at their little parts and patients just like, left with nothing.

So, and then they go, oh, you're. She just did it for the money. No fear for the money. There's a lot easier ways to make money, I'll tell you that. Yes it is.

This is a very much a job. You you sacrifice. There's no. Yeah, but once you take the red pill and go down that rabbit hole, you can't go back, right?

You could not go back and do standard medicine. Yeah. Oh, God. No no no no no. So frustrated. Just, barbarism. Right? You know, and just the lack of common sense.

Yes, exactly. And just simple little things. Just really, really simple things. Like I had a patient stage four colon cancer, and so I'm reviewing. She'd already had surgery.

She had already had chemo, with all you know. Of course, it came back in her lungs and in her pelvic gutter. And so, her doctor says, oh, well, we can do some radiation.

The patient doesn't want to do radiation. And so I said, okay, well, I'm going to go over your Pet scan and I go over Pet scan. I go, you know, you have fatty liver.

And she goes, what? And I'm like, yeah, you have fatty liver. And so I she goes, oh, what does that mean? So I explained to her what that meant. And so I said, the reason why a doctor doesn't tell you because there's not a drug for fatty liver.

And so so these were the guests or I'll just never mentioned it. But no doctor has ever mentioned it. No one doctor has okay. So because that's normal now.

Yeah, that is normal now 50% of the population. So then I said, okay, well I'm going your blood work. And I said, you know, your, your blood sugar is 173.

And I said, you know, there's no hemoglobin A1. C cancer cells love sugar. So they have, you know, a lot more receptor sites for sugar than they do than a normal cell.

So I said there's no way that we're going to get rid of cancer if your sugars are still high. So anyway and no, no vitamin D was done. No C-reactive protein. No. That was fatty liver.

They never checked her hemoglobin A1 C in my weight. BPC 157 great. A reducing, reversing fatty liver. It just it is it just blows my mind. Right. So simple things and, you know, just simple things because we have to we, you know, even the World Health Organization, which is not somebody everybody's touting these days.

But yeah, it does it. They did say that 80 to 90% of, you know, illnesses are due to what lifestyle. So but the doctors don't have time to talk about patients with their lifestyle.

So we have to change the whole, you know, the whole paradigm of medicine and teaching self-care. Because if we teach self-care, then we won't have so much people coming with dire illnesses that they are now.

And the illness is 60% of the population now is chronically ill, and everyone's sick, everyone's sick, and nobody can think and nobody can function, right?

And I mean, now they're finding Alzheimer's in 25 year olds. We should be so concerned. All right. Well, but you don't hear that. It doesn't make the news. It's. Yeah it doesn't.

And so yeah. So and health has to be your number one value because that affects you. It affects your loved ones. It affects your work. There isn't anything.

So if we could just all of us collectively teach patients how to restore health. And that's what I do in our clinic. That's what we do as a group. And of course, we have a good team around it to do that.

But, you know, if you unless you do that, we're just not going to make inroads in people being healthy. Yeah. And, you know, and you don't until you, I think are really sick.

You don't realize it's always you think like, oh, having more money that when you're really sick the money doesn't matter. Right. Well, all the money in the world.

Right. I always tell these CEOs, guys, I go, you guys have these dashboard and you're checking this, this every single hour, but you don't even know the dashboard of your health.

And so then when that happens, when they have a crash in their existence and then they're like, oh my God, that becomes the focal point. But all the money in the world can't turn around a lot of stage four cancer cancers.

And then people like, oh, I don't want to pay because, like, especially some older generation maybe. Right. They don't want to pay for everything. Yeah.

That's that's gone. If you want the minimal care where if you break an arm okay. You can be seen that it but if you want really decent care, I think, you know, I, I can't believe the care that is given at these, you know, HMOs and standard doctor.

I'm just appalled. Like they're. How can they not be getting sued? So much? Well, that's now the standard, you know, and they get paid bonuses for doing nothing.

That's right. I'm not checking for anything. Right. I've interviewed Kaiser doctors to work here, and they get punished if they order too many blood tests to do anything too much.

And what they'll do is eliminate the lowest 20% of the least cost effective doctors, which means right ones that order the most tests that do the most treatments that find the most, you know, benefits for the patient.

No, we don't want that. And the end up doing like, you want to get five tests. Like we love getting, like. I'm sure you do, like, you know, 35 or 40 tests and you're like, they're like, oh, I can do three, you know?

Right. Exactly. I know, I know that my doctor says I don't need these. Well, what does need me? Yeah, well, that means you don't need four wheels on a car either.

Yeah, yeah. It's nuts. So, Yeah. So you've kind of been around all the different areas, and you've kind of combined them now into two separate clinics.

Yeah, two clinics are together, and one is, center for New Medicine. And that's everything from human optimization to chronic disease. And then the other side is the cancer Center for healing, because they're here sometimes for a couple hours, a half a day, a day, depending on the severity of their illness.

And so but the cancer patients, it's an open so they all can commune together and talk to one another because they like sharing stories. And that's cool.

Yeah. So it's really cool. So we create this real warm environment. So the patients feel like they're in a healing situation. And you have a number of other doctors that. Right.

Well, we have a big team. We have a lot of MDS. We have a Pas. We have a natural path. We have a nutritionist, we have someone who does emotional work.

We have lymphatic drainage specialist, massage therapist, body workers. I mean, you know, and then all the support staff, oh my God. My I'm just thinking managing all those people.

But, yeah that's. Yeah. And babysitting job. They love it. It's a big babysitting job. Oh yes yes yes. That's just the doctors. But let's say a pancreatic cancer.

I call you, like, a pancreatic cancer. They said they can't do anything. Okay. Can I come see you? Right. What? So what would you be. What. What you do.

Yeah. Well, first and foremost, I look at all the, I get the history and that's a good one you brought up because pancreatic cancer literally has no warning signs.

Most cancers don't have warning signs. And this is what I always tell people. Just like heart disease and 50% of cases, sudden death. But cancer is the same way because cancer just doesn't have symptoms.

Because it starts, it has to become impactful, anatomically large for it to be, you know, intrusion in your day to day life. And so, pancreatic cancer, though, has a very, very poor survival.

So, you know, they say three months to a year. And so that's one cancer, for example, 71% of cancers do not have any test. You can do. Think about it, 71% pap mammogram, colonoscopy and maybe a PSA or all the screening tests.

There's no screening test, but your best screening test for a doctor out there, any doctor ordering would be, you know, doing like you said, you're ordering 30 to 40 tests.

But I always tell some top 310 C-reactive protein if it's over one, you know, you better go looking for something, okay. Sure. I'll give people omegas and repeated in 68 weeks, and then I tell them it's not high.

I go on a hunt, okay? And every doctor should be doing that. Hemoglobin A1. See, if you have high in the Golden State you're much higher risk for cancer.

So you got to get that hemoglobin A1 C down to you know I like it around five ish. Yeah. What percent of the population is that. Yeah I know but I mean I'm just telling you because I've been studying hemoglobin ABC for like

25 years and then vitamin D your vitamin D is, you know, influences, you know, thousands of genes in your body.

And it's a hormone environment. And then look at the DHEA sulfate because the DHEA sulfate is a the hormone. It's the hormone of stress, immune and longevity.

You know, when you're 25 that number should be 3 to 400. Well, if it's drastically low, you know, that person doesn't have that adrenal health that they need to fight illness.

So obviously, you know, all the other hormones, thyroid function. I mean, I you know, we do that on everybody. Okay. So and then I there is a blood test called the cancer profile.

I know we're getting off a little bit, but there's a blood test. No that's what we're talking about. So yeah. Cancer profile. The cancer profile is a blood test.

I used to do a lot of, about ten, about 12 years ago.

Cancer Prevention, Early Detection, and Testing

It checks quantitative hCG in your urine and, blood, and then it will check DHEA sulfate, a GT to check your liver. I, I chose anaerobic metabolism. You know, Otto Warburg in 1931 got a Nobel Prize, said it's an anaerobic, sugary, lactic acid environment.

So if you have if you have low. Excuse me, elevated high, which is a is a is a marker of hypoxia. Then you know cancers kind of thrive okay. Either you have the environment for cancer or cancer is going to become worse.

So like for example, I had a little girl come in 19 years old. She's Kaiser patient. Her dad's an orthopedic surgeon at Kaiser. They bring her to me, because I don't want to do the treatment.

I mean, you know, anyway, so that should tell you something. But anyway, her, I was like 100. It should be around 25. Well, all the treatment that I'm going to do is not going to help if I don't get that I down.

Okay. So that's why I'm big on hyperbaric. I have other, you know, oxygen therapies, ozone, you know, nano oxygen baths and stuff like that. So but these are things these are markers any doctor can do I teach it, I write about like the other.

There's like, you know, four kind of basic markers. They're not specific. Oh yeah. Those are totally nonspecific. Yeah. You can do seat 15 three 2729 to 19 nine CEA, PSA.

Yes. You can't. But I will tell you I have stage four cancer patients. Their markers are completely normal. So I always tell people never go buy that.

Now please do never go buy that because that will not tell you. If you have, let me ask you, with, breast cancer, do you think mammograms work? Well, that's a good demography.

Or what do you think of the whole thing? Yeah. So I tell people every imaging gives you a picture. So mammography will tell you some calcifications, although it is radiation.

The studies from Denmark at the Cochrane Collaboration Group. That's for every 10,000 mammograms you do, you save one life. And if you get routine mammograms.

But it makes you increase your risk of cancer. Yeah, you get increase your risk of cancer. So thermography I do do do in my clinic. I have a very specific camera though.

That is incredible. It tells me vascular breast are not vascular. All right. So and believe it or not, thermography has been around for like 70 years okay.

It's not a new thing. If you look at the whole history of thermography it's like peptides there. Exactly. Correct. Exactly. So anyway, thermography, you can tell if, if, if breast start having thermography.

Like for example, I just had a lady come in today for her follow up. Her thermography was a little abnormal. She has breast implants and she had already had her breast implants redone about a year and a half ago.

Of course, before they any doctor who does, a plastic surgery to remove, can't they always do a thorough workup before like a they do mammogram, you know, all that kind of testing to make sure there's nothing abnormal.

So anyway, she, I said, you know, I said, look, I just want to check for circulating tumor cells. I'll feel better. Let me do an ultrasound. I did an ultrasound or an MRI.

The MRI hasn't come back yet, but she already had circulating tumor cells, so I know, and it showed. I ordered a panel I'll call an RGC called the Uncle Uncle Trail and it tells me what cancer it was.

So it was breast cancer. So I know it was because it has the MUC one protein elevated. So anyway, so now I know now she wasn't panicking because she knows that I'm all into prevention.

And she's been my patient for a while. So she knows how I do, how I work things up and so you've cut in so much earlier. Exactly, exactly. Because you if you can have just so you know, can't you can have a patient who has cancer and every scan and every marker in the blood is perfect.

But if you go and see those circulating tumor cells, then you know something is brewing because, you know, there's a great book out called The First Cell and it's written by an oncologist who who is really does not like her profession.

Now because I, I respect her for that. Yeah, I do too, because I was like, finally, she's from Columbia. And I'm like, finally someone is talking about this.

She said everything that's been researched in the lab and used and in the last 20 years has extended life. Three months, that's what you know, what I get, that's probably very politically incorrect, but yeah.

So it's like, you know, the the pink ribbon and. Yes. Right. I'm like, they're doing shit. They're not doing anything that makes you feel good. Yeah, of course I want to rid the world of breast cancer, but they're just political and doing the same crap.

Right. So it's hard to be funding people like yourself and doing research like that rather than. Well, I, I actually center my book, I said, and for another one, I, I listen to one of her YouTubes and she said, we as physicians need to be collaborating and cooperating with other doctors to really eliminate the suffering for patients.

So I sent her a letter with my books and I said, look, I would love to collaborate and cooperate with you. Her specialty is MDS, which is myelodysplastic syndrome.

And so anyway, I haven't heard from her yet, but I'm going to bugger because it's like, no, we need to band together and change the landscape of medicine to eliminate this.

Oh, it's true, I you know, I think when you first start, you're kind of like, oh, competitors. But now you know that it's like a lot, a lot of people are waiting.

Yeah. And there's so many sick people. Right? It's not a competition. And we need to band together. Bad stuff is coming down the pike in terms of, you know, lack of medical, availability of treatments that we're going to be able to do.

And, you know, basically now Google is now the arbitrator of, you know, basically medical truth, you know. Yeah, exactly. Right. It's interesting how they went go. Yeah.

Yeah. It's very scary, right. Very scary because yeah, especially you in the cancer world. I mean, the oncologists are so protective of our turf. Like, God forbid you cure someone, that's what.

They're gonna come after you, you know? How dare you here. Someone that you know, not doing our barbaric, toxic cocktail. You know? Right? Exactly. Well, they know they have limitations.

So, And they know that there has to be. There has to be proper care of the patient, I mean, honestly. So, I do recommend patients to have surgery. Okay.

I do recommend patients to have a convention, conventional chemo or, or, you know, low dose chemo. So because you don't, that's just the case. There's time. It's needed. Yeah.

Yeah. And and and the thing is though, is let's try to make it the best experience for the patient. And I think that's probably lacking so much too. I mean, I haven't been a cancer patient, but, you know, just the you know, you're I feel like a number, you know, and we see that with, you know, we treat a lot of the chronic illness patients.

Same thing. You know a Lyme patient is kind of a myalgia. All those are just treated like horrible. And I'm ashamed to say but doctor, with the way these doctors treat patients, and if a doctor can't treat it, it's the patient's fault.

It doesn't exist. Right. You know, there's exceptions, thank God. Yeah, but in general, on the. And the less a doctor knows, the more adamant they're right.

You know, like. All right. That's true too. But, so you have a lot of modalities. And I'm sure we can go on for a long time going through all of them, which is very cool.

And what what what peptides do you like? Let. Well, I would say the number one peptide that we use is the thymus and alpha one. So like you were saying earlier, these peptides have been around for quite some time, but as we age, you know, your thymus degenerates, right?

And at the age of 80, you know, you have really no T cell good two cell function. Know. So, the thymus and alphas, sublingual and injection and the cancer patients.

I always like to use the injection because I need, you know, all the help we can get. So, that that is a very, very good, because they're not only fighting cancer, but a lot of cancer patients have viruses.

So thymus and alpha, you know, really, really helps, the immune system in that, you know, a lot of people have what we, you know, as, you know, leukemia, low white blood cells and their doctors always go, oh, that's normal, that's normal.

I go, no, yeah. It is like heart disease is normal. And actually the CDC said that people over 55, I forget exactly what's wrong, but I was like 60, 80% have at least one chronic condition due to the evolution of the findings.

Right. Exactly. So you essentially lowers your good immunity and raises the inflammation. So it's like, really want to just give everyone you know, I miss the dynamic peptides.

I was a believer. That was a bit of our friend. 5 million. You know, I'm a June Dimes another one. You know, all those things and you'll do yourself, you know, at the age dramatically.

Right. Exactly. Yeah. So I, I'm sure you probably might use it yourself. I use it myself. And a lot of people with this virus coming out, I gave patients, that are 60 plus 50 plus that to protect themselves because it's very helpful.

There comes a black helicopters to, to get you. Oh, really? Talking about coats. So, you know, that's why I said the virus. Yeah. So anyway, so time medicine is a very good, wonderful.

And, and it's approved for cancer in a number of countries and tons of studies on it. It's actually approved as an

orphan drug here. But, yeah. And the nice thing is, like, side effects are so rare.

Right. Exactly, exactly. Yeah. Well, I yeah, I rarely, rarely, rarely have a side effect. So, the other one that is helpful when we use low dose chemo, we use something called irg d and urged is a cyclic amino, nine nine amino acid cyclic peptide.

And it acts like an escort to bring the chemo in to the cancer. So so will administer that with our low dose chemo. So when we do low dose chemo we only use 10%.

We use a tap lab testing in Greece called our GCC the r GCC gives me a a panoramic view of everything that could possibly work on the cancer. So whether it's chemo, whether it's natural, which is like it's like why is it everyone doing that?

Yeah, it gives you a natural and gives you meds and meds and everything. And so like if you need estrogen blockade, it tells you that if you need some smart drugs, you need, you know, it gives you that, it gives you all the chemo that work.

It tells you how much drug resistance the patients have. Because we all know every single patient going into chemotherapy has population that chemo resistant and chemo center.

So this allows us to, you know, use this, this peptide. And I can send it to the lab actually to see if it's going to work. So I use that as one of the agents that they test right there.

It's just huge.

Peptides and Immune Support in Cancer Treatment

And I'll just, back to the times now for one real quick is, you know, looking at studies, it shows, you know, people get treatment and they're told, oh, you're cured, that it, and the rate of relapse directly correlates with your natural killer cell function. Right, right.

And so it's basically get your immune system up because you're, you know, everyone has cancer, their body all the time. That's right. Is your monitor your body for cancer.

So that's low. Of course it's going to come back. So if you raise that and you know take thymus or or maybe boost immune system, it's like everyone should be on it if they've had cancer.

Really everyone's at risk for cancer, especially nowadays. Well, today everyone's risk. It's one out of about 102 people. So it's not it's it's not if you're going to get it's when you're going to get it.

So yeah, every everyone we live in this toxic world. Toxic world. Exactly, exactly. So, so the other peptide that we use and I will send as a specimen to they already have it is PMC 27.

So PMC 27 is what it does is it blocks the member for the 53 gene. So the p53 gene is your tumor suppressor injury. And over 6,070% of cancer patients have p53, gland suppression, suppressor playing suppression.

And so if you will take away their you what they do with this pack is it pokes holes in the membranes and causes a lysis of the membranes, allowing the p53 to, to turn on its suppressor to suppress cancer, but also kill the cancer.

So, so, so do we give that to everyone? No, we we select based upon the testing that RGC gives us. And I think I was reading a lymphoma paper, I specific for the K56 to the cell where it leaves the normal lymphocytes fine.

But it actually is very specific for the cancer cells, and the patients to self inject themselves. And so you don't see toxicity with that. And no, I've never had anybody have an abnormal reaction to that at all.

That particular. Yeah. Well that sounds like chemo. So yeah. Well chemo is on another. No I'm kidding a whole nother story. And then we just started using recently met in cephalon.

So that in cephalon. Is, you know, in the opioid actually discovered kind of a long time ago. But your, your, your increases, your opioids, your opioids are, you know, wonderful for your immune system.

And so that's why people get addicted. Because no wonder what that does. Like people with heroin on heroin. I mean, you kind of look at versus like a math person.

They seem to, you have they don't age as fast. But do opiates reduce cancer rates? No. Unfortunately opioids are really suppressive of the immune system and they're inflammatory, overdoing it.

You know, that that magic balance is. Yeah. Yeah. And it sounds like, you know, they reduce pain but actually increase inflammation. Yeah. No. And they destroy the immune system.

Really terrible, terrible devastation. So, you don't you know, you're not going to see a do you'll see an increased risk of people dying. That's why I don't use opioids, because I tell them, look, I will only use that at the 11th hour with if you have so much pain that you can't handle it.

So I, I prefer to I have all these other pain IVs and natural pain things that I use now. If people are in severe pain, I will give them because it's their stage for cancer.

And you know, the pain is so stressful. Let's California I know a doctor who lost his license for treating a stage four cancer patient. They said you are addicted.

Are you fucking kidding me? Yeah, yeah, well, that's city of Hope. My girlfriend, she's a doctor, and that's all she does is. Is give pain medicines for, say, to her cancer patient.

So she is their palliative doctor. So, so, you know, I mean, yeah, the probably come after for being a terrible person. Like, it sounds crazy, but, you know, I think I read a study, had pancreatic cancer with that, like, three times the survival rate.

With what? Now, with the Met in Kaplan. Right. So the in Kaplan. Yeah. Just, you know, beautifully helps the immune system. Another thing that I use, I don't like LDN.

You know, I was just going to say LDN. So it's like LDN like, yeah, those are tricks. Yeah. So it's a phenomenal helper. So if you don't use the Med in Kaplan because LDN is much easier to get than mat in Kaplan.

So, but it's it's very, very helpful for, I guess, knees, for people. Versus think it for people. So but it helps you know everything's about the immune system.

I don't care what disease you're talking. Hey that's you're preaching to the choir. We became an immune monitoring clinic because it's everything right.

Healing cancer. Yeah. And then we were talking about GCC just kind of in general. Right. I've been using K because, you know, it's great for the skin, but it also helps in modulation and dysregulation of pathways.

So GCC helps, you know, it's anti-inflammatory repairs and influences, you know, thousands of health pathways in the body in, you know, re kind of correcting, auto correcting the dysregulated pathway.

So that also is that is the ultimate Beverly Hills cancer therapy because your skin looks better. Yeah, exactly. And and it kills the cancer. Exactly.

Unfortunately, our priorities are, it's it's form over substance, as you know, doesn't matter how you feel or you got a big tumors, like you're looking good.

Exactly, exactly. So, so those are the main ones? Yes. There's collateral ones, which I'm sure you're going to talk about with other people, that help, you know, other systems of the body.

Yeah. So, yeah. And, how about testing? What what type of testing do you like or what? Just in general for cancer. Okay. Well, when a cancer patient comes in, they always get a complete history and physical.

So we get to do a we have a good form that we fill out. So we have a lot of the answers so we don't waste time. Asking a lot of questions. We do confirmatory of what they've written down.

Then I tell them what I see on their scan, and they're always surprised because no one's told them what's really on their scan, literally. And then, oh, that's so true that you do Pet scan, Pet scans, Pet scan, CT, MRI, ultrasound, whatever we need.

Okay? You can. Do you have any issue getting those covered by insurance? No, no that's fine. No, no, of course not. I mean, if the patient needs it, they need it.

You know. Yeah. Tell my insurance that. Yeah. Right. Well, I know what you're saying because we do sometimes. So I'll order a CT scan as opposed to a Pet scan.

So it just depends. You know, I know I kind of know what to say because I know my patient. I'm seeing the patient I know, yeah. I'm looking at the bloodwork.

I'm looking at the the studying. And let's say let's say you were diagnosed in cancer in 2015 and you're here now in 2021. And all of a sudden you have back pain, this pain.

And then I order the blood and see alkaline phosphatase. I see these like, like, you know, you better order a Pet scan. So I always, I always that's, you know, very important because cancer comes back in a year, two years, five years, ten years depending.

And so you've got to make sure that someone doesn't have a bigger problem than they think they you know, I had a lady from Las Vegas, she was seeing doctors in Las Vegas for breast cancer, got worked up, called me getting the lumpectomy, and she thought it was just a simple fact to me.

She gets done with the the the surgery. She comes to see me in person and she complains of back pain. And I go, oh, this doesn't, you know, something's not right.

And this was like six months after the lumpectomy and I examined her, you know, I said, look, we better order scans. I order scans, sure enough, stage four from cervix to lumbar.

That sounds like a little issue. Yeah, exactly. So, anyway, it's. You don't always know the scope of your problem. Can. And that's the thing is, you want to understand it.

Like today, I had a patient. I hadn't seen her because of Covid for a year, and, reordered test. Everything was stable. A year ago. She came to see me because I was, you know, way overdue.

She comes to see me, I order bloodwork, ultrasound, all abnormal. I order a Pet scan immediately. She had had cryo therapy, which is freezing of a tumor back in 2000, I think 17.

But I think with the stress of Covid and everything, you know, stress, the kilogram has to come. Yeah. Just, or how about intravenous therapy or what?

What do you like? So intravenous. We, we have, you know, probably 50 different intravenous. So we do as many things as possible in cancer patients. Intravenous because their GI system due to chemo or whatever.

Yeah. Stress. They they're not they're not going to absorb it like they're going to get an IV.

Advanced Therapies, Imaging, and Clinic Approach

As you know in pharmacology it's your order. You you absorb 10% right with you do oral transdermal is 33% and IV is 100%. So I will give IV vitamin C, I use IV mistletoe, IV participate ib dca iv curcumin IV.

Of course it didn't. I mean, I do a lot of different IV. Wait a minute. Where are you getting those? I gotta talk to. Okay. Yeah. We can't. I love the artists and aid and the human like we can't find it, so I, I got it.

I gotta give you a call. I'll help you. So anyway, so we have all different IV a I have a IV cocktail, hydrogen peroxide to do, because that shows up a lot on the RGC to kill cancer.

I, do, Endo laser IV into lasers. Using the lasers that we use. We use a photo synthesizer like, ICG, which is an old dye which activates the pathological tissue.

And then you give the laser, and that basically drives the the the pathological. Yeah. How does it know to go to the pathological? Because the light, it acts activated by light, you know, so so you use the dye to do other you send the light on on that area.

Gotcha. So, so they've been doing that in, in Europe. Germany. The doctor, Doctor Weber been doing that for 20 years. And then we just started going to courses and learning and, and now is it a different version of the Weber laser.

No. That is the Weber laser. That is okay. Yeah. Yeah. But it's wonderful like wonderful. So for all things we had used different photo synthesizers. I had a guy, I had a different wavelengths and.

Yeah, exactly. So I had got yeah I had a guy with squamous cell, he had cut off at, at Kaiser and it all came back. And so because he has stage four prostate cancer, he didn't want to do any more surgical treatment.

We did the laser. And this was all growing like like, like, you know, spiked spikes and peaks and everything. This guy was very large. We did the laser.

It's all superficial now. Beautiful. And just using the laser. And that doesn't hurt the patient. Doesn't hurt anything, doesn't suppress the immune system.

So it's it's a well, no. Are you putting it intravenously or. No on him? We're doing it topically. Just just topically. Yeah. And, yeah, I know Novak, who's kind of by you down there by Novak is in San Diego.

I know him, yeah. He, my other doctor, Doctor Whiteman went down there, and he's not that sick. And he goes, oh, it's like the Weber laser in your tibia. Just punched a hole in his tibia and sticks the laser there.

I'm like, dude, it's pretty bold. But it's cool stuff. Yeah. So, yeah, it's really good. Good stuff. The good. The good thing is it doesn't hurt patients.

And that's the key thing for for all of us. Yeah. That's nice. Yeah. Different wavelengths for cancer, for infections or whatever. Right. Exactly. That's exactly.

Yeah that's great. And looks like that again. Time goes by so fast with you. Let's see. Any any particular thing you want to just say that you found kind of like, Wow.

Treatment sounds like everything. Really. Yeah, that's a good, I always people always like, because I have so many very, very, very serious patients. Okay?

And and everything works for somebody, and. Yeah, everything works for everyone, right? And the problem we find. And I was just talking to my iPPt nurse, my insulin potenti and she goes directly the patients who've never been treated do way better than the patients who've been treated, you know, lots of surgery, lots of chemo, chemo

for 22 months.

And they it's just a lot they're not been beaten down. So yeah. And so the chemo it's like the worst that you're wrecking the immune system. Right. Right.

But I would tell you probably one of the best things is that in the laser it has so many functions because it's not just for cancer, it's for chronic infection. So it's yeah okay.

As a chronic infections I mean and boost mitochondrial function. Exactly. Exact oxygenation and everything. So that is a beautiful, beautiful treatment.

The other thing that I like that's pretty amazing is we use, we use sono electric pulse. It's a big sound machine. It sounds like an MRI, and it uses sound to treat and heal wounds, and it's phenomenal.

And so I got it from Europe. And, it is it's phenomenal for a lot of different musculoskeletal wound healing. It's like, do you sit around it. No no no no no.

You you lay on the table and then the, the technician, treats the area depending on where it is and different than PMF. Oh very different, very very very different.

One time I'll have you come down and I'd love to come down and. Yeah, yeah, yeah, it's funny, I expected the Weber laser to show up any day, and I found out my accounting, department canceled.

They said you're buying too many toys. Yeah, I've. I've heard that from my staff, so I gotta wait a minute. And so we have that coming. Some other thing.

Oh, You'll love it. Yeah. Love it. Yeah. Awesome. Yeah. Love to come down and, check out all the stuff you're doing. Sounds like, you know, definitely.

Hey, if you got cancer, where do you want to be? And if you want to be a doctor. Yeah. And if you want to prevent cancer, I am just because it's been my whole life.

And so when. And just think what that is worth. Yeah. It is. Yeah, exactly. That's what I tell people. What is that worth. Yeah. You don't. And for literally can't for like 1500 bucks you kind of you know, if you have cancer not a colon.

Like who wouldn't want that. You know. Yeah. Like what you would give up to, to not have it. Right. But yeah. Let's see. So, your book Cancer Revolution. Yes.

Yeah. About that, we were talking about. So my two books, this is Be Perfectly Healthy, which is a compilation of lot of stuff I've written. But for a doctor, this is really good.

Maybe not for you because you're already doing a lot of things. And then the cancer revolution is. This is great for any doctor, any person want to learning how to live life, but also early detection.

I talk about blood testing equipment, things, I do everything. So, these are in the invaluable. You know, I have eating in here detox emotional everything is a everything in medicine that we should all be addressing with our patients is in here.

Nice cancer revolution. Going to get it on Amazon or. Yeah I'll send you a copy. I'd love a love. Can you sign it? Yeah. Thank. Yes of course I will. It's something nice.

So the cutest, person I've been interviewed by. Yeah, I'm just kidding. But, no, it's it's been a pleasure. You're a wealth of knowledge. And just helping.

So many people and saving so many lives. I'm sure it's like, oh, you have this. Today's work for you. But, Really? I'm sure some of you are so grateful and, so thank you.

Thank you for having me. It's great to collaborate and share this, you know, valuable knowledge to people out there that need to really know it. And and I think patients just don't know what's available.

They don't. You're right. Well, things are changing. As you know, every day there's something new coming out. So literally so well, awesome. You're on the cutting edge of the cutting edge.

And, I'm so glad that, you or thank you for taking the time to, talk with me today. And I think, basically, the doctors will, really learn a lot from this.

So, because cancer is just it's exploding. It's just like it's exploding and it's a conundrum there. Yeah. I just like all these chronic illness. Everyone's sick.

Everyone's sick. That's right. So we're we're trying to do our small part to, you know, reverse these diseases. Yeah. Right. That's. Well, it's so nice to meet you again.

You've been kind of down the street for many years, and, Right. I don't know of you and and your patients. So, so great to finally meet you. Video. And they just basically opened up California a little bit.

So me, I know how exciting we are to come down and say hello. So again, thank you so much. Appreciate it. All right. Great. All right. Bye bye.