Why Write a Pediatric Cancer Guide

Oh, Dagmara Beine, it is such a pleasure to have you Thank you so much for being here with me. Thank you for having me. So tell me you wrote a book specifically on, childhood cancer and how to treat that holistically and how to, kind of build your team and how to go through a person through that process. Why?

Why did you write this book? Why was that important to you? Yeah. So, almost ten years ago, I found myself to be, a parent who, had then a three and a half year old daughter who was diagnosed with cancer.

And, I tried really hard to find, any kind of information online. A practitioner, and a book. And I couldn't find any of those resources for specifically, an integrative approach to pediatric cancer.

There was a lot of information out there for adults, and there's a lot of practitioners who are, very vocal about treating adults in a holistic way. But there was just nobody who, was, I would say maybe brave enough or, eager enough to, to dive into this with kids.

And so I made it my mission then, to become one of those practitioners, to help kids on a cancer journey. And, there's only one of me and I started to have a waitlist, and, just not yet being accessible for everybody.

So I decided to write a guide. It's really a guide for parents. It's called A Parent's Guide to Childhood Cancer. That would take a parent or guardian.

From the moment that a child gets diagnosed all the way through, what are all their very important things that we need to do after conventional treatment is done?

Because we are led to believe that when, conventional treatment is done, you know, kids ring the bell and parents are told they're done, other than maybe monthly labs for, blood cancer and, you know, quarterly imaging for a solid tumor.

Parents have no idea the damage that the body has gone through and the amount of healing that really then needs to start. So, that was really my motivation for writing the book so that every parent that now goes to Google or Amazon and is looking for a resource can now find a book that can start to give them insight that there is a better way on this journey.

So, so tell me a little bit about your journey. I mean, through this. I mean, obviously like like you mentioned, you your daughter was diagnosed with cancer and you're looking for resources.

Didn't have very many resources. So kind of take me through what what that what that process looked like as you were trying to figure out, how can I best take care of my daughter?

I mean, how did you feel? I mean, here you have a daughter diagnosed. I mean, what what did that feel like? What what what what was that? Yeah. I mean, any parent will tell you, you know, when you hear the words, your child has cancer, your world gets turned upside down, and, it.

I was in the medical field at the time.

Suzanneu2019s Diagnosis and Early Treatment

I had about a decade under my belt of working as a physician assistant in the emergency department. And so in some ways, I had an advantage of sort of understanding medicine, but in other ways it was just knowing enough about, you know, emergency medicine, but not really understanding oncology.

So a lot of fear and you get rushed into treatment. I mean, treatment started the next day, which is something I write about in my book about like pausing and and understanding what the diagnosis is.

It it's not uncommon. And it was the case with my daughter. Her name is Suzanne, where, we were told she had a certain type of leukemia and they started treatment.

And a week later we found out they were wrong. And so she got the wrong type of chemotherapy. And that's actually very common because, kids get so rushed into treatment, it usually takes about a week to truly get a biopsy results and a true diagnosis.

And so, you know, we were rushed into treatment. Lots of fear. Lots of tears, not really stopping to think about how we want to approach it. But as soon as she started treatment and stopped eating and she got in and g-tube kind of the light bulb moment for me as a pretty conventional practitioner at that time and just person, was the fact that the, formula that they recommended at the hospital was like, I looked at the ingredients and it was like, you know, like high fructose corn sirup, like three different types of seed oils and, that was my first kind of moment of wait a second, I don't maybe they know what they're doing with the chemotherapy, but I don't think they know what they're doing with the whole person, with my with my daughter, because they're giving her crap.

And so that was kind of like what started, you know, this snowball for me, into by the end of treatment, her treatment was about five months. We were doing as much integrative and holistic as I could find, and refusing a bone marrow transplant for her at that time, that was recommended.

And just doing chemotherapy and then spending a lot of time, after treatment, just continuing to learn. I went back to school. I was blessed enough to have mentors like Doctor Paul Anderson and doing Doctor Nature's program.

And my daughter was in remission for five years, which is usually considered a cure, for her type of leukemia. And she actually relapsed five years to the day later.

And the last four years have been just a lot of ups and downs. So she, actually just had her third bone marrow transplant. We left the hospital two days ago from being in patient for 50 days. And, I very much so at this point not only know, you know, what it's like to be a practitioner who takes care of hundreds of kiddos across the world now virtually.

But I really understand what it's like to be a parent, because unfortunately, there's a story is one where she has relapsed multiple times. And I also think that it, you know, my book and my approach and the message isn't do integrative care, it's going to cure you.

It's, you know, it's that there is a better way. And I, I don't think that my daughter would be capable of continuing to try, to have a cure with these toxic treatments had it not be for all the integrative and holistic support that I've been able to incorporate into her life, you know, and in between the times that she's relapsed.

So the challenge is always, you know, how much traditional and how much stick and how should I, integrate the two? I mean, what how did you go about, you know, on that journey, trying to figure all of that out?

Yeah. So I think that one of the biggest, differences between an adult diagnosed with cancer and a child diagnosed with cancer, at least in the United States, and it's like this in many countries, but not all is that, an adult diagnosed in the United States gets to choose how much conventional treatment and how much integrative treatment they would like to do.

And that's a conversation. A child who's under the age of 18 in the United States, doesn't get a choice. So if you are a parent who, would choose to decline, especially in the beginning.

So when you first get diagnosed, if you were to choose to decline treatment in many of those cases, you could medically have your child taken away from you legally, and treatment will be forced.

So in the beginning, when we were diagnosed, you know, we went full into treatment and kind of learned to add in things that, now, when I look back, maybe weren't as impactful as what I know I should be doing with her now, when Susan relapsed five years later, before bringing her into the conventional system, we we really did everything that I knew.

And my mentors knew to try to get her into remission, and it just didn't. And so our our, return to conventional medicine and to doing bone marrow transplants or trying chemo is is just that Zeus type of leukemia is unfortunately and fortunately very responsive to chemotherapy.

Choosing Conventional and Integrative Care

But she relapses, right. It's a very complicated. She has, had, acute myeloid leukemia, which most kiddos when you hear about them having leukemia, have a ALS.

And that's 98% curative. And, in for the most part, kiddos do really well. The type of leukemia that Susan was diagnosed with, is super rare. And the mutations that she had put her at just a very high risk of relapse.

But definitely she never just doing conventional treatment at this point. The last four years have been very much conventional and integrative, intertwined.

And then, you know, sometimes in between when we're not in the hospital, well, obviously, then it's it's all integrative. And what else can we do? So, I think that's the difficult part is that parents don't get to choose.

Now there, there do come situations where if a child has relapsed enough and you're given the option of palliative care, no one's going to force you if they don't feel like your child has a better chance of making it, to do more treatment, which is very sad because that's the only time that parents can decide to do only integrative care.

And by that time, there's just been so much damage from conventional treatment that the chemotherapy and the radiation and the immunotherapies themselves cause secondary cancers.

And, you know, kids organs and kidneys can only take so much. And so, I don't think a lot of people realize that kids have to do what they're told. Parents have to do what they're told, especially initially.

Usually initially and on the first relapse, you just have to do what the what the team tells you with standard of care, which is why it's so important to choose a good team.

People don't realize how important it is when you're, when your child's first diagnosed, people don't even think about that. They have a choice in choosing who the oncologist is, and you very much have a choice.

It may be inconvenient because you may not be at the hospital that's half hour away from your house. But your oncologist and your relationship with your oncologist is really going to affect, how treatment's going to go, because you're either going to have somebody that's open minded, not somebody integrative.

That's really hard to find in the US, but somebody's open minded enough to know that it's okay for there to be other team members and to actually review, you know, what is the outside nutritionist?

Because I will you can talk about in-house nutritionists, but they don't give very good advice. But the outside nutritionist or somebody like me and their team actually look at what we're recommending and have conversations and those oncologists do exist in the US.

There's just very few of them. And then there's the oncologist who will just out of lack of knowledge, because they don't understand what these treatments even are.

It's out of fear of them making treatment ineffective for them. They will just scare families into saying you can't incorporate anything else because it's going to make treatment not work.

And you wouldn't want to do that to your child, would you? And and it becomes a very sad situation. And because there's so much we can do through treatment to make treatment more effective and less toxic.

So and that's an important point. And how how do parents respond to that, that statement, you know, within colleges says, you know, well, what you're doing is interfering with the traditional care, and you are now putting your child at risk, because you're interfering, bringing in these unproven type of therapies into the picture.

Yeah. So it, you know, it takes, a lot of my working with, pediatric cancer is actually working with mom and dad and teaching them that they are their child's advocate.

And teaching them how important it is for them to, be brave and be brave enough to know that they are the ones that are hiring everybody. Right? They're not just it's not just that you're hiring me because I'm outside of the hospital, or you're hiring your oncologist, or you're your radiation oncologist.

And so, telling them that you, you know, you're unwilling to compromise, not supporting your child with, you know, I don't doxorubicin, for example, pro oxidant toxic to the heart.

Something as simple as grape seed extract can maybe not eliminate, but severely decrease your risk of having heart problems through treatment later on in life.

If we have decades of experience on this, we have studies on many of the things that we want to incorporate. So really just being confident and putting their foot down and just knowing that your oncologist is an expert in the protocol, really, that's what they're the expert in, is knowing what what protocol to use for what child.

And if they have an allergic reaction to that chemo, what other chemo can they use? They are not an expert in a child's terrain. They are not an expert in knowing how to treat the whole person, the whole child.

And that's why parents hire me is because you don't. The whole idea isn't just to kill the tumor. The idea is to also have a child that can get through treatment and ultimately heal and thrive.

And those are two different things. So it seems to me, I mean, here you're saying that, you know, I wish you would have kind of passed a little bit. You know, instead of jumping into treatment immediately and also that you should choose your team.

And then on the other hand, you say that these things, you know, these type of therapies are mandatory and there's a risk that your child may be medically taken away from you.

So I that seems like a very fine line to, to, to walk, you know, as sure as you're walking that. So when a parent is, communicating with the original oncologist.

Yeah. And they feel like this may not be the oncologist. That is right for my child. And then you may have nurses or somebody that's kind of breathing down your neck saying, if you don't do this, you know, we're bringing in CPS.

How do you how do you respond to that? I mean, what what our, you know, please kind of what kind of wording should you use? You know, how should you acknowledge what's going on?

And also to put the oncologists and the nurses at ease, while you're then looking for the the appropriate care provider. Yeah. So, you know, I, I end up having a lot of those conversations for my families.

So any family where I'm part of the team and we get into a situation, often the situation is, more commonly the situation is that the child has started treatment and they have liver toxicity or kidney toxicity.

And we're asking the team to just like, hold on. Like, let's pause with chemo because often times it's not just the cancer, right? It's oftentimes it's the treatment that will take a life.

So I will often, as much as I can write a letter, write an email, provide lots of studies for the oncologist, because that is what they that's how they communicate, is saying that there is supportive studies, and there often is ones that they don't even know of saying, hey, high dose vitamin D is okay with this.

Building the Right Care Team

Fish oil is okay with this. I mean, we're talking about really simple things. We're not talking about crazy, you know, like, really outside of the box therapies during chemotherapy.

And if they are still just completely not open, I will tell families that it's really up to them what they feel like sharing with the oncologist of what they're giving their child and what what they don't feel like sharing that it is my job to let them know whether it would get in the way or not of chemotherapy.

So when I create a plan for a family, I definitely there definitely are natural supplements that can get in the way of making certain chemotherapies work.

And so I always tell them that it's my job and I'm asking them to trust me. And you know, this is okay to take. And it's really up to you how much at that point you want to share with the team or you don't.

Yeah. Like simple things like cooking and some, some chemo you know may not be appropriate or melatonin and some you know may not be appropriate. And so yeah to have somebody to kind of guide you through that journey becomes really, really important.

So how how should an individual then go about I mean, what should the team look like for a parent, you know, to support their child going through this?

Yeah. So, you know, you have your oncologist and I always say to not just get a second but always get a third opinion. So that you can really, decide how you want to approach conventionally, the treatment, for very common diagnoses like, acute leukemia for children, most of the protocols are going to be the same, but it's still good to get to know a second and a third team and just see who you connect with better.

So you're going to have your oncology team. I always recommend that you hire an outside nutritionist that's going to be more well versed in, like a metabolic or oncology, type of nutrition.

We have a nutritionist in our practice that works with our patients, but there's a lot of, kind of standalone, companies now like Remission Nutrition, where all they do is work with patients who are going through cancer and it's cancer specific, nutrition for them, because the nutritionists in the hospital have been taught, that, you know, the bad food pyramid and calorie and calorie out and they're only allowed to offer you what's on formulary at the hospital and what's for on formulary.

The hospital is all crappy nutrition, crappy formulas. Hospital food is terrible. So you're going to have your oncology team, you're going to have your nutritionist.

I always recommend that they work with an integrative practitioner. And that they really vet who they're working with because there's a lot of, you know, just like there's a lot of crappy oncologists, there's a lot of crappy integrative cancer practitioners out there.

And you have to really try to understand what what their background is, what their experiences. And then I always say, lastly, some type of therapy for, like the mind, the spirit.

So, you know, we're used to kind of in the conventional Western world thinking of a talk therapist. But I often tell families, need I'm not a huge fan of talk therapy.

So something to take you outside of your mind to stop thinking about what the problem is. So for kids, it can be like a sound therapy. You know, the more laughter, the more they can get outside nature barefoot, the more sunshine.

Those are things that like kids need during treatment, those types of therapies not going into like another office and sitting in a dark room and talking about their cancer.

And, I mean, obviously with an integrative field, I mean, there's so many options. You have you mentioned kind of simple things like Omega and vitamin D, you know, as a oral, should it should parents also consider intravenous things as well, depending on how old the child is?

Yes. So when, when I have a new patient, I will look at their conventional treatment plan. So, you know, Johnny got diagnosed with this type of solid tumor, and this is the chemotherapies that are recommended.

And they're going to be given every three weeks, you know, for this many days and three different types of chemo, I will look at Johnny's conventional labs, but not just what oncology orders because it is just heartbreaking how little they look at.

So they're only going to be looking at a complete blood count and a metabolic panel. We add on so many more labs that we want to look at, you know, your thyroid and your vitamin D and your homocysteine.

And then I also, have my families do epigenetic testing. So I know if Johnny can metabolize methotrexate or the type of chemotherapy that he was prescribed.

And so based on what the treatment looks like, what the labs are and what the epigenetics look like, I will then create a very specific supplement. So things that the child can take by mouth.

So those things could include vitamin D, methylated b-complex, omega as you know, sometimes quercetin sometimes curcumin. Then the second kind of tier would be I always look at whether mistletoe therapy would be beneficial.

And so when we talk about mistletoe therapy in 99% of the cases it's going to be injection, not IV, but subcutaneous injection because it's something that the family, can do without having to be at our clinic.

And especially since most of my patients at this point are virtual. So they're not even that close to my clinic. We can teach them how to do it through videos, and it's something that the family can do.

So mistletoe is another big therapy that I love. I often prescribe if it's appropriate because there's different types of mistletoe. And then and tell me real quick about mistletoe why why is that so important for you?

Yeah. So mistletoe therapy is a great immune modulator. And so in certain cancers, it's going to, contribute to, the prognosis or to the cure.

Integrative Therapies During Treatment

And in other cancers, it's, it's going to just help the immune system. Deal with the treatment better and reduce side effects. So when I think of, for example, blood cancers, I don't think of mistletoe as necessarily acute blood cancers.

I don't necessarily think of mistletoe as curative, but I do think that, I know when kids use mistletoe as therapy through treatment, their, neutrophil count doesn't fall, so they don't become neutropenic as easily and they have less side effects from treatment.

So I love it in that way. But then if you take something like an osteosarcoma. So there is a phenomenal study on pediatric osteosarcoma. They did a study where there was a real if you relapsed and then had surgery and got clean borders, they took, half of the kids.

They gave them a chemo called a top, the side, which is just a common chemo that's given in relapsed osteosarcoma. And the other half, they gave only mistletoe.

And they followed these kids for ten years. And at the end of the ten years, the, attack beside, had a 0% survivorship and the mistletoe had 56% survivorship.

And that was mistletoe alone. So, when I think of any type of sarcoma, not just osteosarcoma, but, you know, there's an umbrella of different types of sarcomas that kids get.

I think, Holy cow, I'm going to use mistletoe because this can actually contribute to your cure. But in other cancers, like I said, like blood cancers, I think of it just as just kind of helping through treatment.

So a little bit of less of an emphasis. But I still get excited. And then we go to IV therapies, which you asked about. So I love using IV therapies when it works out with the type of chemotherapy or radiation or treatment that they're using.

So high dose vitamin C is, a common one that is easy. And it's not just as like an anti-cancer, but it's so good for your healthy cells. Right? It's so good for a recovery.

And then we get into, you know, kind of more out of the box IV, treatments, which sometimes I'll recommend through chemo, but oftentimes I'll recommend after chemotherapy is done because it just sometimes it's just too much is happening.

But art has an eight and, DCA decora acetate, I. V. ozone. I mean, there's so many really wonderful therapies. I try not to overwhelm families. So oftentimes the I. V.

therapies, I'll wait till we're done with treatment depending on what treatment is. Right. So, treatment for kiddos is three months and some is three years.

So it just really depends. But nutrients through, chemotherapy and high dose vitamin C through therapy for most kiddos, it's always beneficial if it's easy, if they have a clinic that is willing to take a child if they have a port so they don't have to get another poke.

So there's all these there's more layers to it when you're not an adult, because you have to think about the trauma for the child of getting, their port access more than just for chemo or if they don't have a port, you know, having to get stuck in their arm.

Yeah, yeah, yeah. So much to unravel, obviously. And like you mentioned, there aren't that many integrative doctors that are willing to take on children just due to liabilities.

And so yeah, so that that's always a challenge. One of the aspects, I mean, I know that, you know, you write about in your book and also, I know Doctor Natia winters is really big on is is the terrain.

I mean, obviously, I would assume that entails also understanding. Yeah. Because cancers don't just show up out of nowhere. They usually come for a reason.

So what what does that look like? I mean, because you always want to find out. You know why? Why, my child? Why did this? Why did this happen? Yes. Yeah.

So where is with an adult that comes through the door? The first thing you want to address with an adult? Because they have time to decide what kind of, you know, how much conventional, how much integrative treatment they want.

So you really address their terrain in the beginning. In pediatric oncology, just the way it works is they come through the door already diagnosed and they're on this treatment.

So we try to right away create a plan for them. How do we support the plant, the treatment you're on so that we can make it more effective and less toxic.

And then when when we're doing that in the child is doing well, then we say, okay, now let's figure out what helped contribute to your child's diagnosis.

And we, educate the parents that, you know, 90, 95% of cancers are not bad luck. And that is a harder concept for, people, not just parents, but just really people get very angry.

It's really easy to think that an adult got cancer, right, because we think the kind of old school reasons, we used to think only people got cancer, right?

They smoked, they drank, they made bad decisions, so they got cancer. Now you have a child getting cancer, and then you have somebody like me telling parents, there's something that contributed to this.

And so a lot of people feel like it's blame. And it there's there's no blame, but there's so much education in that, your child is like a fish in a fishbowl, and you can't just take the fish out of the fishbowl and fix it and put it back into the murky water.

You got to figure out what made that water murky because it's going to get sick again. Right? So, the Natia originally came up with the top ten terrain, and I took that, there was some terrain that just didn't apply to kids.

Very few. So basically, I took the ten terrain with her permission, and I dwindled it down into into seven. And so many of them are the same, but, you know, epigenetics are huge, meaning not genetics.

But we got we got epigenetics, right? We got hiccups from our parents. So a lot of kids I find, have very common epigenetics that end up getting diagnosed with cancer.

For example, Pan one is one. So they are unable to detoxify glyphosate. And that comes up so much in kids that get diagnosed with specific cancers like leukemia and lymphoma.

Understanding Terrain and Root Causes

Us, because we know that glyphosate contributes to those types of cancers, blood sugar and balance. It's wild that right now one out of four kiddos are pre-diabetic and that contributes to a cancer diagnosis.

But it also makes it more resistant to be treated. So if you have high blood sugars, radiation isn't going to be as effective. And so those are the families that I say, hey, we need to, especially if I have a child that's, diabetic.

We need to do something with these blood sugars before we go and head into radiation. Toxicity is huge. So it's very hard to find a child that's diagnosed with cancer.

We're we're one of the top broken terrains. Isn't toxicity for them? Unfortunately, our world has just gotten that toxic, umbilical cord now has over 200 toxins in it, right when they test it.

And so you're you're born. Even if your parents try to live in a bubble, you're born with all these toxins and you're so much smaller and it's so much harder for you to eliminate them.

I think that's one of the main reasons we have so much pediatric cancer. It's just on the rise. It's the number one cause of death in kids by disease right now.

A broken microbiome. And so also the way that antibiotics are being prescribed to our kids. We know that if you get an antibiotic under the age of two or multiple antibiotics under the age of 12, it definitely causes you to have a higher risk of multiple disease processes, not just cancer, immune system.

So kiddos who get Tylenol nonstop because they're told by their, you know, pediatricians tell parents just Tylenol, Tylenol, China. And there are some studies linking Tylenol to certain pediatric cancers, inflammation.

So when I think of inflammation, I think of the kids who, are born and have eczema, and then the parents are told to just put steroid cream on it nonstop.

And also highly linked to Kato's later, getting specific cancers like lymphomas, and then stress and mental health with I, which I think is really hard for again, our culture to grasp that a child could have stress and mental health, contribute to a cancer diagnosis, but our kids mental health and their stress levels and anxieties also is another epidemic.

And so it's a it's a small contributor, but you can often find, especially in kids who are diagnosed a little bit older, you know, like ten, 12, a year usually or two you can find in the story something that was very traumatic for that child, that it wasn't that one thing, but it was something that helped contribute to it.

So then teaching the parents, you know, let's say your child's tap broke. You know, there's a quiz that the parents can take. And let's say, you know, it's epigenetic, it's toxins and it's the microbiome.

Well, then those are the top three things we first focus on sort of healing. What can we do in your house. So it's less toxic. So when you bring your child home they're not sleeping on a terribly toxic mattress and their head next to the smart meter.

And, it's really just all about no blame but 100% education. And I try to lead by example. You know, I can look back and, you know, create the story of why I think my daughter got cancer.

And it was a lot of that, like we I used Clomid to get pregnant. There's hidden studies showing that Clomid, doubles the risk of your child having leukemia.

We bought a beautiful house behind a cornfield. We grew up with glyphosate. I mean, all the, you know, all the pieces end up fitting. Yeah, yeah. And yeah, it's so important to kind of go through and understand.

Yeah. Because we, we are then to support health. And the more we clear out these stressors. Yeah, the more the better the immune system can function, the less inflammation and the healthier the healthy cells are.

And the more resilient they are to become cancers. Exactly. It's not just the, you know, some, bad mutation that happened. It's really what are what is that mitochondria in like, how happy are our cells?

And, and what parents don't realize is how absolutely unhappy that your mitochondria in your body is when conventional treatment is done. I mean, you may see nothing on that imaging or that bone marrow biopsy may be clear, but that body is in worse shape it's ever been.

And and it's wild to it's wild to me to think how amazing our bodies are for how many kids there are who did nothing and didn't relapse. Like that's the miracle, right?

Because your gut is completely ruined. Do you have a leaky gut? You have, like chemo still in your body, in your fat cells. That has to be detoxed. You have trauma.

There's just so much healing that needs to be done. Yeah, yeah. So talk to me a little bit. I mean, I mean, obviously people need to buy your book. And you have this kind of outline, but talk to me a little bit.

You know, you're saying they need a child rings a bell and, you know, no evidence of disease. And everybody celebrates and you see Facebook posts, you know, the scans are clear. You know, we're done.

You know what a journey. Hurrah, hurrah. You know what happens next? I mean, what should happen next? Yeah. So what should happen next is your conventional team should sit down and say to you, okay, now you're going on to the, you know, healing clinic.

And at this clinic, because we have known for how long about a leaky gut, right? I mean, we like this is this isn't

integrative. This is just this is just knowledge.

What should happen is parents need to understand, you know, if we would break it up into sections, the gut. So any kind of magazine you look into or article, it's like, how is our gut health related to our skin?

How is our gut health related to our brain, like our gut health is related to everything and most importantly, your ability to absorb nutrients. When you're done with treatment, you have what's called a leaky gut.

You have malabsorption. You're not absorbing your nutrients. Right. And it's just sort of mayhem, toxins in your bloodstream. So the first thing that needs to happen is parents need to learn that we need to do something called gut healing.

That means eating a better way. It means taking a probiotic. It means taking something to heal. The lining of that got like slippery alum. And kids often need digestive enzymes because you're not making enough.

So in the end, it can take years. So it's not like, let's put you on a gut healing protocol for a month. We're talking about that. This is what we need to do probably for a year.

And then we can maybe do some gut testing to see where we at. So I never even do gut testing with kiddos when they're done with treatment, because that's just a waste of money for everybody.

We usually do a year of gut healing before we take a look and say, oh well, we still need to work on this or that. And then helping, supporting, supporting your body and detoxification.

So detoxify is such a like sexy word these days, right?

Healing After Treatment and Long-Term Monitoring

All over our base selling a way to detox. I teach parents that our body. It's amazing. It does this thing called detoxification, right. And it does it through the skin and it does it to deliver.

And our limp and our kidneys. And so I talk about in the book, what are all the different ways we can help support that. Right. What are the things we can do especially for the liver.

It takes a really big hit with chemotherapy. So we can do castor oil packs. Right. We can do, a little bit of glutathione if it's safe. What are the things that we can do to sort of get the rest of the chemo out of the body.

Otherwise it just sort of stays there. I if I tell families, if they can invest in anything, invest in a sauna, right. Because we want to teach your child this is just part of what our family does.

Three days a week you go in the sauna and we sweat it out and we shower right after. And then I talk a lot about healing as a family. I don't at the beginning of the journey.

Families don't realize how much this is going to impact them. Everybody just wants to go back to to normal. I want to be done with treatment, go back to normal, and there is no such thing as normal.

You will never go back to what it was like beforehand and your siblings will need healing. I mean, there's studies showing that siblings are affected for years after because they emotionally are touched by what's happening.

To no fault of anybody. In some ways, they're neglected because they're not the sick child that needs all the attention. Marriages need help, right? Because you're so mostly apart and you're so busy taking care of what you need to take care of.

And then the child that went through all that trauma. Depending on what? No matter what their ages. But the healing will look different. And so I'm actually a really big fan of, like, neo emotional release for for families, for

parents like ketamine therapy depending on what state you're in.

Psychedelic therapy, microdosing. Like I said, sound therapy. Continuing to take a low dose, no traction because I think it does so much for like anxiety and depression. So that I think is the hardest part.

I think telling somebody how to heal your gut or how to support your organs, those are the easier things that emotional healing, the spiritual, trying to find something beautiful out of this really terrible, scary thing that happened.

I think that's that's the harder part. And that's where families often need the most support in, and understanding that it's okay when you come home from treatment, those first six months are going to be scarier than when you got diagnosed.

And people don't understand that until it happens to them and they get home. And it's this really weird feeling of, we're done and I should be happy. But I'm so depressed and I don't know why I feel that way in.

My kid, I was told, is Don and I should be celebrating, but nothing about them is okay. They're not even the same kid, you know? And nobody explained to them, well, they're not the same kid because they they need so much healing right now in so many ways. So and kind of a last point that I wanted to touch on, I mean, so it's always the fear, you know, is it coming back?

You know, what do I need to do? And you mentioned that the medical doctors say it kind of very minimal in regards to their type of surveillance. And the blood tests that they're doing are very it's not very comprehensive.

And obviously imaging is important, but then you're, you know, putting in dye into the child and, and so that in itself is damaging as well. So how can a parent then go about, kind of monitoring and feeling, feeling like they, have an eye on what's going on with their child and being able to kind of step up their program if it's needed. Yes.

So in the book, I tell parents exactly the labs that should be done. You know, in the beginning it's going to be more often. So you're going to kind of graduate to being able to eventually do things once a year. And nobody should ever do, testing less than once a year.

But in the beginning, when a child is done with treatment, we'll we'll do monthly labs and then everything looks great. We'll go to every three months.

Everything looks beautiful. I'll, we'll go to every six months. And eventually when we're a year out, we'll go to a year. And it's that includes conventional labs.

And I include exactly what labs the work those are. And in the appendix I talk about what is normal, because what's normal on your labs is not normal.

That's just what, whoever is in your state, that's the range. And those ranges are very much off. And on top of that, what's normal for kids is also different than what we usually look at for adults.

And also we want to look at the gut health. So we want to do some integrative testing. We want to do gut testing on kiddos. We want to definitely do yearly toxin testing because we don't want to all of a sudden find out that Johnny's glyphosate levels is 900%.

And and that's what contributed to his diagnosis in the first place. And we want to include some imaging. Oftentimes I will have families. I would say negotiate maybe is the right word with the team on the kind of more toxic imaging alternated with less toxic imaging.

So we can sometimes sneak in just an ultrasound or just an x ray that we alternate with. Maybe the Cat scan. And I also teach families how to prepare.

So when we do need to have a Cat scan, or we do need to have an MRI with contrast, there's definitely supplements we can take, or even something as simple as asking the team to give your kid fluids after the contrast so we can clear those kidneys.

So there's definitely just kind of a better way to go through this journey and monitor. And we want to use all of it. We want to use the imaging. We want to use the labs that we look at.

We want to use inflammatory markers that they don't look at that are going to give us a red flag of maybe the cancer starting to come back. But what your team is doing for surveillance is sad.

Yeah, I agree, yeah. Because it's kind of like, if it's not full fledged, I mean, it's not full blown, then they have really not a lot to offer. So and and they know know that.

So for them to monitor, you know, when there's not much going on they they really don't do that well in that area. So that's, that's why it's important that people like yourself to kind of guide, guide people, you know, guide parents through that journey.

Yeah. And clearance don't even understand sometimes that, you know, even the labs they do like a metabolic panel and liver enzymes will be elevated. But parents are told everything's fine.

And I'll look at labs and say, what did they tell you? The liver enzymes are elevated. Oh, no. They said everything's fine. So that like, the message is even wrong because, you know, it's just it.

I think parents, I think the doctors, for some reason, don't feel like they can put that on the parents, but the parents are so much more capable and know so much more than than the credit that they're given for.

But the dog, I mean, the medical doctors, let's say the liver enzymes are slightly elevated. They're not going to do anything about you. No. Exactly. So I talked about it, you know, that that just becomes a then a discussion with the parent that they really have nothing to contribute to.

And so, so for someone like yourself, you know, you can say, well, let's maybe bring a little milk vessel down the line, little, you know, bitters or whatever it may be.

So there are tools that exist to address those things. They just don't exist in the medical sphere. Yes. That is very correct. Yeah. The way I even have the conversation.

Yeah, yeah. Any any kind of last things that you feel that we haven't covered, that you, you feel really should be conveyed? I mean, I, yeah, again, you know, I know you people need to get your book and, and that's the thing is that it's good to educate yourself ahead of time. Yes.

Because like you mentioned, when something happens, it becomes like drinking out of firehose, and everything happens so fast. So, so to already have a battle plan and kind of have an understanding.

And obviously no parent wants to think that my child is going to have cancer. And, and, and the best is obviously that that does not happen and may never happen, but then just kind of have an understanding.

And that understanding can be helpful for if a friend's child is battling with it, then you can come with that knowledge that you've learned. Yes, yes.

I mean, I've been asked, you know, who is this book for? I obviously read the book is for, anybody taking care of a child that's going through cancer treatment, but but it's so much more.

So is it for survivors? There's currently half a million survivors in this country. Yes. It's for survivors because 95% of those survivors have, late effects.

So either secondary cancers or congestive heart failure or you name it. And so those survivors can take this book and read all the things they haven't done to heal their body. Right.

And yes, this book is for clinicians because I really upped it. I really gave parents a lot of information. I took the top ten most common pediatric cancers and actually talked about specifically how I treat every single one, because there's little things that you all have in common that work.

So this book is also for clinicians, and it can also be used as a guide for parents who have kids who don't have cancer and how to prevent it, because we talk about the broken terrains and what contributed to the cancer.

And so you could really look, I'm often asked like, what would you do differently with suicide? Well, I really write about it in the book. I write about all the different things that contribute to cancer in every child, and how you can avoid, right, cleaning up that terrain.

Yeah. So that that's I think it's a book more than just for somebody that's on the journey. It'll be out May 16th, and then in June I will have a course out that's just a little more.

I can say whatever I want in the course because it's my course. So that'll be coming out in June. And it will also be, basically pediatric cancer course for caretakers.

I love it. Love as well. Doug. Myra, thank you so much. Thank you for what you're bringing to the world. And, and this this is so, so important because there's so many parents out there that are just I mean, they're so scared and they're just fighting for their child's life.

And, and it's really, really hard. So thank you. Thank you so much. Yeah. Thank you so much for having me.