Learn About Enzymes' Role In Your Fight Against Cancer Transcript

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Introduction to Dr. Linda Isaacs

Dr. Linda Isaacs, it's such a pleasure and honor to have you on on this segment of Cancer Breakthroughs. So thank you so much for joining us. Well, thank you for inviting me.

And for our listeners and viewers, Linda Isaacs is a graduate of the University of Kentucky and of Vanderbilt University School of Medicine. While she is certified by the American Board of Internal Medicine, she has spent her professional career providing enzyme based nutritional programs to patients with cancer and with other illnesses.

She has published published case reports and reviewed articles in the peer reviewed medical literature with her colleague, the late Dr. Nicholas Gonzalez.

She coauthored the book The Trough Blast and the Origins of Cancer. At this, this is really going to be exciting to to be chatting about this, because this is this is a completely different viewpoint than a lot of people that are addressing cancer than what they have.

So it's going to be fun. So, Dr. Isaacs, what in your mind, what is cancer? Well, I think, you know, cancer is defined as uncontrolled growth of a set of cells and growing and spreading through the body and interfering with various functions and eventually causing death.

That's what I would how I would imagine the orthodox medical world would define cancer. What I believe that cancer cell cells are are cells that have reverted to a more primitive way of acting and by that I mean, for instance, if you think of an embryo, the very early stages of life.

An embryo goes from one cell, big or two, the size of a baby in nine months. And that is a remarkable amount of growth over that time period. So a rapidly growing tissue is an embryo, but a rapidly growing tissue can also be a cancer.

And so I think that cancer is reverted to a more primitive stage in life, so to speak. And why does that happen? I mean, because we obviously when when a baby's developed there, say a set of controls, meaning that when certain tissue, let's say the fingers develop to a certain point, it doesn't continue to develop.

It stops at that point. So what what what is different with with cancer? And why do you think that process is initiated?

What Cancer Is and Why It Develops

Well, it's throughout the body. There are cells that are that are present to serve as a reservoir for replacement of tissues. So, for instance, the gut replaces itself.

The lining of the gut replaces itself every ten days, is what I've heard very rapidly. And so there are cells that are there for the purpose of creating replacement cells.

But if the signaling gets messed up and those stem cells, the replacement type cells, then what can wind up happening is cells that can start to grow in a more uncontrolled fashion.

And there's a lot of possible reasons why that might happen. And bear in mind, you know, there are plenty of people theorizing about why cancer develops.

So a lot of this is very theoretical. But having said that, you know, a lot of different things can stimulate that. Environmental toxins, for example, or the role of diet is being more and more recognized that some of the well-

known things like cigaret smoke, for example, can can influence cells to, in effect, start behaving badly.

As and this theory in regards to and is this a theory that that's called the trough of blast theory that that you're discussing in regards to the cells and reverting back to more of a kind of more primitive state of being and and then, you know, replicating at a faster pace.

Yeah. Well, I suppose in some ways, I mean, the the trope of blast theory was something that was devised or put together by an embryologist named Dr. John Beard 100 years ago.

My own introduction to all of this really came about not so much through reading theoretical discussions about why cancer develops, but rather having encountered the work of a man named Dr.

William Donald Kelly, who had been treating people with enzymes, pancreatic enzymes. And the possible reason how pancreatic enzymes work ties in to the turnover blast the early stages of life.

There are there are other theories out there, like there's something called the tissue organization Field Theory about cancer. That definitely talks about cancer as a reversion towards a more primitive type of cell.

And actually, there are there are people that have mentioned that going back like 150 years. So the trove of blast theory of cancer certainly ties into that.

But I guess I'm a I'm a I'm a physician. You know, I'm an I'm a clinical scientist. Not so much of a basic science. So in some ways, you know, talking about elaborate theories of what's happening on a molecular level is not really my strength.

What I like to see is, does it work? And I have seen cases where the enzyme treatment of cancer has people alive that should have been dead a long time ago.

And that's the kind of thing that makes me tick. And that's the thing is that a lot of times we can we can theorize and we can think that maybe this is the reason and that is a reason.

But at the end of the day, does it work? You know, and obviously, we we haven't solved the riddle of cancer yet. But there are a lot of tools out there that has really benefited a large amount of people.

And using the tools that William Kelly really used throughout his life. And then I know you and Dr. Nicholas Gonzalez have continued, that has really helped a lot of people.

So. So. So with that would explain a little bit to me. I mean, here you are, a medical doctor and you're your you have your you have intention, obviously, to just do exactly that.

What made you shift, I mean, was it meeting Dr. William Kelly? Was it seeing his work or what what what was it? Now, when I was a third year medical student, I was assigned in the course of their rotations at one does through the different fields of medicine.

I was assigned to an internal medicine team and the intern on the team was Dr. Nicholas Gonzalez. And he at that time was engaged in reviewing Dr. William Donald Kelly's charts and Dr.

Kelly actually was an orthodontist by training, but he himself had gotten quite ill in the early sixties with what was probably pancreatic cancer. There were no needle biopsies or CAT scans in that era, so it was a presumptive diagnosis based on feeling a mass in his abdomen and losing enormous amounts of weight.

But he obviously had something bad going on and he had put himself on a protocol and gotten better. And then as the community learned, as the word spread, so to speak, that he had gotten better.

Other people started coming to him and he eventually had a practice treating people with an alternative method

that involved diet and enzymes and detoxification.

So Nick had met Dr. Kelly probably about three years before I met Nick, and so he was already in the process of gathering together case reports about patients to Kelly to treated.

And so he was willing to talk to anyone who would listen.

Dr. Kelly, Dr. Gonzalez, and the Origins of the Protocol

Unfortunately, not too many people were willing to listen because this was all, you know. What do you mean an orthodontist is curing cancer with nutrition?

You know, that's considered crazy now, but it was even crazier back then in the eighties. But I was willing to listen. And what I saw in the case reports that Nick was putting together was pretty amazing, you know, and he had the medical records, he had interviewed the patients.

You know, it was obvious that these things were real. And it also became obvious that somebody needed to follow up on it. And those those somebodies were me.

And then Nick. And so tell tell me a little bit kind of what what you were seeing. I mean, what I mean, obviously, at that time, medical treatments for cancer were quite at their infancy.

I mean, it's evolved quite a bit since then, even though they use very similar techniques and just much more refined in how they do them. So what what was it that you came?

Can't tell me some stories. You know, some of the things that really touched you or connected with you at that time? Well, sure. The one they're the ones that really stick in my mind.

And there were a number of them. And by the way, this this whole Dr. Kelly, Dr. Gonzalez's research into Dr. Kelly is available as a book called One Man Alone by Dr.

Nicholas Gonzalez. But having said that, some of the ones that really stick out to me, there was a gentleman with prostate cancer, and he by the time that was finally diagnosed, he had it and practically every bone in his body, because, again, this was the 1970s.

So a lot of the diagnostic techniques like measuring PSA, for example, didn't exist back then. And so he wound up being diagnosed at a stage where he was so sick that he had to be hospitalized for pain control.

And so he got radiation. He got some some hormone treatment, what what existed at that time. But he was doing really, really horribly. And this was 1975 or thereabouts.

And so he wound up deciding to go on the Kelly program. He was actually a chiropractor. So he he had learned about it kind of through word of mouth. He wound up decided to go on the Kelly program.

And at the time that Nick spoke with him and we're talking 11 years later, okay, he had completely recovered symptomatically. He was feeling great. He was working part time and he was playing violin in a ragtime band.

Now, bear in mind, around the same time I was actually doing rotations, I did a couple of rotations in urology. So I was seeing patients who were hospitalized for pain control with widespread prostate cancer, and they look like they were not long for this world.

They did not look like 11 years from now they're going to be playing violin in a ragtime band. Now, you know, having said that, the treatment for prostate cancer is a lot better than it used to be.

So it might be that one of your listeners might say, Oh, well, I know somebody that's got widespread prostate

cancer and they're doing great. Well, that wasn't the case in 1975.

I can tell you another one. There was a woman and bear in mind was some of these you know, the dates may be a little off here, but she had it when she was in her late thirties.

And around 1970, she was diagnosed with breast cancer and had a mastectomy a year or two later, she had cancer in the other breast, another mastectomy.

And so right now we're talking about very poor prognosis because she's a very young woman with bilateral breast cancer. This is not good. And sure enough, you know, a few years later around I believe 1975, she had developed back pain that was so bad that she was having trouble moving around and getting dressed in the morning.

And so after several months of pleading with her doctors to figure out what was wrong, they did some some regular X-rays and a bone scan and established that she had metastatic disease in her shoulder blade and in her skull.

So the only form of hormone treatment they had at that time was to remove her ovaries, which they did. But otherwise she was really told, you know, get your affairs in order, this is going to progress.

And that's the way it is. So she went on the Kelly program. At the time that Nick spoke with her in the mid-eighties, she felt fine and was doing extremely well, and I actually spoke to her in 2016.

Now, bear in mind, this would be 40 years after the diagnosis of metastatic breast cancer. She had an unusual name and I decided to see if I could reach her.

And I called her up and she was very happy to speak to me. She was extremely grateful to Dr. Kelly, of course, but also to Dr. Gonzalez and to myself for continuing the work.

Now, I did find online that she did pass away in 2019 or 2020 along in there somewhere. But at that point she was in her late eighties and this was again more than 40 years after the diagnosis of metastatic breast cancer.

And that is really astonishing. That is incredible. That's absolutely incredible. So what can you give me a little bit of an idea of what the Kelly Probe Protocol and program, what what that looks like?

And, you know, for a person doing it, you know, what what would that entail? Okay. Well, I will say that, you know, strict our attitude, you know, Dr.

Gonzalez and my attitude as we tried to recreate what Dr. Kelly had done and move forward with it, was that only Dr. Kelly can do the Dr. Kelly program.

So I don't call what I do the Kelly program per se. Having said that, though, the general structure of what I do is pretty much the same as what Dr. Kelly was doing.

So there are there are several different aspects to it, and they're all important. You know, sometimes people want to pick and choose, but I can tell you from watching patients, it's not a good idea.

So having said that, what are the big aspects? First of all, there's diet. Now, the diets can actually vary from person to person. But as a general rule, you know, just to keep it short, the people that have the carcinomas, which would be breast cancer, colon cancer, lung cancer, prostate cancer, pancreatic cancer, most of the common cancers fall into that category.

And those people would typically be on a more vegetarian diet, not a 100%. They'd still be eating eggs and fish and dairy, but very little animal protein.

But then there are people on the other end of the spectrum that get different types of cancers, lymphoma, leukemia, the cancers of the immune system. And those patients would frequently be told to eat meat.

And there's a long explanation for that that I don't think we have time for. So if you want to ask me, you certainly can. But I don't think I don't think we'll go there right now.

Then there were also supplements, a lot of magnesium and potassium for the vegetarians, a lot of calcium for the carnivores. All of them, though, would get a lot of pancreatic enzymes, which Dr.

Kelly felt. Dr. Beard Way back when felt and we feel is the primary agent to try to control the behavior of cancer cells. And then finally there's detoxification, which means getting rid of the waste materials that can form as the body repairs.

Patient Case Stories and Early Results

And the backbone of that is something called coffee enemas, which I would imagine you are familiar with. Some of your viewers might not be, but the coffee enemas, almost without exception, make people feel tremendous, asleep better.

Nobody ever believes it when they first hear about them. I didn't believe it myself, but for almost everyone, they feel so much better that the procedure actually sells itself once they try it.

So diet, supplements, detoxification. And that is the program that I offer and what Dr. Kelly did. And so, I mean, you told me about the pancreatic enzyme and that controls the behavior of the cancer cells. How, you know, how did you how did he how did he come up with that?

I mean, where what was that founded on? Where did that come from? Well, in Dr. Kelly's case, actually, according to the stories I've heard, it really came about purely by luck, because he had what was probably pancreatic cancer.

He was having terrible digestive problems. He started taking pancreatic enzymes to help his digestion. But in the process of doing that, he discovered that the nature of that mass he could feel in his abdomen was changing.

And that made him say, Hmm, I wonder if anybody else ever thought that pancreatic enzymes worked against cancer? And that's where he found the work of Dr.

John Beard. And so Dr. Beard was an embryologist, a student of the very, very early stages of life. And he had observed has had other scientists before him that under the microscope, cancer cells and cells from the embryo actually look a lot alike.

And specifically, he was looking at what's called the Trofim blast, the trope of blastocyst, early stage of the placenta and the trope of last job. It forms very early in development and its job is as the embryo travels into the uterus, to latch on and to work into the uterus to create a connection so that the baby is anchored and so that nutrients can be exchanged back and forth, nutrients and waste from the mother to the baby and vice versa.

So the trophy blast has to invade and it has to create a blood supply. Cancer does the same thing, and it actually turns out in the recent scientific literature there are a lot of articles talking about how the actual mechanisms on a molecular level that the trope of last uses and the cancer cells use are the same.

So there's a lot of similarities there. But there's one big difference. The trophy blast at a certain point stops invading, matures, turns into the placenta, and then at delivery it just peels itself off way and leaves the uterus intact for the next pregnancy.

The cancer just keeps going. And so Beard speculated that if he could figure out what the signal was that made that trope of last stop invading, then maybe that would be a solution for cancer.

And what he found was that at the same time that the trope of loss stopped its invasion, the baby started making pancreatic enzymes months before they would be needed for digestion.

Well, before that baby's going to see a meal like two months into a nine month gestation that baby's making pancreatic enzymes. Why? Well, if the reason is to control the behavior of the truck, the blast, it makes all kinds of sense.

And so Beard speculated that that was the signal that controlled the travel blast and that it could also control cancer. And so he wasn't a clinician himself.

He was a scientist, a Ph. D. and or the equivalent of a Ph. D.. And so various physicians tried it out back at that time, which is 1900s to 1915 or thereabouts.

Various practitioners tried it out with mixed success, but that was partly because there was no refrigeration back in that era except for big meatpacking plants.

So here are these this enzyme soup, you know, sitting on a counter waiting for the pig, the cancer patient to show up. And meanwhile, the enzymes would be breaking each other down, you know?

So Beard said if it doesn't work, you don't have good enzymes, but that there was a lot of back and forth. And meanwhile radiation came along and was billed as the magic cancer bullet.

And so enzymes kind of got brushed aside. There's been a number of investigators over the years since then that have looked into that. There's actually some people right now investigating, possibly creating an intravenous form.

But but generally speaking, enzymes got put on the back burner in around 1914 and have yet to really get the place that they need. I'm hoping that will change, but we'll see.

I mean, I'm curious almost, you know, that the the rate of cancer or if a person is getting cancer when they are in a place with a pancreatic enzyme deficiency, I mean, because the pancreas does so many different things and, you know, an individual that eats a lot of sweets or they eat food, that's very hard to digest and that that has a kind of depleting effect on the pancreas.

And then due to that, then they have less ability to control cancer activity in the body. I mean, is would that would there be any truth to that? Well, I think that certainly makes sense.

But I'd also say the the enzymes that the pancreas makes have two purposes, I believe. One is to digest food and that's the one that is commonly accepted and known.

And the other is to control the behavior of the stem cells out there and the thing is, you know, if you think about what's the immediate need and what's the long term need, the immediate need is for digesting food because obviously, if you don't digest your food, you know, you're you're done in a very short period of time.

And so the diagnostic tools for looking for pancreatic enzyme deficient C are really focused on just the ability to digest food. And most people are managing to take care of that reasonably well.

But if the first goal is to of the body is going to be to digest food and secondarily just to do the surveillance for cancer cells, well, then there's probably a lot of people walking around that don't have enough enzymes to do both jobs and do both jobs.

Well. And I know I mean, I'm sure you know, the book, the enzyme therapy, I'm trying to remember who wrote that book. Edward Yeah, but. I think it starts with a C and I can't pronounce it.

But yeah, yeah. So there's a lot of different, there's a lot of books out there. Yeah, yeah, yeah. But, but one of the things was that if you eat food, if you eat food that contains the enzymes, then you will then the food will literally kind of help to digest itself.

How the Kelly Program Works

So when you see. That sounds like Edward Howell actually. Oh, yeah. That's Edward Howell. Yeah, exactly. Yeah. So which then depletes and you have to utilize here or kind of use your own resources of enzymes because you are the food in itself is an deficient of enzymes.

So I'm just wondering if if we overcook food and that just depletes the enzyme resources of an individual and then that puts you more at risk, that that's kind of a thought that I've had.

Yeah, that's quite possible. So with, with the these pancreatic enzymes and this is that, I mean what kind of quantity is there certain timing of them?

Is there certain, certain times throughout the day. Yeah. It's taking, you know, a couple of enzymes, digestive enzymes with each meal. This is certain type of enzymes.

I know you say pancreatic, but there's you know, I would assume there are different types of enzymes that are produced by the pancreas that have different purposes.

Mm. Right. Well the, the, the pancreatic enzymes that Dr. Gonzalez and I have used over the years are actually a fairly simple product that is simply freeze dried pancreas.

So it has all of the different enzymes that the pancreas makes preferentially from the pig source simply because a pig pancreas is, is closer to a human pancreas than other animals that are consumed as meat.

So for instance, sheep or cows, they are ruminants, which means that they have multiple stomachs and a lot of digestion actually happens in those multiple stomachs by with bacteria.

And so their pancreas doesn't really make quite the same complement of enzymes as a pig does. And so we prefer pig enzymes for that reason. And now, you know, in terms of dosing, you know, that's the sort of thing that can be very variable from person to person.

But typically we would recommend that anywhere from 15 grams to 45 grams over the course of a day and in divided doses over the course of the day and even in the middle of the night and away from meals now the middle of the night dose is, of course, the least popular among my patients.

But interestingly enough, there was a study, I think a year or two ago that came out where some researchers in a hospital in Europe somewhere, they drew blood for circulating tumor cells at something like four in the morning and then again at 10:00 in the morning.

And what they found was that there were a lot more tumor cells running around in the middle of the night than there were during the day. So there is a real argument for taking those enzymes in the middle of the night.

Many of the patients actually get to the point where they keep the enzymes in a glass of water by their bedside. They knock them, the alarm goes off, they knock them back, they go back to sleep and they don't even remember.

They did it. So it is something that they can get used to. So would would you divide it then, like for equal doses through through the year, 24 hours cycle or.

More typically six. But you know, of course, it's going to vary somewhat from patient to patient and, you know, to some extent, I'm not really supposed to, you know, encourage people to go out and try to treat themselves either.

You know, this is not something not something you can learn from a cookbook, so to speak. Yeah. Yeah. And that that's I mean, that's a really important point to make, even though where we're talking about these different protocols has really important to be under a physician's care while doing this program is a very detailed step by step program and there's a lot of things that can take place that needs a physician to really adjust the protocol with what's going on.

So, yes, thank you for making that point. And are there any so having said that, you know, what are some things that can happen while doing this program?

Because, I mean, it's a very powerful program and I would assume, you know, toxic or, you know, cancer and tumors, you know, they they contain a lot of toxic materials.

So when that starts to break down, you know, some of that would release. And then, you know, your body has to deal with that. Yes. And on a day to day basis, that's where the coffee enemas come in, because we feel that they can help the body go ahead and process and get rid of stuff.

So so the daily coffee enemas are very important and also will typically have people take the the enzymes for a number of consecutive days and then stop them for a few days to let the body clear out.

And that's that's a very important part of the protocol as well. Certainly, if sometimes people can develop symptoms like just aches and pains, for example, flu like symptoms.

But if somebody starts getting nausea, you know, that's a sign that the protocol needs to be stopped for a few days and let the body clear out. And a coffee enema that's like once a day or every other day or how what what what tends to be a pattern for a person so that they can kind of mentally prepare themselves for the coffee.

Animas Yeah, the, my recommendation for patients is that they plan to do a session of coffee enemas in the morning and again in the afternoon. And, you know, again, patients, when they first hear that, they're like, oh my gosh, you know, but they try it and they feel better, especially once they get into the protocol.

You know, those aches and pains that I was talking about, the coffee enemas really help with that. And so so once people understand the process, understand the reasoning behind it, it sells itself.

Yeah. Yeah. And I, I can agree so much. I mean, all the patients that I have, you know, they, you know, they can come and have a coffee enema. That's weird.

As not the body is not meant to do that. And then once they start doing it, then kind of get get through that learning curve, which is just kind of a few, few times of of awkwardness.

And then they just notice how wonderful that feel. The energy is picked up. Yeah, skin is better. A lot of you know if they deal with skin rashes or, you know, hives or whatever takes place, that that is reduced and I feel more clearheaded, sleep better, all of these things.

So yeah, it's, it's like the tool that is, is incredible that everyone should do. Absolutely. And, you know, sometimes people will wonder, well, maybe it's just a caffeine high.

But actually the the coffee that's used is a lot weaker than drinking coffee. And not only that, somebody actually did a study, some investigators in Thailand, and they found that when you they would give people the same amount of caffeine, either to drink or on a subsequent day to do, uses a coffee enema.

And the peak level of caffeine in the blood was much higher when they drank it than when they did the coffee enema. So it's not a caffeine high. I and I actually did a whole article that's available for those who sign up for my my email newsletter.

I did an article about Coffee Enema, so it was published in a peer reviewed journal also. So that is available for people if they want to read more about them.

And like you mentioned, it's a it's not the regular kind of coffee, it's a certain type of coffee. And then also for they there's a certain coffee and a mic kit.

Yeah. It's not those just rubber bladders that you can buy at the pharmacy, you know, it is a at the certain kit know.

So you don't get all that plastic and things and you as, as you're doing the coffee enema.

Right. And are there other strategies, detox strategies along with the coffee animal or is that kind of the main, main component. On a day to day basis?

That's the main component. But there are other things like, for instance, liver, gallbladder flush, which is another one that's pretty common in the alternative world.

It's been around for a long time.

Enzymes, Detoxification, and Coffee Enemas

We have a version of that, a version of a procedure that helps clear that got was psyllium and chia and bentonite sauna and I think are extremely helpful or skin brushing.

Another way of getting rid of stuff through the skin. So there's a lot of different, different things that we have people do. But on a day to day basis, the coffee animals are the main thing.

And from all the patients that you've seen, obviously I think Dr. Kelly he gave a certain percentage know that was very high of of all the cancer patients that he felt improved.

And what have you seen in regards to people really improving using this protocol that that deal with cancer? Yeah, it's a tough question to answer. And part of the reason for that is that, you know, people come in at all different stages of of of you know, I see people, for example, a fair number of people that really have already done their orthodox cancer treatment and are doing fine.

And as far as you tell there, cancer free. But they also realize that that there must have been something off two of develop cancer in the first place.

And they're looking for a program to get better. So those people get better. They feel better. But can I prove that I help them? You know, not really.

In the in the ultimate scheme of things. Dr. Gonzales and I used to estimate that among the patients that, you know, clearly had active cancer and who followed their protocol, that that roughly three quarters of them would get better.

But that's a very rough estimate. And we we actually wound up writing an entire article on the topic of statistics and why you can't really generated from a medical practice, because there's just too many variables.

The biggest one is adherence it's, you know, my my poor patients. You know, not only are they trying to make a lifestyle change, but some of them, you know, get bombarded by well-meaning family members or other doctors or whatever, you know, trying to persuade them that they shouldn't do this.

And it's it's not an easy thing to book the advice of the Orthodox medical world, even when the Orthodox medical world doesn't have much to offer. You know, like just recently I had a patient tell me his siblings had informed him that he'd fallen into the hands of a quack, you know.

And meanwhile, he this particular patient does not have something that Orthodox can cure or even treat very well. But but his family members are still going after him about it.

So it's it's it's a tough world for some times. But having said that, you know, my patients are they're really a remarkable bunch of people. It's it's it's a pleasure and a lot of ways to be able to work with them.

And it's something that can be done at the same time as people get traditional oncology care or it's an either or thing. Well, here's my take on it. There are some forms of treatment like hormone blockade for prostate cancer or

breast cancer that I, I think are reasonably compatible because those things are not particularly toxic.

But there's other things like standard cytotoxic chemotherapy that to me, I mean, first of all, the patient will probably wind up with a lot of side effects or issues and nobody's going to know what the problem is.

So what happens is the patient is stuck in the middle. They would have somebody like me saying it's the chemo. And then now the oncologist saying, it's the other stuff you're doing.

So it's just it just winds up being very confusing. And also, you know, to me that the underlie buying ideas behind the treatments are so different, you know, in other words, I'm trying to strengthen the natural forces of the body that are trying to deal with the cancer, whereas the oncology world is trying to poison the cancer cells more than they poison the rest of you.

So it's a very different model. And I don't mean to sound like I'm trashing the oncologists. You know, they're doing the best they know. And for some cancers it works.

But for a lot of them, it doesn't really and it's almost as if, say, you had mice in your basement and you decided that you wanted to get a cat to go after the mice.

But then you think about it a little more and decide to throw a grenade down there. You know, it's it's just a very way of tracking, attacking the problem.

And to me, it just makes more sense to go one way or the other, but not to try to do both at once. Yeah. And obviously the grenade will then, you know, really shake the foundation and shake know the basement and open up opportunities for mice.

You know, more mice to get in there after you kill the ones that were there right. So tell me, I mean, we need some you know, talked about some stories that, you know from Dr.

Kelly. But tell me I could someone that touched you on one of your patients that you treated and and you you really saw the incredible effect of what pancreatic enzyme and in this protocol can do.

I yes. One of the cases that I talk about fairly frequently, just because it's a very straightforward case, she's a woman who was diagnosed in December of two, the year 2000, with pancreatic cancer.

She had had a little bit of abdominal pain and some weight loss that she hadn't planned on losing. And she had a very astute doctor who realized that those two things going together and a woman who's, you know, a little over 50, I forget how old she was exactly that all of that is not a good sign.

And so this doctor center for a CAT scan, she was found to have a mass in her pancreas and it was biopsied and shown to be the aggressive type of pancreatic cancer.

So she was actually told that she could have surgery. And generally speaking of surgery as possible. I'm all for it. But in the particular case of pancreatic cancer, it's a very tricky surgery and not everybody even survives the operation.

And also, it's not all that successful when you get right down to it. 75% of the people that have an operation where the surgeon comes out and says, it looks like we got it all, 75% of those people will then have a recurrence and die within five.

So the odds are not fabulous and it's not a trivial procedure. So she decided she didn't want to have it and she had already told three different surgeons no, by the time she got to me.

So I said, okay, this sounds like an informed decision. So I went ahead and treated her and the last time I spoke with her was last December. So that was 22 years out from her diagnosis of pancreatic cancer.

And this is the kind of diagnosis that, quite frankly, most people with in her situation would be dead by a year. So she's 22 years out.

Outcomes, Integration with Oncology, and Closing Remarks

She's over 80 years old now. She's got some other health problems. But overall, she's still with us. And I think what was really striking about the conversation I had with her in December was that she wanted me to talk to her granddaughter because her granddaughter is studying to become I forget if it's a nurse or physician's assistant, something like that.

And her granddaughter had basically suddenly realized how remarkable her grandmother's case is. And so she wanted to talk to me. But what's interesting about it is had this protocol not worked for this patient, she would have never known her granddaughter because her granddaughter was born after she was diagnosed.

And they are super tight. So, you know, that really that really helped, you know, just just made a special little spot in my own heart just because, you know, this has not always been the easiest road to travel.

But those two people have that relationship because Dr. Gonzalez and I chose to pursue Dr. Kelly's treatment all those many years ago. And so so that was just a really nice feeling.

What an incredible blessing. Yeah, what I mean. Yeah. And and that's the thing is that, you know, this type of work and impacting people in this way that the ripple effect that it has and how how enriched that a grandchild is and the you know the yeah.

Just a ripple effect from that. So that that's so wonderful. Oh. Exactly. Well, Dr. Isaacs, thank you so much. Thank you for all the work that you're doing.

And thank you for spending the time to do to explain to people the power of of this type of therapy. I'm so, so grateful for the impact that you have in the world.

Thank you so much. Well, thank you for the opportunity to be with you and your audience. And I hope you won't mind if I just mentioned my website address, www.drlindai.com So that's like Dr. Linda I for Isaacs, drlindai.com So please come and sign up for my email announcements and learn more about what I do and thank you so much.

You're very welcome. And where is the book available that you coauthored? The Truffle Blast and the origins of cancer. That can be purchased on Amazon?

And there's several other books with Dr. Gonzalez as the author that I think your audience would find interesting, too. Great. Great. Thank you so much. All right.

Thank you.