Introduction and Reunion

I am really, really excited about this conversation. That has been a very long time coming and not a long time coming specific to this summit, but for life in general.

it's an absolute honor to have Dr. Dagmara Beine here to talk everything pediatric oncology. And so welcome, dear one. It's really beautiful to have you here.

Thank you. Thank you so much for having me. I love it. Well, our paths go way back. I can remember a conference. Holly was at the I. V. vitamin C conference was at a Paul Anderson conference.

It was. So was. Vitamin C. Yeah. That was so 2018 is when that was the first time I got to to meet you and get to know you. And then we have done a lot together over these last few years.

You've taught me so much. I hope that a few things you learned along the way from me. We've gotten to, learn even more from your beautiful daughter user, which we're going to talk about today.

But, this is a topic that people are a little bit nervous to go into, which is how to support a family and their child going through a cancer process.

for whatever reason, people are terrified of this. And so before we dive in, your background is incredible. And you also have a new book coming out which will touch on later.

But tell us how you became involved in the world of integrative oncology and pediatric oncology in particular? Yes. So I was, working as a physician assistant or now we're called physician associates.

Oh, it's changed. I did not. Yeah.

Zuza's Diagnosis and the Shift to Integrative Oncology

so I was working in the emergency department probably at that point had about ten years under my belt of, er, medicine when my then three and a half year old daughter, Zuza, was diagnosed with, acute myeloid leukemia and went into it, blind, like every other parent with what I thought maybe was a little, you know, foot up in just kind of understanding medicine.

but really just blind world turned upside down. And kind of snowballed as every family is into treatment and, you know, considered myself maybe a little bit holistic there.

When I look back, I don't think there really not much that I was doing right back then. but very early on in the process of, of just being plummeted into treatment, I mean, I believe it was the next day that we started treatment without knowing truly what her diagnosis was.

And this happens very often. we started treatment for what we were told is, ALL which is a different type of leukemia, only to find out a week later that she was misdiagnosed.

was given the wrong chemotherapies. And in fact, we had on our hands, leukemia that's much more aggressive, treated differently and had a much different, prognosis even though nobody's a statistic, as Zuza has taught us. Yes.

and it was really the nutrition piece that was like the light bulb for me when, she was three and a half and stopped eating and we put, an ng tube in fairly early.

And the formula that the hospital recommended, as every hospital does, was it was like high fructose corn sirup, corn and seed oils. And that was my story.

And toxic as it gets. Toxic as it gets a child who's now supposed to get through, not just a cancer diagnosis, but the toxic treatment that it requires.

and so that was kind of the first like, this doesn't seem right. And that just that just really is what propelled me to, you know, once I got through that initial 4 or 5 months of therapy, change my career, go back to school, get another degree, meet you. Right.

We met when I was in remission because I wanted to find a practitioner. When Zuza was diagnosed that specialized in integrative pediatric oncology. And I couldn't.

And so I told myself that I would become that practitioner, ten years ago now. And so, not knowing that my daughter's cancer would come back again and again and again.

and so it's really been a journey of, I mean, as you know, like nonstop learning, but really, like so much of my education is my experience of going through Zuza's cancer journey of, you know, getting her well.

Enough. To be able to withstand more toxic treatment when she has relapsed multiple times and has gone through multiple bone marrow transplants. and just really learning, and being reminded constantly what it's like to be the parent.

And. What the system is like, and really what families are up against. and that's what, you know, motivated me to finally write the book because there need there is no guide.

There's so many books for adults. Right? But nobody wants to touch pediatric cancer because of the medical legal ickiness of it. And let's unpack. That a little bit further, because.

We have a lot. Of really smart colleagues out there, both from conventional and integrative world, that are so comfortable in the world of integrative oncology.

Why Pediatric Oncology Is Different

And yet when push comes to shove and we're like, oh, we have a young family, or they have a family, no one wants to, and they all send them to you, which you can't carry the load.

Right. And so why? I mean, you talk about the legal ramifications and some of those pieces maybe unpack that a little bit further. What, what what the threat is to the families, to consider another approach or an additional approach.

What is the concerns with the clinicians and, what what like what can people start to would or what is your goal to change this? Because you are doing a lot in this area.

Yeah. So I think, you know, one of the major differences between adult and pediatric oncology is that when an adult comes to us, they truly have a choice, right, in what tools they want to incorporate from conventional medicine and from, you know, integrative aspect.

So maybe I want to do a little bit of that chemo that they said and but then I want to do. This. When a child in the United States is diagnosed with cancer, if they're under the age of 18, and this isn't just the US, it's it's actually a majority of countries, not all, but a majority.

you are not allowed to decline what is considered standard of care. oncology protocol and. So this gets really scary for families and really kind of sticky icky for practitioners because as a practitioner, if you have a family who, thinks outside of the box and wants to really take into consideration, you know what is the best approach here versus just

running with, conventional oncology training?

you kind of get dragged into that as a clinician and clinicians don't want to be, you know, pulled up in court cases or have their names or have to write letters.

Yeah. and, and there's a lot of fear from families. And I've been a part of situations where, chemotherapy became two tactic to continue. or it just wasn't working.

And the oncology team said, okay, that's okay. And nothing happened, nothing bad happened. And I've been a part of cases. Where. Chemotherapy was becoming toxic or it wasn't working.

And when the families said, enough is enough, child service was called. And I would say that the difference there is your relationship with your oncologist.

it is imperative to find an oncologist who is just open. They don't have to have great integrative knowledge now. We just have to have an open mind, and they have to be open to more team members.

And then you have to form a relationship with them, because those are the oncologists who are then willing to say, yes, you're right. Like we have kidney damage.

We are not going to continue using this chemo. but if there's no relationship there or if they are like, it's just my way or the highway. It is so important to say you are not the right oncologist for me, even if it means having to travel, go to another hospital.

I mean, there's families like the stern method, the stern. Have they moved states? Yeah, I'm trying to have a team that is at least just open. They don't have to be knowledgeable but to have that relationship with.

So I think that's the big difference is, As a clinician, you have to be brave. And I guess there's got to be a passion there. And so that's why unless you've sort of been touched by pediatric oncology in some way, it's hard to get involved from the clinician perspective.

but as a family, I think the best advice is just to pick a good team. Right. And you need to have an oncologist. You need to have one of us on your team.

You need to have, a good nutritionist. You cannot. Go for health. Part depend on the nutritionists at the hospital because they have been taught in a whole different type of model.

And they are only allowed to recommend what's on the formulary, which is all crap. Yeah, 100%. And, you know, I, I was at a, I speak at this regenerate event, which I know is also part of your passion. Purpose.

And let me touch on this for a moment or on our podcast later. But, I was at my annual event at the Acres conference, which is a big regenerative AG conference, and I met a family that, their, their, their daughter and, the man who taught me about it was actually his niece, I believe.

it made international headlines several years ago of this young girl in the Amish community who went south of the border to get, get treatment because her family, from their faith and their belief systems, refused standard of care for her cancer type and, they had child protective service called on them.

And so they basically smuggled her down south and she remained there. And the families, I mean, there was a it became a huge thing. There were courts involved.

There were lots of media involved. Family was being threatened left and right. And so when they finally brought her home, the requirements of testing.

First of all, this kid got more testing than anybody. Like every person should be run through these tests, right?

Testing, Monitoring, and the Need for Better Follow-Up

It's like, why did you reserve it now? Now you got curious and want to look deeper. This little girl, who's now a grown woman and a mother herself, was cancer free. Yeah.

And they still were, like, pushing and pushing and made this family basically go through. She had to, like, continue for years to go through this testing.

And so you don't even get that type of follow up when you finish a standard of care treatment that they put this family through, which is crazy. Pam. So let's so, I mean, just to give highlight the fact that your family can be broken apart by making a choice that's right for you and your family.

Okay. And again, this kid, this family made this choice on informed consent, not just on their spiritual beliefs. Okay. So this was very important to also know.

And she remains really strong and healthy today. but the other part of it is how interesting that the amount of attention given to this one person and all the testing and all the follow up and all the follow through, is actually weirdly not offered to the rest of families who go through this process.

Let's talk about that. It is. Yeah, amazing in the worst kind of way at how little testing is done on a child who is diagnosed with cancer. Yeah, I mean, we're talking about CBC, a, you know, a complete blood count and a metabolic panel.

That's all they care about. That's it right there is the. Push for tumor assays and metabolic pathways. I mean, for many, many of these situations with which, yes.

I mean, it is like pulling teeth to try to get, a hemoglobin A1, see, a fasting insulin, thyroid labs, a vitamin D, homocysteine. I mean, these are often times, in oncology teams make it difficult.

So these kids get blood draws every week. You could just make it easy. Just the same blood draw. Let's just add the tests. But oftentimes a lot of our families have to go like outside of the hospital to get a separate blood draw poked again, because the oncology team doesn't see the usefulness of seeing whether a child is pre-diabetic before they do radiation like this stuff doesn't make sense, but they just don't look at it that way.

They don't, you know, they don't look at the fact that, like, one out of four kids right now are pre-diabetic. And depending on where your blood sugars are, your treatment is not going to work the same.

Those are just that's us. That's that's our knowledge. And it's not that knowledge of oncology. so so yes, in the in the beginning, there's very little testing, which obviously if somebody works with us, they're getting all the tests done throughout treatment.

There's it it just remains a CBC and a CMP and nothing else. and even when liver enzymes are, you know, in the hundreds and bilirubin are chemotherapy is not stopped or reduced.

It's just part of the course. It's normal. Don't worry about it. Oftentimes families don't even know that those labs are elevated because they're told everything is normal.

And it isn't until I look at the labs and I say, did they talk to you about the liver? No, they said, everything's normal. And then even I think more terrible is the fact that as soon as treatment is done, there is absolutely no follow up outside of if you have leukemia, you go in for a month, because if you had a solid tumor, you go for monthly to three month imaging.

That's it. There is no talk about the fact that your child just went through some of the most toxic treatment, that it has completely ruined their gut, that it has stressed all their organs, you know, their liver, their kidneys, their brain, that it has increased their chance of late effects by 95%.

And and we have all this knowledge now about gut health. I mean, we have now for decades how important gut health is to like, you just look at any kind of cool magazines, and there's going to be.

Gut. Health and skin, gut health and brain. Right? Right. Yeah. But but but these families don't know how important it is to detox and what that means.

It's not this sexy like, drink you're going to you know. Yeah. And so yes, it's in how much work you have to put into a child who just went through toxic treatment, not just to prevent relapse, but God forbid if they do.

Relapse so. They can be in a spot. So they could potentially have more treatment. And a lot of kiddos can't write that. That's where Zaza has been. This, this miracle.

Because, like, I really believe that all the work that we have done, all all that she's put up with, you know, she hasn't just put up with all the conventional hard stuff, but she's done so much integrative stuff, which, you know, for a kid is annoying.

She just wants to be a kid. She wants to be her kids. She's got more followers on social media than you and I put together. Cancer. Like she is. Like, I love this.

I love I'm so inspired by her every day. She's doing the best she can to still be normal. Yes, as much as in a. Very abnormal situation. Yes, but that's why she.

She's here. She's been able to do more treatment. Right. Because we we never stopped, got healing.

Supporting Treatment with Ketosis and Targeted Nutrients

We never stopped helping her healthy cells with high dose vitamin C, and we never, you know, stopped mistletoe. We may never stop though. Dose not track zone.

I mean, all the things that that have helped. And that's just it. You you listed out a few therapies that have been integral to supporting her through, the clean up after her very initial.

Yeah, diagnosis the and the subsequent, recurrences and treatments, where she has been. So maybe speak to the listeners, maybe like the top three that you feel are integral to success in supporting a patient through the process.

And after. Yeah. So through the process is very important. And this is where it's a little bit different when I work with pediatrics versus. Adults. Because you know, as you have taught us, when somebody comes to us with cancer, we we want to find out why, we want to assess their terrain.

We want to know what contributed to this cancer for them. And that's how it starts with adults. We eventually get there with pediatrics, but because they are in treatment the next day.

Yeah, there's no pause here, no pause button to think about it. There's no pause button to think about it. So really the first thing is how are we going to get through.

What is your treatment. and I if I can catch people early enough, you know, always a second opinion and a third opinion. Always, always. Right. And always make sure you have the diagnosis.

Don't ever let anybody start treatment unless you know what you're treating. 99.9% of the time. You. Can wait, right? Yes. There's cases where you had to have the emergency surgery or.

But those are rare for the most part. You know, the beginning of my book talks about like, wait, prepare for treatment, go out and put your feet on the ground, put your face in the sun, snuggle each other like those things are so important before you get taken into the hospital and have to go through a lot of hard stuff.

so the first thing is making parents realize that there is a right way and a wrong way to go through treatment. The worst way to go through treatment is by just doing what they tell you to do, which is just take the chemo, take the radiation, and that's it.

Right? There is such a better way to go through. Like my motto is always, there is a better way, right? We're not saying like I, you know, working with me, you're going to be cured.

Everything's going to be no, it's going to be better, though. Whatever your journey is, it's going to be better because we know from studies, from adults, for example, if an adult goes through their IV chemo treatment, fasting.

Right. We know we can reduce side effects. And I believe late effects. We don't take kids fasting because we would get called on us really quickly, but we can put them in ketosis, right?

We can mimic. And so yes. So and that's easy. It's so easy to put kids into ketosis like it's. People for them naturally. Naturally like it takes nothing.

I mean they could almost have just like a clean diet. And if you just give them a little bit of exaggerates ketones that day, they're. Yep. Exactly. So my biggest thing when I meet a family is, okay, what what's the treatment you're in?

Because oftentimes they're coming to me when they're already in the thick of it and teaching them ketosis through treatment 100%. You know. You hate the treatment to protect the healthy cells.

Protect the healthy cells, and, yes, make your treatment more effective and less toxic. Right. This is what we're doing with ketosis. It's not some crazy diet you right about or we're not trying to make your kid lose weight.

Like there's so many misconceptions. This is a therapy. Where. We can make we can make treatment more effective but less toxic. Right. and then using key supplements based on what chemotherapy they're on to also make treatment more effective and less toxic.

And that's I mean, like, thank you, Neal McKinney for like, writing the best book ever, right, with so that's where a lot of information came from. But just the fact that like a child who has to have doxorubicin, it's used all the time and it's pro oxidative and it's damages our heart.

And these are kids we're talking about. So that's also different than adults. Because. Think about how many more years they have in their life to have this damage to their heart, to end up with congestive heart failure.

And now we can give you something as simple as grape seed extract. And it can mitigate that toxicity. So it's you know, a lot of there's a lot of misunderstanding, a lot of Facebook groups of people being like, why should my kid take through chemo?

And it's it's not that simple. You have to know exactly what chemotherapy you're doing. You have to know, what your child's epigenetics are. But when you when you can see labs and epigenetics and know what chemo you're on, then somebody like me or you can tell them, take these supplements and these days do ketosis and these days and then we just watch labs, watch their liver, watch their kidneys, watch how they're doing, and we adjust.

So that's like the first phase. And you know it's usually a long phase. It's it's I feel like. On game at that point. Like let's get to this elegantly.

Yeah. And pediatric cancers like the more common ones, you know, breast cancers for example.

Trauma, Family Healing, and Parental Intuition

Like it's usually like in and out like you do treatment. And it's kind of a quick. But I just feel like neuroblastoma and leukemias and brain tumors, the cancers that are, you know, more common.

It's long treatments. I mean we're usually talking about months to years of treatment. So it's so important to support that body throughout. In the beginning.

Huge huge huge I love this conversation. And you know, one thing I want to touch on this comes up a lot. you know, because because I specialized I mean, I worked with pediatric oncology in private practice and have consulted on it since leaving private practice and feel very comfortable and confident.

In fact, I feel it's easier to work with kids than adults because they're so responsive and so resilient. but it's always trickier to work with the families.

so there's, you know, you'd I've kind of joked about that, too. It's like one of the kids be great if we didn't have to go because. Because everyone's in a reactive space.

Understandably so. Yeah. One of the things in the adult role, when I speak and whatnot, people hear me talk about the impact of traumas and whatnot on the cancer process and adult and I will literally get hate mail of people saying, are you just saying that my child has mental emotional trauma and they've never had and done it?

And how could you say that these are the cause? I'm like, wait a second, wait a second. We just said, let's back up. Because people do say when they look at what you and I teach in the adult world, they'll say, well, this doesn't explain why kids get cancer.

Like there's somehow some other magical unicorn process around children than adults. How do you respond? Because I know how I respond to it, but I'm actually, I guess, my my shock.

This just shows me the level of misinformation or misunderstanding. It's out there when people think that kids should not have the accumulated effect of life at this point, to have cancer, I mean, it starts way before.

Yeah. So we go, oh, hi. These weird, sorry about the weird zoom things, but talk to us about that. Like how do you respond? I'm like, well, everything you talk about doesn't seem to apply to kids, so why why listen to you half so.

Yeah, exactly. So we'd kind of like the old school way of thinking, even for adults is like, well, if you didn't, like, smoke a lot or drink a lot, like, why do you have cancer?

Right? And then you're like, and you're not eating. Yeah. And you eat for years. Yeah, yeah, yeah. And kids aren't smoking and drinking. And so it must just be bad luck.

In fact, there's, there's been groups started like spreading misinformation, saying that it's just bad luck, for kiddos, which just it's so not true. So we can just start and it actually starts before this, but we could just start with the idea that when they look at umbilical cord blood, there's over 200 toxins in umbilical cord blood.

So your our babies are on average right. Our babies are born toxic into a toxic world. But it starts before that if you we won't talk about like generational trauma yet.

So it starts before that with toxins. So it's really what mom's doing. And it's actually come. On beyond. Your mom and beyond. Right. So it starts with let's just go back even just to our grandma.

It starts. With what. Grandma was eating, what grandma was exposed. To. But also what what grandma's traumas were what created fear in her. We now know that that is epi genetically passed on and so now we've genetically passed on probably, you know, because our grandma's still pretty had decent food, right?

Yeah. So they're from our grandmas. We're probably getting more of but but they but they had a lot of traumas. They had a lot of trauma. Right. Our grandma's like didn't speak their truth.

And our grandmas were like at the end of World war. And so those traumas epigenetics get passed on. And then now you add to it from my mom and then me, the toxins.

Right. And you and then you look at a child's epigenetics, which I would love to touch on, kind of the common epigenetic hiccups that I see in kiddos.

And it's just like a recipe for disaster. And it's because our world is so, so toxic. You now have this beautiful baby that's born already toxic, and now they are given, you know, really crappy formula.

They are put on to some kind of polyester sheets filled with cancer causing age and and now they, like, have baby clothes that are full of formaldehyde.

I mean, it just piles on. And so kids are 46. Kids are diagnosed every day in the United States. because we live in such a toxic world, it's our food, and it's everything that we're bringing into our homes and putting on our bodies and people just have no idea how toxic that is.

And when you're so little, you don't even have the mechanisms built in to be able to get rid of such big exposures of toxins. You know, they always say that the solution to pollution is dilution.

But when you're a tiny little compact being you, you like concentrated even more. And so I think that's really interesting. And so to me, isn't it more of a miracle that we're not all walk around with cancer all the time?

I think about that all the time. Yeah. But I think it's more of a miracle that. But right now statistics are really if you're born now, I believe it's one out of two.

One out of two. And there's some really intriguing studies that is running across that. Basically, if you're born after 1965, okay, which is basically moving into my generation now, I was born in 1971, but in that zone, and basically, is your expectation of having cancer starting before the age of 50 is is 46% times higher than if you were born before 1965?

So it is hitting us all. This used to be a disease of the aged. Oh yeah, not anymore, not anymore. It's. And it's like. So now we start to go wow. So our younger folks are getting cancer.

So the parents are now having higher risk of cancer, which also means that that's translating into their children and their grandchildren. And beyond. It's like whoa. It is the ultimate epigenetic game and it toxic accumulation on the planet.

So I appreciate that you bring that up because it and there's also can we talk a moment. Another thing that comes up is the perceived blame game. Yes. Yes.

So I'm yes I, I get a lot of I get a lot of social media messages about that. I'm a lot of, people who don't realize that I am, a mother who has a child who's been on a cancer journey.

will, like, listen to a snippet of something I'm talking about with pediatric oncology, and I get a lot of messages to, oh, how dare I blame parents? And there is a very big difference between blame and awareness.

Yes. Thank you. Because if you know better, if 99% of people will do better because all parents want the best for their kids. And I try to set a very good example of always saying, I know what contributed to Zeus's cancer.

Right? So I. Know. You know, I it was the Clomid I took that now I know some hidden studies show that it increases a child's risk of having leukemia by 50%.

Molly pants. Wow. So the you know, I, I had a little trouble getting pregnant. My OB was like, here, take this. I was like. Like Eminem. Into it. Nope. Took it.

So that I think was what planted the seed. And then we bought a new house behind a cornfield. So the glyphosate exposure, you know, so I can. Put the best in or off the charts of. Yeah.

Yeah. And then, you know, knowing that she's got, you know, pan one epigenetic kick up where she can't detox glyphosate. Like. And so but I'm not blaming myself.

I'll often also get messages when I share that of like, oh no, no, no. Like it's okay. Don't know. This isn't blame. This is knowing better. This is, moving right.

We moved so we don't bring a child home who just went through treatment back to glyphosate, back into the. Environment in which they got potentially. Exactly, exactly.

and so it's really, I think they'll always be people that look at it as blame. I think we, we live in a culture like that where you just need to tell everybody, everybody everything's okay. You didn't do anything wrong.

But it's not about it's definitely not about blame. It's about looking into your life and seeing what helped contribute to this diagnosis. Because 95% of cancers are not bad luck.

And that is the same for pediatrics. It is no different. And even in the cancers that, you know, we can say are kind of more bad luck. Or. There's still a lot we can do a nose to mitigate how that how that grows. So, yeah.

So I think education is so important for, for the parents who are open to hearing it. Not everybody is open to hearing that there's something that they can do.

I think it gets very overwhelming. it's very overwhelming in this world, period, to know what to do, like even take cancer outside of it. There's just so many mixed messages on social media.

Be vegan, be carnivore, do this. I mean, it's just, you know. Lots of lots of well-meaning bad advice. I need that advice. And then now you have a child with cancer.

And, you know, I'll often have people coming to me saying, like, really proud of themselves. Like. As soon as I found out my child had cancer, our family went vegan.

And then they think, I'm going to be happy and and, you know, there's just a lot of education because there's a lot of misinformation by social media influencers who, are not speaking to kids. Right?

But they're speaking to cancer. And then because there hasn't been any other information for pediatric cancer, people just assume, like. The like just on that topic alone, like that.

Blame, Awareness, and the Roots of Childhood Cancer

What people don't understand about a patient adult and children, the deficient nutrient deficiencies that are already on board that led to or support that diagnosis, things like vitamin D deficiency, vitamin A deficiency, vitamin K deficiency, selenium, magnesium, B12 though those are the common deficiencies.

Those are also the common deficiencies of a diet without animal. Protein. Of some sort. And so that's just like the base camp. And then you go into treatment which needs even more nutrients to help process.

Yes. The patients more cofactors and support. When you go to those diets, like you mentioned, the vegan diet will deplete them even further and more challenging, especially with regards to you alluded to methylation detoxification, which relate back to their single nucleotide polymorphisms, their snips.

So if there's something to unpack there, I'd love to hear more. Yeah. Kids need so much quality protein through treatment I mean. Growing they need to grow.

Also, you don't want to grow the tumor, but you need to grow in the body. So how do you approach both simultaneously? Yeah. And I teach families like this is how we're going to look at if your child is becoming malnourished you're going to look at their albumin.

You're going to look at their protein. You're going to look at they're creating I mean, I teach families that I love families who want to understand labs.

And when this starts going down, we don't panic. It will. There's almost I don't have many patients where all that stays normal because. I mean, we. Talk about antibiotic affecting our gut for six months.

Imagine what a dose of chemo does, right? I mean, it just like ruins your gut. And so they're going to go down. But then we like we need quality protein throughout in quality protein is is hard to do.

as a vegan, is it impossible? No. It's just all much more work. But you also get a bunch of extras that you don't want in the cancer process, exactly the right amount of protein in that environment.

You also unfortunately comes with that a lot of carbohydrate, which, yeah, especially in leukemia in general, leukemic cells are very insulin. Insulin vulnerable.

Yes. And I just I love ketosis. you know, I think ketosis, you know, when we talk about central nervous system tumors, brain tumors, that's that's a treatment in itself.

Like it. And it's not maybe a treatment in itself for every single pediatric cancer. But ketosis as a as a way to protect our healthy cells and get through treatment is a must for every child.

Like I. I can't find a situation where you wouldn't benefit by being in ketosis when you're getting that chemotherapy. and at the long game of Western treatment, this might have been an integral piece of what allows their bodies to actually heal and stay in remission, or prevents some of those harmful sequela from that treatment.

Yes. And there's, you know, there's so much at the other end of treatment. You know, we touched on this a little bit, but these cut kiddos are malnourished.

They, I mean, their gut health is nonexistent and it often takes years. I mean, we're not talking about months. This isn't like, let's do a gut healing protocol for a month.

This is. Like. Years of doing different, you know, probiotics and simulants and, you know, all the good stuff. healing the liver. The liver takes such a hit.

I mean, there's just so much to be done when conventional treatment is over. I think that's just another piece of education for families is like, now our work really begins and what are we doing for the stem cells that are probably still there?

You know, like the high dose vitamin C and continuing the mistletoe and staying on the low dose, no trek zone. yeah. Yeah. Well, and it's interesting because the other piece that I know you speak to in the book, and in your own life and known practice, is the impact of this on the entire family.

Yes. We also support that and heal heal from the trauma of this diagnosis on the family as a whole. Can you speak to that a little bit? Oh, yes. I can.

Yeah. Yes. yeah, it it hits a family harder than you ever want to imagine it would. I remember being so naive in the beginning when it was diagnosed, and just sort of trying to think of it as like this, this thing we have to get over.

And that's a lot of denial, I think. And I, I see that in a lot of new families that come to me like they just want to, like, get on with their lives.

And I hate to be the, bring the bad news of, like, your lives will never be the same. it is what I refer to as a beautiful, shattering. And not everybody will allow themselves to to kind of unravel.

But I, I tell families, you need to allow yourself to unravel, because that's the only way that you're going to be able

to put this back together, in a new, beautiful way.

often moms and dads will unravel in different ways. Yes. and also, there's. Siblings. In siblings. Oh, and siblings. Yes. This is, you know, there's been tons of studies done on this too.

And studies show, like siblings for years after. Like. Just don't do as well socially, don't do as well in school. PTSD is a thing of the whole family.

And I, I've we've been at this as a family for ten years and it for us too, has been such a journey of like being that family that just wanted to, like, get over it and get back to our normal lives.

And then when Zozo relapsed five years later, kind of having regrets, looking back, thinking, we should have really taken that time to heal emotionally that we didn't.

We just thought like that. Was that. Like us? Yeah, yeah, yeah. And and really, I would say like this time around, this last phase of conventional treatment that she'll ever have to go through, I think finally, really like allowing ourselves to unravel and, I don't know, be real with each other and the value of intuition hmhm funding.

That's the other thing that I asked families that no one knows your child like like you do. And nobody, nobody's going to care about your child like you do.

even the best oncologists and they do exist. And so if something doesn't feel right, it isn't. And I always tell them, you know, it's usually mamas. It doesn't mean this can't be us, too, but it's usually mamas like, listen to that.

When Zozo was three and a half and they told me she had to have a bone marrow transplant then or she wouldn't survive, and every thing inside of me screamed no!

And I was sort of able to prove it on paper that it didn't make sense. And we refused a bone marrow transplant and it was the right thing to do. She had five year.

She had the most remission not doing a bone marrow transplant than she has doing one, Gave her the ability to do one in the future when she needed a different.

Approach. We wouldn't be here now. And so I that's the other thing is. And it's really hard to differentiate between intuition and fear. Right. And so I think it's so important for families as they go through this to really start to work on themselves, because you really want to be able to get clear enough to know yourself well enough.

Is this intuition? Is this my fear? and how much your energy as a parent? Oh, huge influences how your child is feeling, doing healing. You know, adults have about three feet of their energy field when you get there.

But kids have, like up to ten times that until a certain age.

Nutrition, Detox, and Recovery After Treatment

And so if you have the belief system that your kids are definitely not picking up on your vibe on this or the conversations you're having and behind closed doors, you know, late at night, you know, with your partner or whatever, they're in that field entirely and know it whether you're to it or not.

And so one of the most beautiful things, dimer, if I might might add here, is I've witnessed your family journey through this. And I have witnessed some of the most profound healing, not just for zoos, but for the family as a whole.

And I've witnessed your movement from fear in reactivity to intuition in responsivity. That is breathtakingly beautiful. And when you said the word beautifully shattered, I've watched you guys break into a million pieces and come back again, and it it makes me cry of of joy and gratitude to watch your journey.

It's been such an honor, and it's such an honor that you are sharing this with the world on so many levels through just this conversation, through this beautiful book that's about to be birthed into the world, and so much more.

And also giving families hope, but also clinicians hope that there's more that they can be doing in support of families on this journey. Yeah, it took us a long time nature.

To like it took. Us ten years, nine years to finally not be so reactive. Yeah. And some different therapies like. Right. It's never going to be talk therapy or maybe not.

Never. But for the most part, it's not. Talk therapy is not talking about your problems. It's like these, you know, like sound healing therapies and like these things that take you out of your body and, yeah, I think as a family, we've really evolved.

I was telling Zuzu this morning, this morning because she's like, are you going to talk about me? Yeah, that I do. Yeah. Sister. We always talk about you in the best way possible.

and I was telling her, like, Suzanne, I. I don't want my life would never be this deep. Now, deep has two spectrums, right? And so. I would never be able to have the highs without such a lows.

And I wish there were less lows, less hard. Less. Seeing her suffer. but if she looks. She's in the hospital now, and she looks she loves to look at pictures.

She's dreaming about Florida or Mexico and just the ocean. but she said, you know, like, my life's been really hard, especially lately. But in between the hard, it's been so beautiful.

And I, she has given so much meaning to my life, I, I would have never woken up one day and said, I want to work with kids who have cancer. I remember the first time when we thought there might be something wrong.

When we took her to the oncology floor and I saw kids in wheelchairs with no hair, and I remember what it made me feel like. It was just. This. it's like you don't even want to look there.

And that's why people avoid the topic because they don't like. That's not going to happen to my kid. I don't I don't want to listen to how to avoid pediatric cancer, because that's not that's a whole different world.

But what people don't realize, it's 46 kids every day in the United States. It becomes their world. but I wouldn't be doing this, I wouldn't be I wouldn't have the opportunity to contribute in a meaningful way.

I'd be doing something very superficial and maybe still in the air, not loving my job. And so she has given our whole family, our whole family such meaning, to be able to, like, really contribute to something that needs such a contribution because it's such a problem.

It's such a problem that's so easy to turn away from. She's not only affecting herself and her home and the people closest to her, but she's affecting tens of thousands, if not hundreds of thousands of people.

Just with this journey, so many people pull up a chair to watch her, you know, in this process, it's just been, like I said, a sight to behold. And and from this, it also in in some of the moments that you were sitting in hospital rooms, you pulled together this first ever book in integrative, approaches to pediatric oncology.

And it's titled A Parent's Guide to Pediatric Cancer. And so let us know a little bit about this book and where people can find it. It's very I mean, by the time this comes out for everyone's eyes, it will be it will be out on Into the World will be on shelves.

but it's it's coming may. Correct. Yes. Yes. yes. It comes out, May 16th, my mom's birthday. yeah. Yeah. Cool. Yeah. Oh, perfect. May 16th, it'll be available on Amazon or at Chelsea Green, website.

And it's it's exactly that. It is a guide for parents or a caregiver. And it takes, the parent from the beginning. So like, the moment a child gets diagnosed.

All. The way through after treatment and so it can be and should be, you know, read in its entirety when you have time, but you can literally open up to the chapter of where your child is at.

there is I think the sections that I'm like, so excited about where it can really be used as a guide is, it goes through every side effect from conventional treatment.

and what you can do to help.

The New Book and Final Advice for Parents

So, you know, the answer for constipation is not Miralax should not be miralax. and there's such a more effective and less toxic ways for all these side effects.

also, it teaches parents how to read their child's blood work, so they can literally look at the fact, you know, how do I how can I tell if my child is malnourished?

I am proud of it because I think a lot of books shy away from giving so much information to a parent, and I think it'll be a great book for clinicians.

I agree, as a clinician who's read it, yeah, it's for sure. yeah, great tool for clinicians as well. But for the right parent, it's also going to be amazing because they're going to be able to, have this it they'll be like having me in that hospital room with them that they can like, use it to talk to their team.

I love it. They ask better questions to try to get their team to know that, like they're on it. Like they're not just like, okay, everything's normal.

Thank you. Like, no, wait. You know what? Why is this liver enzyme elevated? What can we do about it? It will hopefully start conversations and really get people, parents seeing that there's just so much more that needs to be done.

That's the message. There's just so much more. You can't just go through treatment and then be done with treatment, and then think that your child is in any way going to be okay.

There's currently I was just looking this up. There's half there's 500,000 in childhood, cancer survivors right now in the United States. Like. And how many of those kiddos have done nothing right?

Have done nothing. They haven't healed their gut. And then they're going to start wondering, like, why do I now have this diagnosis? I mean, not even the secondary cancers, but just all the other the autoimmune diseases, all the other stuff raised.

Gosh, I feel like I'd love for you to just give a little word of wisdom or, or voice to the parent who's going through this right now. What what what final thoughts or offerings might you have for anyone.

On this journey? For any parent who's going through the unfathomable right that you're your biggest fear. I want them to know that there is a better way on this journey, that. We.

Have the tools that are going to reduce side effects, that are going to create less suffering or no suffering, suffering doesn't even have to be part of the equation, and that the journey is harder emotionally than you imagine.

And so more love and thought and laughter and kind of therapy has to go into that. But it doesn't have to be as hard physically as what we have been led to believe.

You know, in the posters of every single child going through cancer treatment looking so sickly and like, that's not that's not how it has to go and that there is a better way.

and that they are their child's advocate. It is up to them. It is a big responsibility. It is a lie. But it's also beautiful because it gives you a sense of.

There's so much. You can. Do. It's not. Just up to your doctor like you have the capability to really. Make. This treatment better for your child. So I love it.

I'm so excited for this book and for everyone to get their hands on it, and they will have all of this information. The show notes will have ways to reach you.

they'll have ways to reach Zuza"s way, which is your plan, if you can. All of your offerings and all the things you are bringing into the world to make this journey, not only easier for you and your family, but for many other families that you touch.

So Dagmara it's beautiful to be here with you today. Thank you. Thank you so much.