Outsmarting Cancer: The Power Of Small Changes That Heal Big Transcript

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Introduction and session goals

Hi everyone. This is Doctor Joseph Antoun, the co-host for the Longevity Summit. It's a big pleasure in this session to talk to Doctor Michael Karlfeldt.

And he's one of the visionaries and has a major practice that helps patients. Besides getting their cure for cancer with standard therapy, what else can they do?

How can they increase their chances for regression and remission from cancer? And how can they find their root causes to. What had led to this cancer, and what they could do to increase their chances for longevity and survival?

And we're going to talk about the road of how can fasting also be integrated in those in the supporting therapy along the way? Doctor Karlfeldt, welcome to today's session.

I'm very excited about this and we'd love to if you can introduce in your own words yourself. And what do you do to the listeners? Absolutely. Thank you so much for having me here.

Doctor Antoun, I'm a nature doctor. I've been clinical practice since 1987, so I've had the blessing of getting to interact with hundreds of thousands of patients.

And a large portion of that is cancer, utilizing integrative therapies to optimize people's cancer journey. And obviously cancer is something that we still haven't fully figured out.

So nobody can really say that, you know, what I do cures cancer. You know, we don't we don't have that yet, but we have a lot of tools out there that can really optimize our chances to have a better outcome.

And and that's what a lot of us, you know, people like yourself, you know, we are working towards that goal. And obviously the best cancer is the one that you never get.

So you want to do a lot of the preventative medicine.

Dr. Karlfeldtu2019s integrative cancer practice

And that's where, you know, tools like fasting and other tools that we offer, you know, comes in now when I, when I went to med school, we were under the impression and we were taught that cancer, partially, genetics partially, you know, we don't know.

And then treatment is always chemo or hormone therapy and that's it. And, you know, thankfully the word has evolved from that big time. And you're one of the integrative in a clinics leading ones in the nation that actually support the patient with everything else they can do to better support their body into going through the treatment and also increase the chances for the better outcome.

Like as you mentioned, the first I want to learn from you. What what are the causes now that we know are increasing cancer rates? I mean, it keeps if it was genetics, I would say if it was genetics it wouldn't increase in prevalence.

Right. And so what's happening, why cancer is increasing and what could be like few reasons that people do not traditionally think about that is increasing the rate of cancer and their families.

Well, I mean, we all thought that we were, you know, we were doing all the studies on the genome and try to if we

can at least figure out if we can figure out the genome, we can figure out cancer, because there's got to be the solution.

There's got to be a gene that relates to pancreatic cancer, gene that relates to ovarian cancer. And if we can just fix that gene, we can then stop cancer from occurring.

And after some billions of dollars and decades on on that, on that research project, they came to the conclusion there is no direct correlation between a genetic dysfunction and a cancer.

You know, there's somebody with breast cancer or two people with the same kind of breast cancer can have completely two different genetic reasons for that breast cancer to occur.

So you can't really say that fix that gene and will be fine. In fact, there are like hundreds of different genes that all in different combinations that became dysfunctional depending on the individual and their cancer.

So we had to look elsewhere and elsewhere, starting to then look at the mitochondrial activity and the mitochondrial dysfunction. And so we're seeing that cancer becomes more of an energetic deficiency or dysfunction within the cell.

That then leads to some of these genetic alterations as a kind of Adapt model. So we're looking more at what goes on within the mitochondria. And so what are some of the things that people may not think about.

Root causes of cancer and mitochondrial dysfunction

And I'm just going to want to throw I know we're going to take our conversation a little bit different, but just kind of for people, for food for thought that there are other things other than just we have this tumor lump and we got to get rid of that tumor lump we get and then look at the terrain, support the mitochondria.

And what are some of the factors that can impact that. And one of the interesting ones are scars and scars and tattoos. And people don't recognize how that interferes with the nerve communication throughout the body and interferes with meridian lines, which will then interfere with the energy production.

So and I've seen that many, many times where an individual cannot detoxify or cannot fully utilize the nutrients that they're eating. And it could be then a communication dysfunction, you know, within the nervous system.

And a scar as simple as scar can then be interfering with that process. So so that's just kind of food for thought. And that's kind of a discussion just on its own.

Another one is sleep disturbances. Yeah. We don't recognize how important sleep is and everything that takes place while you're sleeping. Yeah. You're you're detoxifying.

You are regenerating. You're processing the day. You are. So it's all these things that if we don't if we're not allowed to sleep appropriately, we don't set a a good sleep environment and have a good sleep routine, then that will then interfere with how we're able then to regenerate our tissue, you know, while we're sleeping and also detoxify.

And you look upon the mitochondria. It is like a if we drive a car and we have dirty old, we know it's not going to perform very well. So it's the same thing if if we don't kind of clean out the junk within the cell, then the mitochondria is then going to be running on very dirty all.

And so it's not going to be very efficient. And then that leads to things like like cancer. So sleep becomes really really important in this process. Then you have things like EMF that people may not think about.

We got toxicity we talked about and also, you know, like parasites and fungus and mold. And so there's all these factors that you need to look at as underlying drivers that that promotes this inflammatory process that then leads

to cancer and also also leads to a dysfunctional metabolic activity that then kind of creates a shifts, the gene shifts, that then signals cancer within that cell.

Well, and those are environmental factors. Those are decisions we make in our life. We can add in a food decisions to all of this. Nutrition is is a big impact on IGF spiking in the body and pushing the cells to replicate.

And when they're all the the the incidence of cancer starts increasing. With that. You mentioned sleep stress probably. Right. We see, you know, a lot of correlation between all this behaviors.

And this is why this this is what you're mentioning are the five factors of longevity food, stress, sleep, exercising and social capital. We see them as the mothers of all diseases, all the chronic diseases.

They go back to these rod of as you said, how healthy is the cell? How healthy is the to me to the engine of the cell. And in a dysfunction there can take the root of cancer that can get the right of Alzheimer's or cardiovascular disease or other health conditions and go ahead.

Yeah, I mean, at the end of the day, I mean, we we look upon our body. So we we have to we can kind of dissect and we go, you know, we have tissue, we have organs.

And then we go down to the smaller components, our cellular function. And, you know, you have the cellular function along our endothelial lining like our blood vessels.

So if they do not get the energy that they need, the mitochondria is not functioning the way that they should, then that triggers inflammation along the blood vessels.

And then lo and behold, what happens with inflammation there. The the body has to then can assume that inflammation. So now you're building a plaque. So at the end of the day you have to look at you know, what do I need to do.

What are the choices I need to make in order to be able to optimize the smallest component that building blocks of our bodies, which are ourselves, so that they can function appropriately.

And they don't get in that that inflammatory state that then causes then disease, like cardiovascular, like diabetes, like cancer and all the autoimmune and so forth, and inflammation, as we know, we call it inflammation now is behind a lot of the aging process as well.

And and for everyone listening to us in this summit, we focus a lot on the concept of aging as the mother of most chronic disease that we're going to die from, or we're going to die from 90% of us, 90% of everyone listening to us today, you're going to die from cardiovascular, cancer, diabetes, or Alzheimer's.

Lifestyle factors: scars, sleep, EMF, toxins, and inflammation

And guess what is the number one factor for you to get any of those is the biological age of your body. It's aging, and one of the main drivers to age faster is inflammation.

And as Doctor Culture is explaining today, it's behind cancer as well. One of the symptoms of aging. And this is something you definitely want to decrease in your body the rate of inflammation.

And there's a lot of reasons behind it. And a lot of functional medicine doctors such as yourself, they look at those with causes. They help people find out the, the, the what's causing that instead of what we should do with medicine, which is, hey, take this pill and it will decrease inflammation.

We look at the root cause and we try to solve that, whether it's it's mold, whether it's chronic infection, whether it's the stress to sleep, the food, etc..

And this is what clinics as as such as yourself help patients, you know, do it. And, and I want to dig a little bit deeper into, you know, if I have cancer and I come to your clinic, I, you know, I have my main doctor at one of the top medical centers, and then my cousin is saying, hey, I went to a functional medicine doc, helped me with nutrition, with sleep, with stress, with food, with exercise, things that a typical oncologist would not help with.

If I come to your clinic, how would you how would you consider me? How would you? What would you do for me? What what else besides the chemo or the immune therapy offer?

And that how that is helpful in my in my process of recovery or remission. And it's it's important to understand that it is you know, what I, what I offer and what the key is to find the right integrative model for an individual.

And integrative means that you bring the best of all possible worlds. So it doesn't mean you you only have to do traditional oncology medicine or holistic, you know, it's not an either or.

You know, each individual is unique. So you need to find that perfect blend for the person you know. There may be at a time where where chemo, radiation, surgery is the appropriate thing.

And there may be a time where, you know, I'm just doing holistic for a bit and see how the body is responding may be the appropriate thing, but there frequently it is the combination of the two that that becomes, you know, the becomes the most powerful punch.

An example. You know, just yesterday I had individual he's working with you know, Stanford oncologist and they are one of the top best medical schools in the world.

And so and they you know, the the cancer patient gets to a point where they realize that they they need to do more. You know, the traditional oncology route only has so much more to offer.

And they may be put on palliative care. They have a stage four, and then there's just nothing more else to do. And and the oncologist tell them that. Well, you only have I mean we can expand your life maybe a year or two or maybe three, but that's all we can do.

So many people come at that point, which is which is great to come to me at at any point. But what I prefer is kind of the scenario that you're, you know, where you're hopefully in the, in the beginning of the process.

Yeah. And then where you can then evaluate how do you bring all these teams together. And so we would then look and see what traditional ecology care are you at.

You know, what is it. What is your oncologist guiding you to do. And then we bring in tools that then will marry that type of therapy. Yeah. Of course.

Let's say if a person is doing a chemo and then we want to see what are some of the natural agents that will intensify the effect of that chemo. You know, because cancer cells, they have a chemotaxis where they're spitting out the chemo.

So then they're natural agents like quercetin that then will interfere with the cancer's ability to spit out the chemo to protect itself. And you also have then things that makes tumors more chemo resistance or less chemo resistance.

So it has a hard time to to block the chemo. Safak. We also have things that can intensify the oxidative stress of the chemo. And then we can also put the cancer cells more in a starving state.

And that includes and you know, the the the fasting aspect around the chemo, which becomes a really, really powerful tool when you are dealing with chemo.

And then we can then support the body's ability because we have more healthy cells than, than cancer cells. So we would do want to support those healthy cells, because the last thing we want to do is to have the tissue integrity get

weaker and weaker and be less able to defend itself from from the cancer's attack, because the cancer is out there trying to convert healthy cells to become like them.

Integrative oncology and combining standard care with support therapies

And so we want to make sure that our healthy cells have the resistance and resilience to be able to withstand that. And then we want to control the, the, the tumor microenvironment, because we know that the tumor microenvironment in itself, it guides a lot of the aggressiveness of the cancer in itself.

So if we control and make that tumor microenvironment less friendly to the cancer, then it becomes less aggressive and and it becomes more of a sitting duck when we do stronger oxidative type of therapies.

So there there's a lot of things to consider alongside with the traditional, you know, and and with radiation it's the same thing. You know, what do we do in order to optimize the the kill of the radiation and then and support the tissue of the healthy cells?

So yeah, it's all these things to consider which which I love and, and it makes such a huge impact on, on the patient when, when they, when they do that, when they marry the two.

And I like what you said where all these interventions in addition to the standard of care and vision to the chemo there, it's like one plus one equals three or 4 or 5.

And we see this a lot in our in a fasting mimicking nutrition and begin by type. So when you do the fasting nutrition alone it has some effects. When you do chemo alone it has some effects when you put them together.

It's very synergistic and you just explained it is how can you and we call it and you made it more consumer friendly. We call the differential stress resistant.

How can you sensitize cancer to the chemo and the hormone therapy and the immune therapy or the same kind, whatever therapy people are taking, how can you spare the normal cells of the body the side effects, and how can you protect them from the cancer?

We call this phenomenon the differential stress resistance and sensitize cancer, protect normal cells. And you mentioned multiple ways to do that. We you know, we have tested probably in 8 or 9 people trials how fasting can help with this.

And I know you're very passionate about that topic. And since we're in a longevity summit, I want to make sure that people understand why we're testing fasting in cancer.

And, you know, you mentioned sensitization and and this arming the cancer from its resistance. You know, cancer is the fastest growing organ. Once you have it, it wants to grow, it wants to eat.

And unfortunately, a lot of physicians, they prescribe, you know, high protein drinks, etc., which feed the cancer first and foremost at the expense of the body and merging that fasting and feeding period around therapy.

This all the cancer then feeds the patient this arm the cancer get it hit by the chemo and then we feed after that. So I don't know if you want to elaborate on this or how you do those interventions and your practice just to help people listening to us today understand what is the science behind it and how they can benefit from it.

Yeah. What's important to understand is that cancer is not a very efficient cell in producing energy. It's very, very inefficient. And what that means, it requires a lot of food substance in order to be able to survive.

And so if we in some fashion then can interfere with the soups, the nutrients that it needs in order to be able to, to function and thrive, then we we get the upper hand.

So we're, we're leaning more onto interfering with the cancer's metabolic activity, which is undefined than a healthy cells metabolic activity. Yeah. It's about you know, it produces like two ATP per.

Yeah. It's two ATP per calorie versus a healthy cells that do like 30 things like 3680 or something like that. So, so it's it's much less efficient than burning sugar and burning protein and burning fats much, much less effective.

So if we then at the time when we go after it with an oxidative therapy like chemo, like predation, or even like what we do here where we have like high dose vitamin C or innate or ozone, you know, things that are oxidative therapies.

You know, if we married that with them interfering with the nutrients that are getting to the cancer, and obviously one of the best ways to do that is to fast.

And so if you can step into doing chemo or stepping into radiation or stepping into oxidative therapies like we're doing, in addition to an adding the fasting aspect to it, then all of a sudden now you have a starving cancer cell, and when it's starving, it's not able to defend itself very well.

You know, all its mechanism, protective mechanisms against the chemo is not going to be upregulated to the point that it needs to in order to be able to thrive and survive under this attack.

So so that becomes a really, really powerful tool. And and obviously, you know, prolonged is something that, that I use a lot for, for my patients and, and do that in preparation then for, you know, the chemo sessions.

But yeah, fasting is just a powerful tool. The fascinating thing with that is that since the healthy cells, they do have the ability to protect themselves better during time of fasting, they actually have hunker down and they create more of a protective shield, you know, and it's kind of like that.

It's it's winter time. We're hunkering down. We're not being very active. It's cold outside. We've gathered our food and we're going to just kind of sit here while it's nasty out there.

So the healthy cells can do that. But the, you know, the cancer cells are the, you know, the three little pigs that didn't prepare, you know, for the storm.

And then all of a sudden, you know, what do we do?

Fasting, metabolic stress, and protecting healthy cells

So it's a really, really powerful tool. And I it really I really cringe when I hear people, they they do chemo and they say, well, I'm doing chemo, so I don't want to do some of that natural stuff. I don't need to worry about eating.

My doctor just tells me, you know, I eat as much of, you know, sugar and ice cream and whatever you can do just to kind of keep the weight on, not realizing the harm that they're doing to the individual, because that chemo is not even going to be close to as effective as it would be if, if they would do it appropriately.

I mean, this is one of the most important messages, probably for this session and something that changed my life. Right? I'm coming from medicine, MD, PhD and Harvard and Hopkins and it complete.

You know, we're taught to completely unappreciated all these charlatan back. Let me put it as a charlatan back ideas right when I first heard vitamin C and cancer, and then the most amazing data that I've seen on on cancer health outcome is, was combining chemo, fasting, mimicking and vitamin C and is amazing.

This spike of health outcomes is one of the studies that we're doing on different interventions together. And it's a very important for people listening here to understand what we're trying to say.

What we're trying to say is, you know, cancer becomes a cell that's very erratic and just growing in different

direction. Losing its identity loses efficiency, IMO, hits cancer and replication and but cancer is still equipped to escape it, right?

So the number one problem of why we don't get cured in cancer is like you cannot keep a high dose of chemo if we can, if the body can take very high dose of chemo and we can get close to that cure, the problem, we cannot sustain it.

Cancer goes around. We cannot sustain high dose because we're we kill normal cells. Here comes fasting to protect the normal cells and the vitamin C, etc.

this is what Doctor Caulfield is saying. The normal cells know how to protect. Now cancer. If you close all the defense mechanism that cancer can manipulate, then you're leaving cancer no way to escape and therefore you can get a full death in the cancer.

And the combination of the fasting, the vitamin C, the other oxidative stress and using molecules and your chemo and your immune therapy where we're starting seeing really solid health outcomes coming out of that.

And I really appreciate what you mentioned today, because I'm going to admit it. First, we never even are taught to respect this discipline. And or they have that can lead.

But I'm seeing it now in major scientific randomized clinical trials, and we see it in mice in preclinical trials. The best data of cure from cancer, I see it is when you combine all these interventions together, cancer has no way to escape and cancer dies.

And this is the exciting part, is that we see usually what you see in a hospital is research. That was about 20, 30, 30 some years ago. You know that that's usually what you see at a hospital.

So, you know, cutting edge type of research that you're talking about. A lot of that is not driven maybe by some of the huge hospitals out there. It is with, you know, people that are passionate, like yourself and organizations that you that you utilize.

And then also you have them practitioners out there that are continually looking for what are some of the things that we can combine to make things much more effective?

You know, with the we always think of kind of the double blind study as the kind of a golden standard for, you know, how to conduct research. And it is to a point, you know, because with double blind study, you need what you need to do is you introduce one factor and then you have a control group.

Now here we are talking then about introducing a multitude of factors at the same time. So it's not just one thing that you are you're bringing in, but you bring in then from somebody like myself looking about cancer as a complex disorder, you then bring in a multitude of factors, and that way you're enhancing the different therapy.

So it's finding that appropriate combination that then brings a much better outcome than just that, that one component, you know, like chemo. Not saying that chemo is not needed, but it's just what can we do to make it more effective?

Because what people don't realize when you get that kheema into you, maybe 5% of that gets into the cancer. The rest goes everywhere else in the body.

So what? What can we do to optimize the delivery of that? What can we do to optimize and the effectiveness of that cancer or that chemo when it hits the cancer?

And what can we do to protect, you know, the body from the other 95% of the chemo? You know, that's a big deal, because one of the challenges that we're dealing with is that, yes, we're shrinking the tumor originally.

But what happens a year from now, two years from now, three years from now. So now you're done with traditional oncology and your your body is ravaged, your immune system is suppressed.

Your tissue is not as strong as it was before. Mitochondrial activity is less. So you're sitting more as you're you're more of a sitting duck at that time.

So you want to maximize the amount of kill that you're doing when you're doing chemo. And you want to marry that with support system so that when you're done, you can then mitigate a lot of the risks for recurrences.

A lot of people listening to us today will be like, okay, how can I read more? And I can I convince my doctor, right. The biggest surprise I had coming from allopathic medicine, the traditional coming into Elmira, the company that those are the fasting mimicking attrition is it opened up a complete new horizon of things that we learned to disrespect, starting from nutrition and its impact on health outcomes.

Not just lose weight, gain weight and then distress to sleep. The molecules you're mentioning starting from vitamin C all the way to other molecules that you can.

Research evidence, patient advocacy, and discussing options with oncologists

People will be excited listening about this. It might give them a new hope, but they're going to have to read more. They're going to have to go and talk to their oncologist.

And this is where this is where the challenge happens. And I see it all the time. They go, they talk to their college and say, hey, I heard about this.

Whatever longevity protein that could be better for me than the proteins. You're probably I've heard about fasting or fasting and making diet. And they'll be like, yeah, there's a diet every day.

Yeah, vitamin C, and how can we? What do you recommend people can read, whether it's a book or articles or to go first and equip themselves to have the discussion with it on colleges and to go and show that on colleges robust data, that this is an option that they should consider.

Well, I think people when when you deal with cancer and you look at these things and you go to your oncologist, don't just rely on what the oncologist is saying, exactly what you're saying.

Do your own research. And a simple tool is just PubMed, you know, just go on to PubMed, type in fasting and cancer or vitamin C in cancer. And you're going to get those of of articles and research out there.

The research is out there. But the the colleges that that's not their specialty, you know. So it's like asking a plumber about, you know, your electrical system.

Yeah. They are focused. You know, they're wrong is, you know, using the traditional oncology tools, you know, which are chemo radiation surgery, hormone therapy, immunotherapy.

You know, those are the main tools that they have and things that fall outside of that scope. They are not the experts on, you know, they are not the best at saying yes, this work or no, this does not work because it's outside of their scope of practice.

So when you ask the oncologists, should I do vitamin C IV? If they say yes, that would be them prescribing something that's outside of their scope of practice.

So now they become liable. So let's say then that they go you go through their therapy and you do vitamin C because they told you that was okay. And you do not get the outcome that you feel that you should have gotten.

So then the board can then go back to that oncologist and say, you told this patient to do vitamin C, IV. They did

not get the outcome that they were hoping for.

So you are losing your license because you are practicing your you're practicing outside of your scope or doing things that are not standard of care. So it is important as a patient to recognize the position that the oncologist has to take.

And then and understand that you have to do your own research outside of that. And you can't just rely on the oncologist in regards to care that he's not as special as them.

I remember one of the when I joined the Neutra in 2016. In 2017, I came across an article in Jama, the Journal of the American Medical Association. This is one of the Jama oncology is probably, what, number 2 or 3 with the highest impact journal, oncology.

So this is where main oncologists also read their, you know get their source of information and update. And it was about breast cancer. It had over if I remember well 8000 participants and it was observational was randomized but 8000 women with breast cancer.

And they looked at those who fasted over 13 hours. So you sleep, you know, you're ten hours, eight hours, and then they skip breakfast a little bit or they prolonged or they had a brunch or so an average they do 13 hours, 13 hours, not 16, not 18, 13 hours of.

It was a statistical significant difference between those who had 13 hours a day in the remission of breast cancer in the recurrence of breast cancer, and it was per hour incrementally beneficial.

So those are the 1415 had better. And imagine how powerful that is. I mean, it's and it makes sense that, you know, you start the longer you don't feed the cancer the the cancer cannot come back or can not grow or I mean, it makes such good sense.

It's natural intervention. It is, you know, never ate as frequently as we eat today. So we're just rematches the body with what the body was supposed to do.

It's a Jama oncology paper, 2016 9000 women participant that's bigger than any phase three. You can have an intervention and it just says 13 hours. So like sleep and delay your breakfast by a little bit.

And it was significant. It's and I still cannot comprehend it's 2016 article how today we don't you know, at least put a randomized clinical trial behind something.

It is to define it or not. But people need to pay attention. It's about their life. As you mentioned, oncologists are more liable. They have to follow FDA approved drugs and protocols, and we understand that.

But we got to become partially our own doctor as well. And read more and learn more to protect ourselves and live a long life, which is the purpose of of this, this summit.

It's a fasting and longevity summit, and longevity and healthy longevity is what we want for everyone, and we're trying to help people get a better chance at living a healthy, long life.

I really, really am thankful for the discussion about your card fold. Hopefully at least we we instigated some curiosity with people to say, you know what?

I got to open my eyes. I got to tell my mom. I got to tell my cousin. I got to tell my dad. I get to tell my uncle who, you know, who's suffering maybe from cancer or is at risk of cancer.

We thought we don't have time today to talk about prevention. We're both very passionate about that. Practicing through health care, rather sick care.

And how can we help people also decrease the chance of having cancer. So this is these are things to to think about to read more about. You mentioned PubMed was a lot of the book The Longevity Diet by Walter Longo.

It's a big Amazon bestseller. A lot is is in nutrition as well. And cancer, whether it's prevention or supporting patients going through this, for those who want to read about it, I know you have a few books published out there as well, so I recommend people.

They look you up and you to get that got got my book here, A Better Way to Treat Cancer. Yeah, but yeah, doctor Valter Longo and obviously that's, you know, things that I include in my book, the research that he's doing, his groundbreaking and, you know, can you imagine the worth of a pharmaceutical drug that would do, you know, what fasting does?

You know, the how many billions of dollars that pharmaceutical be worth. So and here you have something that's, you know, extremely inexpensive. And obviously fasting is pretty much free.

Yeah. And, appreciate you again for this session today. I hope we change somebody's life or or increase multiple people's curiosity to listen to this.

Last time we had 54000 people joining the summit this year. We're getting hopefully we're going to get close to 100,000 people. And that's, you know, people like you are catalyst for change and for influence in the right direction.

Appreciate you very much. And we'll hopefully we'll see you in the next of it. Thank you so much, Doctor Antoun. Thank you.