Introduction and Poly MVA Overview

Well, I'm here with my dear friend Al Sanchez. And, thank you so much for for spending some time with me today. Oh, thank you, Michael. Appreciate you.

It's, in all the things that we've talked about and those conferences that we did earlier this year. So excited. Yeah, yeah. And, and and you, your product polymer VA.

I mean, it's something that I use I mean obviously it's it's more than just daily I, it's again and again with, with all my patients and it's on the full spectrum of things, but especially in the cancer world, it's, it's a staple, you know, both for intravenous, oral supplementation.

So I would love to really kind of dig in so people understand the power of polymer VA and the uniqueness of it, and also the impact that has had for decades on people battling.

You know, obviously we're focused on cancer, but on so many different health conditions as well. No problem. No, I appreciate that. You know, the the cancer really comes from my father because, again, that's what my mother and my sister passed away from.

So that kind of sums up as to what got him interested, what brought me into it. So that's always were a special place in my heart, in our hearts is is always for the cancer patients just because of what they have to go through.

Comparatively speaking. But, you know, understanding that now, health and anti-aging and all these things we talk about here in the 21st century all come down to fundamentally the same thing, right?

So it's really interesting. And and you're kind of pioneering that outside the boundaries of, of your cancer protocols because of other people that you're helping as well.

And then at the core of, of everyone's well-being, I mean, obviously we we got, you know, our bodies and then we have tissues. We got organs and then go down to the smaller components.

We got cellular function. And the cellular function is so dependent on energy within the cell. I mean, without energy we can't detoxify, we can't repair.

We can't defend ourself against infectious agents. We really are sitting ducks. And and that is where the MVA shines. And that is where kind of the, the main component of what it does so well I would say better than really anything else out there yet.

And it's it does so from the unique perspective of because of what it is as a, as a, as a unit as, as it's whole formulation versus it's not a single component like vitamin C or glutathione or NAD or any of these other supplements necessarily, that we're trying to build this recipe.

What Doctor Garnett did is he made the formulation very specific to sell your metabolism and how our cells work. So it was pretty amazing of of how powerful that can be.

And yeah. So, so how long is poly MBA existed?

How Poly MVA Works at the Cellular Level

I mean, it's for a lot of people that may not even heard the name. How long has it been around though? Technically, Doctor Garnett finalized this formulation in 1991.

It didn't come to market until about 1993 94, if I remember correctly. And then that's when my father got involved and we got involved with Doctor Garnett and everyone to now bring it, bring it to the market.

And because my father but the clinic and with the doctors and patients he was working with back then, he noticed the difference in those that were taking it immediately versus those that did not.

He says, hey, there's something here. I don't know what it is, but there's something here. Let's go figure that out. And that's what started the ball rolling back in the early 90s.

So yeah, we're go. We're pushing in 30 years plus here. Yeah. So I mean the track record is phenomenal. And and what is so what's amazing with it is that you know when you deal with pharmaceuticals then you're always deal with some adverse reactions, something you got to be nervous about.

And because you're doing band aid therapy with pharmaceuticals, but here you're dealing with something that is is so safe. And it is, yes, restorative, regenerative and and and so tell me, tell me a little bit what is poly MBA?

I mean, you said because a lot of people they, you know, when I, I try to, when I try to explain it and I say as a little bit of this, a little bit of that and they say, well, I take that, I take this.

But, you know, poly MBA is in itself a unique compound that is is unique to itself. And it is so much greater than its part and the parts that's part of it.

They're not free floating. They're like, it's it's a structure in itself. It truly is. We call it a complex because that's what doctor going to build and what we call lipoic acid mineral complex or what do you mean, like, well, people know alpha lipoic acid, and it's wonderful because it's both water and fat soluble antioxidants.

So it plays a critical role across all cells of our body. What doctor and I did is realize he's taking that molecule and combining it with Simon with a mineral.

He created a redox molecule so it's simply able to get more work done. So could you take alpha lipoic acid? Of course. Could you take Simon? Of course you could.

Could you take the other individual ingredients that are in poly individually? Of course. But when it's like a recipe you cook in your kitchen, could you just eat some chicken or do you want to make a chicken casserole?

It still has chicken in it, but guess what? You simmered the sauce and you cut up the vegetables and you boiled it down and you added this and there was a process and then you took that and stuck in the oven for two hours, let's say.

And it came out as now a chicken casserole. Well, this made new bonds. Those flavors are now melted together to create a chicken casserole. Could you eat all those individual ingredients? You totally could.

But they're not the same. And that's how poly is truly differentiated between many of the supplements that are out there. I mean, there's good supplements, but they're single ingredients just kind of either mixed together in a powder, a capsule, a tablet, a gel cap, even some liquids, but they're still just individual.

And so the body has to then take those together and then build the molecules together that the body needs. Well, with poorly guess what? You're getting that molecule already created so it can go immediately to work in all cells in the body.

So when you ingest it or infuse it essentially that complex, it stays the same. It doesn't really change. And and how how able is it to enter into the cell and into the mitochondria to do its job.

But that's the neat part of by combining it into a lipoic acid complex with Simon, it carries in on easily, more easily than other nutrients. Because most things need lock and keys to get through the cell membranes of our cells.

Right.

So you have phospholipids on both sides, and then those have to open up and those after them close up and allow things to come in and out. With poly being water and fat soluble, it more easily diffuses in the tissue.

Then it simply comes down to saturation. So it's part of the reason why, just like alpha lipoic acid, you have to saturate the tissues over time to get that absorbed ability.

That's part of the protocols with poly that the doctors have created. And what this does is it carries in that thiamin and the other co-factors with it.

So and then once it gets inside the cell now, now it can do the work because that's where the magic really happens. And where does that magic start at?

At the mitochondria. And that's where poly targets because of its ingredients. So guess what. It's able to facilitate the creation of the metabolites, the enzymes those reactions.

And now the cell has the energy to go be a better self. Yeah. One of the challenges, you know with cancer is obviously to understand, you know, how how how does cancer function.

You know, how do we address it. How do we attack it? How is that different than normal cellular function? And, you know, the the journey has been well, we got to look at the genes.

You know, the most important thing, the brain and the cell is the genes. So that's going to be what's dysfunctional, when they become cancerous. And so we were chasing that pathway, you know, for, for, you know, decades.

And until we start to just recently recognize the, the, the theory or the research that was done back in the 30s, you know, you know, Doctor Warburg and recognizing that there, you know, what he was saying at that time actually holds true.

And by working on cancer cells and working on them metabolically, you know, working on the energy production of the cell, we can then influence that gene.

Cancer Metabolism and the Warburg Effect

We can influence the cellular behavior, and we can then create these changes within the cell that would even drive, you know, towards, moving back to a healthy cell or then, you know, the body recognizing that, you know, this is not a viable cell, and let's get rid of it.

Right. You know, it's it's actually both. And what I mean by that is, you know, what Otto Warburg initiated and opened up and created and metabolic actually was where things were going until the, the gene theory and DNA came out.

They, they figured out the double helix and what this was about and said, oh, that's what the problem is. So that's where all the research went. Now, what they've understood is that it's it's actually a little bit of both.

In other words, our genes and our DNA or our DNA. The expression of that DNA is directly related and proportional to the energetics of the cell. So in other words, how our genes can respond is directly related to how much energy is in our cell.

And if we have super low energy, guess what? Our genes can't respond as well as they normally could, especially under stressful conditions. So it says give and take that plays back and forth and it's not the same across all cells.

You know, we tend to think at least I think I think and other doctors I spoke with, okay, our muscles are doing this, our liver is doing that and our pancreas is doing this.

And it's the same across all tissues of that cell. No, there might be a portion of the liver or a portion of the muscle that is being that doesn't have the functionality of the other tissue.

So now it starts to struggle. And then that will then roll into the other parts of the tissue if it's allowed to. So it's this myriad of reactions and trillions of cells and metabolites and enzymatic reactions that we could talk about for, for days and hours.

I hope they teach full, full year courses on this stuff to explain how simply one little mechanism works. But at the end of the day, all we know about is that does it have the energy to do it or does it not?

If it does, it will do this. If it does it, it will do that. And we hope that it can repair itself. And if it does it now we have a dysfunctional state.

Yeah. And all of those. And exactly what you're saying, I mean, as we are exploring cellular behavior and somatic how proteins sold and all all these phenomenal things that happens in the cell that just happens automatically.

And and yes, we can get into the minutia. Yeah. Instead of looking at the forest we get into the, the trees and and then into the branches and all these little details.

But if we then forget the big picture of what really drives that whole process and that, that that terrain is kind of the energy of that tissue. And we know that, you know, the there's a direct communication between the mitochondria and the the genome, you know, your genes, and you're talking about the expression of the genes, and you know which cells, which genes are turned on, turned off, and the mitochondria is the signaling from that will control all of that, whether, you know, Anca suppressor genes are turned on, turned off or uncle genes turned on, turned off.

And so it's really fascinating that whole orchestra that takes place within the cell, how dependent and is just on on that that the energy production within that cell that will then shift it into a survive ball state, you know, versus just a optimized proliferating energy vital cell.

Right. Yeah. And that's just one cell. And we have roughly 30 trillion of cells so that it becomes exponential. And and we'll never be able to understand that at least in the human mind.

Clearly computers and we can help and assist and make these models that can help us predict what might happen. But at the end of the day, you know, what that electron decides to do or not to do is dependent upon mostly randomness, right?

If we go down to the and this is where Doctor Gurnett understood the physics of of electron transport and how things sometimes do spontaneously happen, there wasn't any necessarily cue to it, but it had to do with simply energies of the cells.

You know, we love that the sun is out there burning and providing us light, but do we really understand the true mechanisms of all that's going on and what's happening?

No, we have what we thankful that is there. So it can go way beyond our knowledge. But I think it helps to then provide what you do as a practitioner and understanding that and bringing that perspective to your protocol, to your patient as other doctors have, because that's what's allowed for healing and recovery.

Not thinking that there's this silver bullet or this one solution that's going to happen. No, it's way too complex for any of us. Yeah. And that's the thing.

Yeah. Cancer is a complex disease. Yeah. And it is multifactorial. And we know that at the core of it from our understanding at this point, you know, obviously to, you know, a couple of decades from now, there may be and I hope that there are additional information that will kind of bring bring this more to light.

But what we are seeing right now is that comp likes cancer, cases when you work, the mitochondrial dysfunction

you have a much better outcome doesn't mean that the other therapies are not needed.

It just means that that becomes a foundational component while you then do these other therapies, you know, whether you you choose to do, chemo, radiation, surgery, whatever that is, or whether you choose to do just for lipstick or a marriage of the two.

But, you know, bringing energy into the picture at that time. I mean, I would assume poly, VA can be part of, of that whole spectrum. It's not going to interfere with if a person chooses to do traditional oncology, and obviously it's going to enhance a lot of the, the other integrative tools that are out there.

Well, and it has it and it's shown that way not only through the research but also through the outcomes. By applying what I sometimes referred to as common sense.

Right. And and I don't mean that from an insult to your perspective to any, any researchers or PhDs or doctors. What I mean is simply the body works the way the body works.

And we might be targeting, let's say, a cancer cell, or any other abnormal cell, but we can't ignore the other cells that are still normal, but still operate on the basic principles of biology 101.

So how can we build a better mousetrap? And as you just mentioned, by doing the various therapies. Okay, but what about the liver? What about the pancreas? What about the heart?

What about we can't ignore those. And if we do, I think we're doing a disservice not only to the patient but also to to medicine in general. Medicine's number one rule is to do no harm.

And if that means do no harm, then we really have to rethink the approach to these various applications, especially in the oncology space, to say, okay, how can we minimize this at least, you know, common sense in my opinion, for, you know, if someone takes an antibiotic, we'll give them some digestive enzymes and some and some good, healthy bacteria because you're going to kill those bacteria too.

So let's do both. It's not it doesn't have to be one or the other. And I really hope that. And that's my mission at this point in time, is to spread that information and share that with. As you share with your patients, they can do more to help them holistically.

And that's where these nutrients like poly and VA play a significant role because pharmaceuticals do not do that. So let's say somebody choose to do chemo and the oncologist says, well I want I don't want you to do any other therapies.

You know, I don't know what that is that hasn't been studied. You know, what is your take on poly MVA using that while you're undergoing some of those therapies?

Using Poly MVA with Conventional and Integrative Therapies

Well, first I look at what what chemotherapy are they using. Right. How many different chemotherapies are out there and what's the dosing and how often.

So they're going to give a total amount of that chemotherapy. And then they're going to divide that into is it ten sessions. Is it 30 sessions. Is it I don't know.

Then from there we can better look at the patient. Oh, it's a 35 year old female. Oh, no. It's a 65 year old male. Okay, well, those those two individuals have different needs or in different situations.

What does their bloodwork look like? What is how's their liver doing? What's their kidney function. How's their immune function. So this is where the physician really has to become the detective to understand that you can't do the same therapy just because the oncology study said that this works.

Those are just averages. What happens? We've seen plenty of situations where you applied it and the person was fine. You applied it in, the person crashed.

Okay. That means that clearly you have to be open to understanding that. Were there studies done with antioxidants and or this supplement and that particular chemotherapy?

If there weren't, then you can't say to four or against that it could be beneficial or it could be an antagonist you don't know. So it goes beyond sadly, many times the physicians, they don't even understand the mechanism.

They're just prescribing the medication based upon what's required by their boards and what they've been taught. That doesn't mean it's the end all, be all.

It just means that's what their scope of knowledge is, and at least the scope of knowledge I've seen out there with other physicians that have done both, they tend to have better outcomes.

So those studies and the ones that Doctor Forsyth had done for close to 20 years, prove the fact that guess what? In the manner that he was administered, bring it along with his nutritionals and along with poly MVA, his patients did better.

Okay, that's a study. It works. But let's let's expand those studies. It's that contract, those studies. And yeah. So tell me a little bit about yeah.

Doctor Forsyth doing studies. And I know another good friend of ours, Doctor Paul Anderson. Yeah. He did some studies as well. So, so tell me a little bit about because there's quite a few studies that that point towards the impact of, of poly MVA or, you know, lipoic acid mineral, you know, combination that is sometimes is termed.

And a number of studies out there. Well, real quickly, there's, there's lots of other antioxidant studies along with chemotherapies. So vitamin C goes way back.

And I don't know of any study that shows that vitamin C is an antagonist or harmful for patients doing chemotherapy in any of the studies that were ever done.

You know, I think they always point to that one study with, beta carotene and smoking with lung cancer. I think it was right, if my memory serves correctly.

They just don't look at it. And yet the majority of patients are taking some form of supplementation. So clearly there are no at least studies that I've seen up to this point that say you should do it.

It's simply a theory that they're chemotherapy or their radiotherapy is going to produce a free radical. And if you take an antioxidant that a toxin is going to quench that free radical, and that might cause a problem in theory, that's correct.

In reality, I've yet to see a study that has proven that. So when it comes to the studies that Doctor Forsyth had done, he used his chemotherapies along with his nutritional supplements in his overall protocol.

Now, and this is a board certified oncologist that did traditional chemotherapy for the good 20, 25 years of his life. Sadly, he just passed away this January of this year. So we no longer have his his his ongoing research in cases to look at.

But he set the tone for what a true integrative oncologist is by using the best of both worlds. And he used poly and VA. He used vitamin C, he was good of own.

He used, peroxide. So, I don't know. I wish he was here to better explain it as he would, but I know he has lots of videos out there where you talked about it, and no one ever refuted what he had done.

Well, I mean, the proof is in the pudding. You know, if if people do better, then they do better. Yeah. And and I use, you know, poly MBA one of my favorite combinations know is poly MBA along with di chloride acetate. And I know the studies the NIH, NIH studies that, Doctor Anderson, did in regard to that combination and the, the issue.

Yeah. So DCA essentially what that does, we talk about the Warburg effect and how energy is being produced in a cancer cell that's different than a healthy cell.

You know, healthy cell drives energy through. And the mitochondria, cancer cells start to divert, you know, a certain percentage of that, you know, through a fermentation process, which then, you know, drives more cancer.

You know, the signaling as a result from that fermentation process creates more cancer and stimulates more cancer growth. So if we can then interfere with that fermentation process, we are essentially then starving the cancer from energy.

And also we are then driving. If that cell is somewhat salvageable, then we are then correcting energy pathway know through the mitochondria. So the DCA then blocks that fermentation process.

But then the challenge with that is that there is, you know, certain certain issues with potential neuropathy, you know, with the DCA. And we've been trying then to use like alpha lipoic acid, the B one L-Carnitine, you know, these different components to try to manage the effect from DCA until the poly MVA was was kind of really recognize them and seen.

And we combine that that with DCA. And that's been like the perfect marriage to block the energy production of the cancer cell, turn on the mitochondria so that we can either salvage that cell or we know that the the that that cell death switch exists within the mitochondria.

And we can flip the lights off if we know that that cell is not salvageable. Right. Well, and it's pretty amazing when you think of of how the cell can do that.

It has it it has its own repair mechanisms. But those repair mechanisms need to be turned on. And if they're turned off because of whatever altered metabolism they're in, that might be a necessary survival mechanism.

So I use the example of our muscles. You know, we go to the gym and we're working out and we start working out too much and we burn all our all our glycogen.

We're low on oxygen and we keep forcing our muscles to keep working. What what will they do? They will go into anaerobic respiration and they will develop a lot of lactic acid.

So the next day and next morning we wake up, we're going to be sore. But once we stop working out and we started resting, we got deep breathing. We restored oxygen back to it.

The cell flip back to its normal function. So this is the nuance where it comes to in the oncology space of realizing that the same metabolic state is used by our body all the time, our immune system.

Right. Red blood cells, they do not produce ATP the same way. They actually get it through a process of fermentation. So we don't know what we don't know.

And yet we think we can just go after it. This, this one way in the oncology space. And I think there's enough research out there that says no, there are other pathways.

And this is you mentioned with DCA, what if we attack that angle? What if we attack this angle with poly? What if we attack this angle with vitamin C?

What if we hit this? So that's where we get I think this team work effects that I like to call synergy. And you're able to build as I mentioned earlier we were talking about we can build a better mousetrap.

Not because of some new thing that just doesn't exist. And we just sort of know by already using the tools that we've been given. And that's what Doctor Forsyth and Doctor Anderson has done.

So now they're able to carry on that work and hopefully maybe you'll add your spin to it of something that you've come across that will now make that mousetrap a little better.

Okay, great. Now let's take that. Let's research had a look at it. Is it just quality of life. Is it actual outcome. Is it long term survival I don't know, that's what research is about.

And I've seen with with my cancer patients, you know, when you bring in that protocol along with, you know, the photodynamic therapies that we're doing, the oxidative stress, you know, like the vitamin C, an artist's innate and and then controlling some other inflammatory drivers like etcd, curcumin and all these kind of things.

But then to really combine that with, you know, that that poly MVA and also the DCA, I mean, I've seen phenomenal results. You know, I have patients are only given a few months that all of a sudden the cancer's gone.

And here they still are many, many, many years later. So it is it is really phenomenal to see.

DCA, Mitochondrial Support, and Synergy

I mean, obviously we can say that this is what cured cancer. This is all we're doing is that we're we're correcting dysfunctional processes in the body so that the body can then start to function normally again.

And then by using these natural tools, we are then able to do that. It's you know, you mentioned the oxidative therapies and the antioxidants. And, and I like to reframe that in, redox balancing.

So, redox reactions are oxidative reactions as well as antioxidant reactions. They're both give and take. In other words simply something gives an electron, something takes away an electron.

But it has to happen in balance. Our cells and healthy cells are in that balance. They're giving, they're taking, they're giving. They're whenever they get stuck.

Oh, too much oxidative. Oh not enough oxidative right. It requires both. So I think a lot of times out there people think that oxidation is bad. You know, a little bit of oxidation is a good thing, but it has to be done in balance.

And mitochondria are super, super susceptible to that balance. And when they get out of balance, it throws off their voltage, it throws off their energy patterns.

And all of a sudden, just like our cell phones, right. They were 100%. Now they're at 90%, now they're at 75%. Now they're at 60%. Oh. And now the 30%.

What's it going to do? It's going to shut off this application, shut off your windows, shut off your your Wi-Fi, turn your Bluetooth. It's going to try and save itself ultimately so it doesn't use up all its energy and die.

Our cells do the same thing. And if they can get boosted back up, that's what sometimes people like to refer to as poorly, and b as a little jump starter and jump starts their battery back to get.

Okay, let me get back to normal working so I can keep keep going and bring things back online because all our cells need that. Our muscle cells, our pancreas doing its thing, our kidneys doing their thing, liver doing its thing, heart doing its thing, lung doing their thing.

They don't do all my magic. They do all my mitochondrial respiration. And I love how you brought in the battery effect. Yeah. Because essentially all cells are our batteries.

And we have this kind of voltage potential, you know, between, you know, over the cell wall membrane. And we

can actually they have actually measure to see, you know, you have a healthy as you have a voltage potential and between cell membrane.

And then when the cell becomes, you know, moves towards become cancerous that start to drop, drop, drop. And you know, by then bringing energy to increase that voltage again, you're then able to then bring that that you know, that cell into, like you're saying like a cell phone or, you know, whatever your laptop, where it now starts to function normally and doesn't have to go into that survival state or energy saving mode.

Right. Well, it's pretty amazing that doctor that was measuring that voltage in cells 30 plus years ago, that's where he came up with saying, if I could make a shunt, if I could get a little battery booster in there, would that help?

And then he went down the pathway of, okay, what would that look like? Well, alpha lipoic acid and thymine are two cofactors for the conversion of that pyruvate to acetyl CoA.

And acetyl CoA is critical for to kick off the Krebs cycle. Hey maybe and that was his theory. And he worked on that theory for the better part of 50 years of his research to to create what he created that allows it to do what it allows it to.

Pretty phenomenal. So anybody who wants to to deep dive that, that, that, rabbit hole, let me know and I'll give you his book and, can see how you get through it, because it took me about ten years to get through his book for that.

But yeah, at the end of the day, that's what he was doing. And that's what our body does. And that's what Doctor Warburg explained, you know, in his way back in the 1930s and what others then took to it.

And now what we're doing with the research and now we're understanding the different metabolites and we're trying to play with these enzymes and ozone and vitamin C's and light therapies and hyperbaric.

What are we targeting? We're targeting that oxygen pathway. You know, as is jokingly I always ask everybody is what's more important, you know, food, water, oxygen.

Well stop breathing for five minutes and you'll find out really quickly which was the most important. Right. So without it, our cells will immediately plummet.

And when that happens, dysfunction will happen immediately. And even cell death. And so to protect that I think is critical going forward in the future.

And it's already been proven out with, Doctor Forsyth, with Doctor Anderson. And your case is that you're doing and, one thing that's crucial when you're dealing with any kind of, know, system or, you know, immunosuppressive type of, illness, like cancer is obviously the immune system.

And obviously also if you do traditional oncology care, then, you know, the immune system gets, you know, beaten up and you really need to support that as much as possible.

And we know that, you know, white blood cells, they need energy as well. I mean, they they require. And it's fascinating when I look at, you know, white blood cells and you look at tissue samples under microscope and we can then see the activity of these white blood cells.

And you see some they're just kind of laying there. They're laying by the pool having a margarita. And they have no intention of doing anything. So yes, they will show up.

You know, when you do as a CBC, I'll say, oh, you got neutrophils, you got lymphocytes, get all that. But when you look at, the microscope they're doing nothing.

And so the importance then of, of fueling them with energy so that they can go out there and, you know, battle infections and target cancer cells and things.

You know, that becomes so important as well. And so not only just for our cellular health, but also for our immune system. It's so important. Well, it's huge as as you just nicely described the lazy white blood cell, the amount of energy our immune system will take will require when it gets turned on, will put us in bed the next day, right?

I mean, which which one of us has not ever felt fine today? And then tomorrow morning you wake up going like, I can't do this. I can't get up, I get dizzy.

I might I feel weak, okay. Why? Because our metabolism shifted and said, guess what? Emergency response team better respond. Call the fire department, get the police out there.

Call the first responders. That's where all the resources have to go. And if it if it doesn't, then what happens? Well, that fire is going to rage and the first responders can't help.

That's what our immune system really is. It's first responders they require and they're necessary. And they'll take all that energy, which is okay because what do we need to do?

We need to rest, right? Drink lots of fluids, take our supplements. Right. Help to support our immune system. I mean, how many studies show that you know, people who have co-morbidities to any situation have low nutrition, low vitamin D, low vitamin C intake?

Really? Low zinc. I mean, this this isn't rocket science. Yeah. I mean, our grandmothers do this, and they were, you know, they were highly educated and yet they knew.

Here, drink this, this this. I made you from the carton. Here, have some fresh chicken soup that I just made you from the from the from the carton. And yet we're now doing it, but now we're able to do it in the modern world with understanding how important vitamin D is.

And Ivy nutrition and and all these other supplementation and the role curcumin plays. And so we just have all these wonderful tools. And now these physicians, you included, are able to bring those to bear to for these individuals that are going through these advanced cancer patients.

And yet they would be the same treatments, maybe not the same doses for someone who has a long haul, a long term concern, an immune system that's cancer.

Maybe they're you know, what is Ottawa immunity? They're a dysfunctional immune system that's not balancing itself out, that doesn't know. Do I go right or do I go left?

It doesn't know what to do.

Immune Support, Prevention, and Long-Term Health

So by helping it, by bringing the nutrition in primarily energy, that's what we can bring it back online and that we're stable. Yeah. And depending on obviously how low that battery is, you know, that will then determine how much extra juice that we're needing in order to be able to kind of bring those that cellular function, the immune system, up to optimum.

And so that's why when somebody's battling cancer, obviously the dosage is going to be different than somebody that is needing it for preventative or for energy or for autoimmune or, you know, whatever it may be, you know, so, I mean, for me, with my cancer patients, you know, we tend to do like a, you know, two teaspoons, you know, four times a day just so we can really turn that energy up and build up that battery effect in the cells and, and in the white blood cells.

But but for them preventative I mean, obviously nobody wants to get cancer. So what what is kind of I assume that this is a phenomenal preventative care as well.

Well, I mean, definitely I mean, I personally, you know, your the best offense is is a great defense in my opinion. Right. I love football. So I'll, I'll use that as my metaphor.

Right. If you got a great defense that stops the other team's offense all the time, then you don't have to worry about anything and the defense can actually score, you know, a touchdown on a fumble or an interception.

So the defense could actually win the game for you, as many of us have seen that and in the NFL. So, that's my initial position and I apply that to myself from a health perspective.

So it comes down to not only the supplementation, but also getting enough sleep right. Staying hydrated, the food that you eat, the stress in your life, all those play a role ultimately in our overall health.

So we talked about the expression of DNA, okay. That expression of DNA, if our energy levels are 100%, it has a better ability to combat anything. Once that energy level starts to drop off, all of a sudden, I don't have the energy.

I can't, I don't I can't send any first responders over to that area right now because I'm limited. Well, you're going to have to cross your fingers so that it can take care of it themselves.

If they do, great. If they don't, then there's going to be a problem. And when it comes to the oncology space, I think this is where we've at least I've seen it. I'm sure.

You know, I love to hear your opinion on that. The problem is, over time, cancer just doesn't show up like the cold or the flu and say, oh, here I am the next day, right?

It could have established itself and it could be three years. It could be five years, it might be 10 or 15 or even 20 years, depending upon the situation.

And then by that time it's taken hold and it's even more difficult to address at that point. So yes, defensively, I take my poly every day along with my vitamin D, along with my CoQ10, along with my immune support, along with my vitamin C, along with micro Q, right.

I take those regularly. I forget sometimes too, but, it they're sitting right there on my desk. I and especially I mean, we've gone through this Covid era.

Yeah, I'm obviously we're still, you know, and people are still dealing with in some fashion. But yeah. And we know that, you know, one of the impacts, you know, both from if somebody, you know, caught Covid or you, you did the Covid vaccine.

Yeah. Is is really you know the impact was mitochondrial in addition to, you know, very inflammatory and obviously tissue that does not have energy is going to start to be inflamed.

So, you know, if we can then, you know, recognizing the stressors that we are exposed to on a daily basis, it becomes even more important to be more vigilant now than what we needed to be 30, 40, 80 years ago, just because we are dealing with things that we have not been exposed to in the past.

And so we need to be much more vigilant in our care and utilizing these kind of tools. And, and in my mind become essential, because we, we I mean, there's so much that we can't see that we're dealing with that is bring that bringing our health down.

It is. And so I think both a blessing and a curse of what the 21st century has provided for human beings that, as I read this one study and one at a deep dive, a little bit more, but basically it was that the amount of stress that a human being now in Western society in the US takes on in 30 days of living in, especially like in California, is like ten years of what our grandparents stress was.

And I saw that it was the highlight of the of this article. And I went, well, I mean, let me look at that. But and where

they were going with it was guess what?

Because 80 years ago they didn't have even TV. So once, once it got dark outside, you know, they didn't that those grandparents didn't even have running water or electricity.

So, you know, you had candle light. You had. So you lived about simpler life that was far less stressful now that they have stressors. Of course they did, but they lived a completely different lifestyle than we live today.

And we're seeing the downside of what and a continuous staying on board all the time lifestyle will create are these stressors that we're seeing in our children, in our youth, even in some of our elderly at this point, because we don't get that right.

Our bodies weren't designed this way, and yet we're forcing them into it. And so now we even have to be more vigilant against it. So now the thought process for me is, you know, well, I have to tell myself, all right, get your, you know, eight hours of sleep.

I know you could probably stay up till 11 tonight and you'd be fine, but what's that going to have an effect on you in 5 or 10 years? Get your sleep now. Right.

All right. Fine. I'll go to bed early. Okay. You know, you know, just the little nuances that I have to then make my own adjustments in my own lifestyle.

Even in poly. I mean, I used to get by with half a teaspoon. Now, my 50s, I'm doing a teaspoon. What seems to be sometimes twice a day. Is it the stress?

Is it? You know, so, I'm my own, guinea pig on my on myself as well as my three sons that they've been on poorly since they were in utero. So I'm, I'm really looking to see if it.

Because they take their poly in their coat. They take it like every morning. It's on their counter. I'm like, yeah, I had Flintstone vitamins as a kid.

You know. So this will be interesting to see. See how this plays out. Over human health over the long term. I just don't want to take any chances. I lost my mother to cancer.

I lost my sister to cancer. I've lost lots of friends and other family members. And I do not want that to happen to me. Yeah, I love it. Well, I'll I I'm so appreciative that you are, you know, carrying the torch and making sure that this product is still available.

And I don't know, if people really recognize the effort that it takes to, to have something like this, you know, it's such a tool to be out there and educate people so they know that it's available.

And just all the rigmarole to kind of running a company to, you know, make sure that this is still, still available for people. And I'm very grateful, you know, because I use poly, you know, as I said, on a daily, daily basis.

And I know there are lots of doctors out there that really appreciate your efforts. And so thank you. Thank you so much, I appreciate that. Thank you. And, I'll keep it going as long as I can.

And if one of my sons will come up and take over, then we'll keep it going even longer, I love it. Thank you, I appreciate it. Thank you. Michael. Take care. Bye bye.