Introduction and Jane McLellandu2019s Story

Hi, it's Dr. Jenn. Welcome back. I have a truly special soul with us today. This woman is brilliant. She is brave. She is captivating. And I know that her story will not only resonate with you, but inspire you and empower you.

This is Jane McLelland. She is a winner of the Lifetime Achievement Award in 2019 of Amazing Women Global for Unsung Heroes. Her work is for educating and helping patients since 2003.

And Jane, first, welcome. Thank you so much for being here today. Thank you for inviting me to be part of this truly special. You have a truly amazing story which you then told in your book, How to Starve Cancer, which I have.

I don't know if you're going to be able to see how many tabs are eating. It's not cooperating, but trust saying that there is like as. I can see. A zillion tabs on the book because I have read it more than once, more than twice, more than thrice, and I refer to it often because it's just brilliant.

And I think it serves such an unmet need. Yeah, well, that's the reason I wrote it really, because I realized that I had an idea and a vision of how cancer patients could approach a diagnosis and look at their way of treating a skin and metabolic way that hadn't been seen before.

I tried to put it together like her. I mean, it's a complicated jigsaw puzzle. The whole cancer is not just fitting a little bit of chemo here and a bit of radiotherapy there, and that's going to complete the picture back to normal.

Not the case. There are so many pieces missing, but it's how do you do that and what kind of structured way do you approach this? And that's what I kind of tried to do, is sort of put it in some sort of structure for people to try to guide them towards solving it and then rebooting the immune system as well as alongside all the conventional therapies as well.

Yeah. So tell us your story. Tell us how you came by all of this wisdom. Yeah, well, I'm not a doctor, so. But I was formerly a chartered physiotherapist in the NHS.

And what does that mean? What is that for, for people in the US? Yeah, I think it's a physical therapist. You call them over there. So I did a lot of medical training before I qualified to start physio.

So I hadn't done anything in oncology other than basic stuff for respiratory physio or, you know, exercise rehab afterwards or for lymphedema. Nothing about the actual nuts and bolts of of the cancer itself.

I knew a little bit about the pathology, but I certainly didn't understand some of the words like angiogenesis and keywords that kind of get thrown at you.

What about it? Did you have any background in pharmaceuticals and in pharmakinetics? No, I had to learn it all myself. Everything is self-taught from kind of ground zero.

You know, I really had no no real basic understanding of of oncology at all. So this was thrown into it because, of course, I had a diagnosis myself. It wasn't breast cancer, it was cervical cancer.

And then a few years later, it had spread to my lungs. But in the meantime, my mother had got stage four breast cancer, and it was a bit of a hunt to try and save her.

That kind of led me into looking beyond the conventional treatments to think about other ways or where are we missing those pieces of the jigsaw? Where do they slot in?

Why do we not have the full picture? Why can we not cure stage four? It's a massive problem, and I was absolutely sure there were some pieces missing of the jigsaw that were hidden in old literature.

But somehow if I dug around in the research long enough, I would dig up some something that would help me. So I started with my mum back in 96 and I was hunting around trying to find things for her, didn't come across the research that saved me.

Sadly, I did come across some things that I think are quite useful for stage four breast cancer. So I know that IGF one for IGF two as well are both implicated.

So these are growth factors, insulin like growth factors, one and two. And I also knew that glucose was a major stimulation for feeding the cancer. I knew that stopping the cancer would lead so down.

I had no idea whether I could stop it or not, but I was trying to buy time with everything I was looking at. I didn't think when I got to stage four that I was going to survive.

You know, as far as I looked on the the Internet, I had no chance at all.

Cancer as a Metabolic Disease

No chance. I think that that is a very common story on the Internet, because the Internet, unfortunately, at least right now, that the dialog is being highly controlled.

Right. And it's very hard to find the truth on the Internet anymore. And what it's filled with mostly is stories of conventional medicine. And conventional medicine alone will never change that path that you're on.

Now, unfortunately, it's all down to money, really, with big pharma. They need to have their patents. They need to have those making money back for the big pharma companies.

And you always need a combination. Whatever you do with cancer, you can't just target one pathway. What I tried to demonstrate in my book is if you block one pathway, it literally just finds another pathway and comes back in a different way.

There are always going to be resistance pathways, and that's not just true of conventional treatment. That's also true of even things like vitamin C and, you know, lots of other natural treatments.

They all have resistance pathways that you need to understand so that you can then block those as well. So I built up my metro map, which is kind of like my little triangle in my book, which is kind of like just showing all the key pathways that cancer uses and then showing, you know, effectively how to block quite a few of them.

Yeah. And to make cancer sort of slow down into submission. But it is it's not a straightforward thing. And I think if people are going into the complementary side, the integrative side of looking after their cancer, they have to be open minded about the fact that they may have to take quite a few supplements.

So they may have to take intravenous vitamin C or they you know, there's a whole host of different complementary treatments that will work, but not on their own.

You need to do multiple things together. Ideally, yeah, just to make them work better. So can we back up a little bit because I, I believe that the foundation of your, your thought and your prescriptive are that cancer is a metabolic disease.

And I don't know that everyone knows what that means or understands that as a concept. So can we back up at and talk about cancer as a metabolic disease?

Absolutely. And the way I describe it, it's a bit like looking down through looking at aerial view down on Piccadilly

Circus. Now, generally speaking, cancer is seen as a genetic disease.

Okay. So if you're looking down on Piccadilly Circus, you've got these key roads coming in. These are kind of like the key genetic changes. This has been the focus of traditional oncology since the 1950s when they discovered the P53 and they thought that that was the key.

Once he'd sorted out the p53, everything would fall into place. We would have cancer sorted. So it's been thought of as this genetic disease for decades and it's still thought of that way.

They haven't quite understood the influence of the metabolism. And so what I say is if you look at aerial, you see all this stuff going on, people milling around in all sorts of different directions, and you can have thousands of genetic changes.

It's the same thing. You block one mutation, it'll just pop up another mutation. Whereas if you look at the underground system of Piccadilly Circus, you've got lots of lines going into Piccadilly Circus.

Same thing now, but fewer. You actually have easier routes to block getting to Piccadilly Circus on the metabolic line and by that I mean routes that are glucose driven, glutamine driven, which is an amino acid and fat driven.

Those are the three macros in your diet. So you've got carb, fat and protein. And if you block all three in, I don't mean starving yourself, you can do some short term fasting.

That's okay, but I don't think long term fasting is anything that I would recommend. But I do know people that have done it. But just blocking out those metabolic gruesome metabolism is the way that cancer feeds.

So it feeds very much on glucose. It has something like ten times the number of glucose receptors on its surface. And these, you know, it's called the glucose receptor one.

Normally your muscles use glucose receptor for a totally different route. So these are new glucose receptors that pop up to the surface with cancer and a pulling glucose and so you've got lots of different routes to try and block the cancer because certain supplements will actually block that that route.

So the glucose, for example, is the glucose receptors are blocked by things like Quercetin and Mobeen, diesel and Fenton dissolving in Flume and is all and I think fluid.

And so even though I talk mostly about moving dissolved and fen been dissolved but actually if you look at fluid and dissolved, which is another there will anti-parasitic fluid and it's all actually could be a very useful addition to the map.

And so I'm friend Ben so I'm kind of like a fan of all three, but they have slightly different effects, all of them similar fen benders own movement is all very similar.

But the Flip Anderson actually may be maybe I'm saying that may be more important than the band itself. And the Fen band dissolved for breast cancer and prostate cancer, actually, for that matter, because.

They're so similar. The diseases are very similar and. This all seems to be more implicated with cyclical ptosis. You don't need to know exactly what that is, but it's a different way of stimulating cancer.

Cell death. You don't need to take iron. Cancer has enough iron, but it's a way of stimulating in cancer to die using the iron that it has. And you use things like intravenous vitamin C, artemisinin and certain other supplements can actually potentially cause this new way of it's not a new way, it's actually only newly discovered.

So that's why it's determined to be new and st discovered in 2012 is a new way to trigger cancer cell death. But Flip Anderson might be a very good addition for for breast cancer patients in particular.

So I think what you're saying is that in order for cancer to survive has to reproduce and it needs certain building blocks in order to reproduce. It needs. Glucose.

Yeah, it needs a source of protein. Yes, glucose is is the fuel that drives it. Cancer cells are essentially protein inside a fat membrane. That's what they are with cholesterol blobs on it.

And cancer constantly wants to divide and create to daughter cells. So I know this do that is go to create a whole load of new DNA. So it needs little chunks of DNA called nuclear sites, which it has to make is quite tiring for it to make the nuclear sites and then it needs to create all these other organelles inside the cell.

You've got the mitochondria, you've got the paroxysms, you've got a whole load of different bits, machinery inside the cell that it has to create. And then it needs the energy to divide.

It needs the energy to create that. And that's where the glucose comes in primarily as a fuel. But because it's so hungry, it doesn't just rely on glucose, it actually pulls in glutamine as well.

It does something called fatty acid oxidation. All of these things actually create the fuel for the cancer cell to divide. And if you block the glucose, you'll go, okay, I'll just use more glutamine or I'll use a fatty acid oxidation.

So it's is it's a complex mixture of different things and that's why you have to look at a very coordinated attack program in order to try and push it into submission.

Now, you did this in cooperation. Well, it took you a while to find it all to help you. Right. Can you talk about that process a little bit? So I was diagnosed with stage four back in 1999.

Okay. So this is a long time ago and it has spread to my lungs. I have this Gulf bull sized tumor in my lungs. And I was told it was my lymph nodes and, you know, and that survival was zero, effectively.

You know, I had a few percent chance of living a few years, but that was it. I was lucky if I got that far. And and then I was kind of pushing along, keeping everything under control, using natural supplements, intravenous vitamin C, keep myself well detoxed, doing intermittent fasting, lots of things to suppress, suppress the metabolism.

But I wasn't quite doing enough. And then of course, I've had so much chemo and radiotherapy for my first cancer, I ended up getting a treatment related leukemia in my bone marrow, milo dysplasia, which was heading towards the leukemia.

And this is from when you were originally diagnosed, right. That's that's what the original. Chemo in 94 and 99, I was given two dose, you know, I had huge amounts of chemo and radiotherapy have lost my head twice, you know, been through all of that.

And it was the result of all the chemo and probably more the radiotherapy to my bone marrow in my pelvis, I don't know. But anyway, it was balanced. The result was that I.

Ended up going and quite frankly, they're both associated with the development of of milo dysplasia and other and other liquid tumors. And so who knows?

And you'll never know. Which. Is responsible. Yeah, exactly. And this develops between 7 to 9, generally 7 to 9 years. So you've had your original treatments.

So there are a lot more people who are surviving longer because we got better treatments. Now that we've got better immunotherapies, better teaches, you know, tyrosine kinase inhibitors, all of these things are fantastic and they extend your life.

But unfortunately, you're more at risk of getting the milo dysplasia if you've had a lot of chemo and radiotherapy in the past. So I think we are going to see more of this.

It's as a treatment related disease rather than a standalone disease. So largely disease you can have you can have various treatments. But of course I couldn't have any more chemo.

I got to the point where we already had loads of chemo. That wasn't a choice for me at this point, so I had to find another way of trying to tackle it. And there was very little on offer.

That was when I went digging, delving straight into the research, just trying to find something, anything that might extend my life at that point. So I was sticking around, came across some research and I found research on an old drug or platelet drug antiplatelet drug court.

I presume all the stops your platelets sticking together, it doesn't destroy. And this is why people get a bit confused with it. It doesn't destroy your platelets, but it stops them sticking together.

Targeting Cancer Pathways with Combination Therapy

And in fact, it shows just reading for breast cancer, drug resistance protein, which is a gene mutation you can get in a lot of cancers, don't put them all seems particularly good for this resistance that you get with this gene mutation.

And it's a very common one with breast cancer. And I presume all could be particularly useful for for that gene mutation. But anyway, I was looking back for me back then and I came across this research has shown that melanoma patients had been on this when they were stage four and they were surviving for many months.

And I thought, great, well, if it works for them, I don't know where it's going to work. For me, it might work on the blood because it's antiplatelet, so I'll give it a go.

Let's see if I can get somebody to prescribe it. So I went running off to my wonderful integrative doctor who's sadly no longer with us. And he was. Yeah, okay.

I've never prescribed it, but yeah, I can see it might be beneficial to you. He was great. Terrific. Just prescribed it to me and then I then shunted around, found more research about Lovastatin and about Non-steroidal and how they were synergistic.

So to get to they actually kill cancer five times better than just on their own. So a lot of people I find myself constantly trying to persuade people that statins can be very beneficial for cancer.

But I tend to me a lot of resistance on it, but they are particularly useful because of course hormones are driven by they were actually formed by the metal mate pathway and this is the this will help block that.

But also there are other key reasons why the Stockton's work particularly well. The cholesterol blobs on the surface of the cancer cell are a way of communicating to the environment, communicating to other cancer cells, and for it to actually create an easier transition to metastasis.

So it's a way of helping to block some of that. And also statens, believe it or not, actually block GLP one that glucose receptor, which seems a bit strange because some people end up being diabetic after being on statins for a while.

But in fact, if you have the statin and you have metformin, which is an anti diabetic drug or berberine, in fact, when I was going through my looking at my research, I actually came across Berberine quite early and berberine is a natural form of metformin and it's the combination of the two.

Berberine is fantastic as a treatment for cancer in my view. You know, it targets so many pathways and metformin does as well that targets many pathways to say you end up with a synergistic response and us taking lots of other things like fish oils and you know, lots, lots of other supplements.

I was known as maracas rattle, you know, and so I enjoyed your sailing. Friends used to call come right. Absolutely

right. And so I ended up yeah, I got through.

I, I just didn't know because I took all this combination and I really, I didn't feel any side effects or anything and I thought, I don't know whether this is working or not.

And anyway, I was as I had some blood tests done and then six months later the tests came back and I was almost in the normal range and I was so thrilled and I cannot begin to tell you.

I was like, wow, you know? And then I was a bit I didn't know because I nobody else had done this before me. So I kind of stopped because I didn't know whether I needed to carry on a big mistake.

So of course it came back harder and fast. So the next time. So I had to take my cocktail again. But you know, I've been on and off it ever since then because I'm scared to come out completely.

And and I get that. I guess the question is like, do you just have a plan where you're on for three months, off for a month, or how do you how do you do that?

I'll be honest that it goes a little bit with my lifestyle. If I know I've gone off the program falling off the wagon a little bit with my diet, or if I, you know, being on a sailing holiday with my Irish friends, which is always a disaster for me.

It's I got it. I will definitely go into the full protocol afterwards again, you know, to try and help stop any disaster that I might have kicked off again.

So, you know, I'm it does depend on what I'm doing. And, you know, I'm I'm never completely relaxed about it, even though I'm 20 odd years, you know, after the stage four diagnosis.

And I've not had any trace of cancer since 2004, as far as I'm aware. So you know, and I think it's important not to let your guard down completely with it, because nobody really knows.

I mean, I haven't I suppose I could do some circulating tumor cell tests. I haven't actually done that. And I don't know. I'm not even sure that I can fully trust them.

To be honest, the circulating tumor cell assays. Do you suppose you don't think they're valid or because you think everyone has circulating tumor cells?

And so to invest in that outcome would take you down an unneeded path? Exactly. I think it might not me bank psychologically. I'm just worried that that's not what I need.

Maybe is what I need. Push me back into a, you know, a strict approach protocol. But I don't think I need it at this stage. I so I have not mind. I'm curious for things like statins, because we all know what the long term complication into our statins, there's weakness, there's depression.

You can have muscle problems, liver problems, a decrease in in sexual function, in libido, in performance and all of those things. So how do you reconcile that in terms of how you think about your long term plan?

Okay. So I have to AP Ali for genes disaster. Boy. You did not said Delta. Good. You know what else? I have cystic fibrosis. So, yeah, I know I'm a genetic disaster.

Which I know is only a testament to the fact that your genes are just part of the picture. They are environment. You. I am very worried about my mental health going forward and I've done a lot of I've looked into statins and yes, they can cause some dementia when you've been on them for a while.

But it's only confusion by sort of having the lack of cholesterol. But actually when you come off them, you can bounce back to where you were. But what I do with the Saturns now is I pulled some.

So when I was going through treatment, yes, I took them for certainly to start with for a year nonstop. And then I did them for about three months. And on I come off for two or three weeks and then I go back on them again.

So I give myself those breaks and I think it's important to do that. And I think actually maybe you could do three weeks on a week off. This is me supposing this talking to people who've looked at statins and the half life of how long they stay in your system and what they, you know, what they can do.

I think three weeks is a length of time where you can take them and then you can afford to maybe come off for a week and then go back. So you're not constantly on them.

You're giving your body that break. But one of the things about statins is that they actually reduce Coke. You ten and people think it's crazy, but actually reducing coke you ten when you have cancer for this process called Ferroptosis is quite critical because you have so Coke ten is like a key antioxidant, great for your mitochondria for rebuilding your mitochondria, but when you're actually going through treatment, sometimes you just want a blitz and you actually want to pro oxalate so you don't want any anti key antioxidants.

And Koji is one of those key along with vitamin E actually. You need to rein back. You need to pulse pro oxidants and not antioxidants. So you actually need to remove vitamin C, you need to remove the CO Q10 in order to get this pro oxidant effect.

And there are some other supplements that help reduce the glutathione, one which is your key antioxidant in your cell. And that's kind of critical as well.

So you're constantly pulsing fat. When I go back and look at my history now, I know more about Ferroptosis. I reckon I did it with intravenous vitamin C, which we know is pro oxidant.

It prevents we know that it's pro oxidant, but many people don't. So now talking to doctors, can you talk about vitamin C so that so that at least people can understand and we can only hope that their doctors start to understand the vitamin C picture.

I know you talk about it a lot in your book. You talk about the history of I know you talk about the studies. Can you just give us a brief summation? Brief summary is that there were lots of miscommunication and the way that they looked at the studies on vitamin C, so Linus Pauling did a whole load of research on high dose intravenous vitamin C, he could see it was helping the patients, helping them survive much longer.

And then the Mayo Clinic back then decided they would repeat the trials and they did it with low dose oral. You cannot have the same absorption, you cannot get the same levels.

And what happened was they had completely different results. And then it became sort of known as quackery. Intravenous vitamin C was sort of then you can't talk about it with cancer treatment because the Mayo Clinic says that it doesn't work.

So after that, that point, then they decided that they would. I'm sorry. Can we cut for a sec? Is that okay? Yeah. Jamie can just shut the door, darling.

So can you share with us vitamin C the history of vitamin C? I know you talk about it a lot in your book, and I think that this is a source of major, major confusion, both with physicians, with patients and even in the literature.

You're absolutely right. And it is very confusing. And conventional doctors and oncologists still don't get the idea that high dose intravenous vitamin C behaves very differently in the body.

Vitamin C, Statins, and Off-Label Drugs

What it does is it reacts with the iron inside the cancer cell and releases hydrogen peroxide because the cancer cells have a lot of iron already. And this is partly why it works in that it's creating this oxidative, this oxygen

environment.

And cancer hates oxygen. It doesn't survive in these high oxygen environments. And Linus Pauling had done research with a whole load of patients using high dose intravenous vitamin C, and then the Mayo Clinic replicated the studies, but using low dose, which doesn't get absorbed, you only get diarrhea with high dose vitamin C.

So with low dose vitamin C, all you get is diarrhea with low dose. Yeah, that's exactly. So never get up to the levels now. You just can't like design with vitamin C, you can maybe try, but nobody's really got the answer to that.

Yes, I don't know that you can some people say you take five grams every waking hour you might get up to, but I don't know whether that's true or not.

I still I still think you're going to have a problem with absorption. Yeah. Even with Liposomal. I mean, again, I haven't done the studies either, so I don't know.

But I that much vitamin C is very hard to absorb through your gut because that high dose you're talking about 25, 50, 75, even a hundred grams. Yeah. Yeah.

So they recommend a sort of a gram to a gram and a half per kilo of body weight for an average person. So that you're talking for me if I'm just not well, I assume I'm 60 kilos.

That would be between, you know, a 60 to 60 grams of vitamin C minimum. Yeah. So 60 to 90. Yeah. Right. That, that's the range that we would be talking about.

So it would be very, very hard to get that much through. Got absorption even with Liposomal. I don't think you could do it. I really don't think you could.

So what is the difference? How is low dose vitamin C acting and how is high dose vitamin C acting? What what is the difference? Because people just see vitamin C. Yeah.

And then it's been C actually competes with glucose for the glucose receptor. So it kind of both competing so low dose vitamin C can be useful in a star phase, but not what I call a kill phase, which is more the so I kind of delineate sort of one side is starving it, which can be antioxidant and the other side is killing it, which is pro oxidant for.

So you could use you could use low dose vitamin C as a starve phase. Thought you'd have to be very careful because like I said, it sort of upregulates different path ways.

So vitamin C will actually upregulate something called Stat3. You don't need to know what that is particularly, but a really good supplement that you could take alongside the vitamin C is something called Piper Longman, which is long pepper, Piper Lung, you mean.

So if you're going to take low dose oral vitamin C, that's one thing you should take. The other thing it does unbelievably is upregulate, something called Heif one alpha.

So again, you need to block that if you're taking low dose. This is very technical and but you need to block the hip one alpha. So there are certain things you can take.

Chris in C h y SJM will help block heif one alpha so pipe lung you mean increase in are two things that I would recommend if you're taking low dose vitamin C and this research keeps coming out saying, oh, you need to avoid this, you need to just actually last week came out with vitamin E and vitamin C.

How antioxidant they are and how they do all these dreadful things and think, well, you just is always, always about the combination. Cocktails are kind of key.

You need to look at. The cocktails always make the biggest difference. And then with the high dose, can you just describe what is happening on a cellular level when you have high dose vitamin C circulating?

Yeah, it's well, it it reacts with the brain inside the cell in order to make your ion more what's known is label you need free labial ion in order to react with the vitamin C.

One of the best things for that is actually garlic. So eating lots of garlic before you have your intravenous vitamin C would be particularly useful. So that would be a good thing.

To do is very good for kissing, but it's very bad to make your treatment effective. Yeah. Does it have to be? Do you have to eat the garlic or can you take Alison or can you take garlic pills?

Yeah, I think you can take the aged garlic, the Kialla garlic. I think all of those would be useful and what that does is it helps release the iron to react with the intravenous vitamin C and the iron undergoes something called the Fenton reaction.

So the Fenton reaction is essentially iron, plus the oxygen, reduce it. It creates hydroxyl radicals and hydrogen peroxide. And that those are those are free radicals that will actually kill the cell kill cancer cells, specifically.

And the thing is, it's targeted because cancer cells can't they don't have so much is an enzyme called catalase, whereas your normal cells are able to get rid of the hydrogen peroxide and detoxify and all the rest it cancer cells can't they're not so capable of getting rid of those free radicals.

So they're much more vulnerable when you come to actually killing them with the hydrogen peroxide. And can you talk a little bit because we did talk about combinations, and I do want to hear about your experience with chemotherapy, but for the purposes of staying on track here, can you talk about the combination of high dose vitamin C and chemotherapy because so many people are told not to have vitamin C when they're getting chemotherapy because again, they're caught in that it's an antioxidant and a lot of chemotherapeutic regimens work by free radical generation.

And they don't want anything to bind the free radicals. And they again goes back to the understanding of not knowing the difference between low dose vitamin C and high dose vitamin C.

So can you talk about vitamin C in the context of chemo misunderstanding? And there are many more trials being done now looking at combining chemotherapy protocols with intravenous protocols.

And actually, you know, you only need, I think, the in clinic, which is kind of like the leader in all of these intravenous vitamin C treatments. I think they treat people the day after with intravenous vitamin C, don't count that as absolute meals.

You know, I think they treat patients the day after because it helps a detoxify with the chemotherapy that they receive the day before. And it's another is an extension with the pro oxidation is kind of helping the cancer to work the anti-cancer effective for chemo to work.

So you're getting a combination of two things hitting it rather than just the one. So I think it's misunderstood. It will come back. It's taking a long time to become much more accepted again by the medical profession.

I'm hoping you know, and I don't see enough people actually using it. So I've been giving some talks here and, you know, to about 60 to 100 people sometimes.

And I ask people to put the hands up who's had intravenous vitamin C and it's less than ten of all of them. Yeah. Wow. You know, why is it because it's so expensive?

Is it because they don't have access to it? I think it's a combination of factors and that's something I want to change in the UK. I want to make it more accessible for people to have.

But I mean quite frankly, this is something that should be happening in every single chemotherapeutic suite. So this should be one of their offerings and it couldn't be more convenient for them and it's very inexpensive for them to do it.

But a lot of those. Employees should absolutely paying for this. Yes, right. If they're going to be immunotherapies, which are £100,000 a year or whatever they are, you know, absurd.

Totally absurd prices. Why can't they afford and pay for intravenous vitamin C? Yeah. I couldn't agree more. Yeah. So I actually I run a Facebook group called Keeping Oppressed Adaptogen and there is there are constant conversations around people's feelings about having had the conventional medical treatments.

And there's a lot of regrets, a lot of the reasons why I think are because they didn't have any support around how to get the best of their treatment and how to combat the side effects and how to recover.

So I'm curious to hear how you feel about having undergone all of that conventional therapy in the beginning of your journey? Well, I came up with a lot of resistance from my family, not so much from friends, because I didn't really tell them anything.

But my family certainly knew what I was doing. And I had I had a I have two surgeons in my family, immediate family, and they were watching what I was doing.

I thought I was bonkers. This tickle me to my face. I was crazy and kind of fun, but nothing but sort of. Yes. Are crazy, but it's in your shoes. So I guess I'd probably do the same would be going through their heads and but you know, I just ignored some of the and it is hard because you can get a lot of pushback from relatives who think that you're undermining what you're doing with your conventional treatment.

And this is it is a problem. And that and you have got to be careful that you don't undermine the treatments if you're taking high doses of vitamin E, vitamin C in particular is kind of and, you know, the cokey tender and chemo you need to avoid those.

But, you know, it's very hard to work your way through the protocol and put keep yourself on the level. If everybody else is telling you that you're doing the wrong thing, that you're you're making yourself waste away.

For example, if you're doing I mean, the ketogenic diet, for example, I didn't do the keto diet diet I knew about what was his name, Atkins, but it was not called ketogenic diet.

Back in my day I thought, What do I do in Atkins? No, because there's too many wrong fats in them. I'm not going to do that. It was like. I mean, the Atkins God rest his soul was terrible.

I mean, you know, he himself died of heart disease. So, you know, it's like not. Now, but. But healthy. Listen, helpless. Hell, yeah. And I looked at that and what I did was I didn't do a full ketogenic diet.

I sort of pulsed a little bit into ketosis, so I'd do quite a bit of intermittent fasting. I started off with a macrobiotic diet for about three months.

That was tough going, and then I kind of switched more to low GI Paleo kind of diet, but again, with a bit of intermittent fasting, some was starving myself, but I think that my relatives were all sure that I was harming myself, that I wasn't getting enough nutrition possibly, or something like that.

But Domino's stuffing my face believe all these supplements to get all the minerals and all the vitamins and things that I thought I did need, you know, and specific like polyphenols, flavonoids that were actually targeting the cancer specifically, you know, that's what I was after.

So I read something and go and get them. I admire if you look in my kitchen, it still is like a natural health food shopping. Yeah, yeah. Loads load of supplements in there.

Yeah. And it is hard to withstand the pressure and it's also hard to do it yourself because you don't know like what is what supplements are helping you, what supplements are harming you, what is going to make treatment better, what is going to interfere with treatment and all that stuff.

Then I didn't really understand the process of what the supplements each blocked. I've kind of worked it out I've so this is part of my metro map is trying to work out like quercetin for example blocks the glute one receptor and baseline blocks the insulin like growth factor two which is kind of key in breast cancer as well.

So that but it's sort of working out what those what those pathways are, what all the supplements do. And when I look back because, you know, it is only hindsight that I realized I'd actually done a pretty extensive protocol blocking.

So all the key pathways. So my metro map, I didn't know I was doing it, but I was blocking pretty much most of them. I wasn't really blocking autophagy and I wasn't really blocking the proteins.

I'm I was there quite a few things. I wasn't looking but it didn't seem to matter at that point. I, you know, it wasn't, they weren't probably the key pathways that to be are.

They weren't they weren't. But you know what I pick me. Yeah they might give somebody else but I you know for for breast cancer autophagy can be particularly for her to her to breast cancer patients.

I've had cancer patient come to me. She had heard she had breast cancer she was doing my price call did phenomenally well. She's been treated by the bustier clinic in Seattle.

And anyway, she was doing really well, really, really well and frankly just like gobsmacked because she got to no evidence of disease and then she looked great that say, I've done it.

And then it started, you see, started to resist those treatment. Resistance pathways started to kick in and I said she recipe plot the autophagy path the you know the macro openness factor.

No I haven't blocked that. So I said my you need to take some black seed oil or loratadine loratadine is Claritin, but this is not medical advice, understanding the things that would block that particular pathway.

Obviously discussed with her doctor, but the whole point was that she was then able to go back then at these things. And actually chloroquine, when you look at her septum and chloroquine together, they actually because chloroquine is another one that will block that autophagy pathway.

Autophagy can be both good and bad in cancer. Cancer cells actually use autophagy at some point to feed it themselves. So you've got to look at blocking that, particularly with her too.

So she went back on to the whole treatment approach because she just added the black seed oil loratadine, which is Claritin over the counter, and then bingo went away again like and she's actually now she doesn't even take any conventional medicines at all.

She's I don't even think she's on her septum. She's on she just take some of the off label drugs and she takes lots of supplements. But she's fine. You know, she's pretty well. Pretty well.

And I think ultimately it is going to be about the individual and what that person needs. And the duration of treatment is also going to be about the individual and what that person needs.

But that ultimately this is a journey, it's not a destination. And health is not a passive state. We have to constantly pursue health and we have to constantly work at our health.

It can't be purchased, can't be bought, can't be found from any extrinsic means. It has to be something that we are constantly creating. We need effort involved.

And that's one of the big problems is that some people just can't be bothered to make the effort and it's gutting.

Conventional Treatment, Lifestyle, and Support

If you were a relative of somebody who's got cancer and you know that they should be doing all this stuff, it's it can be very hard to watch them die because they just haven't made any effort at all.

I mean, they still die and, you know, it may not be anything to do with whether they have a go or not, but nobody can really guarantee what's going to happen.

But if you know that they're harming themselves by eating the wrong things, it can be very hard for the relatives to sit by and watch and and know that they're actually making themselves worse.

Yeah. Again, watch them eat that bag of chips. It's really. Yeah. No, it's it's very it's very hard. And at the same time, I think that there are a lot of people willing to do the work and just don't know where to turn.

Because if you are trying to stay within the confines of conventional medicine, these answers are not there. They are. They are still talking about what you eat.

Doesn't matter. They're not they're not giving any lifestyle advice, intervention. They're not even really asking you about any of that. You brought up oxygenation before and how cancer cells hate oxygen and so one of the very best things that you can do is have a very oxygenated body.

And that happens by eating right, by moving, you know, movement is so key to all of this. And and that is not something that is included in the conventional medical world all.

So for the people that want to do the right thing but just don't know how. What is your advice to them? Because I think you have a website talks about providers that can help people with your protocols.

Yes, I have a website and I have a doctor's tap on that so people can look up doctors maybe in their area, but a lot of them will do some consults as well.

So you don't have to necessarily be in the area, although sometimes you have to maybe do one visit before they take you on. But it's I have is it increases but if you know of any doctors or anybody else who should be on contact me and let me know so I cannot them is is stunned really by word of mouth and dumbing good faith really that these doctors actually are looking at adding in some of these off label drugs.

So it's not just because there are lots of doctors who do the integrative therapies, I mean, tons of them. But what I'm looking for specifically on my website are doctors who will go that extra step and actually prescribe some of these off label drugs.

Unfortunately, don't print them all. It's not something you can get hold of in the USA. I've got it because I know just how useful it is with breast cancer, so I don't know how you guys are going to get it.

Maybe, I don't know. Then I do have to think about some ways of some way of getting it over to you a little bit easier because I can get it easily in the UK and.

I wonder if it's available. You don't get so I'm not sure about Canada actually. That's a good point. I can't remember. Because I know a lot of people just because of cost difference choose to get their medicines from Canada because there is such a cost differential between purchasing things in the US and purchasing them in Canada.

And I think that, you know, that part and parcel speaks to the issue with our medical system in that we are not only overlooking things that are potentially helpful, but we are intent rationally not allowing for them to be part of the conversation because they're not part of the medical machine, because they cannot be overcharged and and bring

in huge profits.

So they are discarded for all intents and purposes, they are discarded. But, you know, they're not bringing in the huge profits for big pharma, even Atorvastatin, which is kind of like the blockbuster statin is now off patent.

Yeah. And there there are generics you can get instead. So you know, it's, it's, it's a the pharmaceutical industry is sort of they see this as a problem themselves as well.

Of course, they want to keep making money out of their blockbuster drugs. But and they want to just create new ones. Yeah. All the time. Yeah. Right. Because they, they, they would far rather sell you something on patent than something that's off patent that is available generically at a very low price.

Actually, it's kind of sad what's happening in the chemotherapeutic world and even in some of the pharmaceuticals where once the drugs come off patent, they're making like really, really minor, minor, not meaningful changes and calling in a new drug.

And then, you know, it's then again on patent so you can apparently like change the color of the pill, change the coating on the outside, and now it's you get your now that's a new drug.

So I'm, you know, that's like really despicable. And I hope that that's not true. Although I did hear from a fairly reliable source that it is. And you can read about it in a book called Malignant.

I forget who wrote it. Sam will come to me. But you know the pharmaceutics companies approach, especially to cancer care. I mean, the the potential money that they make off of the New cancer drug is so enormous that it clouds the purpose now and they're no longer applying for drugs that increase cure.

They're applying with these these what is it called? And my God, when you have someone carry your baby for you, surrogate end points. Yeah, they apply for these surrogate end points like it decreases the size of the tumor or something other than survival.

And they're getting approved on that basis. And then people and then they're being prescribed and people are taking these medications with huge, huge side effects costs that are both financial, but people are paying with their health as well and paying with their time and for the metastatic population, paying with the little time that they have left for no increase in survival.

You know, and it's very it's very, very sad and very, very scary. And I am so very grateful for people like you who provide an alternate path. I don't want to call it an alternative past.

I want to call it an alternate path that that gets people. To. Where they actually want to go. Right. That is that is that is helping them to reverse disease to to reinstate their health.

And if followed, keep them there. Yeah, exactly. So I'm not against conventional medicines at all, but has stopped. And we know that it doesn't block all the pathways.

We know that the chemotherapies don't lock all the pathways. So it's just a matter of trying to work out what those resistance pathways are and adding things in to make sure conventional treatments work better and get rid of the cancer stem cell, which is always left behind with chemo and radiotherapy because they're slow dividing cells.

So they're not going to get wiped out with chemotherapy or or radiotherapy. None of that is actually going to work to kill the stem cell. And that's that's a big problem.

That's the key little naughty one that comes back that survives all of those treatments. And you think you've got rid of the whole tumor because it looks like it's all shrunk on the x ray.

Fantastic. PET scan comes back looking wonderful, but it doesn't pick up the tiny ones. You know that you've got

any one cancer stem cell per 10,000 of the fast dividing cells.

So very, very small number of these cancer stem cells. But they're the they're the ones that can trigger and spawn a new metastatic tumor. So important, be getting rid of those as well, which is where my treatment comes in.

It's my approach is to sort of block the feeding pathways because the cancer stem cells are very hungry and they kind of swell up to a lot and they produce, you know, all of these changes in it.

So it's that they are much more vulnerable to being starved and certainly more vulnerable to being something. And people do worry about starving their healthy cells.

But your healthy cells are really very resilient. Yes, they are. I think that that's so important. Yeah. And I think people need to realize that this is not some kooky, weird approach.

This is based in science. You know, this is you're not going to suddenly it doesn't come extended fast. There's no point doing that. Why would you do that?

Because you want to slow it down and stop it. You don't want to just try and kill it straight away. It'll find a way round it. In fact, if you try and kill it straightaway with too much fasting, it'll use about a G pathway to to repeat itself and just gather up stuff from the environment to and then feed itself in a different way and that's where you get to texture.

You get all of that going on. So that's and that's the starvation that you get with cancer. If people don't know what cancer is, it's the cancer associated wasting light can.

Yeah, it's just a starvation process. Yeah, it's, it's kind of like when you have so much tumor burden that it is more or less hijacked your metabolism and every single thing that you consume is going towards tumor growth rather than to your own health promotion.

And it's a very end stage state at which time, if you are trying to starve yourself, it will. That will not be the solution. No, definitely not the solution.

So we talked about so many great things today. I just want to spend a couple of minutes reviewing and wrapping up. We talked about some growth factors, IGF1, IGF2 we talked about why cancer is a metabolic disease.

And knowing that cancer is a metabolic disease, using what we know about metabolism to health affect tumor growth and tumor capability. So block it. Looking at the gluten, the glucose pathway, the glutamine pathway, the fat pathway and blocking those.

And it's about the combination of doing that. It's always about the common and the combination. Of glucose that uses glutamine will use fat, it will use many different substrates and breath driven cancers, even use ketones to a certain extent as well. So you just got to be a little bit careful about just making sure you block different pathways together.

Don't don't hold back. That's the worst thing is patients being so scared that they do nothing. And that's kind of the worst thing as well. You need to have that bravery to go, I'm going to die in this.

I do something. So what am I going to do? You can't just sit there and do nothing. Sarah So you have to get on some sort of program. You can't just wait for God to rescue you because yeah, I'm afraid to say she won't.

You have to actually do something active. Don't be passive about it. You really have got to. You can have your belief in God that will help you enormously.

If you want. It's up to you. Yeah, for sure. I always use the example and I am a woman of deep faith and I deeply believe in God. And I deeply believe that God has a plan for me.

I also think that I have to participate in that plan. So if you're a farmer and you believe in God, unless you plant, you're not going to have any crops, right?

So your belief in God comes in, plant your field and believe, trust that God will provide the rain and the sunshine and all the nutrients in the soil that your crops need to grow.

But you will never have crops unless you plant them. We all have to do our job. We all have to participate. And while God's plan is God's plan is. But we cannot sit passively and think that we're leaving. It.

I'm sure is part of God's plan is to try and provide people with the tools to to help get them to a better place to absolutely. Absolutely. I think everyone needs to read your book, How to Starve Cancer.

And then if you are looking for a provider, there are a number of providers on your website with the same name, right? howtostarvecancer.com (howtostarvecancer.com) And and just know that there are people out there to support you and there there are ways to come at this that may not be so readily available and and your doctor may or may not understand all of this maybe give your doctor the book to read as well.

They don't always take too well to that. But you can try and and then, you know, a lot of it is trusting your gut and knowing that you are doing the right things for you and giving your body what it needs.

And then there's the whole part of making sure that you don't give your body what it doesn't need. So avoiding toxins and eating clean and making sure that you're moving and prioritizing sleep and all of those things that we talk about all of the time that goes in conjunction with this.

Not overfeeding, you know, give yourself that break of I think overfeeding is a massive issue when it comes. Massive. Yeah, I couldn't agree more. So having a fasting practice that is appropriate for what is happening with you.

Yeah. Yeah, I agree. This was so wonderful. I'm so grateful that you were here today and you are such an inspiration. I think what you have done is truly amazing, having not come from a pharmaceutical background to have taken on.

I know you took it on for a very good reason and a very good purpose. But. But the enormity of what you've done is not unappreciated. I am in awe of your work and your contribution, and you truly have made the world a better place.

And I thank you for it. Thank you. I do hope so. It's Dr. Jenn Bye for now.