“Stop Fighting Cancer And Start Treating The Cause” And “The 7 Phases Of Detoxification" Transcript

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Introduction to Dr. Kevin Connors

All right, guys, we're back with, Doctor Kevin Connors. This video is truly exciting to me because the work is so in line with what we do. And I'm excited to talk to him today and dive a little deeper.

Doctor Connors is a clinical director at Connors Clinic, an alternative cancer treatment center. He graduated with his doctorate from Northwestern Health Sciences University in 1986.

He has been studying alternative cancer care for over 23 years. He holds Amy Fellowships board certifications in anti-aging medicine, Regenerative and functional medicine, botanical medicine, and is board certified in Integrative Cancer Therapy.

So as his, perspective is truly unique, Doctor Connors is also certified in functional neurology. He has over 300 hours post-graduate, study in autism spectrum disorders, which we'd also like to touch on today.

He's trained and certified in epigenetics, clinical methylation and neutral genomics. Doctor Connors is practicing applied kinesiology. Kinesiology, with an emphasis on botanical medicine and homeopathy.

He has written numerous books. And I'm going to tell you something amazing about those books, including stop Fighting Cancer and start Treating the Cause.

The seven Phases of Detoxification. And the amazing thing is, he's actually made them available for free. So you can go to Connors clinic.com/books. It's his gift back to the world. He wants you to have access to the information and download them all for free.

Welcome today. Thank you for joining us. Thank you. Good to be here. Tastic. So first of all, just reading what you do in the scope of your experience and knowledge.

Like sincerely, I'm excited to talk to you because we hardly get to meet people that have sort of both sides of the story and are trying to find that middle ground and truly care for people.

And you've been doing this for 23 years now. Yeah. I actually been doing it for longer that mainly focused on cancer for the last 23 years. But, yeah, we've added, neutral genomics, looking at people's DNA, 7 or 8 years ago or whatever, when it first started coming out, because it's just never you hear about a new piece of the puzzle that you can help.

Understand why a person might be going through something that you could make alterations to, but their progress, it's always a blessing in itself. And you've been out there touting that, you know, your genetics aren't your destiny, meaning that there's although you get pointed in certain directions, you kind of understand what to work on, where to focus.

But there's so much more is what you learn. And I think what you're talking about, correct me if I'm wrong, is the genetic conditions that people are focused on.

You know, like you're born with this switch that needs to be turned on or off. That may equal a cancer. But most cancers aren't that right?

Genetics Are Not Destiny

Is that that correct. So there's there's really very little genetic connection directly to kids. I mean, there's people with, what's called edge syndrome, which is a specific gene, that's going to predispose down to colon cancer.

But that's that's rare. Even, you know, among people with colon cancer, a very, very small population, it's because of Lynch syndrome. So they're from a cancer and genetic perspective.

Really, I think less than 5% of the cancers have a direct genetic component. You don't get cancer because of your genes. It's that indirect piece that, if you look at some different metabolic pathways of the genetic spectrum, you could help prevent all sorts of diseases if you know what's going on.

It's kind of like you talked about with, you know, having free access to all our books. It's our gift to the world to spread knowledge. And it just sparked a thought in my mind is, is that that's really it?

The more you could know about your body and about what's going on, from a metabolic standpoint, with all your cells and you can the more you can make changes consciously, that can alter the outcomes.

And that's the whole idea. And the thinking, unfortunately, is that, you know, my mother had breast cancer. It's in my genes. It's in my genetics. Right.

There may be things going on genetically that make you at higher risk for certain exposures to cause that inflammatory or metabolic load. And that's actually the thing you need to understand and deal with.

But it doesn't directly equal cancer. Cancer is the that happens to be the smoke that got triggered for you. For somebody else, it could have been something else depending on where cellular they're sort of underwhelmed.

Right. So is that where you dove into sort of the neutral genomics. So trying to understand what are those environmental nutrition lifestyle factors. What are those loads that equal the net disease.

Right. That's really it. Because it is those secondary things and tertiary things. So if I have, for instance, if I had a lot of defects on my cytochrome P450 pathways, my liver phase one detoxification pathways, I going to have by that quite possibly a slower liver detox pathway.

So, let's say if you and I are both exposed, living a very similar lifestyle, both exposed to the exact same number of toxins, let's say, if that was even measurable.

But let's say we were both exposed to the same lifestyle. But you have really healthy, liver detox pathway genes. So you make, you know, an adequate amount of enzymes for your phase one, phase two liver detoxification pathway.

Your liver is going to be functioning very healthy, and you'll be able to process toxins faster than if I had a lot of defects on those pathways. So if I have a lot of step defects, by cytochrome P450 or by pinewood pathways, my liver is going to be able to process toxins slower than someone who does it.

And that's the idea. I mean, you can't give a 1 to 1 correlation to what that's going to do to a person's body. But if we're exposed to the same amount of poisons, I may not get rid of them as fast as someone who doesn't have those pathway defects.

And if you knew about that prior to, you know, being, you know, a diagnosis of a serious disease, you could make some alterations in your lifestyle or it may scare you straight it be careful with toxic exposure.

That could help prevent a serious diagnosis in the future. So there's some people that ask that. Okay, I understand that my liver isn't. It's a little suboptimal.

Doesn't work as well as my friend or cousin or whoever. Why does I why is the net result of that potentially cancer. What's that bridge. What what actually happens biochemistry wise, where that toxic load leads to this cellular

change that I have cancer.

Well, the physiology is simple. So if I'm exposed to poisons, whether I breathe it and whether I adjust them or reject them or put them on my skin and absorb them, those toxins get into my bloodstream.

If you can think of a kind of like a cartoon, this is how my brain works. These toxins are circulated around in your bloodstream, and they get to the liver and the liver will either say, yeah, come on in.

We could process you and get you out of the body.

How Toxic Load Drives Disease

Or if your liver is full from a genetic issue full from being overexposed to toxins full from, lifestyle of alcohol abuse or other dietary abuse, then that liver says, hey, we can't take, you know, vacancy.

That toxin circulates around the blood again. That's again knocking on the door of the liver again. Next time it goes around still full, circulate around again.

It's going to be shunted to the extracellular spaces. You're not going to just have a toxic load in your bloodstream. I mean, it's going to damage red blood cells.

It's going to damage epithelial, endothelial cells causing heart disease, cardiovascular disorders. And actually that's one of the causes of that. But it's going to be ultimately shunted to your extracellular spaces.

And that can cross your cell membrane into your cells. And that's what it could really do damage. So any sort of toxic, whether it's a heavy metal or glyphosate or some other pesticide or herbicide or anything, if it gets inside the cell, it could affect cellular function.

You have all these different, little organelles in the cell that do very specific functions. It's like, it's like literally as busy as New York City inside every single cell of your body.

If it affects the DNA, it can affect the replication cycle. So normally, most of your cells have a replication cycle of anywhere between 8 to 24 weeks, meaning that, let's say, or, liver cell is going to reproduce another liver salad 12 weeks, then that mother cell will die through a process called apoptosis.

And that cycle continues, you know, renewed body constantly. And it could redo slightly degenerate. That's what aging is. And you could do some things to help you do that.

But if something gets inside the cell, it affects the nucleus. It increases that rate of replication. That's really what cancer is. So the definition of cancer is one of your cells.

It's not an outside thing. One of your cells. Someday is affected that rate of replication. And now it's in a state of rapid replication. That's what cancer is.

And it's replicating cells that are in a state of rapid replication. So how fast that rate of replication is, whether it's once a day, it's ten every 12 weeks or multiple times a day is how aggressive the cancer is.

So, toxins are a major piece to that toxins. Anything that gets inside the cell could affect the DNA. It could be a, bio toxin, like a bacteria or a virus, but certainly more common than not, it's a toxin that affects the DNA.

So that's why, toxic exposure, can overwhelm your liver. Toxic exposure that does it get out of your body becomes a part of your body. So anything you're exposed to that you can't get rid of becomes a part of you.

And, does that mean it's going to cause cancer every time? But you increase your risk of a serious disease like that if you don't get rid of it. Right.

And this is where there's a lot of. So we deal with a lot of, particularly breast cancer patients. We're the sort of light bulb. The one off is I now know why it's not so much.

About what? Like I have cancer and how do I treat it? That acute response. Let's correct it. Right. But if you don't know why it happened, you're literally going to correct it to walk back into the exact same lifestyle environment, load, toxic level, whatever it is you were you were doing and then wonder why did it come back?

Right? So that that question, that why question, although we're kind of in that process, it's not really answer and it's not we're not even looking for that answer.

That really is the cure that that why it really is. I mean, you least have to address it. You could do chemotherapy and radiation and standards of care, and it could knock you down to no evidence of disease.

But if you don't deal with the cause and, the chance, I don't want to say it's always going to come back, but the chance that you have reoccurrence either metastasis or other, separate primary cancer, you know, the risk is there.

So if you can mitigate that risk any way possible, you're just going to have a better outcome. You know, when you're dealing with cancer patients, when when things too have progressed, you know, after stage three, stage four, how much is this type of work actually effective?

Like is this something that can only be helpful at an early stage, or are there things you can do for that stage for a patient that maybe they wouldn't normally have experience at the typical allopathic level?

Yeah. You're most of the things we're talking about here not are not being addressed at all at the alcohol level, manufacturing at a cancer patient, it's not uncommon that they'll do a genetic profile of them.

And patients take that. They got a full genetic profile. Were really they only did 12 of their Brocco genes or something like that. Yeah. So they did it get a genetic profile.

So what do we look for in a person's genes? We're not just looking at tumor suppressor genes. So your Bronco genes are tumor suppressor genes. And yes, if you have defects in specific Bronco genes, you're it's going to increase your risk of, hormone type cancer, like breast cancer, ovarian cancer, or something like that.

But however, you can't change those, those genes. You can do some things if you do know that you have those defects to help mitigate your risk somewhat.

But that's not really what we're looking at. We do look at the tumor suppressor genes in more than just the rocket genes. There's multiple tumor suppressor genes because there's ways to to, to stimulate those even if you have defects.

But you have to look at these other pathways and we'll just use the detoxification pathway as an example because we look at multiple metabolic pathways with people's genes.

But the detoxification pathway may be one of the most important because, even though I have a defect in a tumor suppressor gene, let's say I have broccoli defects, does it beta that does it cause cancer?

So your tumor suppressor genes are genes that turned on specific apoptotic cycles, meaning that if okay, if a cell goes into rapid replication, you have these genes in your cells that will turn on these tumor suppressor genes to cause the cell to die, it will cause the cell to die if it's close into rapid replication.

If I have defects in the rocket genes, it's going to be less apt to die. But still, that did it cause the replication. Something else still got inside the cell.

It damaged the DNA and caused the rapid replication it was. If I have bracketed defects, then I'm not turning on a cell apoptotic process that's killing it.

But it's that defect is not causing the cancer. So just be straightforward. Keep our listeners understanding that piece. However, if so again that you get back to what the cause is.

So is it a toxin or is it a bio toxin? What is it that got inside that cell that is causing that?

Cancer, Detox, and Cellular Damage

If it is a toxin, your toxins detoxify through your liver detox pathways. You have to make sure that those are open genetically and functionally. So it's not just your genes.

You could have a very healthy, detox pathway genes, but still have a clogged liver for other reasons to you need to address those as a clinician. And the more you can do that, even regardless of whether a person's it, you know, late stage for, it's even more important to address those pathways.

So, yeah, if you can catch a person, you know, when they're 40 years old and look at their genes and say, hey, you have these defects, you want to be more careful in this part of your lifestyle because of these defects.

You might want to supplement these kind of nutrients. Because of these defects, you might be able to push out diseases that that person may or may not get diagnosed with or eliminate that if you could be as proactive as possible.

So the patients that you're dealing with in your clinic, what's the proportion of people that are, you know, gone down this conventional route, meaning that here's the chemo, here's a and the people that are saying, yeah, I'll work with you at this level.

I want to try what you're talking about. Is that the bulk of what's going on? Well, most patients that seek us out, have already gone down the conventional route or are concurrently going down the conventional route.

It just is the nature of the beast where the person gets a diagnosis of cancer. It's a small percentage of people that are that proactive that are like, boy, this photograph cancer.

And they're thinking rationally, like, I got to go find out an alternative things to do. We do get some of those. That's a joy to work with. Those people that have had that much chemotherapy and such yet.

But but honestly, both of our patients are either in the middle of chemotherapy, irradiation or surgery or have done it and, and have failed on that pathway and then are seeking out alternative care.

So, the majority of our patients are stage four where they come to see us. That just happens to be our practice. And, people are scared when they get a cancer diagnosis and they, they tend to follow what their caller just tells them to do.

And many have great results, but some have regrets because of that, because they didn't slow down and and take a look at this. And it, is as closely as they wish they would have been.

You have this amazing reputation for these people coming to you after being failed by other methods, which are the sort of go to conventional methods, and then you end up turning things around, whereas you know, the what was meant to be the tool didn't work.

You know, again, and I think that comes back to, well, what is the purpose of the tool? It's to suppress that the last layer, the symptom versus let's figure out what's going on.

Yeah. And the tool is damaging as well. So you're doing to radiation or chemotherapy. You're adding a whole lot of toxic hits that you have to go detoxify.

So if this person actually is suffering from cancer because of failure to detoxify or hyper exposure to some sort of

toxin at some point in time, and now you're adding poisons to the body to kill the cancer, even if you sit that successfully works, you know, you do chemotherapy, it knocks the cancer down.

It is so beneficial to concurrently do a natural approach to support those detoxification pathways to get rid of that chemotherapy so it does less damage to your healthy cells.

You have less side effects of the chemotherapy. In another unique perspective you have is you've understood the methylation system at a clinical level.

Like most, you talk to most doctors and you'll hear the, you know, heal offer. And that's the extent of the conversation and of our good bad. And let's figure out what that means. Right.

So there's a lot more going on in methylation than that. And how impactful has that been as a sort of a layer on the detox? Well, that's important because a lot of doctors will do, a lot of functional doctors will do, just test on a few genes, like they'll look at the anti-aging if related if, you know, there's more hits on that, if you Google it than anything else.

Because, it's, it's a, it's kind of a puddle deep understanding of genetics and oh, will you have an Ed teacher for defect. And so we need to give you methyl groups so they, you know, without looking at the downstream effects of that, you can actually do more harm than good even in a non cancer patient is that, you know, if a person has a bunch of defects in their biopsied pathway and you're going to add a whole bunch of methyl groups to their combination, you could actually be stimulated excess serotonin and and access dope related causes, rage issues and anger issues and a whole bunch of different problems that that now you just cause more problems by using the supplementation because you don't have enough information that you're going to, taking care of that patient.

With cancer, it's a whole nother ball of wax because we don't methyl groups. What do methyl groups do in our body? They help silence genes, and we don't want to be silencing tumor suppressor genes.

So we are very careful at adding methyl groups to cancer patients. We want them to get methyl groups just solely through natural means by eating good foliage.

And we give very little methyl groups, supplementary. So when the person comes you keeps coming back to the liver health detox, taking that toxic insult load off of the cell so they can come back to life and flourish.

What what are the things that you're doing? What are the actual interventions? Is it is it supplementation? Is it more about diet or what are what are the recommendations people are getting?

It's both.

Treating the Cause, Not Just the Tumor

I mean, you have to encompass a lifestyle change so that that person and in a way that that person could continue at lifestyle change, they don't you know, we don't do, diets like, you know, every cancer patient goes out a ketogenic diet or something like that. This is not sustainable.

Secondly, it's it's not even correct. You know, ketogenic diet could be higher animal proteins, it could be higher dairy. It most cancer patients, dairy is a driver, at some point at some level, stimulates IGF function, increases other growth hormones.

There's horrible other hormones in dairy. That could be major drivers for cancer. So you do have to look at diet. You do we do supplementation and support the detox pathway.

Supplementary. But I talk a lot about what what I call the seven phases of detoxification, because elimination phase six is a key. It's quite often you get patients, especially if they're in a later stage, cancer using pain meds as well that are constipated.

If you're constipated, you're reabsorb toxins. If you're constipated, you're not eliminated. And I mean, you're not getting toxins out of your body even if your liver is delayed.

The this job, it can, it's just built into the intestines, and your body's just reabsorbed it in a larger test. And so you have to start there, make sure you're eliminated.

What I call phase five, that is, to use it some sort of binder of some sort, even if it's just dietary fiber. To help buy toxins in the gut C or not reabsorbed it, just move back upstream that way.

So there is there's physical things to do. We talk a lot about coffee enemas. Really, because the benefit of stimulating parasympathetic function, your parasympathetic side or that side of the autonomic nervous system, that, that is your neurological control of all your detoxification processes and, of your immune system, too.

So we're dealing with cancer. We need a optic of their immune system as well as an uptick of their detoxification for those are, from a neurological perspective, controlled completely by your parasympathetic side of the nervous system.

And coffee enemas are one of the best ways to stimulate that. So even from doing hot packs over your liver or gallbladder, there's physical things that a person could do.

There's nutritional things and dietary considerations as well. And just from listening to golf, well, first of all, to your point about elimination, I remember speaking to a clinician who deals with a lot of breast cancer patients, and she said the exact same thing.

There's no point starting the detox if you're not eliminating and clearing, because where is it going? You know, so you got to work on that first. Make sure that there's a flow at the end of the cycle.

Actually. Yeah. They're detox right. But going back to what you were saying, the way you look at cancer and the way you're describing it, and kind of the root, the causality is not the, you know, here's why we think maybe genetically you have this condition because your mama had it, you know.

But here's we're actually talking about like, really? Why? It almost sounds like waiting to get sick and then come and see you as the third or fourth step, because whatever else didn't work, you don't have to.

You could actually start now, like you don't. Being sick shouldn't be the up call to start doing some of the things you're talking about. Because we're talking about truly root cause, meaning that prevent it.

If you if you understand why it's happening. Yeah. Well, we have a very misguided understanding of health care in, you know, in the Western world, we wait till we do get sick and then we try to treat ourselves instead of trying to take care of ourselves so that we don't get sick.

But, and it's hard to change mindsets, in the entire medical profession is built upon that model. So, they're not willing to try to change mindsets. So we're doing it at a grassroots level.

Try to do that. Now when we have cancer patients come to us and we go through a whole genetic profile with the cancer patient themselves, invariably, the family member sitting and watching that zoom call going over their genes are like, hey, how can I do this for myself and my kids?

And and, well, that's a much wiser choice, really, to do to to look at your body not just from a genetic perspective, but from, you know, a holistic perspective.

Prior to getting sick, you make better choices, in life, based upon that, using a person's genes, it can be helpful because I use the term scared straight earlier.

It can be beneficial to say, hey, you have this defect. You, you know, you do not detoxify glyphosate very well at all.

You need to be careful. This is the pathway that you, you know, you make this, and you do have these defects.

It doesn't mean that you don't make this very well, but you should support it this way. You know, think about, you know, this dietary approach. Look at you don't get rid of histamines very well.

You have all these defects in your genes. Why do we have any problems? Well, you are predisposed to that. So maybe think about, you know, doing this in your lifestyle so you can point people in right directions and it could give them information.

I just think the more information that you have, you could be a better caretaker of your old health. Instead of relying on a doctor at all. Personally, I just don't like doctors.

So I just think so. I try to add we get information, we try to make videos and do blog posts and write books to get that information out there so people can can be their best advocate.

In a world that is growing more and more leery of practice of medicine, and you need your own to be your own doctor, basically, when it comes to working with somebody like yourself is the resistance. I understand.

So I'm in Toronto, Canada, right? We have a very different health care system here. The problems are the same in terms of how we think about our health and the entitlement of I'll just do what I want and the doctor will fix me.

But the way we pay for it is different here. We have a government that pays for all our medical bills.

Methylation and Detox Support

So when it comes to people seeking out, you know, help of the nature, describing, how do they go about it? Or is this them now having to go on and about their on their own because insurance won't help them or what does that typically look like?

Yeah, we have bad not insurance type practice for 20 years. So yeah. The people do not utilize their insurance where they come to us. In America, at least, people more, more people have, you know, five, ten, $15,000 deductibles.

So they're used to pay for some of their care. That to be it's it's a it's a beautiful thing to have such a great deductible. Less people are already to the doctor just to get antibiotics for their kids ear infections.

That they shouldn't be doing. So, people are allowing their immune system and try to support their immune system, to deal with viruses and bacteria things.

So I think that's a better way to go about you're going to build your own antibodies instead of try to wipe out your flora with an antibiotic. So, there's a growing, about a number of people that are see that the failure to the standards of medicine that are out there and are seeking out, clinicians like us, we certainly never have a problem.

We just, with 50 patients, we have to turn patients away constantly. And that's part of why we try to educate and put out blogs and videos and things and interviews like this, because the more we could help people be able to help themselves, I think that's that is really the future is, is it the clinicians like myself and others that are out there as guides, but that you take it more of an active role in your own health care, is really going to be where we're going to be at the future.

So you're I mean, using that example of your child with the ear infection. I've been through that, by the way, and before I knew better, that's exactly what I did.

I, you know, I went and got the antibiotics because my mother, my kid's grandmother, yelled at me and said, why aren't you at the doctor yet? Right? And that was to do.

And again, this was a few years before we drove over to the side of our the world and learned this and started practicing this ourselves. So how does somebody in that position, what what's that shift?

What do they do? Because in that moment, first of all, what should they have done? I know what you're saying. If they had the proper immunity built up, maybe the infection wouldn't have happened. But it happened because it wasn't built up.

So what? What alternatively, should they have done? How can what are the habits they should start adopting? And that that warning flag that your child has an ear infection?

That should be the point. And the same context can be applied to yourself. You'll find yourself in the same position. What are those habits you can start adopting to take yourself away from?

I know I'm in the wrong place now to like, here's what I should be. I think the first habit to adopt is start asking yourself better questions. And maybe one of the best question to start asking is why?

I always ask why. I mean, maybe, maybe you can't always come to the answer to that. Why? Like, why do I have strep? You know, why do I get a strip infection every winter?

The answer might not be completely clear, but if the more you can understand simple physiology, the better. So start educating yourself. Start listening to webinars, you know, devour websites like ours and others and read good books to teach you that.

Boy, every time I get a strep infection, the reason why I'm susceptible to it is I rather get antibiotics. Well, if you do that, you never allow your body to start making antibodies.

So understated. Simple, simple physiology of an immune response. If I have exposed to infectious organism, I fire, what's called a t th would side of my build system response to try to kill it.

That's what I'll get a fever and not feel really well, if it can't kill it, that that that sickness, progresses and then that one side suppresses a little bit light to side the B cell side fires.

And that's what makes antibodies. Problem is many people run to the doctor prior to that taking place. Go get it antibiotic which if it's a bacterial infection it will knock down the infection.

And now I feel better I think I did the right thing. Well, you never allowed your body to go through that cycle of AT2 reaction a B cell reaction. That's what makes antibodies.

So at the end of the game, after two weeks of having this, you know, the after the initial exposure and having the infection of this strep infection, now I better and I'm back at work or school thinking that I've, you know I've improved my immune system.

But it if it if I went down the pathway of getting an antibiotic I really did it improve by immune system. And I'll actually hindered it. So the health of one's immune system.

Yes it is. Do I have a good healthy white blood cell count? But the real health of one's real system is typically is it measured through a standard blood test.

Because the health of one's immune system really quantified is how how many, circulating antibodies do I have against different pathogens? Right.

Lifestyle, Diet, and Detox Practices

So if I had circulated antibodies against strep, but against different viruses and different bacteria, I am going to be less apt to ever, quote unquote, get sick, because when I'm exposed to that pathogen or a similar pathogen that

had anybody tags it right away.

And my immediate response prior to be ever feeling sick or getting a fever kills it. And I didn't get sick. But hey, Bobby, my cubicle next to me had a horrible strep infection, right?

I got strep, I don't get strep. Why? Because you have circulated antibodies, I get strep, therefore your immune system killed it. So, we need to just redefine, and the health of our immune system and support it wisely.

It allow myself to be sick, kind of like, you know, great, great grandma did. Would she do with the kids were sick. They had chicken soup and laid in bed and allowed their body.

Maybe she didn't understand physiology, but, ignorantly, she allowed that kid's body to, you know, fire it, swatted it to response. Make it a body's. That child is now, going to be less susceptible to similar pathogens because they have circulated edible eggs against them, and you've actually improved that person's immune system.

Now, I'm not so naive to to think that the benefits of antibiotic therapy have saved millions of people's lives, but it's improper use of it that is ultimately hindering, the growth and stealth fullness of a person's immune system.

And we just need to be wise of that. So just understated some simple, concepts and physiology could be really beneficial. The way you describe it is almost like exercising, you know, just say you want to put on muscle, you got to break muscle.

You got to go to the gym and rip it apart. And so it builds back up. Yeah. Same thing. You get smarter, go read books. You've got to train it right. So you can train your immune system to get stronger with exposure.

Right. And not that you want to go run around and go suck up every virus from every tabletop. But that, that process of how often do you get sick? That's just exposure, but how sick you get, that's that's your measure of health.

Meaning can I actually cope? But I had the antibodies, right. Yeah. Yeah. And that's very great advice by the way. For, for anyone who's listening because we're, we're too quick to understand when, especially when it's your children.

You know, I don't want to get too sick. I don't want their ear, you know, to pop or whatever could happen to the eardrum. But for the most part, they're resilient, and you have to let them go through that exercise.

Yes. That's exactly right. Yeah. So sorry. So going back to the cancers I took, you derailed you a little bit, but it just a, you know, your wisdom. We wanted to share.

The, the 5%, those genetic cancers, the ones that are there's a direct cause. It's, you know, you're going to have it because of some gene variant. Well, you're suggesting in terms of the detox and, you know, liver health and that's lower on the cell cellular health ultimately.

Is that also going to help that or we say that that's so direct causation that this doesn't matter although. So let's say there's a direct causation. A person has Lynch syndrome and they know they have multiple family members that had colorectal cancer down.

They have colon cancer. Still, how you treat it is, is no different than if they did to tablet syndrome. So you still want to help detoxify their body.

You still want to increase that person's immune system because ultimately it's your your immune system's response directly to the cancer that's going to help that person overcome the cancer.

So, yeah. So, it wouldn't change the way you treat the person. The that 5% that have cancer because directly from a genetic component, that is just a piece of the cause that you can't change.

There's so many other factors that you can affect how you want to address those, and you still got to get the body to fight that and get a direct immune response to that and stimulate the immune system, stimulate parasympathetic, all those things that go along with it.

Okay. And when you talk about toxins, so everything we've talked about up until now has been sort of external. Do you ever look at the internal for example oxidation or hormonal toxicity like estrogen toxicity.

And those levels and how they may cause an additional load. Oh for sure. So like oxidative stress, I mean, that is again, almost always caused by toxins, oxidative load.

So that's kind of on the same lines, but the hormonal piece is another piece. So, you know, people think that it's so let's just talk about good and bad, horrible as well.

They're all good. There's just certain, metabolites of estrogen and progesterone that normally are not supposed to stay in the system very long. You're supposed to be you're supposed to get rid of them through the detoxification pathways.

And you do get rid of them. Say, the way you'll get rid of any poison, you're going to dump it into the colon via the bile into the small intestine. It's going to go into the colon and and again, the problem is, is that we reabsorb those things.

Estrogens are commonly reabsorbed into, lower this. They call it. So if you can bind those with binders, make sure your intestinal tray at the time is, is is correct.

So you're not, reabsorb those things, the better off it's going to be. But it is these bad estrogens that could attach to certain receptors on cells. Typically they're not the cause of cancer.

So the other thing to understand, bad estrogens are to get it inside the cell, interrupting the replication rate of cells. But they are blocking certain receptors on the outside of cancer cells, not allowing apoptosis.

Right. So, get getting so it's important to get rid of those bad estrogens.

Learning to Prevent Illness Early

But you still have to address other causes that is affecting the replication cycle that you still have to follow back that stream and help with that detoxification of those, and look back at the pituitary to make sure you don't make any excess estrogen added or how you're exposed to isagenix estrogens.

And was a whole other discussion there too. So so you actually remind me of a family that we dealt with where the mother had breast cancer when she came to see us for the fourth time, and she was probably in her late 40s, I would say, and her son by his 20s, I think he was in his early 20s, had testicular cancer.

So they said, what's genetic without knowing? You know what that really means? But it sounds like it. Yeah. My son had what I had. And so we looked at her hormone pathways and like, you were talking about that estrogen metabolite, right.

You can produce two hydroxy estrogen 4 or 16 and that's 16. That toxic stuff is what the mother was producing. That was her net metabolite every month.

And her son was doing the same thing. He inherited the same genetic legacy. Doesn't mean that they were born sick. It just meant that they produced a toxic metabolite every month of the normal.

Well, for the for the male would be everyday for the mother. It was every month that's causing, like you said, this toxic insult to the cellular structure.

Then you think, well, the mother was also taking the birth control pill for like ten years and adding even more estrogen fuel to the fire. Right? Then you have to ask about estrogen mimics and chemicals and foods and what's that load?

And that's why the thing that people think about isn't that consequential in terms of diet. Yeah, that could be the thing. Well, the thing is, is if you really did a study of, you know, 10,000 people, you would find, groups of people that have that same genetic makeup that are making excess 60 hydroxy asteroids and, and don't have kids.

Well, why is that? Because they have other healthy detox pathways. They are getting rid of them. And, you know, they have good elimination. They're not reabsorb them.

So, you have to look at the body as a whole. And that's where the practice of medicine currently fails is separate. So that a system that looks at it is just a little pieces, but your body doesn't function that way.

Everything is dependent upon everything else. And you have this synergy that needs to be taking place. Not just between cells, between organs, between systems.

And when there's any failure there, it leads to problems elsewhere. So you need to take as high up states, look at everything as possible from a physiological standpoint to really help somebody.

Then it sounds like your answer to that, because as you said, you go to the conventional doctor, you're not going to get that sort of perspective, right.

Because like you said, they're trained in the buckets. I do this, I do this, and I have blinders on. So this is what I do, and I do it really well. I've learned about it.

But ask me about this or this. I don't know. Right. So in order for the patient to sort of put themselves back in the middle, the answer to that, as you said, is learn.

You have to you have to go out there and download, read, webinar, educate. Because you may not get beyond the blinders perspective from whoever you're dealing with.

Yeah. And I assume that anybody listening to this is in that category that they want to do that, otherwise it would be listening to it. So hats off to them.

But the more you can learn, the more you could, the more knowledge you could gain. The more equipped that you're going to be able to make better health decisions for yourself, for sure.

And then you need that quarterback that can. Because there's also the the concern. You go read something, you find some information somebody may stumble across on their own.

Oh, I need to understand my detox pathways. Right? Then they may learn about some supplement and then they may say, well, how is this going to affect my chemo?

How is this going to affect my radiation when they go ask the doctor, they said, do not take anything other than what we're giving you because it may affect it.

Right? Right. Really, you need that quarterback that has that knowledge set beyond your clinician who's giving you the chemo, which nobody's telling you not to do.

Just you need to supplement it with other things that are dealing with the root while you deal with that sort of acute problem. Right, exactly. Yeah. So that's awesome. So I would ask you, I mean, everything you've said until now has been mind blowing.

And exactly I think what everybody was hoping to get from you, you know, from the books you put out there, what

would you say are sort of the tie? I understand we keep going to detox and understanding that.

What are the areas top 2 or 3 that people are exposed to, toxic insults that they don't even realize the the well, the probably the biggest toxic insult that we see as a causative issue with cancer is pesticides and herbicides.

Okay. And it's people, even people like to say it can't be because of hibernated organic for the last 20 years. It's just they're just everywhere. It's just everywhere.

I've attempted multiple times to bring, you know, organic vegetables into my. Or get a chemist, Fred, just to test them. Just haven't had time to do that.

But I would not be surprised if they're loaded with pesticides and herbicides, even organic fruits and vegetables. It's like, how do you who can we wash these off?

Can we get rid of these? We just poisoned our world. To the degree I don't I don't know how it's going to be approved, but it definitely, you know, consumer, supply and demand drives things.

So if people could just purposely start buying more organic take it's going to it's going to drive, you know, the production of more organic things.

Common Hidden Toxins and Real-World Examples

So we tell people regardless, you have to be supported detox pathways, still be that you're overwhelmed. Even if you don't know your genetics, you just need to do as many right things as possible.

You're never going to be able to prevent all disease. You're never going to be able to prevent all cancers. You just try to do everything, as as well as you can without becoming too anxious about it.

You're going to have a better, best results. So. And that that sort of cognition, you leave your house and you now know that you take a step on a lawn, you go golfing, you go to a, you know, a restaurant with a fancy garden, you know, whatever it is, that's all the stuff that you're not meant to be breathing in.

And it's as pretty and beautiful as it is and it doesn't, you know, it doesn't look like a threat. A lot of it is coming from there, and it's everywhere.

Right. And it's. Yeah. So it's it's even something as simple as a, a Teflon coated pan has estrogen mimics in it that you would never think are unhealthy.

You're paying more. It's a more expensive pan, right. But it's causing you bigger problems. So it's starting to educate you. If if you do that one thing, you know, learn what are these things that are surround that I'm surrounded by that I don't even know are slowly poisoning me like you said.

Right? Right. So yeah. And we had actually one last slide. You reminded me of a particular patient who had a extreme eczema issue. Just wouldn't go away.

And over and over again there when doctor, the doctor, cream, cream, steroids, whatever, they were doing all this stuff. And when we met them, when did it start?

Because it was adulthood eczema. This started I think it was in their 30s. They we brought it back down to the date that they changed their mattress, and their mattress was completely out, and fire retardants and chemicals that were designed to protect them. Right.

And and it was off gassing those in some plastic bag and they opened it up and all of a sudden they're breathing that stuff in for the first couple weeks, it all as it off gasses.

And then they continue to breathe in that memory foam chemical and the fire retardant on the fabric on top. And that was the thing that made them sick.

Yeah. Right. So the answer it's the it's it's little things like that that, that most practitioners don't ever get a figure on that you need to people need to educate themselves.

And I remember my, my daughter years ago, my wife called, she broke out, died. She had hives all over her body. Well, I thought for sure it's probably all the stuffed animals.

She's. She was the one that had, you know, 40 stuffed animals on her bed. I test with kinesiology, came home, tested another of those things. Where did the bathrobe?

My wife had just purchased a just one of those little road rugs in front of the, sink. That's what the problem was. The whole treatment procedure for her was to take the rug and throw it out the garage to her.

Her hives went away. It's just chemicals that you can't see that are off gassing, that you're breathing in, that your immune system can react to, can cause a hyper histamine reaction or worse, and give you just a world of problems because of it.

So, don't you really kind of got to become a detective? Really, like. Yeah, yeah, take control and work on it yourself. And this has been truly eye opening.

Awesome. We're taking something that people believe is it taken for granted? Like I'm getting my mother had breast cancer. My aunt had it. You know, it's in my genetics.

And we're unpacking the you know, the answer to the question, well, why does it even happen? And now we're learning that you can actually control your destiny.

If you understood how to deal with the root cause, like throwing that rug in the garage. Right. And that's what I'm saying about the cancer. Figure out the rug is right, get rid of it.

Figure out your capacity to deal with the rug at the genetic level. Right. And that's awesome. And thank you for the amazing work you do. Thank you for joining us. This was truly eye opening.

Any last thoughts before we end? No. Thank you for all you're doing. You know, if you want any more information, what we do, all my books are available at our website.

We just encourage people to download it and read up and learn more about, how to take care of yourself from as many people as possible. So awesome. Thank you so much. It was a pleasure.

Thank you much.