Introduction and Speaker Background

– Well, Dr. Kevin Conners, I'm so honored to have you on this segment of Regenerative Medicine Summit. Thank you so much for joining me. – Absolutely, It's a pleasure. – Well let me, let the audience know a little bit about all the things that you do at Dr. Kevin Conners is a clinic director at Conners Clinic, an alternative cancer coaching center. He graduated with his doctorate from Northwestern Health Sciences University in 1986 and has been studying all alternative cancer care for over 25 years. He also holds a. M. A.

Fellowship and board certifications in anti aging medicine, regenerative and functional medicine, botanical medicine and is board certified in integrative cancer therapy. Dr. Conners is also certified in functional neurology, has had over 300 hours post graduate study in the autism spectrum disorders and is trained and certified in epigenetic clinic methylation and neutral.

And he has written numerous books including stop fighting cancer and start treating the cause and the seven faces of detoxification, all of which are available at Connersclinic.com He has also created numerous courses that deep dive into the topics of cancer, rife lime and more.

All available at courses.conners clinic.com. Well, I'm so excited, I know today we're going to focus a little bit on detoxification and why do you feel that that is important when in regards to regenerative medicine.

– Well we talk about regenerative medicine. You're really speaking my definition of trying to regenerate your body and heal your body and get it back to the way the way God was meant just to be able to function and proper detoxification is key to that because one could argue that that is a big cause of issues is the toxicity levels that affect our bodies and you know toxins that don't get out of our bodies, therefore stay in our cells and then lead to all sorts of things including cancer and other disorders. So detoxification is key.

– Yeah I mean you do if if you want something to function well you need to get rid of all the interface appearances and obviously for cellular function to function at an optimum then you need to remove the things that's slowing it down to regenerate and and their detoxification is is what we need to promote. So you you're you're talking about the seven phases of detoxification. Do you mind kind of first?

Let's let's do like an overview kind of a you know, a 30 33,000 ft overview of what it is and then let's let's dive deeper, you know, so people get familiar with what these different phases are.

– Sure. When people think of detoxification they think of, oh I have heavy metal toxic, so I wanna use a key later or something to pull it out. So they start at that point which can be very dangerous. Or people think of I want to do a detox.

So they pull up this box detox program and they're gonna use something typically that is going to help with Phase one and Phase two detoxification pathways in the liver.

So when I started looking at detoxification, I started thinking that well we have to we have to go a couple steps back. So how we get rid of things that we have absorbed or that we have consumed orally or that we have breathed in or got on our skin, we get rid of them through our kidneys and through our colon.

So um Phase one and phase two and phase three detoxification pathways are Are well written about in the literature and that's what you'll learn about if you take a course in physiology or functional medicine and you're learning about the phases of detoxification. You'll think of Phase one and Phase two and a little bit deeper phase three of liver detoxification pathways.

But just getting it out and out of the liver and into the small intestine which is where it's dumped from the vial into the first part of the small intestine is only part of it.

Why Detoxification Matters for Regeneration

The problem with most people is that we can re absorb toxins in the gut that our liver dealt with and dumped into the gut and then we're not getting rid of things in the colon.

So I was actually doing a lecture one time on detoxification and I started talking about Phase One, phase two, Phase three and then I talked about how with the bio needs to be less viscous, we need to support the gallbladder function and the function of moving the bile through the bile ducts into the duodenum.

And I said well that could really be called Phase four and then we really need to use binders to bind things in the gut. So we're not re absorbing things that are liver, took care of and is dumped into the gut or bind things in the gut so that things that were consuming orally that shouldn't be absorbed. We don't want to absorb toxins that we're that we're taking in like you know pesticides and herbicides.

If we were taking a binder on a regular basis we would be grabbing onto those things not allowing those things to be absorbed so that they can be deposited in the toilet.

So then I said well that's kind of like Phase five. So I named that phase five detoxification and then none of this works at all if we're not eliminating properly. So I can't tell you how many times I talk to patients over the last four decades of practice and people saying oh yes I I have regular bowel habits. I go three times a week whether I need to or not. You know that that's extremely constipated in my book. So if you're not going having a ball a little bit once at least preferably three or more times a day.

You know you are not properly adequately getting rid of toxins. So then I called that. Well that could really be called phase six and then well what most people think about detoxification is calculated and out of the cells getting it out of the tissues into the bloodstream so it can be carried to the liver to go through phase one, phase two, Phase three I call that phase zero.

So those are the seven phases of detoxification. And I think there's a real danger if we don't start at phase six and work backwards. So that's what led to me.

Or I'm going to put this down in writing, put it a book together for it and educate people and just my thought process and most functional doctors understand this.

They they may not use those terms the seven phases of detoxification but they're working through that's part of a treatment procedure for functional doctors that okay we gotta start with proper elimination. We gotta make sure we're binding or not re absorbing these things. We gotta make sure gallbladders functioning and we've got proper bio flow. We gotta support the three phases in the liver and then we can start key leading out of the tissue.

Because if you have a blockage in any of those pathways it's like having a dam in a stream and yet you're still trying to add more water like pulling stuff out of the tissues.

You're just going to overwhelm the liver. It's gonna circulate somewhere else and deposit and some other tissues and you're not gonna be any healthier.

So that's my seven phases of detox.

The Seven Phases of Detoxification

And I teach people through the book and through actually put a whole course together the seven pages of detox to start with phase six. That's the most important that you work your way backwards – And people can get this book for free on your website. Right? – Well the first portion of it is a free download that if you do the course, it's a free the complete book is a free download.

Yes. – Okay beautiful. So let's kind of go through so that you're starting with phase six. I mean what what are some

of the key element that that people should consider in phase six?

You know to kind of start that process? – Well if a person is saying well no I have to bowel movements a day, I don't have an issue with that. Maybe they don't have an issue with that but they do want to look at some other components.

What is your intestinal transit time? You know if you ate cord on Sunday do you not see it in your stool until Thursday? Even though you're having to borrow today?

Well then you have a you know you have a very long intestinal transit time and you definitely are re absorbing toxins even if you're having a bowel movement every day.

So you do want to look at that. But let's say no I can eat corn on Sunday and I will see it in my mouth movements on monday and there's no issue there.

So maybe they don't need to do anything else with phase six and that is taken care of now move backwards to phase five, make sure you're biding things, biding stuff in the gut. – So let's say that there is an issue.

I mean because you have also it's not only kind of that they have the right quantity of bowel movements but also it's a certain look of the bowel movements there, there's certain certain stool that is healthier than others.

So king talk a little bit about that. I mean what what what does a healthy stool look like? And what is the color I mean is it kind of a light or is it dark? Is it you know, is it okay if it's loose it's okay if it's pebbles I mean what what what is what is okay what is good?

– Well first of all anything can be okay if it varies. So but if I always have, you know, pebbly stool like deer then that's not healthy. There's something going on in the gut and we need to do some further investigation even if you're having to evolve.

Would today if you're having super loose bowel movements where it's your eat something and you have to just run to the bathroom. Well then there's definitely issues there, you're not absorbing your nutrients. So there's a lot of other aspects that can be taking place from cibo to food. um sensitivities and having uh antibodies to peptides of different food products to having parasite infections to mold to different fungus is so this does not mean that you wouldn't get a stool some stool testing done that you would look at the microbiome of the stool or the microbiology of the stool to make sure that you're not dealing with any bacterial infections or uh fungal infections.

Uh there's there's that aspect as well. So the like you said what is going on with the stool and the color and and I'm having multiple bowel movement today.

I may have been seven and I just very loose well then then you have other issues. So that's not what really, what my courses about is full bowel support that way. But you do need to address that with a functional medicine doctor. So we really think that getting stool sample testing done can be extremely ben official in cases like that are just necessary cases like that. – And yeah like you mentioned seeing you have stool tests to see what Candida, yeast, bacteria friendly bacteria, parasites, all these kind of things, you know that you can kind of address that.

But then uh for the stool are there if you don't go into those details. I mean because that would be good then to have somebody guide you through that. But what are some kind of common things that you would use if they are not moving enough or they're moving too much or the things that you use to kind of promote, you know like you know soaked prunes or some herb or something magnet or is it something that you use to kind of help that process if you notice that there's an issue? – So if you notice there's an issue of constipation, so I'm having hard stools, it's difficult to go.

I might not, I might miss a day. I might only go every other day. Yeah, there are solutions. And I put them there listed in the book, I suggest people start mild with their solutions, dietary changes, making sure that you have enough fiber in your diet often there you know when you look at any issue like I'm constipated. Well is it because I

have a deficiency of magnesium. Magnesium will tend to you know loosen your stools because most people are deficient in magnesium anyhow.

You start taking it and any excess you have will be dumped into the colon and that will draw water and will typically give you a nice loose stool in the morning.

But you do want to investigate kind of going back to the other point that you made, you do want to investigate cause you know, do I have a reason why I have constipation and in short of having parasitic infections in short of having you know bacterial overgrowth or something like that. The most common issue is just a poor diet.

So a person is not eating enough fiber. A person is eating foods that they may and that they may have sensitivities to they have antibodies to. So that's a good place to start to is just start cleaning up your diet, eating more greens, eating more vegetables, getting more fiber in your diet, eating maybe less animal proteins than than the typical American is eating.

But that can make a big difference right there and if the person is like no, I have a perfect diet and gluten free and dairy free. I've already done sensitivity testing but I still have this issue with my stool.

Then you want to start going to well let's add magnesium, let's you know, think about cena, let's think about Cape Aloe, which is probably the best thing to help loosen your stools. And think about one thing that you know, all my cancer patients easily talk about, but most people that don't have cancer don't like to talk about and that is coffee enemas. So coffee enemas can be extremely beneficial.

Most people thinking well I'm doing an enema because I'm constipated, but really the purpose of an anima in my book is to stimulate the parasympathetic nervous system which does stimulate peristalsis, it does also stimulate your immune system. It also stimulates your liver detoxification pathways. So the parasympathetic nervous system is controlled by mainly the vagus nerve cranial nerve 10 and it is stimulated by coffee enemas because there's an area in the rectum where the Vegas is just so easily stimulated.

So coffee enemas can be helpful to loosen the stools and and move things along but they can be really beneficial to stimulate the parasympathetic which can be calming, could decrease anxiety. Can do just so many wonderful things for your immune system as well. – Yeah and just any any kind of detoxification is a parasympathetic function and also regeneration is a parasympathetic function. So by then supporting it with simple tools like coffee enema. You know it's not only like you mentioned it's not only getting out the poop, it is all the other physiological functions that then get stimulated and supported through that. – Well you're right and most people when they think about regenerative medicine and even a lot of functional doctors you're really thinking of chemistry and we're going to add this nutrient, we're gonna we're gonna kill this parasite. You're talking about body chemistry and we forget neurology you know the neurology of healing is really you know basically all parasympathetic just like you said and we live in a sympathetic dominant world.

Phase Six: Bowel Elimination and Stool Health

So anybody doesn't understand that your parasympathetic and your sympathetic are two opposing sides of your autonomic nervous system and we are you know in America most people are sympathetic driven um we we live in a doggy dog world and you know there's a lot of stress is you know especially with the financial crisis is going on and such.

So anyway that you can stimulate your parasympathetic the better. – Yeah I agree. So then let's let's move so now we we have kind of a good plan. You know Phase six is there's an issue there and then moving them to phase five, you're talking about binders and the importance of not recirculating chemicals and heavy metals and toxins that you are trying to move out for detoxification. So what are some of those binders that you that you like to use? – Oh there are a lot, I mean charcoal is your first go to binder that most people think of activated charcoal but there are there are a lot of different binders.

I we pushed some different products that have a combination of different binders in it. The the key thing to

understand is that is what you brought up is that you know you are eating foods, maybe you're trying to eat everything organic, right? And you're doing really well, eating a lot of greens and vegetables, you're trying to eat really healthy.

Well I'll guarantee you your organic food as pesticides on it. You know there's cross contamination everywhere and you don't want to absorb those things now if you have a really healthy gut and you don't have any leaky gut issues um if you are taking binders you won't absorb a lot of those things.

You don't have absorption sites for pesticides and herbicides and things. Problem is probably nobody listening to this that has a really healthy gut and has does not have some level of leaky gut syndrome somewhere in their intestinal track.

So we are absorbing poisons that we are taking in but even worse is that our liver is doing, you know, working so hard to to congregate these things and then break them down into soluble particles to put them into the bile, to dump them into the colon to get rid of them. Things that were absorbed to have those things to get re absorbed. If you just think of yourself as a liver cell, you would be pretty, you're exhausted at the end of the day already and now you see a heavy metal coming through that you know you dealt with two days ago and you're like for crying out loud, how did you get back in here again? So it's you know, I think I like to think in simple cartoon terms like that, sorry, but that's what really takes place is that your liver has to deal with these things again and it just is so stressful on our body. So if we could grab onto stuff in the gut, not let it get re absorbed and for women it's even worse estrogens, bad estrogens are so readily absorbed in the lower colon and if we were just binding those with binders, we would have so many less, you know um estrogen dominant cancers in our society.

It would be it would really be a blessing. So you really help yourself a lot by not just trying to heal your leaking. Got not just making sure that you're having a good proper monuments but making sure you're binding these things in the gut so that you're not re absorbing them.

– And so you so you mentioned charcoal is that I mean one of the concern is well if I take charcoal and I'm not just binding a lot of the healthy things like minerals.

I mean what what are your thoughts in regards to that? – You can be but there you know and the concern that some people have been taking Humenik and few Mick acid and I'm taking you know sodium algae Nate and I'm I'm doing all these binders and my binding my good minerals. Yeah there is some of that that is taking place.

But if you're eating a healthy enough diet where you're getting enough greens you're that's not going to be your main concern. So you know again everything is in balance. You're not taking too much.

Just like I tell my cancer patients you know we usually get some cancer patients that come to us and they're on 100 different supplements and too much of a good thing is a bad thing.

So we don't want to overwhelm our gut with just solid binders but we do want to take some that are gonna help bind things there. So it's just a balance of that – And other certain binders that are more geared towards you know like the chemicals or that kind of estrogenic chemicals they're talking about.

And then other group of binders too like heavy metals. And then you know maybe one type is better for aluminum and other ones for lead and other for mercury. I mean are are they're kind of certain ones that are more specialized in in certain areas depending on what it is that you're dealing with. – Not that have been studied.

So there are binders, there are different things as far as key leaders that something binders and key leaders are a little bit different. Typically by definition binders are staying in your gut though, many things can act as binders in your gut but you may absorb them and they do they can't act like key leaders as well. But the clays can be good for so many different things like the bentonite clays, sodium algae in it is a good minder for so many different things. The fibers are good binders for for many things as well. So people that are diets that are low in fiber, you're not, you're missing that binder effect too.

So it doesn't always need to be something that you're taking as a pill. If you're getting good fiber from different vegetables, it's apple season in Minnesota right now. So the you know you're getting good packed in from that that's helping as acting as a binder as well.

So yeah there's when we get into the key leaders things that are grabbing things in the blood or in the tissue then there's a little bit more research on um you know the benefits of paektu sol C. Or something like that versus E. D. T. A. Which tends to be more for heavy metals or D.

M. S. O. D. M. S. A. For heavy metals.

Phase Five: Binders and Preventing Reabsorption

Then it gets a little bit more specific with some research that – And so now we have our bowels functioning well. We have the appropriate binders to make sure we don't recirculate so that you know the poor liver cells are not getting you know.

Well I give up, I worked on this heavy metal, it's my fifth time and I'm calling it quits. So what is what is in Phase four, what is the next step that we should should consider?

– Well phase four is really supporting your gallbladder. So you're the gallbladder functions physiologically as a storage for bile. And bile is what's coming from the liver bile is created in your liver really in phase three but also part of phase three. The toxins from the phase two are then added to the mile. So the bile then carries the toxins in down the bile duct into the gallbladder and then secretes the gallbladder contracts and secretes the bile into the first part of the small intestine, the duodenum. Now, typically that contraction is taking place when there's a sense of fat in that is being digested because one action of the bile is to help break down fats.

Now it's been re you know, that's what I learned when I was in school back in the 1980s. Now the research is showing that actually helps break down proteins and can break down carbohydrates as well. And we do nothing at that time as the as bio as really the transfer vehicle of toxins into the small intestines.

So bio serves as helping to break down digest foods, Mainly fat and as the transfer vehicle to bring toxins into the small intestine. So it can go all the way through the small intestine.

So that's what we talk about the necessary the need for binders. These toxins are dumped into the first part of the small intestine right after the stomach, they have to travel 30 ft before they're dumped into the toilet.

So anything you can do to keep them from getting back into the bloodstream is best. But when we're talking about Phase four it's supporting bio and supporting bio flow because Bios Stasis is a real problem and that's what leads to gallbladder issues. So, and don't worry if you've had your gallbladder removed. It doesn't change this step because you still need that proper bio flow. So there's things that a person can do nutritionally to help with bio flow and physically to help with bio flow.

So like any fluid in your body it can it can become more viscous. And one lesson you learn in functional medicine is that motion is everything when it comes to all physiology.

So when you have stasis anywhere, whether it's the most common stasis you think of as lymph stasis meeting, I get swelling that I got swollen ankles and that's lymph stasis that fluid is not moving.

When you got stasis anywhere you're going to end up with disease. It's no difference with the bile. So if we could decrease the viscosity of the bile with something as simple as using a hot pack over our liver That heat will decrease the viscosity of the vial and help the bio flow.

The more flow you got the more motion you get, the more health that you're going to have. So it's going to help move that bile through those bile ducts.

– And I see quite frequently when when a patient is coming in uh it tends to be that the gallbladder bile duct area. That specific step is like the bottleneck in in the whole detoxification pathway and and it becomes really important to stimulate and support that you know so that you can complete that detoxification process.

– Yeah that's a perfect way to put it. That really is a bottleneck. There's no bottleneck in the gut. You could re absorb stuff that's not good. You could be constipated and you're just gonna be re absorbing if you're constipated.

But it's the bottleneck is because the bio dr is small, it's skinny and you know it's smaller than a pencil and it bile has to flow through there. Also what meets up in the bio duct is all the enzymes from the pancreas so that joins the bile. All the enzymes from the pancreas, mainly the enzymes from the pancreas are digesting proteins.

But your your pancreas is making live pace and help digest fats and making uh different enzymes to help digest carbohydrates as well. So you're getting your your digestion of your food.

Simple physiology if you're not properly digesting food you're not going to absorb those nutrients and you're gonna have other issues, other health issues. So anything you can do to help that flow of mile is gonna help with digestion and the removal of toxins.

– And so people also then getting on like you know fat free diets I mean wouldn't that then interfere with the the regular contraction of the bile causing then bile to start to build up in the in the gallbladder and then also making it more toxic in a way because becomes more concentrated.

– Oh a fat free diet is probably the fastest way to kill yourself, right. It's like the worst diet on the planet that whoever invented that. I don't know. Absolutely.

There's just so many so many other bad things with that as well. But you're definitely going to have more lives more stasis of bio fluid, a greater chance of gallbladder issues.

Phase Four: Gallbladder Support and Bile Flow

Yeah, it's just not good. – Not good. I agree. So now we got the bile moving um and were able then to move toxins then into into the gut because we have that pathway open, we're drinking plenty of fluid, we're staying hydrated, you know, so and then we're eating good quality fats, you know, so that's flowing and we have binders on board.

So what is the next step that that a person should then consider in regards to detoxification? – Well, I think when you have those three things, you know movie that this can all be done concurrently.

So it's not like I have to, you know, go one step and then wait so much time. I mean, you could do these things fairly concurrently, but then you start working on the liver. So and well, how do I know what's going on with my liver? How do I support that?

Well, there's there's literature that shows there's different specific nutrients that that deal with phase one of the liver deal with phase two of the liver and help support bio production, which is phase three. So that's just in the literature and you can just support that with the nutrients and I lay those out in the course, but to be a better way to know how my liver is doing uh you know, we can look at genetics to me that's important.

So, you look at those specific cytochrome P 4 50 pathways. That will give me a tell tale of. Just from a genetic perspective, how well my phase One pathways are. I can look at my pond one pathways or by n 81 82 pathways and look that tells us how my phase two pathways are.

There's not a lot to look at for bio production, that's more a function of physiology of just different nutrients they're supporting with choline and things.

But that gives us that gives us our starting blocks. But then there's so many other assaults that a person may have had on their liver over time that I drink alcohol in any form of excess over the years, have I damaged my liver with a

poor diet. So, looking at just a simple metabolic profile, basic metabolic blood profile to make sure my liver enzymes are in order, make sure I don't have anything skewed horribly.

They're even getting an ultrasound of my liver to make sure I don't have, you know, too many cysts that I'm dealing with. So, there's some functional things that you want to look at with the liver, but I do think there's value in doing a genetic profile deliver. And looking at those pathways that gives me an idea of, wow, I have a lot of cytochrome P 4 50 pathway defects.

I am going to really support that pathway even more or whoa my pond pathways are horrible and my genetic pathways are horrible and that is that that Phase two pathway is just so important today, especially because that is really where you get rid of all your organic phosphates which are all your pesticides in your oversights, so that's what we are just being insulted with here.

So looking at genetics can be very helpful but short of that, just knowing the research out there on what things are really good for those pathways and just start consuming them, those are the things that are gonna be in your box detox is so if I get a box detox that's gonna have milk, thistle and artichoke globe artichoke and and all these great nutrients that are going to support Phase One and Phase Two pathways. So most good nutritional companies, if they have a detox, you know mix or something like that, they're really supporting Phase One, Phase two and phase three in those mixes, that's when we can use those types of products when we make sure that the downstream is taken care of already – And like you highlighted and in the beginning of our conversation is that is kind of where most people go, if they think of detoxification is this little little box that they get or the supplement that says you know detoxification at, at the health food store and they forget all these other faces to make sure that they are in place. You know as they are then, you know, working on that detoxification so many times they can then trigger more harm than good almost because you're driving that liver detoxification and you have no binding you have no flow of the bile. You know, your colon might be stuck.

And so now you're just viewing chemicals all over the place and you get headache, you feel fatigued U joints are sore and you know, it goes on and on.

Yeah. So you mentioned a few that that tend to be kind of in those in those supplements for detoxification. I mean what what are some of your favorite that you look at?

You know, look towards when you you want to support the liver function. I mean, is it milk thistle? Is it? You know, what are some of your favorites? – Well, when we look at a person's genetics, it's there's it's very common to see cytochrome P 4 50 defects.

That's really your phase One pathway. But even more common is a greater about a defects on the pond pathway and the pond pathway. There's just more and more research. You know what I just wrote a new blog post about the pond pathway and cardiovascular disease um that the pond pathway was first discovered way back in 1947 when they when this one biochemist found this enzyme that would get rid of or break down hydra lies organophosphates and that's what was used in that's what's used in the pesticides and the herbicides that's still used in the pesticides and the herbicides.

So and then other chemicals that are that are more common now, like your roundup type things are all detoxify hated through that pond one pathway.

Phase One to Three: Liver Detox Pathways

So supporting that, knowing that you have defects is one thing. But supporting that, knowing that your exposure is so is so high as well. I mean, think Oh yeah, well maybe the exposure was higher back 50 years ago when they were spraying DDT everywhere. But but don't look at just what it was 50 years ago. Look at it was 100 50 years ago, it was zero.

There wasn't any of those chemicals that were assaulted our ancestors liver. Now it's there everywhere. And if you can't get rid of them, I mean, it's a rule in detoxification. If you can't get rid of something, it becomes a part of you

meaning it gets stored interest cellular early, somewhere intracellular lee in your body. That that is a major cause of cancer.

So why is kale? Well, there there's all these toxins are in our environment and stuff. I don't see people dying of toxicity, they're dying of cancer. Cancer rates are going through the roof.

Why is that? So what is can cancer cancer is a cell that starts rapidly replicating and it goes into this rapid rate of replication? Well, why did it do that? Because something got inside the cell, it disrupted the DNA replication mechanism and I'll tell you right now, the most common cause of cancer, most common cause of thing that's doing that Are these pesticides and herbicides, these chemicals that were being exposed to that 150 years ago, those ancestors were never exposed to it. The rate of cancer back then might have been, you know, wanted, you know, 1000 people now it's you have one in three chance of developing cancer over your lifetime and we have cleaned up our water supply, we've cleaned up our sewage, we've cleaned up, you know, so many different things in our environment. People are knowledgeable about health and and looking at, you know, seminars like this to learn more but our exposure to pesticides and herbicides continues to be high even in organic things.

And the it gets even a little scarier if I could go a little bit deeper. Is that because your grandma and grandpa were exposed to DDT and mercury lead pesticides that came out in the early teens to twenties that were prevalent for a long time and Mercurochrome type medications, heavy metal medications that were common in the late 18 hundreds up until the 19 sixties, these heavy metal medications, these heavy metal pesticides and herbicides, these organic phosphate pesticides and herbicides that are still present today, they damaged that upon one pathway. That's why we're seeing genetic defects in the pond one pathway now. So bye grandma, let's say I have defects in my pond one pathway because I inherited them from my parents. I might have gotten some of them through environmental causes, but a lot of them and most of them I inherited from my parents.

Where did they get them? They got them through environmental causes. Being exposed to these things, damaging their genes and now all their offspring will have damaged genes and same thing with their grandparents. If we could have done genetic testing 200 years ago, I would put my life savings the fact that we would see 1/10 the amount of defects in our cytochrome P 4 50 pathways in our pond one pathways.

It was because of the exposure of those chemicals that not only did it cause sickness but it damaged genes. So now they're they're giving birth to babies that are inheriting those a little defects. And now their babies don't detoxify those things as well because they have those defects.

So it is scary. You know, I have defects. I don't detoxify pesticides as well as my great great grandparents did. And now I have to be even more diligent to support those pathways because they don't work as well as my ancestors who lived in the early 1800s.

– Yeah. And you so having medals and things. I mean that's been around for thousands of years. So we we have we have some systems to recognize and and and to deal with them even though we are now exposed to them at at such a higher rate than we've ever been. You know, like the mercury, aluminum and cadmium and lead and so forth. But these chemicals, we've never seen them before. I mean our body did not evolve in any shape or form with these chemicals so there there's really not.

I mean we're trying to figure out our bodies are trying to figure out as we go, you know, how to clean these things up and and and like like you mentioned, I mean it's the impact, the cellular impact that it has and how it's driving chronic diseases like cancer, autoimmune conditions, you know, Hashimoto's tired endocrine disorders and I mean the list goes on and on.

But what's important is to understand is to, you know, you don't just do a week cleanse and think that now I'm good, good. You know, because the assault is continual and and it is generational. This is something that needs to become part of life, you know, to continually support your ability to move these these chemicals toxins that that we continually exposed to to move them out of our systems of ourselves can function the way they were made to. – Well this whole heartedly agree that's why I'm against the box detox type things. It's that you got to understand if you're not detoxing every day you're dying. You are either detoxing or your toxin if that's a term. So you are

detoxifying or your tox.

If eyeing um It's just there's just no way around it. You have to think of it as it doesn't mean that you have to be crazy about it and O. C. D. About every but you've got to think of it as a lifestyle change. I gotta start eating better.

I gotta start decreasing by exposure. I got to be wise about the supplements that I'm gonna take. So I'm able to buy these things and help support these pathways. That's why looking at your genetics can be beneficial because it goes oh wow. Well I I do have these issues.

I do need to address those. So doing some testing can be beneficial. And you know just doing doing your best to make sure you're decreasing the inflammation and the rest of your body dealing with food sensitivities dealing with leaky gut issues. You're just gonna have better results in a lesser chance of developing very serious diseases.

– And like you're you're talking we need to address inflammation because inflammation. We talked about detoxification being a parasympathetic function, inflammation is a sympathetic function. So if you are inflamed you're not detoxifying. So you need to address the inflammation and you need to then detoxify in order to be able to remove the substances that are causing the inflammation. So you got to kind of look at it as a whole at the same time and then address the genetics behind it.

So what, So we I kind of want to make sure that we get through all these different phases. So, we the next what is the next phase in this process? We're supporting the liver now.

And and what what do we need to make sure that takes place after that? – Well, that if you then you've done all your working at all these things, I shouldn't say you're done ever because you're always working on these things, right? But you feel like, okay, I'm supporting my phases of my liver. I'm supporting everything beyond that we talked about. Now, I have the right to start trying to key light stuff out of my tissues. You know, for years, I hear people, I think I got mercury toxicity. What can I take for mercury toxicity?

Well, you you have no business taking anything for mercury toxicity until we deal with the rest of this stuff. But if they have or are dealing with everything that we spoke about up to this point, that's when we get to fade zero.

Now we can start calculating mercury or kill aiding heavy metals out of our body. And again, these things can be done fairly concurrently. But now you start pulling stuff out of your body at a rate that your liver can handle it.

Phase Zero: Chelation and Heavy Metal Removal

So that's why I'm not a big fan of Ivica chelation therapy unless you're in a situation where you have a serious talks arsenic toxicity or something like that and you're it's life or death because you're gonna Pull out of the tissues so fast.

How in the world is the liver going to deal with it that fast? It just can't let's just be realists. So you have to pull at a rate that is not gonna exceed the rate of the liver's phase 123 and getting it out of the body or all you'll do is move it from one tissue to the other.

So that's what like you said, you get these herc cyber type reactions where you get headaches and don't feel good and all these kind of things. Your key lady too quickly. You're pulling stuff out of the tissues too quickly – And you know, the hurt timer reaction is has kind of been a it's like a crutch for nature paths in a way that say well the patient is not feeling well and they say well it's just a timer reaction, you know and that's that's normal.

It happens when you move toxins. It happens when you move toxins inappropriately. – Yeah. – That's when it happens. Yeah. – It's right. I just wanted your patients to have a cyber reaction.

– Yeah. – It's not a good thing, you got to slow down in something. You know. Often people blame a herc cyber react as something as a cyber action. which actually can be an inflammatory process because of you inflamed an autoimmune disorder and it's not her succeed at all.

You're actually killing tissue so you have to examine what you're doing. – Yeah exactly. So what are some of the things that you talk about calculating agents? But we're we we want the the cell in itself and you have the lymphatic you know that the the ocean that the cells you know swim in you know and and that's where we're kind of pulling toxins out of that and also pulling toxins out of within within the cell. And the so what are some of the things that you'd like to use you know to to go to face zero.

I mean obviously if we do some of these other steps prior to then a lot of the face zero just happens by itself because it just starts moving. – But so a lot of times people do not need to use key leaders at all when you start getting the liver flowing your body is pulling stuff out. But you know if a person is seriously ill and we need to go deeper and we need to use key leaders it's always good.

I separate key leaders into mild key leaders moderate key leaders and strong key leaders. So strong key leaders would be more the E. D. T. A. And the D. M. S. A. The moderate key leaders would be more things like I. P. Six. And I can't think of some things off the top of my head.

And then the mild key leaders would be more like just using homeopathic six um to stimulate your body. So homeopathy is a way to you're taking something that from a chemistry point of view isn't even there anymore but it still carries that energy of that substance. So if you're trying to pull mercury you can take a homeopathic mercury and it's basically telling your body to release mercury so you're not grabbing it and pulling it out of the cells and dumping it into the blood for you know your blood stream to have to as it flows through the liver to deal with it.

It's just gently getting things moving. So my favorite is to start with polio paths to help pull out. And you can get very specific with home a path. So if you have a gadolinium toxicity or you're going to be exposed to M. R. I. S. You can take a gadolinium home a path that tells your body I need to take care of this and help pull it out.

Same thing with radiation. Same thing with heavy metals and it's a nice gentle way to get your body to respond to it. I like to start with gentle key leaders like that and then moved to moderate things like I. P.

Six and practice all C. And humane in folic acid are actually key leaders to. They would fall into that category. Chlor ella. Things like that would fall into the nice moderate category. Nobody's really gonna get hurt with those I think with the heavy with heavy key leaders of strong key leaders then you have to be careful. A side note of the strong key leaders which you have to be careful with is if you have metal in your body so if you have a metal implant like a nickel plate because you had a car accident you have some sort of fracture or if you have silver metal feelings I don't advocate using heavy key leaders because literally you could be pulling mercury into your body um or nickel or some of metal that you have typically titanium is okay but that is to be never ending and you could be making yourself sicker. So stay with those bio to moderate key leaders can be beneficial and like you said maybe you never need to use them.

– Exactly and kind of to add to your point you know when if you have silver fillings you know and if you then do things like cilantro or other things that and that you orally take that then binds to have a metals. I mean you run the risk then of binding to what's going on here and moving it from your mouth hold and into your system.

– Yeah that's why I don't suggest oil pulling if you have silver fillings and don't be doing those kind of things, you're just going to be pulling it out of the out of the tooth and put it into your body and you need to go to a biological dentist to get those taken care of those two. Right. – Yeah, exactly.

At the end of the day. So in your work, I mean, you deal with a lot of cancer patients, you deal with lyme patients to deal with a lot of chronically ill patients. How big of a role does detoxification your detoxification program have with these individuals?

– You have to start everything with detoxification. I mean you don't need to call it that. You don't need to say we're gonna do this detox, you need to change a person's lifestyle. I typically don't say we're going to detox, this is your detox plan. I don't use that terminology at all.

Detoxification in Cancer Care and Closing Thoughts

It's, you know, we put together a protocol for a patient, it's detox is part of that. We look at everybody's genes, we're looking at the detox pathways and we're supporting that, but we don't say we don't use that terminology partly because we don't want people to think, oh I'm going to do this and then I'll be done because it's just wrong thinking, so we want to get people thinking this is lifestyle changes that are gonna help me get better, you know, I'm just kind of underhandedly supporting their detox pathways all these phases. So yeah, we get our patients doing coffee enemas, we get our patients using binders, we get our patients doing all these different steps when a person's got cancer, I don't really want to push them into b you know, thinking that they have to become educated in everything that I teach about them just to get better. So we just we don't necessarily discuss it, but we go through all these things with every patient – And in regard to cancer.

I mean, you talked a little bit about just just because this is such a strong focus. I want people to kind of understand from the angle that you come from in regard to cancer.

I mean, one of your strongest angles is obviously don't get cancer. I mean that that's you know, stop stop getting cancer. – That's right. – The best way to do it right?

– Well, for sure, I mean anything you can do to prevent disease the better. – Yeah. – But if you're referring a little bit to my book, stop fighting cancer and start treating. Because how the reason why I came up with that title is because is more dealing with an emotional sign of cancer.

So stop fighting cancer. We see those bumper stickers that say f cancer or something like that and I get that you have to go through those stages of anger and grief and things, but you have to come through it to the other point of acceptance and like, okay, I have cancer now. What can I say?

Nly do about it? What can I change? How can I learn from this? How can I be a better person because of it? And with any disease, not just cancer, I think if you address it from a more pragmatic standpoint and again, realizing that you have to go through different emotional stages, everybody does, but you have to come out of it at a point of acceptance and understanding that okay, this this happened for a reason. Let's address that.

Let's look at what is the cause, What I could do about it to make those changes so that, you know, I could have the end point that I want. So that's where the title of my stop fighting cancer and start treating the cause came out what I wrote originally, the original book about 12 years ago or so.

– Yeah. Which is a fantastic book. It's one of my books on my shelf and, you know, all the other cancer books. And you know, so, it's a fantastic book. Well, Dr. Conners has been such a pleasure.

Such an honor. Thank you so much for for bringing this information. You know, there's this vital fundamental information that we need because there's no regeneration that can take place if we don't address detoxification. Thank you so much.

– Thank you, bye bye