Introduction and Summit Welcome

Welcome to the Peptide Summit. My name is Doctor Matt Cook, and I'm with Doctor Leon Keneally. And we've been friends for a long time. We met, at a mastermind, the JJ verge, and was doing, which was really wonderful.

And I had a wonderful experience and kind of sent me on a actually kind of an amazing journey that, I'm still on, that I'm super grateful for. But I would say that Doctor Keneally is the probably the greatest person in the world in terms of integrative oncology.

And, she's a deep thinker, a fantastic doctor and a friend. And so I'm, grateful to have her because I send her a lot of patients. And, so I've been looking forward, for the last month, for this, pleasant, beautiful Saturday afternoon where I could come sit down at a computer and talk peptides.

So welcome to the summit. Thank you. Matt, it's always great to be with you. Well, tell tell me, how did how did tell me just a little bit of your journey.

How did you get interested in in oncology and integrative oncology? And tell me a little bit about, what brought you here, right. Well, started a long time ago.

And, but I'll tell you why I got into specifically into oncology, because I am number three of six children grew up in Houston, Texas. My mother started to bleed when she was pregnant with me.

She went to her doctor and said, oh, I'm bleeding. And he said, oh, we have a great drug that will prevent miscarriage and stop your bleeding. So that drug was Des Diablos, Joe Vestal, and that was used in the 50s.

Dr. Keneally's Journey into Oncology

And so, lo and behold, when I'm 16 years old, my parents after school one day, came and sat me down and said, oh, we received this letter that that drug test caused cancer in both male and female offspring, caused anatomical problems, hormone problems and all kinds of issues, and that we needed to go to MD Anderson Hospital to get evaluated.

So when I was 16, I went to MD Anderson. If anyone knows the cancer institutions in the world, MD Anderson is one of the largest cancer institutions. And so I was a a basically a spectacle for a bunch of, doctors because it's a teaching hospital though, des and that all that, exposition of that was what everybody wanted to learn about it.

And so anyway, I got biopsies very early in my, and in my, time period. And so that's very traumatic for a 16 year old, not to mention, you know, I never really went to the doctor until this.

And so anyway, then 18, I went to my college physical and I was diagnosed with scoliosis. And so you can't do anything about scoliosis. And unless you really find it early and even braces at that time really didn't really were not effective anyway.

So I thought, okay, I'm really good with biology, but I want to be able to talk to people. So I thought, oh, I can be a doctor. So I went to college, got my degree in biology, and then I went to UT School of Public Health, and that's where I did my thesis on DS.

And then I went to medical school. And so I finished medical school, went to Harbor-UCLa, and then I started my practice in LA. After that. And, I never had two periods in a row in my life.

And so when I was in medical school, I went to all the doctors and they said, no, we need to put you on birth control

pills. Well, when I went on birth control pills, that changed my whole being because it just changed something very interesting in my system.

Anyway, but, you know, when you're young, you don't know what you don't know. And so, anyway, through lots of different things, I started practicing, and I met a physician who was an internist and pathologist, and he started teaching me all these things about the endocrine system because I had endocrine, you know, issues because I never had two periods.

And so I started learning about the thyroid and hormones, etc., and that was like life changing. And he told me, you know what? You have to teach your patients how to eat because if you want them to be well, you've got to teach them how to eat.

And I thought that was very interesting coming from an internist pathologist here. He saw patients, but then he looked under the microscope, you know, looking at pathological tissues.

So I said, okay, I'm going to listen to him. So I started my practice like that. And so it's been a very interesting journey over the past 35 years. And one of my primary areas of interest, when I would go to a medical conference is cancer.

But more importantly, how do I prevent cancer in me? Because I have because I'm a high risk? How do I prevent cancer? So I met this gentleman at an AA forum conference, and he tells me his whole life story that he had a sarcoma.

Sarcoma is a tumor of muscle or bone, and amputation is the treatment or surgical removal is the treatment for that cancer. And he said he refused to get an amputation.

He signed out AMA. And he spent the next 11 years figuring out how to save his life and cure himself of cancer. And that was, you know, like 25 years post when he was diagnosed.

So I said, I need to learn everything this guy knows. So I did and he became a mentor for me. And then in my practice, I started seeing a dramatic increase in cancer.

And I thought, oh no, we've got to focus on prevention and early detection. But interestingly enough, that doesn't really excite people. It doesn't really like, you know, no, I need to do this right.

And so we just started I partnered with an oncologist and a local in Orange County, and he was very interested in what I was doing, and I really liked the way he worked with patients.

And I would always send him patients to collaborate with me. And so we started working like that, and I first was working with Oasis of Hope in Mexico, and Doctor Contreras was my first partner.

And so and we got this oncologist to work with us. We actually went down to Mexico, explored Mexico, and then I told him, I said, you got to really get into this the way this is done, because oncologists, you know, they basically prescribe chemotherapy that's basically do a workup and prescribe chemotherapy.

Right. So anyway, but he was really on board with me. And so that's how we started Cancer Center for healing. Well first it was called Oasis of Hope. And then Doctor Contreras and I separated waste because people didn't want to go to Mexico.

They only wanted to come in United States. So we decided we needed to. He needed to stay and do his thing. And I'd stayed in in Orange County to do cancer center, cancer center for healing.

Now that's what it's called. So my home mission, you know, I don't I tell people when you see a patient, they're not just a cancer patient. We have a whole biological system and everything in a person must be addressed.

Whatever the label of the patient, whether it's diabetes, whether it's hard disease or cancer, that's just a label that patients get in this existing medical system.

But we are a whole biological system, and every single little thing needs to be worked up and investigated, because patients are not just one thing, and that you don't have to become that one thing, and that label can't be you forever.

You can cure yourself of diabetes. You can cure yourself of heart disease, you can cure yourself of cancer. And so anyway, so it's been a very interesting discovering odyssey, what I've learned from my personal experiences and through talking to patients for 35 years.

And then I am always just like you, we're trying to know more and more and more every day. I don't people there's 1.2 million PubMed articles that are written.

Something is new every nanosecond, and we as doctors need to stay as updated as possible. And, there's something changing and new on the horizon, and we need to be constantly looking for that pearl that we need to know.

Okay, so hit me with before we do anything, hit me with some pearls and I say, okay, I want to prevent cancer. What are what are. Give me your top five top, top things.

You're thinking what you tell somebody if we want to prevent cancer. All right. So prevention is probably the number one thing we should all be interested in.

Because health really needs to be our number one value. Because everything in your life hinges on the health and safety of you, right. And so number one thing I would say that everyone needs to take an inventory of their stress.

And so we're all very, very stressed today and we don't grow up I know I didn't grow up, I know you didn't grow up with skills on how to deal and handle stress, okay?

And in today's world, because of the constant stimulation of information, TV, etc., and drama and trauma around the world, that it's very difficult for us to take it all in.

All right. And like, how do you manage all of that? And then we all in our life have life and it has curveballs and detours I call on. And we've got to learn how to how do we handle those okay.

And how do we resolve them? I tell people, you never get over trauma, but you get through it and you got to reframe that unfavorable perception. But I will tell you that I started learning about stress and psychology of how we how our how we work and how, first of all, how I worked about 20 years ago.

So the discovery of the the psycho spiritual emotional facet of us, you know, rules us every day. And if we don't have that in check and we can't do it by ourself, we think we can do it better.

So but we're not objective about ourself. So we have to partner with someone who can turn that stress into a blessing. And it really does. You just got to learn how to. We all have to learn how to do that.

Well that's right. And but I wouldn't I would say I was having I had somebody I really loved this here this week.

Cancer Prevention Foundations

And then what would the maybe like one of the 2 or 3 themes that came out of the week of our conversations was getting to that point of the blessing. And if you get to the point of recognizing the blessing of trauma, then I think you can like for me, everything that happened to me, I have actually gotten to the point that I would have no idea how to do what I do if those things hadn't happened, and so I I'm actually really grateful that they happen, because otherwise, if any if those things hadn't happened, I would be doing anesthesia and taking somebody's gallbladder

out now, which would be like, you know, so okay, one is managing stress, two, cancer prevention number two, and Ward two, what is your lifestyle.

So how do you live every day. So if you don't sleep, which is probably 50% of the population, your body can't restore, rejuvenate and repair itself. So sleep has to be in order.

You know the there's a book called circadian Code 10 to 6, give or take 30 minutes, is something we have to honor. And if you don't sleep, I tell you when your day starts, when you go to sleep.

So sleep is is paramount. Okay. Number two, three rather is, what are you putting in your system? Okay. You know, you have to look at everything that you put, whether it's the water or the food is information.

It's information for your cells to take care of you. Because we are a biochemical machine. So if we don't have the right information going. And so if we eat dirty, sugary, inflamed foods, that's the way our body is going to be.

Now, I know it's impossible to buy perfection when we buy food or grow food or anything, because the world, unfortunately, is laden with overwhelming toxicity.

Last week there was just a report. They found microplastics in the book. So that means that we are all very toxic. So we we've got to look at the labels, but we got to look at the manufacturers and we've got to look at the chemicals in the food.

And if you can't read the label, it's probably something that you're probably shouldn't be ingesting. And so the food is vital information that's going to tell a cell to take care of you, to help you or hurt you.

So you have to know. And in the water, like all the water is contaminate it. And so it has form of water in it. And then it has chemical water. And so that means you must invest in a purification system that is water that is going to nourish and and bathe your cells in the right, medium in the right terrain.

Okay. And so then you have to move and we have our society of, of not moving. Now, you know, they everyone uses the sitting as the new smoking because they're sitting on computers.

They're sitting doing their work and so forth. So we have 800 muscles. Plus we have this magical lymphatic system and that has so many functions in our body.

And that so that if we don't move, we can't activate the brand of growth. Nope. Growth factor. We can't affect our circulation, we can't oxygenate, we can't detoxify.

And so we have to we have to move even into so little walks. I tell people, go take a walk five minutes every every hour you're on your computer. By the time that's eight hours, that's 40 minutes.

So just little walks are maybe even better than taking a long walk. So because a lot of times people have a problem with exercise, and exercise is like not fun for them.

And so if they just go take a walk for five minutes, you're you're going to be activating your health system. So, I would say that's kind of where we'd start.

Of course, there's a lot more fine tuning. And then you've got to partner with an integrator physician who knows how to do a battery of great blood test that looks for things that, oh, there's something wrong with your inflammation.

Oh, your blood sugar, your hemoglobin A1. C is too high. Oh, your vitamin D is too low. So looking at certain markers, blood is typically not a great inventory for finding cancer.

Yes, there are blood tests like the liquid biopsy because our C, which is a lab in Greece that has been around for

about 18 years and it's used all over the world, and that's a liquid biopsy.

There's a blood test I do called I, which is an indication of low oxygenation. So if you have low oxygenation we know that something is not correct in your body.

And so I will do that. Blood hormones like a DHEA DHEA is the main hormone made by your adrenal glands. And your adrenal glands are your stress immune and longevity glands.

And D is the single most powerful hormone for repairing your body. So we want that to be good also. So there's great great little blood tests that doctors can do every day.

And I always tell people an ounce of prevention is worth a pound of cure. And if we could just totally really know that and embrace that, because I tell people now US ranks 43rd in the world in health care.

We spend two and a half times more than any other country. 60% of the patients are suffering from a chronic illness, 1 in 2 people have cancer and heart disease is increasing and the third leading cause of death in this country is the medical paradigm we all have.

We all have a social responsibility to take a stand and say, no, this is unacceptable and we need to teach people that self-care is the new health care.

I love that, you know, I had a call with, some people on this morning and it was kind of awesome because I said, you know, I, I said and I always tell, I always say, if I have a good idea, I say, I think this is going to be a home run.

And and I said, you know, I, I have all of these friends that are kind of like famous health influencers who basically made it their job to be healthy.

And so then I realized, you know what? I just and I think I realized this a couple of years. I just said, you know what? And I had just been working like a dog, like every doctor does 24 hours a day, seven days a week.

And then I realized that they were doing that and getting away with it. And so then I said, you know what? I'm just going to change my life and basically make it my job to be super healthy.

And then it suddenly became like, really easy for do for me to do that. Because this. And so I said, I told them, I said, what you're going to do is you're just going to make it that it's like kind of like your job.

And I go to the side effect is your kids. You're going to realize you're super healthy and they're going to do the same thing. That means you and your family are going to be fine.

And then basically you're the it's what we're talking about is essentially all of these strategies that you just mentioned that are at the anti-cancer prevention ideas.

And then I would kind of paused and then, he goes, doctor cook, that's not a home run. He goes, that's a grand slam home run. So I love that. So then, so then let's say we're not in and then we're in, we're going to do everything.

And then, and then, you know, cancer comes along. And so then one of the things I want to think, think about is peptides, you know, where does that come in?

And then but before I get into that, you know, one of the fears that everybody has is, oh, does this cause cancer? You know, and, you know, one one thing about peptides is there's a lot of peptides that are actually have a benefit to blood vessels.

So they can promote angiogenesis. Probably the most famous peptide in the world, BPC 157 promotes angiogenesis. And we know that cancer also, does something that kind of promotes angiogenesis because it's

trying to get blood vessels to kind of go into it.

How do you think about angiogenesis in cancer? How do you think about peptides from a cancer, prevention perspective? These days? Well, I think if you're going to use peptides, you should make sure, especially the ones that can promote angiogenesis, which would be the TGF beta and the BPC 157.

But they can also be very, very helpful. Okay. So especially a lot of people have intestinal dysfunction okay. And BPC is one of the best peptides for any kind of inflammatory bowel or someone some kind of chronic a disease in their gut.

And so the key thing if you're going to think about prevention, you better make sure the person doesn't have cancer, okay. And I know that I work people up to make sure.

So I don't start with peptides. I never start with peptides as a treatment until I have made sure that I've cleaned all the cobwebs and the thoughts of what's going in the body there.

You know, peptides are kind of like the icing on the cake, so to speak. All right. So I like make sure I do that complete battery of tests that I would do on a 25 year old or 105 year old, because 25 year olds have problems at 55 years old, problem people have.

So I make sure that everything is working in concert. Like what are the hormones? What's their blood sugar toxicity, you know, are they toxic? Like your body's not going to work effectively if your body's still toxic.

So I usually have patients do a cleanse also if, if they if they need to. A lot of people have chronic infections like candida in persons which you have to eradicate.

Maybe sometimes with medicine, a lot of it I can do naturally. And then the peptides are a little smart little molecules, little sequence of amino acids that go in there and add the icing to the cake.

For example, if you have parasites, well, the it's not going to help. But now the Cfpb acts as a natural antibiotic for lots of GI infections. But again, you may need, you know, heavy duty medicines for certain things okay.

And so I usually like I said I'll make sure that I clear all the cobwebs the thorns, whatever. So the peptides can do the magic that we want it to do just that.

Just like for cancer, like if you want to use thymus, an alpha that was an Elva elevates helps the thymus gland activate T cells. T cells are helps your immune system function better.

But that's just one of many things that I'm going to be prescribing to a cancer patients. But that's like the icing on the cake because look what chemo does.

Chemotherapy destroys the immune system. So every doctor should be giving patients something to support the immune system. And they don't you know, this is what's so sad is that you're giving this nuclear bomb and not taking care of the patients infrastructure in your foundation.

So the thought was an alpha one peptide is a beautiful peptide to affect the T cells, which help make really good white cells, because look at the patients that get medications like a new pigeon, which makes you feel really terrible.

But if you pre active proactively did this, then the patient wouldn't be having we would need that. Like our patients they get chemo. They don't need these.

They don't ever need those kinds of drugs because I've already prepped them before or so if they get chemotherapy. Here is your counterbalancing protocol.

And I think yeah I think you said TGF beta, but I think you meant thymus. And beta for yes. Yeah. And interestingly I would agree and I basically don't use thymus in beta for because of of that hypothetical fear.

And so then what I do is I'll use the fragments of thymus and beta four and then and but I and I also kind of try to, think about things and try to gather, you know, labs and information with people, and get a sense of what's going on.

Peptides in Cancer Care

But I also, have really found a lot of benefit in terms of the gut with Cfpb and then also with Cfpb and BPC. OReilly and then, interestingly, a lot of times if you take Cfpb and BPC systemically, then that will they will have an effect on the gut as well.

Right. So you're just enhancing I know I've done them all myself because think three years ago I did 18 hours of back surgery. And so I have taken antibiotics pain medicines anti-inflammatories anti spasmodic.

So I had to completely repair my body from all of those medications. And so I took, you know, BPC thymus and all these crp I love it Cfpb that's a great one.

It's great one for a lot of different conditions okay. And so but it I mean it was tremendous at helping my gut work get back to normal function. And you know, regardless, it's kind of almost like, it's almost like in your contract as a functional medicine doctor, the, you know, the the regardless of what we're talking about, we probably need to dedicate 20% of our time to the gut.

And what I have found is that if that's working, basically everything's working. You know, to I tell people your gut from the point of when you chew to the time that you, get rid of your finger colon, that that's a three way system for the rest of the body.

That's not right. Because every little step from the chewing to the esophagus to the stomach to the small intestines, liver, gallbladder, pancreas and large intestines, they're all phenomenal parts.

And you need them all. And you rehabilitate all of that system. You or your brain is going to work your liver, your circulation. Everything is going to work for you.

And then that and then that means your immune system is working, which is probably going to be crucial for let's say now we say we've got somebody coming in and then they've got cancer.

How do you put together your sort of initial ideas in terms of treatment plans, in terms of thought process? I guess we'll start with that. Right. Well, the first thing is I'll do a very good, thorough history, physical for each patient, okay?

Because the patient has all the answers. So you need to be every doctor needs to listen to that patient, to the extreme detail. Because. And I know you can't get everything on the first visit.

That's why they call it the practice of medicine. So the first visit is to establish that rapport relationship, but more importantly, doctor discovery.

So you know how to properly take care of that patient. So if you don't understand how that patient lives every day, then you can't probably give them the direction that they need.

So I always kind of I always try to like to go through birth, through where they are and how and especially what's happened in the last ten years, because from one cancer cell to tumor formation is about ten years.

So this last ten years is very important for me to know how someone has lived in every which way, which I've talked about their stress, their sleep, etc.

then I look at all the medications and the comorbidities they have. If they have diabetes, I know that I'm going to have to be very, very strict in getting that blood sugar ideal if they have high blood pressure and other diseases.

I going to make sure I either get them off medications or get them on the minimal medications. If they have autoimmune disease, that's got to be taken into consideration.

So every disease that's going on with the patient, I have to take that into consideration with the patient who has cancer. And then I do an extreme, like I said before, an extreme battery, a blood test on the patients.

Because I always give the analogy, you go and you want to go buy a brand new red BMW and it's just gorgeous in the showroom floor and it's beautiful interior.

But let's pretend for a moment that we want the radiators gone. Your car's not going to work. So the doctor has to be responsible for making sure the entire machinery in its insides is working.

Okay, so if you miss one thing, for example, what if you miss the white count? Or if the white count isn't strong enough? Well, okay, there goes your your treatment.

You're not going to be fixing the patient. So you got to make sure that that patient is in pristine order. Then usually I always recommend the first thing is examine what the patient's eating.

So have them see our health coach or our dietitian to make sure that they know what they can eat because there's a lot of confusion on what to eat. And so but again, you have to look at the patient's blood test.

For example, if someone is anemic, you don't want them just on a plant based plant based diet, right? You want them to be eating protein and make hormones.

If you don't eat protein, you can't fortify your red blood cells. So I always make sure that they know how to eat. And also we already have to address their emotions and stress.

Then I will put them on like what to start taking daily? I always do an a nutritional profile on every single patient's so I know what you're deficient in.

Otherwise your about chemistry can't work for you if you're deficient in one or more nutrients. And so I've already ordered that. But usually if I can see the patient is toxic, which let's face it, most people are they're not on a regimen like you and I would be following on a daily basis.

But, you know, I might put him on a cleanse and I'll just say, we're just going to get the cleanse while we're gathering all this. Now, the patient's in very serious situation.

I don't put him on a cleanse. And I will put them on a great eating program. And specific supplements like vitamin C, vitamin C is the antidote for everything, all right?

For viruses, cancer, bugs and chemicals and heavy metals. I will put them on pancreatic enzymes, pancreatic enzymes, cancer cells hide themselves in a fiber and coating 15 layers.

The that pancreatic enzyme strips the coating of the cancer. So then of most cancer patients are acidic. So I'll put them on an organizing powder that I use.

And then I'll use something like carbon 60 for daily detoxification. But carbon 60 is also anti-cancer. So don't start with that okay? I don't like to overwhelm the patient because they're already just in shock with their diagnosis.

And so I kind of start slowly and surely. And then I will usually start IV, vitamin C and mistletoe. So mistletoe is a plant and parasitic plant that's been used for over 100 years.

There's over 30,000 published articles on mistletoe. There is an active trial going on at Johns Hopkins University. Studying mistletoe has got very favorable results already.

But mistletoe helps patients feel better. Fights the cancer. You talked about angiogenesis. It also cuts out blood supply to the cancer. And so it helps the immune system.

So we want our patients to be okay. They're ill. We want them to feel better. So everything that we as physicians we need to be elevating the energy capacity of every patient while they are going through.

I had I had patient that I just loved and I loved him. And I'm kind of like, take care of the family. And then, he, he basically was the father and basically didn't totally buy in, but was kind of interested in me.

And, so I just had kind of a long term relationship, but peripheral. And then there was a terrible cancer, and there was probably a thought that we were going to manage it at UCSF.

But then, I sent him to your clinic and they didn't even get to see you. But, just as kind of a workup because I wanted to have a full sort of integrative experience around it.

And at that time, there was an idea, you know what this has been? This is too bad. And I'm just going to say goodbye to the world, and it's gonna be over.

And then we did and worked in parallel with your clinic. All of those steps. And so then we worked on that. Okay, we're going to stay around here. We've got this.

There was type two diabetes, and hemoglobin A1, C was sky high and all of this type of stuff. And then basically I did that kind of same pitch of, I'm going to make it your job to become the healthiest person.

You know, in Silicon Valley. And then, you know, those seeds that you guys planted are still active today. And so they still, send me pictures of the the continuous glucose monitor.

Diabetes is 100% gone. You know, where they can't. You know, we that one ended up being kind of a surgical that it was a combination of surgical and a bunch of stuff.

But it was great. And I think it highlights that as we go kind of through the experience. And and also he did mistletoe and and the vitamin C also. So then what that highlights is, is that I think there's a huge opportunity when even if you're going to go down the chemotherapy route to begin to do some of these I. V.

vitamins to be entered to implement these strategies. Effect where we are mentally, emotionally and spiritually and then manage pH and other stuff I like.

I couldn't agree any more with everything you said. It's, it's, it's it's and it's I think it's so important. Oh, gosh. Yeah. We, we we've got into I call it conveyor belt medicine.

There is no one size fits all. There is no you know like okay here's the average and this is what we do for everybody. No every every individual is an original.

And we need to respect that process and really guide people to health. And and there's no like overnights in station math. That's the problem. It's not just going to happen overnight.

You know, my new line, my new one liner for 2022 is discipline or disease. And that is just the way it is. Like, look how disciplined you are with your own life.

And like you said, the mission to be the healthiest person in the world. And, so that's what we need to that's kind of should be our goal as a nation is to be the healthiest nation in the world.

Let's say it's it's kind of like we had victory Gardens, and World War two, but we need to become victory humans. You know, nowadays, that's not, that's a good one. The.

Are you using, there's a peptide PMC 27. Yeah. Tell me, tell me about that. Tell me about your experience or thoughts around that. Yeah. So PMC usually so just so you know I do a lot of energy medicine. So and the reason is there's like there's, you know drugs that starve cancer.

So there's a lot of drugs, but you couldn't take 12 drugs usually at one time because and liver would be overloaded. So I energy test patients to see what what's going to work.

The other thing is if RG cc, I can also send in things to them like cylinder myosin or PMC, and I can see if that's going to be effective. But a lot of times I do it conveniently in the office, just because that seems to be the easiest thing the PMC is, is I'm is a membrane active anti-cancer peptide.

And so what it does is it causes basically what they call member analysis, which is breakdown of the membrane a bit pokes that are holes in the membrane causing it to destroy.

Because most I mean, all of our cells have something called p53. P53 is the guardian of the genome. So that means and it's a tumor suppressor gene. So what happens is when cancer comes in who you are, it basically interferes with the p53 or there's a defect.

So basically what this is is it combines with that membrane in the p53 and blocks it and causes disintegration of the membrane. So that's a great. And it's given intramuscularly usually because we usually want to use a peptide like that always you know non oral but have the patient do injections.

So that's a great little peptide to use. The other one that we use with chemotherapy we do fractionated chemotherapy low dose. And so what we do is we use all the an ion.

I basically is a teleporter of the chemo into the cancer cell sparing the other cells. And so, this is a great peptide to cause more penetration and acts as a, you know, intracellular uptake enhancer.

So, so we will add that to almost everybody's, protocol and you add that with insulin potentiation therapy. Yes. Correct. So I when I, when it was an interesting one and wanted that one, just for, for people to tell them a little bit about what iPPt is.

Yeah. So cancer everyone knows that a Pet scan is a Pet scan is to light up the cancer cells. So they use IV radioactive sugar. And cancer cells have about 64 receptor sites for sugar and normal cells about four.

So when you give the IV sugar, it lights up.

Integrative Treatment Protocols

So when you when we give chemotherapy, we use insulin as a primer for the insulin like growth factors on the cancer cell. So we primed the patient with insulin.

Bring it down to what we call the therapeutic moment which is about a level of 40. And then we push the chemo because the chemo are going to be select the uptake with the chemotherapy sparing the other cells of the body.

So the insulin is like an escort to or we call it the Trojan horse to selectively bring chemotherapy into the cancer. So yeah. So basically you starve the body and so the body is starved, but the cancer cells are even more starved.

And then you put the chemo in with some sugar and insulin, and then that just drives it in. And then are you using the peptide escort at the same time as that. Yes.

Okay. Which is correct. The you know, cancer cells are smart. So we have to do everything we possibly can

because cancer cells have something called chemo resistance and chemo sensitivity.

So any any cancer's population are chemo sensitive and chemo resistant all at the same time. Now we give our patients medications that enhance chemo sensitivity.

But you always have cancer cell populations that are resistant. So we have to enhance their sensitivity all the time. And we've got to enhance all the environment to kill as many cancer cells as possible, because they're always trying to outsmart every single little thing that you're doing.

And then that would mean if you're doing IPT, potentially there's going to be different chemotherapeutic agents that you're using. And but then this is just allowing you to use a much lower dose.

So it's a lot of easier on the body. That's correct. That's what it is because we're trying cancer chemotherapy is you know, it's very significant on every single biological system in the body, whether it's heart, whether it's neurological, gastrointestinal, it doesn't matter.

So we have to try to do everything to take care of the patient. And and do you know, less is more doing the lowest possible. You know, that chemical that we use, even when we have other medical problems, we should always try to use the least, you know, potent dose of anything, right?

Because, we know that, you know, we're damaging cells which, which forms of, cancer are. When, when do you like to use IPT? Sort of. How do you put that together?

Well, the older the patient, the better. Low dose chemo is right. Number one second of all, I will look, if I have a young 25 year old, I will tend to use conventional chemotherapy. Why?

Because their DNA is replicating very quickly and so big. So the margin of error in cancer in young people tends to be more aggressive. So a conventional chemotherapy protocol may be better.

The other time is on the pathology report. There's something called the Ki 67. The Ka 67 is the proliferative index. So if the proliferative index is really high I will tend to be okay.

Breed me to do conventional in this patient. If it's low I will tend to like less than 50. Low is ideal would be 10%. All right. But again you will decide on each individual case.

But I see all the time a lot of my patients can't even handle it. They've done one dose of chemotherapy. They can't handle it anymore. I had a patient with lung cancer that came to see me.

She's like 67. Her doctor was doing conventional chemotherapy and the family said she could not handle any more patient. The king was very frail, very thin.

Very weak. And so I said, well, let's do the low dose chemo. I fortified her for two weeks first before I even administered it. And then, she we did low dose chemo.

She went to her doctor who because she needed oxygen. We were prescribing oxygen therapy for her. And the doctor went in and said, you're still alive. And and she goes, wow, you look so great.

How you know, like, what are you doing? And so the oncologist said, okay, I'll give the low dose chemo for you. Great. So I said, great. And so she still does all the counterbalancing in the clinic that we do because we do an IV to clean the liver.

Once the patients get chemo, the following next day, 24 hours later, we do a special IV to preserve the liver. We do the red like that. We do an alkaline drink.

At some point in time during the week, we do lymphatic drainage. So we do all the support of things so the patient

stays well and functional during the low dose chemo or chemo.

Okay. So then that's so important for people to hear. And I think sometimes people are triggered, you know, when, when I do when I don't want to do chemotherapy or this or that, but then to hear, okay, sometimes we're going to do traditional things, sometimes we're going to do integrative things.

Maybe if somebody is really sick, we're going to start with them fragile with something and then kind of build them up. And then the idea, it for people listening to this, the idea of, oh, okay.

And this is how we think and this is how I think about when I'm managing really sick people with Lyme disease or, or long Covid or other things. If I'm doing something stressful today, then I'm going to be doing something kind of balancing and harmonizing and and supportive.

And so there's you see you from a design element for I think about 3 or 4 days I'm doing exactly the same thing. I'm, I'm doing lymphatic drainage with hive, I'm at and some techniques and doing things to support and clear and detox the liver so that we in that way you can almost always get somebody through a week and and then that consciousness I think is the profound thing for people to hear around chemo, because most people in the traditional system are there.

They're just going in and getting that chemo and then they're not getting any support, and that there's a lot of toxicity to detox centers, and there's a lot of just overall inflammation in the body.

And like the we just ignored that kind of in Western medicine up until now. Well, I know it's still being ignored. But you're right. I always tell patients that if I even give you antibiotics, I need to be telling you the counter balancing of those antibiotics that you just took.

You just destroyed your natural microbiome. So it's going to be very important for you to do X, Y, and Z after you've taken box. Correct? Because every medication has the potentiality to destroy, to be toxic, number one.

But number two, to destroy your mitochondria, which are your powerhouse influence on the side. So we we there's a, adage of, of that in medicine of thou shalt do no harm.

But then, maybe we need to have an update of that that says thou shalt, reverse all the harm that we do that is true. Yeah. You're talking about the Hippocratic Oath. Yeah.

So after kind of signs up for that. But we've kind of we've lost that match. Yeah. Not a restore it. And that's what I tell people because you're a conventional doctor, but you're a conventional doctor that has an updated information and we call functional integrative medicine.

But I tell people things are being updated and new all the time, but we need to look for things that don't hurt and harm patients and don't cause irreversible harm.

I see a lot of patients in my practice. Oh, they've already had something drastic done and I. I can't do anything to reverse those, you know, surgeries that they have done.

And so I would urge anyone to really partner with the doctor who's looking at the broadest spectrum possible to restore, you know, the functionality of the miracle that you get to live in every day.

But one, it's encouraging for us. I think about peptides. This encouraging for me to hear you talk about the support of role that Thymus and Alpha one can have as as some immune support as people are kind of getting going with this, because if you just think strategically about cancer, one of the things that we got to do is turn that immune system back on.

And that's a great way to kind of support that. How how do you think about dosing it and kind of how long do people do that? And what how does that play into a protocol.

Right. Well, thymus in elderly, if anybody's getting chemo conventional or low, you know, fractionated chemotherapy, low dose chemo, you should probably be administering thymus and alpha one.

Okay. And I personally do injections with my cancer patients. It's very little, you know a set of it's an insulin syringe. And so I usually use about.253 times a week.

And and really you're going to be watching I mean, we do weekly blood test on our patients. But, you know, I want to make a point that that isn't it is just not for cancer patients.

It's anybody who wants to optimize the immune system. I gave it to a lot of my patients during Covid. And the older you are, you know, after 60, I tell people the warranties over.

So you need these little things to enhance and optimize your body. And like by the time you're 80, your thymus is basically nonfunctional. All right. So anybody over 80 really needs to be working on the immune system because aging in and of itself is an immune system.

Miscommunication and malfunction and deficiency in the body. Correct. And so that is an alpha is like one of those like, you know, I had a patient, who didn't have cancer.

They just came to me for human optimization, and I gave her a thumbs up. And she said, oh my God, I can tell you how much better I feel, my energy and everything.

It's so amazing because when you're tired, that's a, you know, partially your immune system. So yeah, that's that's such a good one. And, you know, I, I had a, a conversation about a year ago with my friend John Francois, who, is a, peptide luminary.

And he said, oh, thymus and Alpha one. And I had been having this thought. He goes, thymus and Alpha one is very helpful for nerve and nerve pain. And I've we've been having this kind of conversation for quite a while around the fact that a lot of pain is immune pain.

Right. And because those nerves are inflamed what happens. And Lyme disease, peripheral neuropathy. What what happens in a many in infections is they have the different small fiber neuropathies that seem to be kind of associated with that.

And then fundamentally those are peripheral expressions of something that's going on centrally that is basically immune dysfunction that at that at a neurological level that we can talk about that for about a month.

But interestingly thymus and alpha one can be helpful. And so some I will incorporate that in in nerve treatments. And and then to begin to think about that as we age.

Because as we age, you know, we we start to have a bunch of things that I think, I think of at least as immune centric or at least immune related. And I think cancer and pain may be the the two biggest things that really affect people other than heart, heart disease, probably right now, you're exactly right.

It's true. So we have all these things we can use and we're going to just try them. I know I personally experiment all kinds of different things. I know you do too.

Because that's what you have to do in terms of other peptides that you, you'd like to use or that you're using in patients with cancer. Well, the other one we use a lot of is MIT and cephalon.

Some Teflon is. So we have opiate receptors in our body. And so I use low dose naltrexone which is beautiful for the immune system. But in very serious patients, use that.

And cephalon that in Kevlar and helps the immune system by stimulating very, very lightly. You don't want to go too strong. You want to be very, very, you know, very, you know, pulsed and low on doing that.

And Kaplan, it will help not only with patients with pain. Also. And so, that's another peptide that we would what would be a low dose for you. IV will do it ten milligrams.

I've. And over how long? Over I would say, you know, not that long 30 minutes. Okay. And how how can, how many times a month would they do something like that?

Once a week? Once. Well, you'd pair that with other IVs. Oh yes. Oh yes, oh yes. Where our patients are on, you know, we put them on a, you know, usually a cocktail for a month and then we reevaluate.

So you have to constantly be changing different molecules and different systems with the body because that's just what you do. So and then we also sometimes will use the copper peptide also Gchq.

And so I will use that. I mean people use it a lot for skin. But it's also a great peptide for you know, attracting immune antioxidant, anti-inflammatory effects also.

So I personally we use it I have a Gchq you know peptide that I use on my face. But also you know, you can do it, you know, transdermal. You can do it subcutaneously also, you know, did do it.

I've usually not. Okay. Yeah. The main when we do ipi is the medic. Everything else is either, you know oral or subcutaneous. Okay. That does the C 27 have to be I am or can that be subcutaneous as well.

Subcutaneous. Yeah. Okay.

Hyperbaric Oxygen and Sugar Discussion

The, the yeah the g k is copper is, is so interesting because it when you, when something's helpful for connective tissue. And I do think it's amazing for esthetics and so ever you know we're.

Yeah it's kind of interesting that we're you know, part of our conversation is talking to people about cancer. And part of us is talking to to the esthetics people.

But it's interesting to hear that, you know, a lot of times we're using the same things because we're we're basically strengthening biology. And then that leads to the body working better.

Right. And people just need to understand that, you know, peptides are basically they're not drugs. They're sequence of amino acids, you know, made from the same DNA information, but they're just certain sequences which are just a string of different, proteins in your body.

And they're, you know, designed to basically enhance a system or a organ or gland or system in your body. And so that's the beauty is that it's not a drug that I have to worry it's going to hurt the patient.

So I had a patient were like, it's something that's happened. They've had negative I really don't have patients with any, you know, negative side effects from it.

And so that's what we as clinicians need to be wary, be very aware of is is trying to not inflict pain are more harm to our patients. Right. Hyperbaric oxygen.

How do you feel about that. Love. Hyperbaric. Love hyperbaric. I would be, I would be in there regularly if I had time. But you know hyperbaric it's been around for a long long long time us it's taken a long time to use it.

But it's now rapidly being used because the studies are very profound. One increasing, you know, telomere activity number two, wound healing. Number three, patients are a lot of times in a healing stage in some form of cancer. Think about it.

And then I like I mentioned to you before, the blood test called I, which is a fasting blood test that tells me the

basically the oxygen environment of the cell.

So Otto Warburg in 1930 discovered that cancer is an anaerobic, glycolysis, sugar loving low oxygen. Low oxygen makes acid. So you've got to get those patients in hyperbaric to really decrease and oxygenate the the cell to take care of it, reduce that production of the lactic acid.

So I love hyperbaric obviously I play any patient who's having surgery. It doesn't matter if it's plastic or regular. I have them go in there before and after.

And it makes the surgeon look like a miracle worker because they heal so quickly and so fast. I, I read this book and this might have been five years ago.

I haven't thought about it, but the it's an amazing book called The Emperor of All Maladies. Yeah. And, I think, Richard Mukherjee, but, it was amazing book.

And he kind of talked about the history of cancer. Cancer being the Emperor of All Maladies, which is. That's a good title. But, you know, as you go back in time and you look at the history, you know, of, of the last couple thousand years, cancer was really not that prevalent, you know, you know, and, you know, they talked about, some cancer like in, in what is currently Persia or Iran.

And that was because there was a lot of wealth there. And there were, there were eating sugar. But the the reality is, is we we really have had this expression of cancer happen in the last 100 years, where suddenly everybody's eating sugar, and, and kind of and then devolved into this sort of chaotic lifestyle.

It is kind of modern times. Yeah. It's true, you know, and the 20th century cancer was one and 100. Like I said earlier, the cancer is, you know, one and two men and 41% of female.

And what I've seen in the last four months, that's quite alarming is the dramatic uptick in very young patients, meaning less than 40. And so we just all as a society and we're all in this human, you know, system together.

We all need to be laser focused on reversal of disease and really, truly understand, that assume the patient has something serious and then work backwards.

And that's our job as a physician is to really I see patients every day. I had a patient, who they were taking medicines off and on for a scratch for a long time in their breast.

It was breast cancer. And the whole time. And so they. And then you think about young people. Where is the preventive guidelines for young people, doctor cook I mean, there's not a woman gets a pap smear and that's about it.

A man has nothing, nothing. And so that means now we have to re negotiate what we're doing because we're living in this unchecked world. We've got this all this new stuff in the last 30 years, but it's unchecked power.

It's going to impact, it's going to have on your existence. So you know, whether it's the stress, whether it's our lifestyle like you said, the sugar, the food, the toxicity, the glowing phosphate etc., the emfs and everything.

And we've created this petri dish that you know it's not healthy okay. And we're creating unhealthy gardens in our body. So then just, I mean I, I would dig into this a tiny bit when, is there any amount of sugar?

Okay. What's your stance on sugar? Well, I personally don't eat a lot of sugar. Okay. If I eat anything, I have raw honey sometimes. I think if you eat fruit, sugar or slime, if you're going to eat orange juice, make your own fresh orange juice.

Okay? You know, but remember when you were little, an orange juice glass was like this big. Okay, now it's this big. Okay. So, you know, oranges are good for you.

Lemons, limes, grapefruits. Other fruits are really good. I think it's, manmade sugar. Okay, that's processed to, you know, tremendously. Right. And then we like if you just buy yogurt now there's like 32g of sugar.

So everything if you look at the label, it's just loaded and tainted with sugar or fructose like substances. And so, you know, you know, we just are, you know, like if you think people eat cereal for breakfast, well, that's a candy bar.

Okay. Then for lunch they have what a peanut sugary peanut butter and jelly sandwich. Well there's a lot of sugar in bread. Okay. Then they get goldfish and then they get a juice drink.

It's not real juice. It's fake juice okay. Then they get a snack of cookies. Okay. I mean, come on, we're just in. All you're feeding your kids is sugar.

Or, you know, or or the regular person. Okay. An adult person is eating sugar. They eat. Think about a bagel, which is all sugar, a donut. That's sugar, a pastry.

That's sugar. That's all sugar. So, you, you know, your body cannot. We know where we look like I just was reading a report. The dramatic increase in young people with prediabetes and diabetes after the year 2000.

One out of three children is not that. Okay. This is beyond all of this is beyond serious. Okay. Calling the 911 button for a long time. You know that I've told you that before and, and I'm just like what is it going to take.

You know, and and like you said, you know, you start modeling it in your family and everybody hopefully. Yeah. Usually I know in my family, you know, they all like have taken on I mean we have a big family and they've taken on what, you know, what I have been teaching for all these years.

So, but you know, there's rules and laws of our body and we are not living in according to the rules and laws of our body that. That's a good model. Yeah.

And I use the I always ask a patient do you drive. Sure. I drive and I go okay I go do you run stop signs every day. No I don't go. Why. Well I might hurt somebody.

I might kill somebody. I might get a ticket. Might I said yes. You're running the stop signs in your body every day. And and not paying attention and we we and and and it's not difficult.

It's not difficult. Being sick is difficult I know I take care of very very sick people every day. It is not fun for the patient, the family and the friends and anybody else that's involved with the patient.

You know, that is such a highlight for me because basically we've discovered. Yeah. And when I say we, I mean, me and Barb, we basically discovered that like being really healthy once we kind of made it our job.

Right.

Final Advice on Healing and Prevention

That it is shockingly like kind of easy, you know, it's like, I got to like, you don't splurge probably once in a while. Of course we do. I had dessert last night.

I had a great banana dessert last night. It was wonderful. After dinner, I had two bites now. Okay, so I'll do that. I mean, I always tell people, you know, perfection is not your goal.

Progress is your goal. That's a good one. That's a really good one. And then and then once it once and then once you recognize that it's basically not that hard.

Just got to make it your job. And then and then even little psychology I was at dinner with a bunch of people, famous people. And so then everybody had dessert.

And so then I, I kind of bowed to peer pressure, and they were really wanting to bring me dessert. So I said, that's fine. And then I just sat there and I said, oh, I do.

I really want dessert because I would have dessert like almost never. Right. And then I don't know, but I was having fun. And then they brought me dessert.

So I was sitting there and then I and then next thing I was just really enjoying talking to everybody. And then next thing you know, they came and took it away.

Right? Exactly right. That's right. But I, I kind of that I was, but I would have taken one bite of it just to kind of experience that. And then that would be.

But generally when I do that, it's such a rush of sugar is kind of interesting. Right. Yeah. And then you see you once you're on sugar and you have sugar.

Oh wow. You really notice and sensation and how extremely sweet something is. Yeah. And so then my take away from this is it's basically cancer. You know there are some peptides that help.

But really basically what I'm hearing is that they're part of a, a deeply, involved treatment plan that may involve Western or traditional chemo, may involve some other sort of very interesting physiological techniques that are probably going to become more mainstream.

And but it's it's it's not fun. It's a lot of work. It's a challenge, which is why, you know, we send those people to you a lot of times and, and, and so then maybe it would be a lot more fun to walk upstream and keep these people from jumping in that river of chaos.

And, and, and then all of a sudden, being healthy is kind of shockingly easier than we thought it was going to be. That is correct, I agree. Do you have any final, words of wisdom for us?

Well, a lot of times people listen to these webinars and they're overwhelmed. And I always tell people that this is all a process. Healing and health is not an event.

And, you know, when you start, when you decide to run a marathon, you decide, first of all, in your mind, okay, I'm going to run a marathon. And then you like study everything about being running a marathon, but it starts with one step.

And I always tell people because I have patients that like, never done any of this before and I go, I'm going to walk you through this alongside you. You're going to do one big thing a month and you're going to get that down.

But to be heroic is it takes to be a Navy Seal. Takes one the intention number to execution of that intention and slowly, methodically do it and don't make this is oh God, this just too much information and I can't do it.

No one little step at a time. Well it's amazing you look right. And so I can tell you're living, you're living the dream and I'm grateful that you're here having a, I think a profoundly positive influence on, on the world and this cancer and then health in general.

And I'm grateful to have you as a friend. So thank you so much. You're welcome. I love doing this. And I love spreading, this important information. To everyone, because we can change and change the landscape of medicine forever.

Okay. Well that's it. Thanks for joining us, everybody. And I look forward to talking to you soon.