Podcast Intro and Guest Welcome

All of this changes the gut microbiome balance, which changes, the metabolome, Which breaks down the good epithelial layer, layer which leads to what we call leaky gut.

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And this creates systemic inflammation. But what it does even more than that is it compromises immune priming, It compromizes how the immune system is trained at the earliest of age.

Welcome to the Holistic Truth Podcast. I'm Jamie Dorley, CEO of Nutritional Frontiers. And I am Christine Genovese, creator of the Soul Intelligence Method.

We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally, and energetically. with real proven strategies, protocols, and tools you can use in your practice today.

Hello everyone and welcome back to your favorite podcast on natural healing and wellness. This is The Holistic Truth and I am the host today, Jamie Dorley.

I'm the CEO and owner of Nutritional Frontiers with the real host, the co-host, my partner in crime, our Chief Growth Officer of the Nutrition Frontier.

Christine Genovese, how are we doing? I am really good today, Jane. I'm so excited because the sun's finally out in Pittsburgh. We are in the studio together today and I haven't seen the Sun in a week, so Iam absolutely thrilled.

Well, hopefully you brought it from Florida. And I know not only Florida, you in Southeast Florida at an incredible conference last week. We're so excited to have one of the featured speakers at the event.

He's a really innovative practitioner. he does integrative therapies down in Mexico. including immune health and really a big focus on cancer. And I couldn't make it at some other obligations last week, but I missed out on any Appleseed conference.

So tell us a little bit about that and then we'll jump right in with Doc. Well, it was an amazing conference where incredible healthcare providers who've devoted their field of study to preventing cancer, helping to treat cancer providing complimentary therapies for people going through traditional treatment to recovery and remission.

You know, I think my favorite expression from the whole conference was hope dealers. I really believe everybody there is a hope dealer. And what was also really impressive to me is, a lot of the nurses and nurse practitioners and attendees also had their own bout of cancer that they had gone through, and now they're devoted to being remission coaches and helping other people through this incredible.

devastating disease that's been taking over our country. So I'm absolutely delighted to have Dr. Nathan Goodyear with us today.

Dr. Goodyear's Path Into Integrative Medicine

His wealth of knowledge is so crazy and the fact that the stuff that he was sharing was only skimming the surface just blows my mind. I can't wait for the episode.

Oh, I'm so excited. Welcome, Doc. We're so proud to have you on the show. And we're still excited for you to be

one of our keynote speakers at the Nutritional Frontiers professional training event on, you know, really the evolution of functional medicine for the complex patient.

That's going to in April, right down there in San Quijote, Florida. So welcome to the Holistic Truth. we know you're very experienced. You've been doing podcasts and radio and TV for years.

Well, Jamie and Christine, it's a pleasure to meet you. And Christine not to make you jealous, we don't ever get clouds down here. So, you know, Well, it's funny, as soon as she said the sun came out, It's already gone.

It is gone, I'm so excited. With the sunscreen away, yeah. Well here pretty soon we'll have a lot of humidity and heat as we go into the rainy season, which rainy seasons is really not really raining season just we may get a cloud or two.

So, well it is always a pleasure to basically be on with, you know, people that align, right? Because the goal here is to raise awareness. Its to, raise a bunch of megaphones.

Because, you know, people like RFK, which are going in to disrupt, right, a system that basically doesn't serve them, it serves itself. He needs allies and we are allies.

We need to be, quote unquote, the foot soldiers, hate that war metaphor, but we need be the footsteps soldiers the megaphones to basically take the actions that are happening to change medicine for the better restored to its purpose of serving patients.

And so, it's always great to align with others like y'all and Nutritional Frontiers that are helping to do just that. So, It's my pleasure, my honor. Already working on the presentation and it is already too long.

It's okay. It is the first of many opportunities that we're going to, you know, continue this relationship. We love what you guys are doing. And, my vision from Nutritional Frontiers 18 years ago was to create this ultimate community, right?

Because sometimes it's lonely out there when you're being so progressive in your thoughts and being open-minded to what the possibilities are. I love the whole theme of hope.

because I was being interviewed last month for an article in the magazine and, you know, they really said, well, what do you do? I said I want to give people hope.

Because they've been indoctrinated that, oh, you have this much time to live, or this is incurable. And autoimmune, it's not your fault, that's genetics.

On and on and we want to give people hope and want people to be open-minded to what the possibilities are. That's why we love working with people like yourself.

We want build this community stronger and continue to develop relationships with allies in our field and beyond. Not only in the US, Mexico, but throughout the world.

Yeah, and when you look at the field of cancer, it's not one that's filled with hope, is it, typically? No. I say this all the time, the word hope literally just means confidence in tomorrow.

That's it. So when an oncologist tells you you have three months to live when your diagnosed with stage four cancer and fear just just embodies every part of what you are at that point.

It's like they're saying they have no hope in tomorrow. So what we need to do is change that perspective. Our job as physicians taking care of patients with cancer is to provide a crack in the door of possible and hope is just that.

So the responsibility about the confidence in tomorrow, it's not on the patient's side. It's on ours. When an

oncologist says, I have no hope in Tomorrow, find a new doctor and find one that has hope.

Yes, It may be small, but any hope can be that crack. in the door of impossible to possible. So that's what I would say on that concept of hope. Sorry to interrupt there, Christine.

No, we've heard this many times. I always say, why would the doctor tell you that? How do they know exactly how much time you have? I remember my uncle was in bad shape and he said, you got three months to live, Mike, and we'll see you Friday.

He says, for what? They go, your next chemo treatment. He said, if you're giving me three months to live, I'm going somewhere else. Now he got about seven, eight months, but he said the fact that they told him three month and we'll see you Friday.

He says that was the last time I ever saw the doctor. Yeah. I don't understand that. You know, I missed that lecture, you know how to play God. That's today's topic in medical school.

And trust me I never missed a lecture. But that's just, there's many things that are wrong with medicine, many. Well, Dr. Goodyear, what led you to focusing in the area of cancer?

You've got a deep, rich background. Maybe just share a little bit about who you are, and what you've done, to the field of the cancer in particular. Yeah, I have to say the person that corrupted me was a good friend that's a compounding pharmacist.

And I say corrupted in a Italian cheek. So through my residency, I had a good friend, went to church with him, and he was compounding pharmacy. He would always say, well, what about the science here?

What about science there? And of course, a lot of that was focused on bioidentical hormones, but it was a place where I, as a gynecologist, was very interested in because I was always interested hormones.

But my primary training was as pelvic floor surgeon. So when I got out of residency, he actually told me his name is Joe. He said, so when you get out and you start treating patients and notice that they're not getting better, let me know.

And I'll be here to walk alongside you in your learning. I was like, whatever, I'm a doctor, you're a pharmacist, what do you know? But a good friend who remains a dear friend to this day.

Guess what? That's what happened. As a pelvic floor surgeon, a gynecologist, We were taught to help some, but we didn't help everybody. And so for me, I wanted to not be a doctor of the few, be doctor the many.

What I did is I said, okay, Joe, You provided the invitation. Now, let's go forward." So, he connected me with somebody and so that began my journey of integrative medicine and that was actually in 2005. So for me, the journey integrated medicine began so far before integrate oncology.

And so for me, it was that standpoint that I was moving into that process of understanding hormones, better helping patients heal, helping better patients avoid hysterectomy, and helping them transition from perimenopausal into menopause state.

And I saw it work. And what I saw with it is adaptability, malleability.

Cancer's Four Horsemen and Gut Health

Not treating one size fits all, you know, where this medication had the same dose for somebody, no matter if they were five foot one or six foot eight.

You know? It was like, okay, this makes no sense on just a pure pharmacological perspective. But with that, that's

where the journey began. Then back in the day, I was involved in a lot of pelvic floor reconstruction and we were involved with a major brouhaha, if you will, because there was a product that came out that really didn't have good science behind it.

They told us it did hurt thousands of women, and that portion ended up going bankrupt and paying out, I think, a couple billion dollars to patients. And so what they were doing there is we were putting in vaginal mesh into the vagino support system, so through the vagina, but it was the same type of mesh that came from the abdominal hernia repairs, which there was plenty of decades of research.

I look back on that and when I lecture sometimes, I'll say, we failed to recognize that the abdominal flora and putting a foreign body in there is different than putting it in the vagina.

Now, in today's day and time and understanding ago, yeah, that should have been obvious. Nobody thought that way then. And so what we discovered is that did great harm, but it did harm to the immune system.

So that's really where my immune journey began because there was actually a study where they went in and removed the implant, and then they back in biopsied a year later.

They biopsy'd at the time of the removal, then bioppsyd a later where it had been removed. And they found the same dysfunctional inflammatory response persisting a years later, even after the plant had removed, so that's what began my thinking about, wow, immune system, the impact lingers.

And so with that standpoint, I continued to progress through this dive, Research Rabbit, if you will, and that's an online app I love to use. So it's a deep dive on integrative medicine.

I went through A4M, Pam Smith, a good dear friend of mine to this day. She really led that group and really I think stirred the thoughts and the thinking and critical thinking.

more so than my residency ever did. So I progressed through all of that, treated patients. Then the female patient said, well, can you take care of my husband?

He can't be that hard, right? You helped me. And I thought, okay, yeah. At that point, I had learned, don't trust what people tell me, so I took a deep dive for about six months and basically did all the research I could on testosterone.

because after all I was taking care of women and hormones. And so at that point then I published a couple of books and I said, okay, I'll take care your husband.

I say how hard can men be? Well I have found since that they were some of the most hormonal patients that I've ever met. But it's that hormone nuance, that milieu that's different amongst men and amongst women, but there's a lot of interconnectivity as it relates to health, wellness, and even disease.

So I continue to progress through that deeper and deeper in this deep dive on integrative medicine, even beginning into the gut then, the immune system continually getting into that.

But then in 2015-16, I basically got a diagnosis of a tumor myself, what's called a pheochromocytoma. And that's a tumor that can be malignant. Don't know exactly if mine was kind of on the fence about where it was or wasn't.

Hasn't come back to this day. But the big thing about it is it releases a lot of what are called catecholamines, norepinephrine, epinephrin, et cetera.

And so for me, I was the picture perfect of health, about six foot one, 180 pounds, 185, probably too thin. My blood pressure was like 280 over 120. My only globulin A1c was at 7.5. It was like, what gives?

Well, this massive tumor over four centimeters in my right adrenal was producing these catecholamines and ended up I have to add a remover or I was going to stroke because blood pressure meds weren't controlling it.

So at that point, then it's like, okay, I guess I'm supposed to do cancer because in the integrative field, already in my wellness practice at the point probably had about a 40 to 50% of helping patients with cancer.

They just migrated to me. I think it was because I talked a lot about it. I really celebrate people that take courage to speak out like they're doing because it's not easy.

You say a lot of things, you're like, well, that's what I meant. Or you say it and it gets taken out of context, but it takes courage. It's heard by the people who know it is true.

And even us during COVID when we hired people like, aren't you scared? I said, I don't know. We hired Dr. Tracy and Dr Judy Mikevitz. So you tell me. Yeah.

But then at that point it was like okay, this is clearly the trend and a trajectory that I've been on. I picked up my family and we moved out to Arizona where I actually could practice integrative oncology.

And so basically it an ongoing fellowship as medical director at leading two clinics. and then stepped outside of that because I recognized that we weren't doing enough.

this complex thing called cancer, though we could do great things with IV vitamin C, hyperthermia, nutritional strategies, a wide variety, methylene blue, curcumin, quercetin, you know, Weber laser, all these things that we can do, they weren't enough.

So I actually stepped out, ended up joining forces actually with a guy that I went to medical school with. And so that's what I now do at the Williams Cancer Institute.

What I say is we're bringing the future of cancer care today. I was just going to say, I remember you talked about sort of the four horsemen of apocalypse as it relates to cancer and how try in and help people navigate through those.

Do you want to kind of expound upon that a little bit? Yeah. You know, we're in colorectal cancer awareness month, right? It's March and you're seeing it a lot.

I didn't realize that. No. It probably that to you and it's probably international ice cream day too. So, you know. There's always something. In that perspective, there's been a lot of reels put out there about colorectal cancer.

We've seen these before, these stories where they're saying, wow, colerectial cancer is changing and doctors are baffled. I think that was actually a headline from Daily Mail.

It's like, no, we're not baffle. The evidence is there. You simply will just look at it. So the four horsemen, and I was using a computational model to try to say, how can we explain?

how can we explain the massive shift in the physical look of humans in United States, and that co-explains the disease that we see, particularly here, cancer.

And so, because, you know, we've all seen those memes of people in 1950s, early 60s are on the beach, they're all thin. They're all thick. In fact, you can't find anybody that is obese.

And if they're obese, they are a little bit overweight, right? They are little thick, but they aren't obese then fast forward to the 2000s and then 2000 teens, it's like, yeah, even the one that's just a appears to be the normal one because everybody else is so abnormal.

It's like the Disney movie WALL-E that's gone off the rails. We're all in those little carts driving around, little do they know that they were prophets.

But that is what we're dealing with. I said, what can explain with it? What does research tell us statistically can

combine together? Of course, you could get more horsemen, but four horseman just kind of rings.

So obesity is obviously front and center. When you look at the CDC data, what they've actually shown is that as it relates to obesity, we've seen a tripling from 1999 to 2020. We've see a triple in age-adjusted obesity-associated cancers, of which there's at least 13. from 3.73 to 13.52 per million.

So we're seeing a tripling of mortality here of a particular type of cancer. That's why I say the demographics of the cancer is changing. But that's not my word.

Let's say 2019 Lancet Journal article published in the, it's called Prospective Urban Rule Epidemiology Study, where they said, we are seeing an epidemiologic shift, to use the lead author's words to be exact.

He's from Harvard. So they're saying, hey, we're seeing an epidemiologic shift where cancer is now the number one cause of mortality in adults in high income countries at a rate of two and a half to one compared to cardiovascular disease.

So that's obesity. And we all see that around us. But then you add in glyphosate, which is contributing to causation. I think it was approved in 1974 in the United States.

It's now been taken out of what we can get from a lot of the stores, but it's still in the commercial industrial agriculture. Glyphosate is an antibiotic.

Leave it to politicians to not think things through. They actually approved it in 1974 going, well, this doesn't affect humans. Well, they failed to recognize that it affects our gut microbiome.

And it's an antibiotic, it disrupts and inhibits the Mitutaki pathway. And so what that is leading to is not just disruption in our gut microbiome, but it is destroying the soil.

It's creating dead soil, what's called dirt, talk to a regenerative farmer. That gets translated to crops and produce that are depleted in micronutrients.

In fact, several studies, one showed that 30 to 50% decline in micro nutrients elements and even vitamins since 1950. So we're getting nutrient depleted crops.

We're giving lack, you know, immune compromised crops because of the immune-compromised soil that transfers to our gut microbiome. In essence, we are seeding the disease that we were harvesting right now.

That's just obesity. Then we add in, and I'm going blank, the ultra-processed foods. That just accelerates the process of dysbiosis. All of this is basically changing the gut microbiome.

Then it's adding in antibiotic overuse, which is the fourth horseman there. But all of these changes the microbiom balance, changes in the metabolome, breaks down the epithelial layer, leads to what we call leaky gut.

Conventional medicine say there's no such thing. They say, yes, it is. It's well-documented. Just not called leaky gut. Its a breakdown in the epithelial barrier, the integrins, allowing endotoxins and microbial products to sneak through, and this creates systemic inflammation.

But what it does even more than that is it compromises immune priming. it Compromises how the immune system is trained at the earliest of age. And I talked about this on stage ever so briefly, that my baby biome research where they're actually showing an extinction event in the gut microbiome of our children.

And that should raise everybody's alarm, but nobody seems to have heard of it because that extinction of event, in a gut micro biome, of children is a canary in coal mine warning for an extension event and us.

But it's through the acceleration of the disease. Of course, my interest is in cancer, But I would say pick your

disease of chronic aging.

The Unholy Trinity of Conventional Cancer Treatment

because the immune system is involved in all of them. And if we impair our defenses, like say, let's take your skin off your body. You go, well, that's not good.

I'm going to die. Exactly. Your immune defenses went down, leave you very vulnerable and susceptible to all the diseases that were perpetuating. So what I say is we have been farming with a pH, farming pH A-R-M-I-N-G, the disease that we're harvesting today, and we need to return to farming within F, the health and wellness of old.

And so that's why I'm a big fan of regenerative farming. I think that one of the aspects and one the tools we have to step into, and RFK's even talked about that.

So that is just a quick one. Yeah. Quick one, yeah. The four horsemen of the cancer apocalypse is going to be, of course, obesity, which we know has tripled since 1990. It sounds like glyphosate which has been used since the 70s now has gone rampant to where it's part of ecology.

We looked at some of research and we saw this is about everywhere and anywhere, especially in the farming, it has created this dead soil. And then we have the over consumption of process junk.

We call it junk because it's not food anymore. And I think people have become so addicted to these things. Then again, the overall utilization of antibiotics either by medication or maybe even worse without people even realizing They're getting into commercial branded meats and the consumption of dairy products and through all these different mechanisms of the food that they're buying, which has really become very toxic.

So we got obesity, we've got glyphosate. We got the processed junk foods. And then we have the overconsumption of antibiotics. That is really what we call the perfect storm here and a four horseman of a cancer apocalypse.

But you know, it's even worse because it affects this generation. That's bad enough. But it won't affect our children, no. There's actually research that suggests that transgenerational inheritance is there.

So the damage that we do to our gut microbiomes, the damaged that our parents did to their gut micro biome and theirs before them, okay, it's being passed down.

Now, trans-generations is from mother to child. Intergeneration is for child to grandchild. So, there's animal studies that suggest, hasn't been shown in humans, that that intergenerational impact is real.

That's been showed in epigenetics, where we used to think that epagenetics which is above genetics, meaning the change in expression of our genome and an adaptation to our environment, we use to that was not inherited.

And then as science always does, and because science has never settled that by its nature is unscientific, as I said on stage, I think. So we now know that epigenetics is inheritable, not just transgenerational, but intergenerational.

And so now there's actually animal research showing that the change in our gut microbiome is inheritable, definitely transgenerationally, likely even intergenerationally, which I don't know how there is any other way to explain what we're seeing today.

Again, other than I know that they intended to do this out of the get-go. But we are in a disease epidemic of our own design and making. There's no other way to explain it.

When you started to talk about what's showing up in babies and that study and the baby's microbiome, what were some of the things that you were pointing out that would lead to an extinction event?

Yeah, so in this study, this was a two-year update. So they're following these children that were recruited at three to

seven months of age, or really infants, and they are following them out for seven years to look at their gut microbiome.

And at this two year update, which was published last year, what they found is 25% complete absence of Bifidobacterium. Now, that's a very important tax.

And we know that when that is low, immune system compromise in cancer is associated. But beyond that, what they found is I think it was 76%. were completely low or depleted.

So it was even worse. It's not that only 25% were extinct. When you look at the entire numbers, up to 76 were either low, or extinct, but then when you looked at very particular strains of this, particularly here, Bifidobacterium infitus, which is critical to the early setting of the foundation of gut microbiome, what they found is that 92% were absent.

Now, this is important because when a mother breastfeeds, The milk, the human milk oligosaccharide is broken down and metabolized by certain bacteria.

And one of the most important here is Bifidobacterium infitus. What that does is a breakdown of that human-milk oligo saccharides by the BfBF helps to set the foundation for the dominant strains that basically engulf the child's gut microbiome.

But what begins because of a process of that is immune priming. It's the training of the immune system at a young age. So now leading into this era where we're completely absent of these gut microbiome, these strains of bacteria or taxa, couple that with the convenience of C-section.

Yes, C section is going to be necessary, but the convenient where it's done at five o'clock on Friday, five O'Clock on Thursday. You know, and then the lack of vaginal birth, the changing of the gut microbiome of mother as she births the child.

That's impacting because what do you think that birth process from the vagina and the stool, that's helping to populate that? People go, oh, well, it's gross, but that does it beautifully and has for thousands of years.

The mother's diet, eating ultra processed foods, altering the my gut metabolism and these small chain fatty acids, these cross the placenta. And so the mother and what she eats impacts the child before they're born, their immune system.

So here what we have is an extinction event that is leading to a failure of the immune training at the earliest stage.

Prevention, Immunity, and Microbiome Support

Then what happens is we a lack of maturity that develops in that immune. We have dysfunction and that's going to last the lifetime of that individual if they do nothing else.

If they just said, okay, I'm changing my lifestyle, here I am three months of age, i'm going to change my life style, which obviously they may not do that until they're 20 or probably 30 because you go through those teen years into their early 20s thinking you're invincible.

So it's only when you reach a certain age usually around 30s, getting married, have kids. I think I need to live better. But all of those years, those decades, Those are only going make that process worse.

It's a fuse that's been lit, but it's not that the bomb goes off, it just keeps rippling throughout the individual, and it gets passed on to our generation.

It even goes back before. what they're seeing in the My Baby Biome research. It crosses a placenta. But for me, it's important because treating cancer better, safer, is what we're about at the Williams Cancer Institute.

But honestly, to really change the trajectory that we're on, which is not sustainable, we have to go into the prevention mode. And the only way we do that is I believe that the gut microbiome is the focus.

But now the things that you do to amend the Gut Microbiome, I think are exciting. You know, and some of them include things like nutrition, prebiotics, probiotics.

and fecal transplants. So I think we have to move into a prevention mode to really change the trajectory that we're on. Yeah, it's interesting. If you look at the child, this is very similar on the trajectories, same way to obesity tripling.

Look at number of kids that are C-section, so they missed their first passing of the probiotic. And then the follow-up is look the decline in breastfeeding and nursing by the mothers, because they're working, or they can't do it, or the chosen not to, and then all these formulas that are out there that're making the kid even more toxic.

So they're missing out on the lactobacillus, they are missing the bifidobacterium, you're being provided a very cheap, inferior source of nutrients in these over-the-counter store brand formulations that they getting.

And now the kids getting ear infections, right? It could be asthma, it could all the getting their adenoids and tonsils. And then all the autoimmune conditions and then possibly even the childhood cancer that you're mentioning, I've gone awry.

So there's a whole backstory on this that most of the public doesn't even think about. Because like you said, by the time we start to get to be adults, because we can pretty much thrive for a while.

And now we get into having a family and people either gain weight or the blood pressure cholesterol goes up. Now they're playing catch up, it could be for not only that 30 years, but all way back to their grandparents.

But what we're seeing is we are seeing the demographics change. And again, that Prospective Urban Rule Epidemiology study published. It's not even saying it.

Yeah, it's being talked about. What's interesting about that study is they didn't include the top 13 obese countries. They didn' include them. The top obese country was 14. Well, how bad would these numbers be?

if that bias didn't include those top 13. So, you know, that's why I said it's a problem of our own making, and this is why we're seeing colorectal cancer changing, because it is one of those obesity-related cancers.

And yet, when you look at colerectial cancer, essentially the treatments haven't changed for 50 years. It's like, where's the innovation? Where is the Innovation?

Because medicine and science used to be about innovation, about sparking that curiosity of mind. Now it seems, no, we just need to conform and support the system.

That is counter to what medicine in science is on every level. I think you referenced some of the traditional ways we treat cancer is the unholy trinity.

Did I recall that? Yeah. So do you want to kind of cover what those three things are? We've got the Four Horsemen, the Unholly Trinity. You just have to know.

She really listened to your presentation. It was very impactful. The whole book is covered in notes and she's been translating for me, so it's interesting to hear straight from you.

Well, and basically, as I told you, when I first did my first run through with the slides for that lecture, I think it was like 236 or maybe it's 320.

The number of slides and I was, like, well, this is ridiculous. And then I had to reach back out to Julia and say, hey, what's my time length? And I'm like this ain't going to work.

So I pared it down to just very superficial hits. And the reason why I did that is because then what I've done is I'm recording deeper dives on each point.

I love that. Doing that in a podcast format because I can understand the short attention span we have and you got to give a hook really quick. But, you know, hooks don't tell the real story.

So I could tell a book. And what did there in that presentation, Jamie and Christine, was more hooks. But those hooks are being deep dived on these individual podcasts.

I've recorded three. But it's because I want the science there. I wanna lead with the Science. So the Unholy Trinity is, you know, surgery, chemo and radiation.

And obviously, the word there is to, to catch people's attention, right? Yeah, so it's like, okay, I'm not sure what this person is about to say, but it caught my attention.

So, it is a hook. Now, that being said, you know, when we look at the body, the the is made to heal itself. I am a person of faith. You know I, m a Christian.

The body is created to Heal itself, well, what does chemotherapy do? Well, It destroys, destroys the Body and it destroys everything else. What does radiation do?

Same. What is surgery? Well, it's destructive by nature. But understand each one of those was either birthed out of war or was refined through the process of the war.

People go, what are you talking about? Surgery was actually developed because of battlefield injury. That was the need. Then you look at chemotherapy, as I talked about, it was born out this transition from chemotherapy that is treating syphilis with salvaricane had nothing to do with cancer than the Little Pearl Harbor bombing at Bari, Italy, where all these soldiers died and they couldn't do anything about it.

They discovered that it was Agent Orange because the Allied forces were moving chemical agents into the European theater because they thought the Nazis were going to use them and wanted to be prepared, though it opposed to the Geneva Convention.

Beyond that, then they said, well, wow, this is really interesting. We want to take this process to go to war on cancer. Then Nixon declares war and cancer and off we go, all the war metaphors.

That's why you can use those and people understand them because it's ingrained in our thought process as it relates to cancer, but chemotherapy is literally born out of war, World War I to World war II.

I highlighted in that lecture. Radiation, you would go, what do you mean radiation? Paradox within a paradox within paradox, within the paradox because radiation causes cancer.

People go what are you talking about? Hiroshima and Nagasaki, have you never heard of that? You know, Chernobyl is something more modern. Okay, I've actually had the unfortunate experience of treating three patients that were exposed to Chernobl.

Okay. They all have very similar types of cancers as have been described. But then we use the same radiation to treat cancer. Radiation causes metastasis, but then radiation causes local recurrence and it causes secondary cancers.

It's like, what are we doing? We're basically trying to win a victory, and yet that short-term victory here via the unholy trinity because it's destroying the body's capacity to heal, because its destroying immune system.

It's setting the stage for the beginning of the end. And that's why I call them the Unholly Trinity. Yeah, the UNHOLY TRINITY, cut, burn and poison. That's another phrase that people use, yeah.

Yeah, so, you know, one of the things that does give people hope, like all of protocols and treatments and things we can do, what are some of things you You kind of stand on in terms of basic tenants for prevention of cancer for anybody listening that's like, okay, obviously we've got a lot of toxicity in our lives.

We need to fight. I've heard the expression that everyone carries cancerous cells within their body. What conditions cause them to coalesce and actually bloom and what can we do to prevent it?

I think that comes down to the immune system. And that's why we do what we. If you ask me, well, what word or just two words would encompass and embody what you're doing today, I would say it's immune systems.

It's immunotherapy. Now, the problem with that word immunotherapie is in a little bit of a way, it has been hijacked and it is only considered to be immune checkpoint inhibiting therapies.

So conventional therapies, but honestly, anything that is modulating the immune system, any things that's stimulating the system. It can be an immunotherapy, fasting immunotherapie, high dose melatonin immunotherapy, a high fiber diet research has shown.

Immunotherapy improves immunotheraphy. Now it's an adjunct, 30 to 50 grams of fiber per day. in a diet, guess what, positively impacts conventional immunotherapy.

So we have to redefine what immunotherapy means, but definitely the simple. If we can do vaginal birth as a more norm, that's better. Breastfeeding, you bet.

Don't overuse antibiotics. These seem like the obvious, they're in the way why we're here. Don't eat junk. You know that old saying crap in equals crap out.

In the middle is crap. It's our gut microbiome. So crap-in modifies our crap and modifiers us and we get nothing but crapout from our immune system. And that's exactly eat real food.

It's crazy to think that we have to say, I am going to stand on this hill and make my final stand. On eating real food. You know, a hundred years ago, people would go, you're nuts.

What's wrong with you? Well, of course you eat in real. Food, what other kind of food is there? And then I would say. develop a relationship with your farmer, your local farmer.

You know, regenerative farming, I believe the lack of the connection to the land, the move from urban to something rural to urban, which is what's happened the last 200 years, We've disconnected ourselves from the land and from The Farmer.

The farmer is the means to provide the restoration of health and wellness because when we cut them out of this mix, basically that's when the doctor became more prominent, there was more of a need.

We need to restore the Doctor-Patient relationship because right now patients don't trust us. Honestly, we've not done much to help them in that. But we need to bring that farmer into the mix because they will help us basically better help the patient.

So I would say regenerative farming. And then obviously, good support to the gut microbiome. Obviously, that begins with food. It begins what we eat. Begins with the farmer.

But where there's intricate nuances that we needed to change the microbiomes, then that's where things like fecal transplant, prebiotic support, probiotic supplementation, those come in because we I'd like to tell you, let's just eat better and we're going to change the tide.

It doesn't work that way. When patients come to us with stage four cancer, we have to step in to do a fecal transplant because we need a change aggressively now.

We can't wait on the time that it takes for the gut microbiome to evolve over months to years from dietary shift. So we step in with a fecal transplant to engraft new healthy bacteria, create an improved immune system, reduce side effects, and improve immunotherapy.

And by getting back to the land, you're getting more active. This concept of sedentary lifestyle, this was manifested and expanded through the pandemic.

It's like, okay, these people that were considered experts, Experts of what? Expertes of growing their own bank account?

Community, Patient Empowerment, and Closing Remarks

Because everything that they recommended at the time, there were a few of us, but there was most doctors going, I'm not, this doesn't make any sense. Cut out social interaction, isolate yourself, less physical activity, sit in front of a computer screen.

What? What are you talking about? This is the worst thing that you could do. Whoever drives to your house, right? So when you talk about going from You know, the world to urban, which also transitioned was from farmers to McDonald's, right?

It's just, uh, overindulgence in the fast foods and the convenience foods, and in microwaves. And, you know that's been kind of the path that followed too, is that they've gone from the farming and their real food through this overconsumption to the point.

Some of my friend's restaurants and gyms, they were arrested during COVID, but McDonalds and DoorDash was booming. I mean, that's a crime. Those politicians that did that, and people go, well, you can't talk about politics.

Yes, yeah, I can talk politics, because politics in many ways is the reason why we're in the predicament that we are in. Are they answering for the lives that they shortened?

No, why not? Why not. Well, we didn't know. Yes, We did know, yes we did. Pandemics are not something that's just, you know this was the first one on the block.

No this has happened before. What we had is we have people that weren't being honest. They were basically peddling things that benefited themselves. And what they've done is they hurt humanity as a whole.

And I guess I take solace in knowing that history will judge them. It's already judging them Yeah. The one bright spot is like a lot of people I know that were following them.

Big brother realized big brother's not going to save them like they thought. In fact, they may even hurt them and I said, not only short term, cause some of my friends did pass away, but the long-term ramifications.

And now I'm getting all these texts. Oh, did you see this reel? Did you this video about they made a mistake? I go, then they make a. Yeah, what they were doing.

Growing up, Jamie and Christine, I used to think that politicians were the smartest amongst us. That's why they went to Washington to put their intelligence on the line and debate and discourse and advance for the future.

Now I go, yeah, they're actually the least intelligent amongst. That's why they go there. And so when we leave it to them to make these decisions, it's at our own peril.

That why I say we've got to go to the patient. We've gotta go the people because they're the force vector of change. that's Why I love podcasting. It's what I loved engaging with patients on social media because the power of medicine, the Power of Healing, It is not in the hands of the industry.

it is in not the hand of a doctor. And when they figure that out, they're going to become empowered and they'll go, yeah, I'm not doing this. Well, it's really interesting because, you know, that's obviously our mission is to make the world healthy and to our own lives healthy.

And what I've learned is that there's so much that we can control that is within our power to control in terms of lifestyle and how much. That contributes because a lot of the things you just talked about are all things within out control.

in terms of putting ourselves in the right position to stay healthy. And that's one of the reasons why Nutritional Frontiers is here. It's to make sure that we've got healthy nutraceuticals, you know, healthy shakes, if you can't get the food that you're looking for, so that, You give the body what it needs so it can heal.

That's also something we believe in. You know you give your body, what is needs, it's an amazing machine. it Can heal itself. And we are very fortunate that we've got a spectrum of things to really help support people, whether it's boosting the immune system or just making sure that you get that first meal of the day is a healthy shake that's giving you all the vitamins and nutrients that need.

You can see Jamie's been sipping on his all morning as we're here. But it is all of those things working together. And so I'm so grateful that there are You know, people out there like yourself dedicated to sharing the truth with people, helping people heal, getting the information out.

And I couldn't be more excited for you to be spending even more time with us coming up in April. And that's a big part of it too, is building the community, laughing, sharing ideas, overcoming challenges that we face, and really building this whole group of people that We are.

And we're glad you're part. We're so proud to have you joining our team and so excited about the future that. Another ally on our. That we can refer people to an incredible source of resource.

and also the ability for people to go to your clinic. So maybe you want to share on how they contact him. Yeah. Yeah, so I mean, it's about building a legacy, right?

Because one day, you know, I won't be here and you won' t be there. But if we build a legac y that's exponential, now it' s something that develops a life of its own.

And it s together that we have strength, and that s how we change things. I think it is not just empowering doctors. Yes, that is important. Empower patients to change doctors, And that's really what I'm about.

So I met the Williams Cancer Institute. You can go to williamscancerinstitute.com. with Dr. Jason Williams at the Williams Cancer Institute. And then other things that I just talk about that are passionate to me, but you know, a lot of it's related to this.

You can find me on Instagram at dr.goodyear, at Dr Good Year. But you can me everywhere on YouTube. We do YouTube shorts. I know it kind of crazy, because it is about empowering the next generation.

It's about the empowering patients. As I said on stage, Christine, You know, we're teachers that heal. So one of the things that we in medicine aren't doing is teaching patients.

And so if we teach patients, again, that's part of our job, not all of it, but it's a part. Doctors have advocated that job a long time ago, and they've left it to commercials to do.

People running on the beach with those butterfly nets trying to catch the butterflies as they tell you your left arm's gonna fall off and you're gonna have a heart attack because of medication you were taking.

So we got to do a better job of engaging patients. That's why they're turning to Dr. TikTok, Dr Google, and Dr Instagram is because we've turned our back on them and we need to reengage with patients, repartner with them,

of course, bring farmers into it.

But I think that's how we restore the health and wellness paradigm to medicine. Well, that is one of the biggest things that Nutritional Frontiers is dedicated to is educating healthcare providers and their patients on how to heal naturally.

So we are so excited that you've joined us in the mission with Nutritional Frontier and we look forward to spending more time with you. If you have enjoyed what you heard today, I'm going to encourage you to like, comment, or share this episode with someone who needs to hear it.

And we will definitely have Dr. Goodyear's information in this show notes. Jamie? Thanks, Christine, of course. And thanks, Dr. Gujju. That was fantastic.

We really appreciate you bringing all your incredible experience, knowledge, and most importantly, your passion to make the world healthy. and we look forward to having you at our events in the near future.

This has been incredible. So thanks so much and God bless, my friend. Yeah, passion plus purpose. Anything's possible. Thanks for tuning in to the Holistic Truth Podcast.

If this episode spoke to you, please follow the show and share it with someone ready to take charge of their wellbeing. And if you can, leave us a review.

It helps others find our podcast. For more tools and practitioner support, visit NutritionalFrontiers.com.