Introduction to Jae Lee and AIC

Hello, everybody. My guest today is Jae Lee Jae Lee is CEO and director of Advanced Calcium Research Institute in Turkey, and director of the Calcium and Bone Health Institute in Vancouver, Canada.

An international speaker, Jae has presented at Integrative Functional Anti-Aging medicine conferences across America, Europe and Asia. Jae works focuses on educating physicians and health practitioners about anti or ionic calcium.

Supporting professional training and advancing research opportunities in calcium and boneheads. Welcome, Jae And tell me, how did you get involved into this calcium research? And I mean this is pretty in common.

You are not dreaming of that as a little boy. Where are you? Well, thank you, Sylvie, for the opportunity to be here, to share about, I believe, to be it's a huge discovery that's going to be opening a new chapter in the cancer treatment we are pushing from calcium side, bone health side.

But there is a Hughes connection between bone health and overall health and bone health, and even the development, progression and metastasis of cancer.

So we're going to be targeting cancer and bone access today. I got involved with a and I when I first encountered the the inventor of anti orbital calcium.

So everything started when this new form of calcium was invented. It's essentially a carrier molecule of delivering ionic calcium directly in our body which stays ionic because as you know, in emergency cases doctors may infuse calcium chloride right into your blood vessel.

But it goes in and supplies calcium in ionic form, which is the only active form, but it just starts to bind with all the binders in the blood and highly regulated by our body.

But this one stays ionic for 3 to 4 hours. Therefore, it can really elevate your calcium level for sustained period of time. And this is where all the wonders happens, right?

So today we'll see how AIC stands for anti orbital. Ionic calcium can really trigger strong bone building. That could also counter the bone engine of cancer that's been feeding cancer.

Speaking of of cancer, when we think of bones we think you know more structural support. So what all kinds of bone environment play in helping cancer grow and spread.

That's a very good question.

How AIC Works in Bone and Cancer

So the the bone microenvironment is it's highly attractive to cancer because it provides the abundant resources for the cancer survival proliferation and to actually turn it into very aggressive form that could also escape bone in large in other parts of the body.

The bone is actually the largest reservoir of all the minerals and growth factors. And once it starts to release these factors into our bones, cancer cells can exploit this, right?

And in a way, bone is where cancer can really reach the systemic level of all different organs and really actually prepare the organs for future metastasis.

So as you can see here, when cancer arrives, the bone is always welcoming. Right. And cancer cells secretes certain hormones like parathyroid hormone related proteins that starts to really activate Azteca cells.

And these overactive osteoclast cells start to dissolve bones. And this is where all those the growth factors are all stored in. Right. But because cancer hyper activates bone resorption, all this course factors that spills out right and within the microenvironment of bone right, it really helps cancer cells to become aggressive.

And it also helps cancer cells to give us the tools to activate more asset class cells like recruiter. Right. So that's why a lot of cancer patients have low bone density.

So it's a vicious cycle that cancer cells initiate within our bone. Right. Getting the signals out to resolve bone more. And the bones are spills out growth factors and minerals.

And then we put more immune cells to break down more bones. So the niche of bone metastasis becomes the most favorable environment for cancer cells to survive.

So you speak of, you know, bone bone density and so on. But there is a widespread confusion in both the public and sometimes the medical communities between starter dietary calcium supplementation and the tightly regulated ionic calcium signaling.

So can you explain to us the difference and why this this this distinction is critical for cellular health. Sure. Well, when you're taking that supplement, you're essentially putting calcium in our system in inactive form.

The guest I just did, it goes out to small intestine and binding with vitamin D and peptides. It goes into our body in inactive form. Right. The inactive form of calcium going in does not trigger any hormonal responses.

But there is an active form of calcium that is very tightly regulated in our body because it is a signaling molecule. Right. So the serum ionic calcium level is very tightly regulated by mainly two hormones, parathyroid hormone and calcitonin.

When the serum ionic calcium level drops a little bit and the hormone comes out and start to resolve bone or increase the uptake from kidney to bring it to the right level.

When the level is little too high, then calcitonin, another hormone, comes out, and this hormone starts to build bone so that the calcium can go into the bone.

Right. So these two hormone balances the two bone cells. One is bone building cells. And what is bone resorption cells. It has to be linked in in balance.

So with daily put calcium into the bones and take it out. And this is how we also maintain the overall health of the bone. Right. But then here's the thing.

By taking supplements it doesn't know what to do. It's like you're throwing bricks into our body and hoping that you will start building buildings. The important thing is that you got to give our body a signal that the bone needs to be built.

So without the architect and contractor, the bricks going to be just sitting there. That's why a lot of the doctors are against calcium supplementation, because it could end up in the wrong places and calcifying your body.

So there's a health danger in calcium supplementation, without giving the signal. One thing about cancer patients is the cancer patients have really low bone density because even with all the custom supplementation, bodies keep giving the signaling to our body that the bone has to be the calcium has to be taken out.

And somehow giving calcium without the proper signaling to build bone, it actually ends up in the wrong places. And the most dangerous form of calcification that we have seen, even though we know there arterial calcification

and soft tissue and bone spurs.

All of that is bad is what actually happens in cellular level. Cellular level classification is the worst one because it actually disrupts the tightly regulated and very precise work of signaling molecule, which is the ionic form.

Right. Because it goes into the cell and start calcifying the buffers that are crucial in signaling. So so what if you didn't support the proposed difference and how it affects calcium signaling and bone remodeling?

Okay. So as we age there's something called inflammation that happens to many pathways. But overall as we grow older a lot of our cells become assessment.

And this senescent cells becomes a factory of inflammatory cytokines. And whenever there is an inflammation, the bone response and bone resolves resorption happens and gives out that I am a castle because our immune cells need a. The burst of iron calcium can be very helpful for our immune cells to gain that.

The proper motility and the power to fight infection. Right. But because inflammation has been going on for quite a long time without even infection, right.

That's continuously takes the calcium out of the bones. But it is exactly this continuous loss of bone calcium in the form that increases the extracellular calcium load, which in these two intracellular calcium load and many of that just ends up in buffers inside the cells and the plasma and mitochondria, right.

In normal settings they need to have a higher concentration. But what happens is that when too much of calcium is coming in constantly, calcification happens into these buffers.

Calcium Signaling, Aging, and Bone Loss

So there is some cross talks and the spellings of calcium in the side of cytosol. And that is what really bringing calcium, this homeostasis in ourselves.

So cells cannot really communicate properly. Mitochondria dysfunction happens and your stress happens. And reactive oxygen is produced damaging DNA and RNA that could actually lead to mutation.

This also disrupts cell cycle. So cells can now repair it anymore. And tons of cytokines are also coming up because of it. So actually it is the overloaded calcium in ourselves.

There's causing what's called calcium. That's a, you know, disease that's related to the dysfunction of calcium use in our cells. And that is actually, in many researchers have shown to be one of the major cause of driving cancer development and progression and even metastasis, because the most important communication molecule is not communicating properly.

Yeah, that's that's fascinating. And how do you know when to much calcium I mean calcium is too much. How do you know you have too much of it. Well, people find out later on by doing bone mineral density tests that they have low bone density.

But when they have a low bone density, people just look at the risk of fracture. But the science have shown that if you're not, then most likely that you have this calcium in cellular level.

So you have more calcium. And there actually been good studies done out there. It's a follow up study that shows that it feels strong bones in your 50s you could actually live 11.6 years longer.

So that's pretty good adding ten years to your life. But then another study of shown that if you have osteoporosis, then your all cause mortality rises by 36%.

Now that is huge. This is excluding the death related to factor. So low bone density is not just a factual risk. That

means the something driving bone loss.

And it is usually the chronic inflammation or inflammation. Right. That's been constantly taking out the calcium. And it is not just lost. It accumulates at your level.

And this is what's been triggering this undetectable inflammation in our body that pulls in more calcium from the bone. So this cycle actually gets locked in.

Right. So even when the original source of inflammation is removed, once the bone is losing enough calcium and it starts to recruit our immune cells to become after class and start reinforcing that option, it just goes on by itself.

So cars, only the calcium coming out, accumulate in cellular level disrupts the signaling, causing huge inflammation that triggers the number three cytokines to be produced and it travels back to the bone.

The thing is that when bone loss happens, growth factors are spilled out in this course. Factories are going all of our body triggering fibroblast cells to to be exported by cancer.

And also the high level of phosphate and calcium ions can also trigger the development of cancer. Right. So many researchers have shown that before cancer happens, calcium happens.

And calcium is also related to over 150 days of diseases, whether it is Alzheimer's, Parkinson's, autoimmune metabolic syndrome, heart disease. I mean, it's there, right?

So but but you know, I'm a little old lady. Every time I'm going to the doctor, I ask me to put my my finger in a little in a little system. And then he says, oh, you need to take more calcium and more vitamin D you have. Yes.

Your bones are getting fragile. I have heard already that it was not that simple and to but but I mean, what would be what would be your message for all the all the old little ladies like me?

Well, if you do a bond testing and then you find out you have low bone density, I mean, it's it's all women in their 60s. 70s. That's right. Yes. Postmenopausal women have decreased extrusion level and therefore it triggers more active asset class.

Well, if it's just a bone, then, I mean, you can do exercises and other things, but then if you have a constant driver in your body that's giving the signal to resolve bone, which is chronic inflammation or inflammation that happens over aging, then it's really hard to stop that with the hormonal loss.

But then the whole point is that this bone bone loss, right, is not just the bone issue, the cellular issue. It further feeds the inflammation. Inflammation feeds the bone loss.

So you're locked in that chronic cycle, right. So what we have seen through AIC is that AC therapy focuses on just putting ionic calcium, the active form of calcium in our body.

Right. That can actually trigger the hormonal response to build bone rapidly. That can counter even the bone loss that's cheaper by inflammation and also aging too.

So we have done several research, and the research have really have proven how AIC, because it goes in our body in ionic form, but it is not regulated by our body.

Right away it stays ionic for 2 to 4 hours. So the serum ionic calcium level can actually be elevated about 2 to 3% for 3 to 4 hours. And that's a very tiny bit.

We're only putting zero point to 0.2mg per deciliter. Right. And but that slight elevation is a huge signal for our body. You're talking about the ionic form that is tiny regulated, right.

So the instant that it goes into our body, it could down regulate the release of hormone, which happens, you know, which gets overregulated for older people.

That's why you're losing bone faster. So we can kind of downregulated. At the same time, AI can trigger the release of calcitonin. And the Kelsey tone in is something that really down regulates also classic activity and starts to upregulate as the blood cells, the bone building cells.

Right. And then the important thing is that when the ionic calcium level rises in the environment, what it does is that it can actually trigger what's called BMP two, right?

That can turn mesenchymal stem cells into bone, building osteoblast cells and build really strong bone. Okay. So so so so if women who are reluctant to take hormones but are afraid of foster, it could be.

I mean, the solution going into this, calcium, very specific calcium and improving your bones, improving your immunity without taking hormones. Right.

Well, if you're low in hormone and you're taking the bioidentical hormone, it's helpful. It's helpful. But just by having a hormonal therapy, it's hard to rebuild a bone.

In our study, the peer reviewed study you can see here this is a breast cancer patients with bone metastases.

AIC Research, Bone Rebuilding, and Case Studies

You can see in this picture how AIC can rebuild a bone that's been damaged by the cancer. You can see how AIC can build bone faster than cancer can break down in these slides.

And these slides as well. So a was American Association for Cancer Research. This is where all the big companies come to present their new findings. And working with Moffitt Cancer and University of Arkansas, we're able to present because our paper was accepted and this was a study on multiple myeloma.

A multiple myeloma study was significant because multiple myeloma is a cancer cells in the bone marrow that's breaking down bone, and it nourishes on all the growth factors from the bone.

So it's a vicious it's it's a monster. Right. So we know that cancer cell is not just a seed, but it is a soul. Right. So by targeting the bone that the myeloma fees on, we thought that we could stop the cancer progression.

And that's exactly what you've seen. You can see here the the animal, the control group got planted the cells. And there's two other groups that treatment before the treatment of transplant received AIC about four weeks prior to transplantation.

And then Tat group received plantation two weeks after plantation. You can see here that all the control group died. And however, the ones that received AIC after transplant survived longer.

Some of them did not even develop. And then the ones that received AIC before transplant, most of them survived is and many of them did not even develop myeloma.

But we have seen how that AIC rebuild the bone that's been damaged by myeloma. The red here indicates the mineralization right? It mineralization bones and the bone density and bone volume and trabecular thickness all went up.

Right. And we have seen how AC was able to really shift the cellular balance of osteoblast cells and asset class cells. Right. You can see here and the third shift osteoclast cells were just half while osteoblast cells are doubled.

This is a huge change. Your bone goes into hyper building mode right. So we have found out that by depriving all this nutrients from myself, that we're able to stop the progression of multiple myeloma human cases.

We have seen this 80 year old lady end stage myeloma, right? Her kidney was damaged and she had a severe osteoporosis. You're talking about 80 year old lady, right?

Within about a year that she's just taking AIC. You can see that her blood work sucked normalize. But the wonderful thing was that her kidney function also got restored from 12 to 62, which is pretty normal for her age and her mineral density from -3.6, which is severe osteoporosis.

And this is without hormonal treatment. Her bone density reverted to normal level, not just a subpoena. There's another lady. She did not get any oncology intervention for the first six months.

She was so depressed she decided not to go sit on colleges. Her husband was very frustrated, but she agreed to take AIC. And this is what happened to six months of just taking AIC.

She started out with a high calcium number hypocalcemia, which is dangerous, right? However, just with AIC alone, without receiving anti drugs, you can see that her blood calcium was back to normal level and the other parameters were also normalizing as well.

Right. So we can see here later on she decided to take Cosi oncologist. And she was to receive two targeted therapy which targeted myeloma cells and help myeloma cells to die out faster.

But then when she was in a good range, those two targeted therapies are removed and she just remains currently on a I see maintenance dose and everything looks pretty good to this point.

So basically, I know you're curious about how AIC may look like, right? AIC is simply a transformed calcium carbonate molecule. We change the ionic calcium with an orbital bonding and anti bonding.

As you can see here, compared to the regular bonding it's very weak bonding right. So it increases the solubility. But it's not just a solubility matter right.

It's very unique the chemical reaction because it's just simply disintegrates in your stomach into cations and oxygen and carbon dioxide. You find something unusual here because it does not produce anions just cations, positive charge science.

And in the stomach it recruits the water molecule because it's taken with water molecule and it goes into your body passively without digestion. No vitamin D or peptide.

It just goes in passively through diffusion and asthmatic pressure. It goes into our body. You can see here from the studies from Simon Fraser University that we have this molecule has high affinity with water molecules.

And it says here that AC exists in a hydration environment distinct from that of a conventional calcium carbonate in room temperature. It also flies out together with water.

So this is the only calcium that goes in our body in ionic form and is simply does not bind with the binders in the blood for 3 to 4 hours. Therefore, it can trigger all these bone building hormonal responses.

So do not think of this as a calcium supplementation at all. It's a very small amount. We're giving our body calcium signaling. And that signaling is it's time to build bone.

So that's what ass has been doing. It builds bone and therefore it can really stop the cancer and bone axis that the bone that's been feeding cancer development and the progression in metastasis.

And that's why the bone. I think it's probably in large part in colleges, consider it just one of the places where the cancer metastasized. Right. Like whether it's lungs or the liver, just one of the places that cancer has lodged and just growing, causing pain.

But the bone is actually a broadcasting station. This is what's been feeding the cancer and making our body more favorable for cancer metastasis. So AC is found to be a strong candidate to target the bone and stop this, I guess broadcasting that the cancer's been doing in our bombs.

But what about I mean, without cancer as to to avoid the disease eventually to come. Even without cancer. Of course, the thing is that there is a study that has shown that calcium apathy, calcium dysfunction happens before cancer happens, meaning that the continuous bone loss people who are losing bone faster, right?

People have weaker bones. They're setting themselves up for the development of chronic diseases, including cancer. Right. Because cancer labs, acidic environment.

Right. And bone loss triggers definitely that all the growth factors are floating around. If there's any circulating tumor cells, then tumor cells are also able to really find more the nest, because of the help of the immune cells that cancer can exploit.

And that happens whole lot better when you have low bone density and acidic environment that this low bone density fees and all the growth factors, because this growth factors are also producing the fortress really helps cancer to latch and and help the primary tumor also to to grow.

So all these things we've been just looking at bone as the victim of cancer to right. But bone to be in actually providing the environment for cancer development.

And it actually sends out the inflammatory cytokines, chemokines to attract cancer to the bone. And once cancer rise, that's where amplification happens.

And it's prepping our entire body for cancer metastasis. And that's why after the bone metastasis happens is so hard to defeat cancer. Right. But that cancer and bone access the AFC can go and shut down.

And that's what makes the cancer treatment so much easier with AIC. So strategy one is locking down the bone matrix and started from supporting cancer using AIC.

And then at the same time when we're building bone, we have also found out that it is declassifying ourselves. We've seen calcified tendonitis disappearing, the bone spurs disappearing.

Right. It clears all the calcium that's in our body that's been triggering inflammation also not just the result of inflammation, but it reinforces inflammation.

We can we're able to stop it, right. So it starts the localized inflammatory cascades as well. And therefore it restores the cellular function as well.

So it reverses calcium apathy so cells can communicate better and the mitochondrial function comes back. Yard stress is downregulated. Right. So reactive oxygen species also go down to cells are becoming Haller Peltier by reversing what's been feeding our disease.

Right. And all the growth factors that cancers being just feeding on gets locked in the vault again. So no more help available for cancer from the bone, right.

Interesting studies actually been done in with Kyung University in South Korea. Right. We know that targeting cancer is not just the cells, but then the entire ecosystem that the fortress that cash has been building on.

But AC have shown to actually take away all those tools that the tumor cells were using to protect itself, to become aggressive, that they would metastasize.

Right. Whether it's interleukin 6 or 10 alpha, interleukin one data, all those M and Cox two enzyme, all these things are down regulated. As you can see here with AIC, you see the sharp decline, right.

And then also M keys, which are the molecular scissors that cancer uses to break out of the matrix and metastasize. You can see how all of these maps are just downregulated with AIC as well.

Therefore, in a way, a C has shown to take away the tools that can't just been using right and stripping cancer. Right. So the cancer become more vulnerable.

Right. You see here that how without AIC cancer builds the fortress. But now with AIC you can normalize the cancer microenvironment. The reason the conventional cancer that's been using very strong chemo is to penetrate this fortress.

But now without this fortress, with cancers shipped away with all the tools that the cancers have been exploding, including our immune cells, that low dose chemo.

Right. Some of the packages has been using low dose chemo to target the cancers and found to be very effective as well. Right. So the second strategy that AIC that uses for the cancer is due to lactic acid to very effective in binding with lactic acid, it turns into calcium lactate.

And they could really clear and bring that low acidity back to the normal level where our immune system can function properly. Right. Because when is down to 6 to 6.5 is a slightly Cilic environment, it turns off immune response.

And by bringing it back to the normal page, we can awaken our immune system. And it can also stop Engine Genesis from happening. A lot of benefits and it can really help.

The cancer cells also start changing its metabolism as well. Interesting. So I mean, it looks like for someone who is receiving cancer treatment, what should responsible consideration for for a AIC involved?

I mean, what is known about safety, kidney function, calcium monitoring, possible interaction with existing therapies USP speaking of chemotherapy, low dose chemotherapy.

But what about radiation? What about the other things that are commonly used during cancer treatment? Well, that in in practice I see the integrity of oncology being really in powerful and supporting the quality of life of patients first, and then it could really assist the treatment in the pathways that I've shared before.

And it doesn't have any contraindication. So it's very safe because our body has plenty of ionic calcium. Right. But the thing is that as we age, that the basal ionic calcium levels starts to drop and our body experiences ionic calcium deficiency.

And this ionic calcium deficiency cannot be resolved by putting any form of calcium in our body, which could actually calcified our body more. So I see is the, I guess, the world's first ionic calcium delivery system that could deliver ionic calcium, that could last 3 or 4 hours.

So it could, over time, can even help to normalize ionic calcium deficiency in our body for the first time. And that's been very helpful because it is healthy cellular function.

And it really, you know, it locks away all the growth factors that the cache has been exploding at breaking down the bone. So it's it's pretty powerful stopping the inflammation engine that cancer in utilizing and also building up right.

Fissure cycle. Yeah. That's why I mean I think it would be of interest for I mean it's the entire spectrum from prevention to cancer to cancer with metastasis.

So how can people learn more about about this product. Well aictherapy.com that's advanced Calcium Users Institute site. Interested practitioners can sign up and have a session with our researcher.

He agreed to do 25 minute session for Q&A. And then that's the place where you can read about our latest

research and clinical cases and mechanism of action.

The studies and our published research is available there as well for them to take a look at. But I think the best thing is that they get to do this one on one, in a session with our researcher.

And he loves to explain about calcium and AIC. And he also published the book titled Calcium Exposed, which is also selling in Amazon. It's a good book to, if you are really interested in learning about what I see is and how that could really help with not just cancer, but also other diseases.

I mean, there are a lot of studies done on dyadic calcium. I mean, probably one of the most studied. And in fact, if you just go to Google type, I only tell some signaling and any disease you're going to find hands of users already done.

And basically all of them kind of points calcium apathy as the important pathway that leads to the diseases. And there has been many suggestions that if we can somehow stop calcium from happening, they might be able to stop the progression of the disease.

And that also includes cancer.

Safety, Dosing, and Clinical Use of AIC

But then it seems like AIC is doing just that. Right? So, we have also seen that in, in some of the I mean, a lot of the slides that I'm just passing through and showing you is available in.

Yes, as well. You can see here the calcification, the shoulder is just simply disappearing under the I see this tropic calcium heterotrophic calcium after the accident.

It's very painful. Simply goes away in 45 days. And what do you think all this calcium is going? It's going back to where the calcium belongs, which is our bones.

Right. So it's a systemic. And then also a cellular spring cleansing for cleaning for the calcium. We also by the way. So we were able to present our research in ASB Amr that's American Society for Bone Mineral Research.

And this is a peer reviewed paper that was published I think this paper was very significant because you can see here that was 64% of osteoporosis patient.

Within eight months they became asked to pick and 12% completely recovered and asked patients, 65% of them within eight months recovered to normal bone density and osteoporosis.

Patients benefited the most. And it was, you know, for all age groups, especially being a poster woman. Selby so you can see here how this could really benefit you as well, right?

There's a huge jump in the mineral density. And like I said before, because you can suppress PTA and also can release your endogenous your own calcitonin.

Right. And then you can trigger BNP two. And this is the paper that also we have published through International Osteoporosis Foundation. Right. It shows how AIC can rebuild bone when the ovary was removed.

And as a process induced, a lot happens. There's a rapid bone degradation. But AIC, whether it's a density or bone volume or trabecular number, able to restore all that, as you can see here, right faster than body breaks down.

So what kind of test should a woman ask your doctor to to assess, this need of this special calcium and then get a prescription because a regular test as, as you said at the beginning, is not showing that the regular test can tell you just osteopenia and that's it.

Yeah. Well, I can tell you that Dexa scan, which is X-ray based, gives you a bone density, but that bone density is not the the holistic picture of a bone health.

If you take antiviral drugs, you may be able to keep on density, but the bone needs to be remodeled every day repaired. But you essentially stopping that and just keeping the old bone, right.

So here's the thing. You two people can have same t score, but then ten fold difference in bone strength because bone is all the the cross things, the connections.

Right. So bone strength and bone density are two different things. So but then still bone density is a good starting point. Right. So let's say you found that you have asked your process.

Our recommendation is to score one AIC and just take it 2 to 3 times a day. And after a year later, because Dexter is kind of rough after year later, you can see, as you can see in the cases that I've shared, that and the studies that I've shared that you could experience for mineral density through the scan.

But there are certain tests. The blood tests you can do, like CT is upon resorption marker. Right. You will see that marker before and after changing with AIC.

And also there's a bone formation marker P1 and P that that also will go up. That means your body is actively building bone. So bone is not something that you feel.

But then there are simpler tests and there's also Rems, which is ultrasound based, more advanced to sound based bone scan that actually can measure your bone strength to.

These are the measures that you can use, but you don't want to not take care of your bone, because bone is also a sign of kind of inflammation going on in your body.

And if you lose bone fast, then it ends up with calcium up the. That could lead to over 150 desert of diseases. Okay, I see you have some clinical cases.

If you have some time, I would love to see a few of them. Oh sure, sure. I'd love to share that with you. To Anna, she had cervical cancer early age 39, but she had a surgery.

But then about four years later, he came back. So she did chemo and he came back again. So chemo, radiation, she received the maximum chemo dose that person can take.

So this is the time that she found out about the AIC. And within four months she did biopsy and came out deny. So she was ecstatic. But then she stopped AIC right there.

She still has something. That's what they did biopsy. It came out benign. But then now she stopped and she disappeared. And we found out that recurrence happened.

So she went for more targeted therapies with cryo ablation, ethanol ablation, traveling around the world. Cancer still came back. So she later came back to receive AIC again in 2010.

This time it took about eight months and she did biopsy and came up benign. So she was extended, but she was smart enough to continue AIC. Right. Follow a protocol.

And then she from 3 to 4 doses down to two and one, and she remains in with one dose presently. And so this is the first time the biopsy this the second time she did biopsy.

And this is the scan. And to this day which is 2026. So it's been over five years now. It's still cancer free right. So you can see here this is just with AIC.

You can see how the format case gets smaller and smaller. And the strange itself. This is colorectal case. Doctors were really surprised because how do you explain something like this when your body is excreting the lesions that were in colon?

This is just one third of all. They came out and this lady had the breast cancer maintained by, I guess, the hormonal therapy. And she was afraid to have a surgery because it increased the chance of spreading cancer.

But then only thing changed in a protocol is just adding AIC just a little over a month. You can see that this part is completely gone, and this part is getting smaller and smaller and smaller.

This is a good case because it shows what AI does. So that's by adding AIC, right? There's a brain cancer patient after surgery keeps coming back with age intervention completely gone.

Right. There's some this is also plastic cancer with different metastases. You see that there's innumerable low density lesions. The biopsy shows is the metastatic, you know, prostatic carcinoma.

As soon as this patient received AIC, you see that the PSA is dropping. And then the largest tumor decreased significantly. And there's no new lymph nodes. No I'm a is very good case.

Just in a very short period of time of four months a drastic change as a monotherapy. Right. So the biomarker plummets and physical tumor reduction happen.

The quality of life also improves sowing. The AIC can be a good as a therapy. This patient had a variant cancer offered to me performed but the cancer market was too high.

So everything stopped. And she just goes on a therapy and you can see that just under AIC, the cancer marker is plummeting. The thing about first two months, the quality of life reported was that she experienced increased appetite and emotionally brighter.

She studied gardening and housework and not hiring sleeping pills to fall asleep. And, you know, the life just was so much better that I see this patient is still, of course, cancer free that had a celebrate gland adenocarcinoma 3.5cm, so had it surgically removed.

But there were other growth there. So it's twined with the blood vessels and and the nerve. And so recommended to receive 33 sessions of had radiotherapy.

But you know how that is right. But comes with a lot of side effects. And one of that was losing his taste buds. So he was so scared. He just went on with AIC and about four months later everything is happy.

And to this day is the cancer free, right? How do you take a I see well, it comes in a liquid form, right. And each bottle gives about 50 doses in recommend patients to take three doses a day.

But this five ML. Let's pass the five ML you take when you say to take them. You orally. Orally. Yes okay. Thank you. It just makes it with a drinking water.

Just water and little temperature water 300 to 500 ML. And you just drink it on empty stomach and give over 30 minutes. And all of that is going to be absorbed in 30 minutes.

So we recommend the patient to do it. And as soon as the patient wakes up, when you know the patient is thirsty, maybe 30 minutes before lunch and 30 minutes before dinner.

And that way you can squeeze in three doses, and the sweet spot is between 3 to 6 month period of time, right? I mean, this is not managing symptoms. This actually goes in and start triggering bone building.

Right. And then, you know, you're increasing US cells and downloading getting our cloud cells and start taking all

that calcium back to your bone clearing from the cellular level, restoring cellular function, increasing amount of control function, more energy and immune function comes back.

So it's it takes time. That's why we say do this 3 to 6 month period of time, that the sweet spot that you're going to experience all these things when your cell starts to recover at the same time you're building bone and it is happening throughout your body.

So, I mean, you're doing this on doing something that's been happening in your body for several decades. So I think 2 to 6 month is pretty fast for what it does.

You can see the studies seeing how fast we're building bone. That's why the details happens. And this is the real bone that we're building. And that's what we're able to stop the bone and cancer access as well.

So it makes it really takes cancer whole lot weaker because you're removing all the the tools that the cancer's been using. You know what, Sylvie? Cancer hijacks calcium signaling that that's why cancer can, I guess, exploit others the immune cells.

So let's say your body was operating in channel a cancer, established another channel on its own. Right. And then it starts to exploit the local cancer cells to work for cancer and AIC by bringing the calcium homeostasis or systemic and cellular, it can take away the channel away from cancer.

Right. So cancer is exposed is no way of controlling other things. So I, I know cancer is very complicated. It is not, you know, simple. But the way I works works pretty good for most cancer.

And it's been shown results even for like a year and about to share here that within one month. Because what's happening in the bone and hematopoietic stem cell, the niche in the bone marrow, we can see that there's rapid changes are happening right with AIC.

Right. This is just happening a very short period of time. And there's another blood cancer case. Is there one one kind of cancer for which seems to be more resistant to this approach?

Well, we had good cases with of course, anything related to the bone. Right. And then the brain tumor and then the lung. We had a stomach cancer, colon cancer, prostate cancer, breast cancer and also multiple myeloma and the lymphoma leukemia.

We had pretty good cases with these cancers and also liver cancer as well. So I think it works so well because we're not targeting cancer cell. It works well because we're targeting what's being most useful for cancer to develop and grow.

In metastasize. We are taking away the tools that cancer has been using. Right. And bone played a very important role in cancer, right? Bone is not just one of the places the cancer goes, enlarges and grows.

Bone is what's actually priming our bodies environment for cancer development and it also for any cancers found. Then it can really amplify its growth.

And once cancer arrives in I guess we we call it home for cancer, right? Comes home then that's where cancer just crazy. It turns more aggressive spills out, more growth factors to support.

And even it goes back to the primary tumor. Right. And then it makes the primary tumor whole lot worse all the more diverse and aggressive. Yeah. So without stopping bone it's hard to start cancer.

And just removing bone from this cancer matrix, you find out that cancer becomes so weakened that all the other therapies work so much better that they are targeting cancer.

I love that I love this, this approach, which I mean, it works a lot and works by by, yes, consumption with other

therapies, but also is can be used for prevention for, for so many people and, and gives hope and something to do.

There are so many, so many people who are afraid that you know of cancer as you age. I mean, the the odds increase and you have your, you know, that your bones are becoming weaker and weaker.

You are afraid to to fall. But there is so much more to to look at. And the fact that you are offering a solution which is effective and toxic and you have so much a wide ranging support, I find that fascinating.

And I'm very, very grateful that you came to that to explain that to us. Well, thank you, Sylvia. You know, I really thought you for this opportunity to share the research that we've been doing.

We've been doing research with Rockefeller Cancer Institute and Martha Cancer and and also something many university in South Korea were doing some Alzheimer's study.

It's very effective for all the immune disease and heart disease. Tons of cases actually. But I know this is all about cancer, but these are the things that I guess are practitioners can go to Aic30.com and then to find more resources there and start really experiencing in their practice.

One molecule that we have found, and our first patient was practically end stage prostate cancer patient about 15 years ago, it was over 70 years old.

And interesting thing was that, you know, he actually stopped by, you know, the inventor Doctor Pauli's office, picking up a whole bunch of medications from the pharmacy.

And then what he had in his hand was a conventional calcium supplement. And seeing that that the inventor gave his calcium, the AC to him. Take this instead.

Probably work better for you. A few days later, he gets a call back from his friend, telling him, what is the sea of giving me? Why? Because I can urinate so much better that this was prostate cancer patient in stage urinating better.

So long story short, the same year he becomes cancer free. To this day, his cancer free. 15 years later, he's taking just one dose a day, right? So that's how everything started.

And still to this day, we're continuing with research based company out more research and finding out why AIC is actually been so effective. And we're really excited States to be able to connect all these dots, especially for cancer.

Once again, for the people who are listening to us today and who are not health professionals, but they are fascinating, fascinated by what they have heard.

How can they get AIC? How can they convince their doctor that they want that form of calcium? Sure. Well, AIC is not sold to the people directly, but only through the partnering doctors and clinics.

So any practitioner treats patients can sign up for the count that aictheraphy.com and that also have a zoom session with our researcher to learn more about it and receive the dosing protocol and other PDF version of the books to read more about it.

And they can start using AIC for their patients. And along the way, there's a learning curve. Of course, with just like anything, this is a new therapy.

This like calcium supplement. This is calcium based therapy. So there will be some learning curves. And they could always go back to a C and schedule another session to ask questions and receive help for their patient.

Thank you very much. This was eliminated. Well thank you thank you, thank you very much. Have a good day. You

take care.