Introduction to the Kelley Protocol

Pamela McDougle, I am so excited to have you on this episode of A Doctor Karlfeldt. Thank you so much for joining me. Thank you. I'm happy to be here.

I've been looking forward to this. So one of the most powerful treatments out there and people dealing with cancer is a protocol called Kelley Protocol.

And you've been doing you've been doing that protocol for 25 years. So tell me a little bit about how that is different from everything else that's out there.

It's a nutritionally based program. And the cornerstone of the program are enzymes or lytic enzymes. And Doctor William Kelley developed this program.

Then a years ago in the 60s, he had pancreatic cancer and was able to, cure himself. He actually went 40 years after the diagnosis of pancreatic cancer.

He died in old age of congestive heart failure, but he treated is at a low end. Over 30,000 patients with varying health challenges. And what he did was and this is an interesting part.

He developed these ten metabolic types early on and everybody was given a different diet. Now, Doctor Kelly, I was actually Doctor William Kelly's last student, and I was with him for seven years.

And we've been putting together an updated book of what he taught me about the program and what we what he taught me was to use a type four diet, which is basically a very great general, nontoxic diet with lots of vegetables.

And we do use some animal protein, good organic pasture raised eggs, and we use wild salmon, clean fish that are low in rookery and the vegetables, the nuts and seeds.

We do recommend two cups of green juice a day in the diet. And we give a lot of the patients are given a cookbooks and have lots of great recipes in it that can, you know, help them prepare their food.

But the program itself is. Prior to meeting Doctor William Kelly, I worked down in various clinics in Mexico. I brought patients there for treatments, and I saw such a need that there were so many good clinics that had wonderful protocols using Ibi therapy and many different therapies that were effective.

When they went home, they weren't able to get IVs, and they didn't have a rock solid program. And really, to be honest, nobody has done this. You're the first person, first clinic, the Carl Center, who's really embraced this as an option for patients.

They can come in and get stable, work with you and go home with a very proven your support program for people who have cancer. And that's why I'm excited to talk about this therapy with you and your clinic, because you will be able to send them home with the program.

So what is the program entail?

How the Nutritional Program Works

Is that your next question? So yes, before we go there I'd like to hear. So he treated at some low estimate of 30,000 people. And were they these kind of usually.

Well we get our medical failures. You know that I've gone through everything and they really have no other options. Were those the type of people that he got?

I mean well, we'll see. What did you see? I mean, what were the stage four and stage. Was it early stages. What what kind of treatment or kind of population.

These were patients who have failed Western treatment, you know, chemo, radiation surgery. They have done many other modalities to treat their cancer.

And we typically, I would say 90% of the time were the last stop. And so we treated them. There were occasionally in his early days, he treated people with all types of health challenges.

But in terms of the cancer patients, they were typically late stage doctor. Kelly had one rule when he taught me and agreed that I would become his last student.

I was with him for seven years and we worked seven days a week. We did not get a day off and this went on for years. And his role was nobody is turned away because no one is God and nobody knows if there's enough time to reimburse something at the very late stage.

But we helped lots of people get better. And I think you've even interviewed some of my patients on your show, and all I can tell you is it's it's a program.

It's been around forever. And we get excellent results. We use an enzyme that's pharmaceutical strain. And really these enzymes are not sold to the public.

They need to be supervised with the doctors so they know how to titrate up and down and adjust the program. But we got very good results. And I would say for sure, the majority of the patients I've seen in 25 years were late stage cancer patients.

I remember coming home from Kansas after I was getting trained by Doctor Kelly, and they sent me a patient who came into this office. They were airlifted in and, you know, by an airplane in Los Angeles, and they were on a gurney.

And I just remember thinking, I sure hope is gram works and the patient had a brain tumor and they did recover. And so I know that the program will sound simple to people, but it's actually not simple in the sense that we're fixing all the nutritional deficiencies in the patient first, and then we're starting the enzymes very slowly, and we're watching them and they're doing coffee.

And the one thing Doctor Kelly and I added, that was what do I want to say? The other cornerstone of the program was we used light bulb saunas, infrared, and these have a spectrum of near and far wavelengths.

So veneer actually penetrates deeper and helps to circulate these enzymes to all the parts of the body where we want the enzymes to go, so that the chymotrypsin, which is very high.

Doctor Kelly always added lots of extra trips, and that starts the inflammatory process, are surrounding the cancer cell so that the body can break it down and the rest of the enzymes can basically gobble it up.

But in terms of patients, most of them were were very sick. And the sauna, we can talk about that later. But there's so many cornerstones to this. And I can speak well to this program because I worked for eight years doing other methods and I would get some results, but nothing like the results that we saw with Doctor Kelly's program.

And what kind of would do with all these late stages, medical failures and and percentage wise, what would you say would be successful? I mean, obviously there's nothing I mean, we haven't cured cancer, we haven't fixed cancer.

But what success rate would you say that you had? And in what type of cancers did you see more success and which ones? Not so much. Okay, that's a great question. So in terms of the cancers that we would see, we saw a broad spectrum of cancers.

And in terms of percentages we never kept formal percentages. But I know that we were able to stabilize at least half. And believe me, I would not have continued if good results.

So what that meant was the kinds of cancers that the enzymes won't overcome our hormonally driven cancers. It doesn't mean it doesn't boost the immune system.

Clean the blood. I mean, it's hands down fantastic enzymes, but the patients need to have a doctor like yourself who can go in and help them walk. Hormonally driven cancers like estrogen positive breast cancers or the harmonically driven prostate cancers.

I knew that if we were going to make headway, that the patient had to get their doctor to address that piece and then the body would come forward. I like what you said about the cure, because I used to have this conversation with all of my patients that there is no cure, but there's a way to manage the disease, just like a patient, as if they have diabetes.

Diabetics need to keep their weight state while they need to take insulin. They need to exercise. For a cancer patient, it's no different. They need to eat well.

They need to take their enzymes. And then once the cancer is in remission, then we start cutting the enzymes back. And then we have a maintenance strokes of enzymes, which is for enzymes and our before meals.

And for it that time and Kelly observed and so did I observe that we didn't get the recurrences. And we I had patients and I know I spoke to my colleague many years ago, he was quite well known, doctor Nick, and that when patients stopped their enzymes, there was a majority of them.

The cancer would return.

Patient History and Late-Stage Cancer Cases

So but we had a people and I, I think you've interviewed some of my patients are 85 years old and they're still living with their cancer, and they're doing fine.

I have across the board all types of people with cancers. And the only and remember, if it's just what I refer to as a soft cancer, Hodgkin's lymphoma, those kind of cancers, once they swallow the enzymes, they go, right, they're absorbed in the small intestine and they go right into the bloodstream.

And those cancers, these are readily available to those types of cancers. We got really good results with all types of cancers. The only caveat was a hormonally driven they need to have a hormone blocked.

Yeah. And so over and above down. So you say about 50% and all types of cancer. But the only one that you needed assistance with then would be the hormonally ones.

So what does the program look like. You talk about these pancreatic enzymes and also that they're not available to the public that there are a lot of pancreatic enzymes product out there.

So why why are they not sufficient okay. So Doctor Kelly was brilliant and he knew that he had to keep them within a certain range because every arch of animals that are processed to manufacture the enzymes are slightly different.

For instance, in one castle of Doctor Kelly's enzyme, one capsule has anywhere between 85,000 to 92,000 USP units of chymotrypsin. So anybody who's out there looking at enzymes really needs to compare apples to apples,

right.

And so that's one capsule. It's amazing. And then I know the amylase the protease and the tricks and are just around 200,000 USP or it's one capsule. And then the lips can run anywhere between 35 and 44,000.

So these are strong powerful enzymes. And that's why they're not sold to you know, we want people to get the right instructions on how to use them under the direction of a doctor like yourself.

We do not sell these enzymes to somebody unless they are a practitioner. And I've spoken with them and they tell me what they're using it for. Now, this enzyme is so good that people use it for all kinds of health challenges.

So we have another protocol for that. But for today we're talking about cancer. Yeah. And so obviously so these enzymes literally then go and start to break away and start to digest tumors cancer cells.

Is that what they do. Well Doctor Kelly explained it to me. It's the kind of trips and that starts what's called the inflammatory process. So if you hey, this is how I explain it to me.

He said, listen, you take a hammer and you hit your thumb as hard as you can. What happens? I said, it hurts like heck. And he said, what happens? It's well, he said, that's what happens.

And that can even happen when a patient just starts the program and they're going along and maybe they're not into it very long at all. And you did a scan.

This is the part that is very what's the word. It can cause anxiety for the patient. And the doctor is you don't know, is this the inflammatory process happening or is this a progression, an aggressive cancer.

And you don't know. But I typically would ask how do you feel? Are you feeling I feel better than I've ever felt, you know, and it's like, okay, well, but I was very fortunate because all of the patients that I saw had exhausted everything else.

So there was nowhere else to go except there was a lot of prayer. And you have to keep at it and you have to be consistent. And so with these okay. So it triggers an inflammatory response.

And does that mean that the immune system that then drives immune system to that location to go after the cancer. Is that what happens then. I don't I'm not positive he thought that that's what happened.

But the problem is we never had money to do, you know, studies. And I remember having a discussion saying to a member of my family how kings to be. You're a close member who how could you have a PhD?

And they're medical doctors. And I was saying and they actually worked in my office before they became these research scientists. And I remember them saying, you don't know if that's true.

And I'm like, well, what else can happen? Hey, swallow, the cancers are going into remission. Where else? They've got to be being absorbed in the small intestine and out to the bloodstream.

So unfortunately, nobody ever wanted to fund research for us to prove all of these things. The proof is really in the results that Kelly treated that many.

I know Nixon had a big practice in New York, but he passed away. And then that's all I did. I know he could really find me, and we still got 50 phone calls a day because something was working.

And when something works, they tell people. So my understanding and the way he explained it to me was, and what other formulas do not do is provide all the kind of trips and that starts the inflammatory process.

Then you have all these other enzymes that go in and gobble it up. And having said that, I think this is an important

thing for your patience to hear.

When I say gobble it up in the patient's mind, the tumor is gone. I had many, many, many patients with lung cancers, different types of cancers that the tumors actually became Nimrod necrotic and they were dead and they were there on the scan.

Ten years later, nothing changed. So it's important for the patients to know, because a lot of them get scanned a lot. And way back in Kelly's day, they didn't have all those scans to deal with.

There was no concern about radiation or this or about it, he said. How do you feel? So while they're breaking down the cancer, we have to support their avenues of elimination so they don't get very set and we have to adjust the protocol.

Some people took them for 15 days, some patients took it for 25 days. They were all different. Does that answer your question. Yes. Yeah. So and that becomes one one issue that that is so important to work with with the doctor in regards to this, because you think I just take the enzymes and, and it's just going to break down the cancer and I'm going to be fine.

But there's so many components to it. Yeah. Because you can break down the cancer too fast and I can really overload the system.

Enzymes, Inflammation, and Cancer Response

So it is really like you're saying to support the ability to eliminate this debris. This cancer debris is very important. So what are the components of the protocol that and that are key in regards to this. Yeah. Very good question.

I I'll tell you this and then I'll answer that question. I had a this was like 20 years ago, and I was teaching a group of medical doctors and actually even had it just in our group, which doesn't happen frequently.

And I remember the doctor from Harvard saying to me, it's tumor degradation waste that all basically harm the patient. And it's not the cancer. It's usually they get they don't make the progress or they're not successful because they have nutritional deficiencies and unable to eliminate the tumor waste.

So how we mitigated that very well. I would never take a patient unless they had the sauna. I call it the light bulb Sonic. And we chose that 25 years ago because they had, as I mentioned earlier, the glow.

It's like the red warming ball they see and bathrooms, and we use these all over. I mean, you can have a nice sauna made with it. I would have patients if we were in a hurry and we needed to go quickly.

We put them in a closet, even a bathtub that wasn't being used with a, with a glass door. And this was pivotal because Kelly made this enzyme so strong that we needed something that was going to support these avenues of elimination the kidneys, liver, again, largest organ.

And it worked like a charm. So part of my you couldn't become my you couldn't work with me unless you have a sauna in place. Less. You were doing two coffee enemas every single day.

And there were some nutritional tests that were actually imperative, like an amino acid profile, which was a plasma. Because if those levels are low, you'll have a difficult time turning the patient around and being able to handle the detox.

So we handled it by the coffee enemas, the sauna and fixing the nutritional deficiency in the patients. And so, so questions regards to the sun. Because some people already have their infrared sauna, or you have these saunas that are also foldable.

Yeah. Kind of portable with your head sticking out. So how important is it to have these light bulbs versus these

other saunas or some of these saunas that people have sufficient.

Very good question. It's imperative they do not work the same. We used them all. We got we did not get the same results. I think what happens, the ones that have the reflection in your head sticks out.

Well, first of all, you need. You had to stick in. You're a whole entire body needs to be engaged in the sweating process in the body. But I am a dozer and I measure electromagnetic field and and those type things where my head's sticking out.

They were so high it was crazy. And it didn't work. The same with the bolts. You have these two wavelengths near and far infrared and like I said, the near penetrates very deep into the body and is more therapeutic.

It's great for pain. But to increase the circulation of these enzymes where we want them to go, we need to do that. It's imperative not just swallowing enzymes and taking a foot soak in the bathtub or something.

For instance, think about where there's less blow flow, like in the jaw. You you got to get in. And let's say there's a cancer in there. I've treated these.

You need every bit of that circulation everywhere you can get it. And so the difference is a light bulb sauna works like magic. It was amazing. My patients stop getting too toxic.

The tumors were responding quickly. The emitters that they have, you know, they've bought an expensive sound. I told them keep it. We're it's no problem.

And what we did is we would put 3 or 4 of the red, you know, heating bulbs. If I think that's what I'll call them on a sheet of plywood and just hang it in the sauna.

We would warm it up with the other emitters, because I didn't want them to get in until it was between 110 and 160 degrees. But once they did that, then they could turn off the other emitters and get in and do their swag in front of their light bulbs.

Okay. So so those, those work much, much better than, than the normal infrared sauna or the other, other sauna since we didn't get the same results. And I, I think it may have been done well because we're at, we're comparing two different things.

You have emitters and then you have infrared light, and you have two wavelengths that are healing. And you know, with everything we're learning now about red light therapy, your infrared and red light.

Now I understand why we were so successful in using white sauna. The patients were calling me office and ask me can I do to a day? And I in the beginning I was wrong, but I thought they all have hypothyroid and it's heating them up and they're feeling better.

That wasn't yet if key and why it worked was it was balanced balancing your autonomic nervous system. Now I get why this was a win like from heaven, because not only did they love it, they felt better and their moods were better.

Everything was better. So there's nothing like this type of sauna to be used, especially with the enzyme and with pharmaceutical strength, such a strong enzyme that they need that kind of support.

And with the Kelly enzyme, how high? I mean, do you need to go to pre high dose with that. And do you need to is sort of k to do it like three times a day.

How do you what's kind of the administration of these enzymes. That's a great question. So what Kelly learned was that they had to go into the body in equal integrals throughout the day to be effective.

So we give them and suggest to all of our doctors that they're given an hour before meals, they're given with meals

and at bedtime. And the dosage is going to be different for every single patient.

So we start them out with 1 or 2, depending on how debilitated Shinji's, and we don't increase them except every 2 to 3 days.

Detox Support: Sauna, Coffee Enemas, and Nutrition

If they're doing okay, they're doing their two coffee enemas, they're doing their sauna every day or eating well, doing everything else. Only slowly titrate them up.

And some patients I had healed on much lower doses of enzymes, and some patients yield on much higher looks. So it's not about getting locked into the of the amount or the dosage, which a lot of medical doctors do, because that's how you know, they're trained in dosages.

Wait, that's not how this works. We watch and observe the patient. And what I learned after thousands of patients is that even if they had a rough go in the beginning and I had to decrease the enzymes, when we got to 2 or 3, they were increasing.

It were just initially cleaning a lot of toxins and body burden out of the body, and then they would increase. But I've had people heal their bodies taking 40 a day and I've had people heal taking 72 a day.

So the maximum amount that any patient would take is ten enzymes that hour before meals, 12 with meals and six at that time. And and in varying doses.

It's much better to have a patient take a smaller amount of enzymes and stay on a longer cycle than it is to, hey, take 72 and watch them, you know, get sick.

So that's how we go about tie trading that but protocol with the incense. And when should a patient reach out and say that hey, I'm not feeling so good.

But when do dissipation know that they should tell the doctor that they need to probably take a break or something? I mean, what are some of the signs that you're doing too much?

Yeah, they need to check in with their doctor if they're having fatigue that never goes away. You know, like they're just hanging on the couch and they can't move if they get nauseated.

If the patient were to present with a rash, if they present with a rash, they need to go to an off cycle immediately. Because what that means is their bodies really overloaded at this point so they can get headaches, flu like symptoms, fevers.

But I have to say the vomiting piece was rare. If they were doing coffee animals, they were doing so. As I can probably count on one hand, a couple people who vomited, but if they were to vomit or have a rash there on the off cycle, if they have any of these other symptoms, they need to discuss it with their doctor.

And usually what we did with our patients is we gave them the program, we talk them, we get them going, and once a week they would check in and I would say, how are you doing?

You know what's going on. But I always warn them if they couldn't get a hold of me, it was a weekend or whatever, that if they if they did vomit again, they did not usually ever do that.

But if they had a rash or any of these other troubling symptoms, they couldn't eat, they were nauseous. They were to cycle themselves off and check in with the doctors.

And so how do you know that these people are getting better? How are you monitoring them? Suggest based upon I'm feeling good, you know, because sometimes people that are feeling good, then all of a sudden, you know,

cancer's everywhere and they don't feel good all of a sudden. So.

So how do you happen? Yeah. So how do you monitor these, these patients to make sure they're moving in the right direction? That's a great question. So I had one great advantage because it already exhausted every other treatment locality.

So a lot of them I had this one gentleman I remember really well. He was he had a great sense of humor, and he didn't want to do any more testing because he'd been through it for five years.

And, you know, and I think he was a year into our program and he said, hey, I was supposed to be dead 11 months ago. Something's working. He's still alive, but he's never tested himself.

Now the majority of the people will want to know. They want to know. Is it working? So I used a panel called the Cancer Profile Marker Test. And what's important for everyone to understand is when you use enzymes, they clean your blood.

So if you're going to use cancer markers as a definitive guide of are we doing better or are we doing worse? There's two caveats. So one is you can break down a lot of tumor quickly and be doing really well.

And those markers are off the chart. So the other way that we used basically cancer markers, but we had to know how to use them properly because they do clean the blood so well.

You could. And if you're still taking enzymes when you draw the plasma or the blood, you're going to, you could get a false negative. And I've had I've lost patients because they didn't follow this direction.

And we could force. Correct. So you want to make sure if you're using the Kelly enzyme, which you're going to be using, is that all the patients need to have a five day break every 25 days.

Some take breaks sooner. And before you draw the blood to check the cancer markers, you don't draw that until day six. It takes that many days for the for the tumor waste.

Basically, the enzymes are cleaning up the blood. So well then you get a false negative. And so I learned this trial and error because the lab didn't believe me.

They said, no, you only need two days for enzymes to clear. But they weren't taking into account Kelly. And it's so strong. So I had a patient in San Francisco and what we did is we took him off and we drew his blood on day three, day 4 to 5, day six.

Totally different. I watched every day. The markers go up, up, up, up. And then day six. That was his true baseline. So I noticed to be true. Even though the lab was used to using enzymes that were much weaker than the enzymes, we so rich did things like cancer markers.

Some of the patients did scans. Some of the patients used ultrasound if they knew. And it was a more super a tumor that was closer to the skin. So those were but basically, for me, I was glued to those markers.

Yeah. And and how how long does it take for a patient. And that's, that's usually one of the big questions. So what how long is this going to take. You know, when when will I be okay a long time.

So because they're they're hoping that it's quick. But typically those soft cancers Hodgkin's leukemias lymphomas, they will respond quicker because the enzymes are available right away.

Dosing, Side Effects, and Monitoring Progress

And I heard tell patients that I want you to plan on 12 to 18 months on this nutritional program at home. And, you know, I guess it gets tedious and it's hard and you just keep doing it.

But the truth be told is when they can see that they're feeling better than they were on a start of the program and they see some improvement, I would I would not insider something is going in the wrong direction until they're at a six month mark, because the body is so busy back and forth utilizing these enzymes that at 18 months, if they were in in what I consider cancer three, then I would cut the enzymes in half, whatever.

Let's say they were on 50, I would cut them to 25. They were on 72. I just cut it in half. And then I watch him for another six months very closely. And what I'm watching are those markers.

And sometimes patients cheat. And they called me all the time, but never at Thanksgiving and Christmas, because I knew I could take a vacation because they couldn't call, because they were, you know, I don't recommend cheating at all because I think there's a lemon to an amount.

When you have a stage for a later cancer, there's a limited amount of energy that the body has to really get the momentum, if you will, to break down the tumor race and get it out of the body.

So does that answer your question? Yeah. Yeah, exactly. And I loved yeah. Because a lot of patients I and I've seen this in my myself as well is that they always want to feel like they want to get back to normal, meaning that they want to go back to what they were doing prior to the diagnosis.

And they don't recognize that this is the normal now. I mean it because obviously what they were doing before the diagnosis that it was that's what created the cancer.

So we we need to then operate from a different point of view and how we're eating and our attitude towards foods and attitude towards taking the supplements detoxified.

So it is crucial to not want to revert back to so-called normal. I mean, I like the same same with you. I mean, even without the Kelly enzymes. Yeah. Patients that were bad ling cancer, they were medical failure.

Turned them around doing great for years and then have an episode where they. Yeah. Because they felt so great for so many years they have been out to filled where they are stressing, working hard and then not taking care of themselves, not eating well, and then boom, the cancer is back.

And then. Yeah. And there goes again. Correct. And that is I have found of people that I treated and many people are still alive and well. And those were the people that understood that that life changed.

Period. And if you want to stay longer here, I mean, we're all going to be. But if you want to stay longer, you don't have that margin because I explained it to the patient that once the body has the propensity right to generate cancer cells, it will always have that.

And you want to live with the cancer not being active or worse, but you want to live with it in harmony in the sense that you don't give it any fuel and you take your enzymes or maintenance dose, as I mentioned earlier, is for enzymes on an empty stomach an hour before meals at bedtime.

That's 16 enzymes a day. And I urge them to stay on the diet to take their maintenance enzymes when the cancer is in remission. And I had them. I had one patient.

I really liked him a lot. He came to a stage for Hodgkin and he was in bad shape. And so we he was successful. We reversed the cancer and he went away and started going on cruises and trying to dates and drinking and doing a lot of stuff I didn't recommend.

So in five years, the cancer came back and he crawled back into my office. He was crying. I came back and I said, what happened? And he said, I just thought I came to leave you with what he told me.

And I said, he said, Will you treat me again? And I said, I should charge you double because already told you. But I did treat him, and he did. He was lucky because sometimes you don't get a second chance.

If you if the body gets in a rhythm and you can reverse it, you keep it there. Because sometimes if you go back to your old ways, it can actually become more aggressive when it comes back.

So this is he won the prize in my practice. He came back three times. I know the third time I sent him to a psychologist to find out why he was sabotaging his own program, and we actually did get to the bottom of why he he actually, would you like me to tell the story?

I would love to. That's fascinating. I really I you know, the third time I was like, you know, this is crazy. And I said, I'll help you kind of again, but you have to go get an evaluation of what's really going on here because something is this is an emotional something.

Well, it wasn't conscious, but he saw me as an authority figure. And usually people don't because I'm a woman and a mother or children, you know, a kind of like a brown type.

But he saw me as an authoritarian and I was telling, you need to do blah, blah, blah, blah, blah. Unconsciously, he had a father was really being very cruel and and he was emotionally and physically abused so consciously.

He never wanted anybody to be an authority figure in his life. And that is what was happening. And we got the psychological report back. We came to my office and he and I sat down and I said, what do you think?

And he started to cry because he wasn't aware that he was doing it. It was always like, well, I always liked to drink and I liked, but no, no, no, you're going to die if you keep this up.

So I thought that was a really great lesson for me. So what I do with patients is when I do a workout that takes quite a bit of time and effort to get a history and find out where we're going.

And I always leave for the very last question is, do you feel that there's an emotional component to your cancer? And everybody said yes, except one man.

I, I started to figure that out. And and I tell them, you don't have to share it with me, but I would like you to tell me what the plan is. What's the plan?

What what can you do to address this emotional. Some people, it's simply that their work and they're working 14, 15, 16 hours a day and it can't start seven days a week.

There's an emotional reason behind that. And so what I would do in my office is I had a list of things that helped other patients address the emotional component to.

It's scary to get the diagnosis. People aren't quite ready to leave yet, but I learned my patients taught me what I needed to know. To be honest with you, I really learned that from many of my patients.

Yeah, and it is fascinating to me because you have here you have an individual that's dealing with something that is can be very final, meaning that, yeah, it is a deadly disease. Yes.

Long-Term Maintenance and Emotional Factors

And and they still feel a responsibility to whatever work they're doing. I mean, I have executives that come in and they still want to make sure that they manage their company.

They do everything they need to do. So they they still fill that role, even though they know that by doing so well. I mean, I don't think that consciously know that by doing so, they are then depleting their resources that they need in order to be able to battle battle the cancer, you know, so it's like they're not willing to change them, the structure of of their life, their patterns, even though they're dealing with something that is so very final.

It's like you don't they don't realize what's going on. I, I agree, Michael, because what happened is they learned at

some point in their time it was a coping mechanism.

To deal with feelings is really scary. If you don't have somebody who can help you sort out those feelings. I treated a lot of airy, successful, you know, famous people that basically had with same challenges as everybody else, which is they were too afraid to stop the pattern that kept them safe from dealing with the emotional aspect of things that weren't working in their life.

And so I felt like I couldn't know what was right for these patients, but I wanted them to know that I was there for them if they wanted to talk about it.

And here was a list of things that have been helpful and beneficial for other people. And it was definitely part of the process for the patient. And are there is this something that can be done in conjunction with chemotherapy, radiation, or do you have to finish the medical treatment before you're able to do these type of therapies?

Okay. Our nutritional therapy or enzyme therapy was never done in conjunction with chemotherapy or other therapies, namely because the body wasn't strong enough to be able to do what it needed to do, implementing two very powerful therapies.

So I would tell patients frequently all the time. Why don't you finish out what you're doing? And then if there's ever a time it's not working or really want to switch to something, you know, like this, enzyme therapy program, which means it only works if you work it.

Yeah, you have to do. You can hang out in restaurants and you can't, you know, you have to really have to work the program because it would be too much on the body.

Kelly never did it, and I never did it either. Yeah. And and it goes back to what you mentioned in regards to the that Harvard medical doctor, is that a lot of people, they don't die from the cancer and they die from the, the excessive cancer debris from the different therapies eat chemo radiation or if you, you know, even the enzymes, if you don't have somebody guiding you and you just kind of break things down and the body can't eliminate it, so you have that component.

And then also not having the nutrition, the energy, the resources that you need to be able to deal with what's going on. So those are tend to be the, the, the major factor why white person then dies.

So that's why it's been two powerful therapies that are in creating a lot of cancer debris and depleting a lot of nutritional resources. And obviously that's not a good thing.

I agree, and I think the best union is what you're doing, which the patient can come to your clinic for a few weeks. They can get IV therapy and use all these wonderful therapies that you offer, and then they go home with a therapy like the Kelly Program, because they can get that just start, you know, coming to the Carl Center to do these therapies that are good therapies.

And they've been very successful therapies. But I left the clinic work after five years because I thought, I just want to concentrate on this home program because the clinics weren't open to having a program like this for the patients to leave.

And I think it's I think it's a great idea myself. I think, yeah, I think it's a really great idea. And, and other one thing that I wanted to touch on before leaving as, as root canals.

How how important do you feel that is? I know there are a lot of people talking about the hidden infections, and that can really interfere and drive the cancer process. So.

So how important is it to look at that aspect? That's a great question because we did include dental in our protocol. And what we did is patients who had canals, we recommended that they take them out.

I've seen some really good success in doing that. I've seen tumors, you know, decrease. And of course you and system gets to work better. But we would have them hold cleaned out by a biological dentist.

But one thing that we did not do was remove amalgam fillings in a active cancer patient. They didn't fare so well when that happened, and a lot of clinics and doctors recommended.

We do not recommend that I have and and I know Doctor Kelly said no canals. Yes. Leave the amalgams alone. And I know when I spoke with in New York, when I was when Doctor Dickens was alive, he also agreed with that.

And Joseph Issel, you may recognize the name. He was a very famous cancer doctor who ran the largest cancer hospital in Germany, and he would not touch those amalgams, but he would take out their canals.

And so he he was a wealth of knowledge. I wish I had had the opportunity to work with him, but I think they're good people anyway. So that's what we did with dental work, even the cleaning of the teeth.

You know, a lot of bacteria ends up in the gut. We would have them use a water pick and some really good toothpaste and leave them alone. I have patients I think my oldest patient is probably 92, and I treated her 25 years ago and she had breast cancer and it was estrogen positive and it had spread to her brain.

And she still on. She actually called my office a couple of weeks ago, and she wanted to travel to Vietnam and wanted to ask me about the vaccines she would be taking.

And I was like, wow. And I tell you the story because she had an amalgam in every tooth. Probably I'd have to look at her chart, but she probably had at least 60.

And I was really afraid that at any point if we took it those out, it would really drive that estrogen. And so I kept saying year after year. No, no, just you're doing great.

No sign of cancer. Let's just. And so 92 that's pretty good. So I tell I tell people, you know can live a normal life span. But you have to do certain things once a cancer mission.

Dental Considerations and Diet Updates

And if they go back like we talked about into old patterns and eating at restaurants, you know, I've yet to find a restaurant that has everything super healthy the right fats, the right or food the right before I want to avoid.

So it is a concerted amount of effort for the patient. But if they want to stay longer, it's a great program. I love it, love well and any, any other things that we have not touched on that you feel is important for people that are considering this program.

Well, I think it's important because we're talking about Doctor William Kelly's protocol, and there's a lot of confusion about what happened. He had ten metabolic types, and then he had an 11.

When he was training me, I was probably a handful. But what he had decided was, even though his work was founded on those types that he would treat with a type four diet and everybody would be treated with a type cordite, which is the clean diet that's in seeds and, and animal protein and juice and, you know, good clean diet.

But he said to me, tell me why I'm doing that. And I didn't know he he never told me. He said, come back. He do. It took me a couple of weeks and then I finally figured it out.

It's because the body you can type them on Monday, but the body is shifting like this and we're coffee and we're sweating. We're taking enzymes, we're eating finally good food.

You know that. So I called him up. He was in Kansas, and I said, it's because the body's shifting and changing all. That's like muscle testing. I tell my doctors, do not muscle test these enzymes.

You may muscle test them to a certain amount to keep the body in balance, but they may need a lot more enzymes. Took right down the cancer. Even though I believe in muscle testing and I like it and but not with these enzymes.

So it's important for the patients to understand why he made that change. Because the book that I've written with my good student, A nature park, isn't our yet.

And we explain it in the book. Right. So I think that's important because that question is going to come up. What type am I? So what I said to them is when the cancer is in remission, well, type.

And I have to say probably 98% of them never asked to be typed because it already spent 12 to 18 months eating a clean diet and eating properly, and they would go to say they would cheat it's Thanksgiving or because they felt terrible.

So they wanted to stay on their diet because they felt good on the diet. So that I think is one important thing to know, because the books that they would see on the internet, victory from cancer, there's a lot of books, but they're all based on his original program, which was done in what, the 60s.

So the updated book we're hoping will be out next year, and then you can have it at the center as a lead. You can throw it in their packet and they can read all about it.

But I think that's the only thing that might come up that is important. And one question, as I was thinking about it, because you have these like the Gersten protocol where people do a lot of juicing, a lot of carrot juice, how is is that something that is appropriate with when you're dealing with with the Kelly protocol?

I mean, you mentioned to what do you say, two glasses of green juice a day. Yes. That's what we give in the program or the original Kelly program was lots of characters.

But what happened? Our world changed, right? And we have this thing now called glyphosate. And we have so many infections, got infections and problems that they were actually fueling a lot of these problems.

And I worked in some of those clinics, and some of the patients did very well on you might try and all this those characters and some of them were miserable because they were loaded into it.

And you probably haven't the candida or fungal overgrowth that it was eating it. And so we changed it to two lasses of good green juice. And nobody has a and the green juice.

What vegetables do you suggest when they juice. Yeah. We, we had, they could use any of the leafy greens to covers, you know cucumbers. They really like that.

I was the last student of an Wigmore in Boston. So she was the the mother of the raw sprouts and raw food and a wheatgrass juice. Or we got regress and we regress implants.

So the patients could certainly have regress, although people don't like the taste of it. Everyone. But what we did is we learned that it was really, really important for them in that original, like an Wigmore group, they used a lot of cucumbers, so we did anything cucumbers and leafy greens, all kinds of them, and lots of celery I haven't seen that hasn't been shared.

I had a whole cluster of patients in England, and I was just scratching my head because I would get their nutrient and toxic element tests that were looking at the sites to see where their mineral levels are.

And all these people had amazing mineral levels. I was like, what are they doing over there? So I was talking to a group of them one day and they said, Pamela, we're doing what Doctor Kelly said to do in the 60s.

He gave a pint of celery juice a day. And these people were doing it. Juicing celery and their minerals were like,

perfect. I was like, wow, we got to like, think.

We think this so they can do celery leafy greens and two. And it's a proven nutritional program. It has great efficacy. And you know, because you've interviewed several of our patients.

Yes I have and yeah, they're doing great. Oh Pamela, it's been such a pleasure. And it's so wonderful what you've helped to educate the world and support so many thousands and thousands of patients on this journey, and also making sure that this legacy is still going on, because the work that Doctor Kelly did was, was phenomenal.

And it'd be such a shame that this would not be available in its appropriate form to the public. So I really appreciate you being there and making sure that that's taking place.

Well, you're more than welcome. And a little tidbit, this is my first ever interview because in my career I never had a website. I never did an interview.

The only thing they have online talking about a supplement I did with my friend Doctor David Minkoff, I never did an interview before, so this was my first.

And I did it because I want this program to go on because I know the program has efficacy and it's helped thousands of people not die from this dreaded disease.

And so you're my first interview that I granted, I feel so honored to feel honored and blessed. Thank you so much, Pamela. Okay. Thank you. Bye bye. Hey.