The Kelley Protocol - Addressing Cancer with Pancreatic Enzymes Transcript

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Introduction to the Kelly Protocol

– Pamela McDougle. It's such an honor to have you on this segment of regenerative medicine summit. Thank you so much for joining me. – Oh you're welcome Michael. I'm really looking forward to talking with you today. – So one of the most powerful treatments out there and people dealing with cancer is a is a protocol called Kelly 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.

– Well, it's a nutritionally based program. And the cornerstone of the program are enzymes, prolific enzymes and Dr. William Kelly developed this program many years ago in the sixties, he had pancreatic cancer and was able To cure himself. He actually went 40 years after the diagnosis of pancreatic cancer.

Dr. Kellyu2019s Background and Nutritional Approach

He died in old age of congestive heart failure. But he treated, it's estimated at a low end over 30,000 patients with varying health challenges. And what he did was um and this is an interesting part.

He developed these 10 metabolic types early on and everybody was given a different diet. Now Dr. Kelly. I was actually Dr. 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 for 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 low in mercury um 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 cookbook that have lots of great recipes in it that can you know help them prepare their food.

But the program itself is prior to meeting Dr. William Kelly, I worked down in various clinics in Mexico. I brought patients there for treatment and I saw such a need that there were so many good clinics that had wonderful protocols you know using I.

V. Therapy and many different therapies that were effective. But when they went home they weren't able to get I. V. S. And you know 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 crawl felt center who's really embraced this as an option for patients where they can come in, get stable work with you and go home with a very proven um nutritional support program for people who have cancer. And that's why I'm excited to talk about um 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?

Is that your next question? – So yes before we go there I like to kinda here.

Who the Protocol Helped Most

So he treated some low estimate of 30,000 people and they were they were they these kind of usually what we get our medical failures. You know that that have gone through everything and they really have no other options.

Were those the type of people that he got. I mean what what what was the what did you see? I mean what were the stage for end stage, was it early stages what kind of treatment or what kind of population? – Typically 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 we're 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 Dr. 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 rule was, nobody has turned away because no one is God and nobody knows if there's enough time to reverse something that's a very late stage. But we helped lots of people get better.

And I think you've even interviewed some of my patients on on your show. And all I can tell you is it's a program. It's been around forever. And we get excellent results.

We use an enzyme that's pharmaceutical strength. And really these enzymes are not sold to the public. They need to be supervised with the doctor. So they know how to tie trade 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 Dr.

Kelly and they sent me a patient who came into this office uh they were airlifted in, you know by an airplane in Los Angeles. And they were on a gurney and I just remember thinking, I sure hope this program works.

And that 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 in the patient first.

And then we're starting the enzymes very slowly. And we're watching them and they're doing coffee enemas. The one thing Dr. 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 with live wavelengths. So the near actually penetrates deeper and helps to circulate these enzymes to all the parts of the body where we want the enzymes to go.

How the Enzyme Therapy Works

So that the kind of trips then which is very high Dr. Kelly always added lots of extra kinda trips in that starts the inflammatory process of 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 um 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 Dr. William Kelly's program.

– And what kind of with with all these late stages medical failures and and all I mean percentage wise what 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 but what what success rate would you say that you had? And 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 of the people and believe me, I would not have continued if we weren't getting good results.

So what that meant was the kinds of cancers that the enzymes won't overcome are 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 block hormonally driven cancers like estrogen positive breast cancers or the hormonally driven prostate cancers. I knew that if we were gonna make headway that the patient had to get their doctor to address that piece and then the body would go forward. I like what you said about a 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 does.

If they have diabetes diabetics need to keep their weight stable, 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 dose of enzymes which is for enzymes an hour before meals. And for at that time.

And Kelly observed. And so did I observed that we didn't get the reoccurrences and we I've had patients and I know I spoke to my colleague many years ago, he was quite well known. Dr. Nick Gonzalez.

That when patients stop their enzymes, there was a majority of them the cancer would return. So, but we have 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 I have across the board all types of people with cancers. And the only and remember if it's what I refer to as a soft cancer, Hodgkin's lymphoma. Those kinds of cancers, once they swallow the enzymes, they go right there absorbed in the small intestine.

And they go right into the bloodstream and those cancers, these are readily available immediately to those types of cancers. We got really good results with all types of cancers.

The only caveat was hormonal later than they need to have that harmony blocked – Over above them. 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.

Detox Support: Sauna, Coffee Enemas, and Nutrition

So, so we, what does the program look like? You talked about? You know, these pancreatic enzymes and also that they're not available to the public. I mean there are a lot of pancreatic enzymes products out there.

So why are they not sufficient. – Okay. So I just have so Dr. Kelly was brilliant and he knew that he had to keep them within a certain range because every batch of animals that are processed to manufacture the enzymes are slightly different. For instance in one capsule of Dr. Kelly's enzyme one capsule has anywhere between 85,000 to 92,000 USP Units of chemo trips in. 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 proteas and and the trips and are just around 200,000 U. S. P. Units one capsule. And then the light pace can run anywhere between 35 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 is that what they do?

– Well the way Dr. Kelly explained it to me it's the kind of trips and that starts what's called the inflammatory process. So if you this is how he explained 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 swells.

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 um what's the word? It can cause anxiety for the patient and the doctor because 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? How are you feeling? I feel better than I never felt. You know? And it's like okay, well but I was very fortunate because all of them, 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 cell 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 um you know, studies and I remember having a discussion saying to a member of my family um happens to be very close member of my family who happens to 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? They 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 Nick Gonzalez had a big practice in New York but he passed away. And then that's all I did.

Nobody 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 patients to hear when I say gobble it up in the patient's mind? The tumor's gone.

Sauna Differences and Enzyme Dosing

I had many, many, many patients with lung cancers and different types of cancers that the tumors actually became a broad necrotic and they were dead and they were there on the scan 10 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 no concern about radiation or this or that. He said, how do you feel? So? So while they're breaking down the cancer we have to support their avenues of elimination. So they don't get very sick.

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. Yes. So and that becomes one issue that is so important to work with the doctor in regards to this because you you think I just take the enzymes and and it's just gonna break down the cancer and I'm gonna be fine. But there there's so many components to it, you know, because you can break down the cancer too fast and that can really overload the system. So it is really like you're saying to support the ability to eliminate this debris, this cancer debris is very is very important. So what are what are the components of the protocol that that are key in regards to this?

– Yeah, very good question. I'll tell you this. And then I'll answer that question. I had this was like 20 years ago and I was teaching a group of medical doctors and actually we even had an oncologist in our group which doesn't

happen frequently. And I remember the doctor from Harvard saying to me, it's tumor degradation waste that will 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 degradation waste.

So how we mitigated that very well. I would never take a patient unless they have the sauna. I call it the light bulb sauna. And we chose that 25 years ago because they had, as I mentioned earlier, the globe. It's like the red warming bulb that you see in 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, the liver, the lymph skin, the largest limited 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 and vice, Unless you were doing two coffee enemas every single day.

And there were some nutritional tests that were absolutely imperative, like an amino acid profile, which was a plasma. Because if those levels are low, you 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 saunas and fixing the nutritional deficiency and the patients.

– And so the question in regards to the sauna, I mean because some people already have their like an infrared sauna or you have these saunas that are foldable, you know, they're kind of portable. But with your help sticking out, I mean, so how 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've 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 your head to stick in the whole, entire body needs to be um engaged in the sweating process in the body. But I am a dowser and I measure electromagnetic field and in those 10 type things with a head sticking out. They were so high.

It was crazy. And it didn't work the same with the balls you have these two wavelengths near and far infrared. And like I said, the near penetrates very deep into the body and it's 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 blood flow like in the jaw.

You've 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 um, the difference is the light bulb, sauna worked like magic was amazing. The patients stopped getting too toxic.

Managing Side Effects and Monitoring Progress

The tumors were responding quickly. The emitters that they have, you know, they bought an expensive sauna. I told them keep it, it's no problem. And what we did is we would put three or four 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 existing 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 115°.

But once they did that, then they could turn off the other emitters and get in and do their sweat in front of their light bulbs. – Okay, so so those those work much much better than than the normal kind of infrared sauna or the other other saunas.

And we didn't get the same results. And 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 near infrared and red light. Now I understand why we were so successful in using the light bulb sauna. The patients will call my office and ask me can I do to a day and I in the beginning I was wrong but I thought they all have hyper thyroid and it's heating them up and they're feeling better.

That wasn't it the key and why it worked was it was balance balancing their autonomic nervous system. Now I get why this was a win like from heaven. Because not only did they love it and they felt better, um their moods were better.

Everything was better. So there's nothing like this type of sauna to be used, especially with the Kelly enzyme and this 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, it's okay to do like three times a day or how 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 intervals 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 one or two depending on how debilitated patient is.

And we don't increase them except every 2-3 days. If they're doing okay, they're doing their to coffee enemas, they're doing their sauna every day. They're eating well, doing everything else. Then we slowly titrate them up.

And some patients, I had healed on much lower doses of enzymes and some patients healed on much higher low. So it's not about getting locked into the the amount or the dosage, which a lot of medical doctors do because that's how, you know, they're trained in dosages and 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 kind of a rough go in the beginning and I had to decrease the enzymes when we got to cycle two or three, they were increasing.

They 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 um heal their bodies taking 40 a day And I've had people hell taking 72 a day.

So the maximum amount that any patient could take is 10 enzymes an 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, that's how we go about Tai trading that the protocol with the enzymes.

– And when should a patient kind of reach out and say that, hey, I'm not feeling so good. I mean what when when dude does the patient know that they should tell the doctor that they and 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, um fevers, but I have to say the vomiting piece was rare.

If they were doing coffee enemas, they were doing saunas. I can probably count on one hand, a couple of people who vomited, but if they were to vomit or have a rash their on off cycle, if they have any of these other symptoms, they need to discuss it with their doctor.

Treatment Timeline and Long-Term Maintenance

And usually what we did with our patients is we gave them the program, we taught 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 um 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 office.

– And so how do you know that these people are getting better? How how are you monitoring them? Is it just based upon? I'm feeling good? Yeah, because some, sometimes people that are feeling good then all of a sudden cancer is everywhere and they don't feel good all of a sudden.

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

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 gonna use cancer markers as kind of a definitive guide of, are we doing better? Are we doing worse?

There's two caveats. So one is, you can break down a lot of tumor quickly and do be doing really well. And those markers are off the chart. So the other way that we used basically cancer markers, but we have 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 gonna, you could get a false negative. And I've had, I've lost patients because they didn't follow this direction and we could course 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 four, day five, day six, totally different.

I mean I watched every day, the market scope up up up up up and then day six, that was his true baseline. So I know this to be true even though the lab was used to using enzymes that were much weaker than the enzymes we use.

So we typically did things like cancer markers. Some of the patients did scans. Some of the patients used ultrasound, you know, if they knew and it was a more super, you know, 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 long does it take for a patient That I mean, that's that's usually one of the questions.

So yeah. How long is this gonna 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.

And I would tell patients that I want you to plan on 12-18 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 when they started the program and they see some improvement. I would, I would not consider 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 um, at 18 months, if they were in what I consider cancer free, 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 watched him for another six months very closely.

Lifestyle, Emotional Factors, and Relapse Prevention

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 were gonna call because they were, you know, I don't recommend cheating at all because I think there's a limited 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 waste and get it out of the body.

So does that answer your question? – Yeah. Yeah, exactly. And I and I love you because a lot of patients and I've seen this 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 diagnose and they don't recognize that this is the normal now. I mean 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 in our attitude towards food and attitude towards obvious taking the supplements detoxify.

So it is crucial to not 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, patients that were battling cancer, they were medically failure. Medical failure turned them around doing great for years and then have an episode where they because they felt so great for so many years.

They had an episode where they are stressing working hard and then not taking care of themselves, not eating well and then boom the cancer's back and then you know and there it goes again. – Correct. And that is I have thousands of people that I treated and many people are still alive and well and those were the people that understood that life changed period. And if you want to stay longer here, I mean we're all gonna leave.

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 of course, but you want to live with it in in harmony in the sense that you don't give it any fuel.

And you take your enzymes are maintenance dose, as I mentioned earlier is four enzymes on an empty stomach an hour before meals in bed time that 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've had them. I had one Patient, I really liked him a lot. He came to me stage four Hodgkin and he was in bad shape. And so we he was successful.

We reversed the cancer and he went away and you know, started going on cruises and you know trying to date 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, oh I just thought I didn't believe you is what he told me.

And I said he said will you treat me again? And I said I should charge you double because I already told you, but I did treat him again. And he did have 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 really learned, 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, you know, this is an emotional something but wasn't conscious, but he saw me as an authority figure and usually people don't because I'm a woman and a mother of Children and you know, kind of like a grandma type, but he saw me as an authoritarian and I was telling, you need to do both, blah blah, blah blah, unconsciously. He had a father was really mean, very cruel and and he was emotionally and physically abused, so unconsciously 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 and came to my office and we 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 and he, I mean it was always like, well I always liked to drink and I like, but no, no, no, you're gonna 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, you know, time and effort to get the 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 still haven't figured 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.

Like what's the plan? What, what can you, what can you do to address this emotional? Some people are simply that they're workaholics and they're working 14, 15, 16 hours a day and they can't stop 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, you know, 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, you know, it is a deadly disease and and they still feel a responsibility to whatever work they're doing.

Combining with Other Therapies and Dental Considerations

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 still fill that role.

even though they know that by doing so well, I mean, I don't think they 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 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 agree Michael, because what happened is they learned at some point in their time, it was a coping mechanism um to deal with feelings and it's really scary if you don't have somebody who can help you sort out those feelings. I treated a lot of very successful, you know, famous people um that basically have the 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 like chemotherapy, radiation or or do you have to finish the medical treatment before you're able to do these type of therapies. – Okay. Our nutritional therapy.

Our enzyme therapy was never done in conjunction with chemotherapy or other therapies mainly 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 up what you're doing?

And then if there's ever a time it's not working or you really want to switch to something, you know like this pharmaceutical um enzyme therapy program which means it only works if you work it you have to do you can't 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. – And it goes back to what you mentioned regards to the that Harvard medical doctor. Is that a lot of people, they don't die from the cancer, they die from the the excessive cancer debris from the different therapies, speed chemo radiation or if you uh you know even the enzymes if you don't have somebody guiding you and 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 major factor.

White person then dies. So that's why the two powerful therapies that are 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 I. V. 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 jump start you know coming to the carl felt 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 I think um yeah I think it's a really great idea. – And are there one thing that I wanted to touch on before leaving as as root canals? I mean how how important do you feel that is I I know there are a lot of people talking about the hidden infections and and that can really interfere and 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 the immune system gets to work better. We would have them hold cleaned out by biological dentist.

The one thing that we did not do was remove amalgam fillings and active cancer patient. They didn't fare so well when that happened and a lot of clinics and doctors recommend it. We do not recommend that.

I have and I know Dr. Kelly said no root canals yes leave them Malcolm's alone. And I know when I spoke with in new york when I was when Dr. Nick Gonzalez was alive, he also agreed with that.

And Joseph Missiles 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 the root canals and so 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 gentle 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's still alive. She actually called my office a couple 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 this story because she had an amalgam in every tooth, probably I'd have to look at her charge, but she probably had at least 16. 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, Just you're doing great, no sign of cancer.

Diet, Juicing, and Closing Thoughts

That's just you know, and so 92. That's pretty good. So I tell, I tell people, you know, you can live a normal lifespan, but you have to do certain things once the cancer is in remission.

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.

You know, the right fats the right organic food, the right, you know, advice the states I want patients 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.

– 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 Dr. William Kelly's protocol.

And there's a lot of confusion about what happened. He had 10 metabolic times and then he had an 11th when he was training me. I was probably a handful. But what he had decided was that even though his work was founded on those types, that he would treat with a type for diet and everybody would be treated with a Type four diet, which is the clean diet, nuts and seeds and vegetables and animal protein and juice and you know, a good clean diet. What he said to me, tell me why I'm doing that.

And I didn't know. He never told me. He said come back when you do, it took me a couple of weeks and then I finally figured it out, oh, it's because the body you can type them on Monday.

But the body is shifting like this and we're coffee, enemas were sweating. We're taking enzymes. Were eating finally good food, you know, um that So I called him up, he was in Kansas and I said it's been because the body is 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 to break 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 path um, isn't out 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 will type And I have to say probably 98% of them never asked to be typed because they've already spent 12-18 months eating a clean diet and eating properly and they would go to say they would cheat. It's thanksgiving or Christmas.

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 Kelly books, but they're all based on his original program, which was done in what the 60s. So the updated book, we're hoping it will be out next year and then you can have it at the car felt center and say leave, 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, you know like the Gerson protocol where people do a lot of juicing a lot of carrot juice.

How is is that? So something that is appropriate with when you're dealing with the Kelly protocol? I mean you mentioned too, what do you say? Two glasses of green juice a day.

– Yes, that's what we give in the program. The original Kelly program was lots of carrot juice. But what happened? Our world changed, right? And we have this thing now called glyphosate.

It's 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 know, they might turn orange and all this this carrot juice and some of them were miserable because they were bloated and distended and they probably have a rabbit knows you know, a candida or fungal overgrowth that it was feeding it. And so we changed it to two glasses of good green juice and nobody has a problem.

And the green juice, I mean what vegetables do you suggest when when they when they juice? – Yeah, we had they could use any of the leafy greens, cucumbers, you know, cucumbers, they really like that.

I was the last student of Ann Wigmore in Boston, so she was the mother of the raw sprouts and raw food and re grass and we regress implants so the patients can certainly have wheat grass, 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 and Wigmore's group, they used a lot of cucumbers, so we did anything cucumbers um and leafy greens, all kinds of them and lots of celery. I haven't 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 nutrients and toxic element tests that we're looking at the original sites to see where their mineral levels are in all these people had a missing 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 Dr. Kelly said to do in the sixties. He gave a pint of celery juice a day and these people were doing it do think salary and their minerals were like perfect.

I was like, whoa, we gotta like think we think this so they can do celery leafy greens and cucumbers and 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. Yeah. And they're doing great. Pamela, it's been such a pleasure. And it's it's it's so wonderful what you, what you've helped to educate the world and support so many thousands and thousands of patients on on this journey and also making sure that this this legacy is still going on because the work that Dr. Kelly did was was phenomenal.

And it would be such a shame that this would not be available in its appropriate form to the public. So, as 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 Dr. David Minkoff.

I never did an interview before. So this is 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've granted. – I feel so honored, I feel honored and I'm blessed. Thank you so much Pamela. – Okay, thank you, bye