Introduction and Guest Background

Good afternoon, and welcome to another edition of Mycotoxins and Chronic Illness. Today, it's my privilege to interview and discuss, these issues with Doctor Kevin Connors.

He is the, director of the Connors clinic. Clinic that specializes in the alternative treatment of cancer. And this is a little different twist for our audience, because generally, we've been talking about, you know, other chronic illnesses, the chronic, immune, illnesses such as chronic fatigue, Lyme and, of course, mycotoxins and today we're going to hear about a whole area that we haven't talked about much is the effect of mycotoxins on the immune system and how it, can sometimes result in cancer.

And also have Doctor Conners tell us a lot about, the immune system and how he works with it. So, good afternoon and thank you for being with us. Oh, it's a pleasure.

It's a pleasure. Yeah. So first, can you tell us just a little bit more of how you got, your journey, about how you got into, treating cancer? Sure. Well, I didn't start out that way.

I graduated in 1986 as a chiropractor and really practiced what we would call today functional medicine. So mainly chronic illness, hormone related things, fatigue issues, adrenal issues.

But I was always intrigued with, Rif technology. And, so Rif is light frequency technology. I was intrigued with that in school. But hey, you know, a chiropractor, I don't treat cancer because that was my idea of what Rif was for.

So we know it can be good for mycotoxins, and it could be good for Lyme disease and things like that. But at that time, that was my knowledge. And it wasn't until the late 90s that one of my patients came in and said, hey, I have breast cancer in both breasts.

And then they gave me three months to live. If I don't do chemo and radiation and I'm not doing it. So that was my kind of moment to it's time to buy a rainbow shade. So, I got an order and she started using the Rif.

Long story short, the she lived another 13 years. But, that was really my start with treating cancer patients. And, since then, things have blossomed.

That's all we do now for the last ten, 15 years. But, it's, it's been a journey. You know, we're learning. And one of the biggest things we look at is what is the cause?

Because you have to address that, I really believe to get the best results possible and get it as specific as possible with the nutritional aspect. And there you see the Rif on all our patients as well, right?

And as we say, cause are you often looking for underlying toxicities or imbalances in the system. Well remember you know you just defined cancer. So cancer is a cell your old cell that something has gotten inside the cell that affected the nucleus.

That's really the center of replication. And now that cell is going through rapid replication is replicating cells that are going through a rapid replication.

So that's the definition of cancer because all our cells will replicate. Most of our cells or rods tend not to in our cardio cells tend not to. But your cells will replicate that.

The mother cell goes through a process of called apoptosis dies. And then this happens again over a period of time, usually eight to 12 to 18 weeks.

How Cancer Treatment Began

You reproduce another cell and and then that cycle, replays itself. When something gets inside the cell, it affects that cell replication process so that it now it's for some reason the nucleus is affected and it's replicated twice a day.

And that would be a pretty aggressive cancer. So anything you said it could it be toxins? Sure. That's probably the most common thing, but it could be, a living organism as well.

So, for instance, with stomach cancer, the number one cause of stomach cancer worldwide, even according to the World Health Organization, is age per Laura, right?

So, that just happened to get inside the cell and is affecting that nucleus. And that cell is gone is no rapidly replicated. So, if you don't treat that, I mean, it just makes sense.

You gotta treat the H. Pylori as well. So. Right right right right right. Okay. And but you have, you know, again, in the our world of treating cancer, it's all about slash and burn and kind of like kill.

And, I'm assuming that your approach is a little different. It is a little different. And there's a mixture of the you do have to kill the cancer too.

So but, you know, you you want to prove the trade at the same time. So, you know, our approach is that it's not just solely about the trade, but it's not just solely about the germ either.

You have to work on both those aspects, I think, to blended a proper treatment program. So but we look at a cancer patient, we are looking at what is the cause, how are we going to treat that if it's H.

Pylori you treat that with some nutraceutical. Or maybe we need a antibiotic to to knock down the H. Pylori. But if it's, if it's a toxin of some kind, then you have to pull that out of the body and you have to work on all those detox pathways as well.

But then you do have to find out what, you're going to use to kill those cancer cells that are in rapid replication. So, is chemotherapy the right thing to do?

Well, maybe. Maybe not. But our approach, we want to find what nutraceutical approach is going to be best for that patient, whether they're patient is choosing to do chemo or not.

What is the best nutraceutical approach to help attack that cancer? And then we use Rif technology so that the Rif, just stimulates the cancer cells at their own frequency so it can stimulate immune attack on the cancer.

Because remember, your cancer is your old cell going through rapid replication. So your immune system is, is, got a failsafe mechanism. It it's a would kill your old cells.

Otherwise we'd all be dead from multiple autoimmune diseases. So you have to get the immune system to look at that cancer another way. And that's where Rif technology could be so beneficial because you're hitting that stat cell, growing the cell mass at its own frequency.

So your immune system will at least take another look at it. And it could help the cell mass uptake chemo. It could help the cell mass uptake, a nutraceutical approach that you delivered.

So it could help, with killing the cancer. That's I love that explanation that, that that really does actually, kind of widen my picture sometimes of, of of how to use the right frequencies.

Yeah. So, you know, you not necessarily having to kill the cell, but at least changing it enough to make it more interesting to our immune system. Right. Exactly.

And we really want to just make it stop replicating. You know, a lot of people are like, oh, I have this mass at my breast and I want it to go away. Well, when should just be happy if it just stopped.

Replicate it. It stopped acting like cancer. Could you live with that? You know, that three centimeter round mass at your rest the rest of your life if you lived a long life?

And we gotta sometimes change people's thinking about, about cancer as well. Right. Yeah. Yeah, we don't have to. We don't have to be perfect. We just got to be.

Well, that's right. Exactly. Yes, yes, yes. So tell tell me more about what you've seen as far as how, you know, when we're talking about triggers, how, you know, mycotoxins in your, in your experience have been a trigger for selling off cancers?

Well, in a couple of ways. So mycotoxins can be a direct cause because they can be something that gets inside the cell and interrupts that cell replication phase of the nucleus.

Just because a toxin gets inside the cell doesn't mean it's going to cause cancer, right? But if it by chance affects that replication phase, it could be a cause of cancer.

It can also indirectly affect, the process of cell death.

Cancer, Cell Replication, and Root Causes

It's the process of apoptosis because it can block those intrinsic apoptotic pathways. So there's that way that it could be a direct cause. Secondly, it could be, kind of a sub cause maybe there's something else that got inside the cell, maybe, glyphosate or something, that is damaging the nucleus and causing cell replication.

But then, a secondary mycotoxins, issue is causing kind of a ramped up pro-inflammatory, to raid problem. And when you have that going on and it makes your immune system that much, puts that much more straight on your one's immune system to be able to kill a cancer.

Because in truth, most all of us have cancer right now. So it's either your immune system is is taking a second look at that mass and killing it. Therefore you're never receiving a diagnosis.

Or it gets out of hand and it gets to a point where it's three, four, 10 million cells large and now can be see it on a Pet scanner, CT scan or palpated, and, and we get a diagnosis.

So if your immune system fails to, to correct that issue, then then you end up with a diagnosis that, well, what are some reasons why your immune system didn't kill that cancer?

Well, one of them hit a major one today is this, this, this kind of hyper inflammatory state that we all live in because of things like mycotoxins, but also, other, oxidizing agents that we're exposed to on a daily basis that even if you're eating organic and doing everything right, you can't not be exposed to this.

And radiation and cell phone EMF said, I mean, there's just we're just being bombarded with all sorts of toxins that, are causing a pro-inflammatory, kind of rage in our body.

So we got this kind of always amped up, inflammation due to these things and that that puts so much stress on our, on our immune response that is supposed to kill things like bacteria and viruses and cancers as well.

It gets in the way of the immune recognition. I mean, something that, when I first started, in this in the field of treating chronic illness, I, I didn't quite understand because from a, my, you know, medical training, I kind of didn't think in terms of things, distracting the immune system.

I mean, it just it was just, I don't know, it was very black and white thinking, and it was only working with natural gas

and and really seeing that when you knocked out one infection many times, the body then was able to deal with another one and so that was, that was present.

But you weren't reacting to and I think you're trying to allude to that same issue with cancer, is that if the body is distracted, it just will not notice the cancer.

Yeah. That's exactly right. Yeah. You're it's it's it's try to fight a battle at too many fronts. You could say that. And would you do that. You could, you could lose a front that's, quite important.

Yeah. Yeah. No, that is a fascinating, a way to see it, you know? And like I said, I just didn't realize how important it was because, again, you know, we see in my world, I don't treat cancer patients.

I haven't seen that many people with this presentation. But since this is your world, that's what you get to see. It's very important. So and as far as, the, you know, I've what I've looked at, you seem to have a very, biochemical approach sometimes.

I mean that in a good way. I mean, thoughtful biochemical approach to, to, supporting detox. Can you talk a little bit about that? Yeah. So when we look at detox, I know that, you know, people look at detox, they think of the liver.

And there's phase one, phase two, phase three liver detox pathways. But I define it a little bit deeper than that, because if our liver is doing everything, it should be doing, and it's pulling stuff out of the blood and dumping it into the small intestine like it should be doing, if you have damage in the gut, you could just be.

And we are so often just reabsorb these poisons again, and I kind of think in cartoonish form. So I think the liver see these poisons come around that just three days ago they did such an effort and getting rid of these things out of the blood.

And they see these things together. They go, what in the world are you doing here again? Did they just throw you into the intestines? Three days ago? It's kind of like just letting the criminals out of jail all the time when the police are trying to break that into jail.

Maybe I just thought of that analogy, but maybe agree with you have to fix the gut. You have to make sure that you're buying things in the gut. You have to make sure you're eliminating.

That's number one. Yeah. We talk to people all the time. Well, yeah, I have normal backwards. I go every three days. Clockwork. Like I know you don't have. No.

Well, we need to be eliminated properly. We need to have, you know, good intestinal transit time. We need to be buying things that they got dealing with leaky gut issues.

We need to be supporting the gallbladder and bile flow. And then we need to be working on phase two and phase one liver detox pathways and looking at those genetically as well.

Rife Technology and Immune Support

Before we ever start trying to kill a bunch of stuff, which is going to produce a ton of endotoxins that have to go through these phase one, phase two liver pathways, or try to kill things like chemicals and heavy metals and things out of the tissues.

And understanding these fix the all these phases of detox. I call it the seven phases of detox that can be done concurrently, but you have to address those downstream pieces first, or you're going to get back up.

And you could actually make the person sicker than when they started. Yeah, I think that there is a theme, you know, and that we've discussed and we've heard from almost, you know, most of the experts that we've spoken to has been this focus on what actually, Doctor Papaya has, has called pretax.

Exactly what you've done is making sure that the pathways are open, that they're, that that the inflammation in the gut is down. And so when the, you know, it's just fascinating that we've all, been not just taught, but I think many of us especially, I said a lot of the doctors in the audience have tried to bypass those pathways, those steps, and it doesn't work well, but it's not going to end well.

That's right. Yeah. You know, you know, because we you know, I think the problem with physicians is that they start off in, you know, getting seen a lot of action in the emergency room where you get to be the hero in the moment.

And. Right. Yeah, I think probably just like chiropractors where, you know, sometimes you get to like just do the adjustment and they're all better. Yeah.

It's just the work that way when you're dealing with chronic health, you know, and that that is your point. So what are you did you have any, you know, favorite, if you will, or maybe not favorite, but, you know, things that you found to be really helpful in, in your, as you're working on the liver, gallbladder, gut, you know, quieting down the gut, any any particular pearls that you think are.

Well, one of the things we do in our office that might be very different than what somebody listen to this might want to do, is we highly recommend coffee enemas and also a coffee enemas if they go, like I said, or coffee anyways.

But really the purpose of coffee enemas isn't really to have a bowel movement. Which might be the purpose of, of somebody constipated. But you do a coffee to stimulate the neurology of detoxification.

So the neurology of detoxification is through the parasympathetic nervous system. And that's what's stimulated with a coffee enema. That's really the the primary purpose of that.

So there's different products that we use to help heal the gut. There's different binders that we use that grab other things to, even if a person does have a leaky gut, that could help, from reabsorb help to keep from reabsorb poisons that are dumped into the gut by the liver and, and then there's the simple things that you could do to help, decrease the viscosity of the bile, to help the bile flow, to stop the.

It's simple, like putting a hot pack over your liver, gallbladder area. We can help decrease the viscosity to help bile flow, because ultimately, the the liver takes the toxins and puts that in the bile, and then the it flows from the liver into the small intestine, via the gallbladder.

But it's dumping it into the small intestine. So the purpose of the bile is to carry toxins from ultimately from the tissues of the blood through the liver, that have been processed in the liver, put in the bile, brings it to the small intestines, and they're supposed to get in the toilet.

So if it's not added up in the toilet, then you're really taxing your liver. So, it's as far as buying your either any favorite binders that you like to talk about?

I, you know, there's there's a lot of them out there, from, just humic and phobic acid to, to, different to clays like bentonite, to, like zeolite type things.

The, just fiber can be a binder, you know, just fiber in your diet could be a wonderful binder. So eating the vegetables, can they act as a binder without having to take a pill supplement form?

Those are maybe your best dietary, dietary binders or just eating vegetables. So, but it's. Yeah. And then working on healing the gut, because we know that we all have damaged gut, especially in America, where we're exposed to glyphosate.

Even if you're eat all organic. Yeah, there's gut damage that's going on. So everything that you could be doing on a regular basis to be working on the, the epithelial into your gut can be beneficial.

And then, you know, you used a phrase that I hadn't heard before, but I really liked, which was stimulate the neurology of detox.

Mycotoxins, Inflammation, and Immune Distraction

Yes. That that is very, very nice. You know, I mean, I and the coffee enema and any other and any other. You said you talked about heat. You know, anything else that you were using on the physical levels to help stimulate that neurology of detox?

Oh, sure. There's, I have a couple papers out there about stimulating the vagus nerve. So just, you know, everybody wants to talk about the chemistry of detox, right?

So we're going to use milk this. We're going to use, you know, artichoke. Leaf to help, with phase one. Phase two detox. So there's a lot of other products that you could use.

And those are all great, but we sometimes forget that everything is controlled by your nerves. Everything's control biotechnology. So you don't have to think about.

Oh, I got a detox. I gotta make my liver detox. Those are done automatically. Your autonomic nervous system. And you have those two sides. The at that part of the nervous system, your sympathetics which control your fight or flight or freeze mechanism that, is essential to dealing with stress in your environment, to dealing with, emergencies in your environment.

A tiger jumps down in front of you. You need to be able to fight or right away as fast as you can. And in that moment, in a split second, neurologically, it changes our physiology.

So when we're under a stressful time. Okay, we got a letter from the IRS. Oh, my gosh, before opening it, you know, you're sympathetic. Toad just bounces up and, you know, your eyes dilate to your blood, pressure goes up and you can feel your face flush.

You know, you everybody's felt this. Would you hear a siren behind you in a car? Oh my gosh. You know, you just get this little stress bump that is the neurology.

You're sympathetic. It checks out your adrenals. It, it will increase your blood pressure. As I said, it's going to dilate your bronchial tubes so you can get air in your lungs because you got to run away.

And it'll shut blood to your extremities so that you can run away or fight. But it also shuts down the other side. Your parasympathetic and your parasympathetic control all your detoxification pathways neurologically to your liver controls all your gut, peristalsis, controls, all your sexual function.

It's your parasympathetic really controls everything you need really to live, outside of a crisis. So your sympathetic controls what you need to survive in a crisis.

But you're not supposed to be tricky. But that's that wants to be find ourselves in a crisis 47 times a day. Like us. Americans are finding ourselves and with the stress levels.

So we talk about things that shut down a person's immune system. It's a sympathetic drive. So your parasympathetic control your entire immune response.

So one major reason why, you know, the uptick of cancer in the last 40 years is we could say, well, we're exposed to all these toxins that our ancestors were never exposed to.

Yes, that's true. We're exposed to, you know, we could go on and on with the list of chemistry, but sometimes we forget that we are put in a more stressful environment where we have to process, you know, it's about a bit of, information that our ancestors could process in a year mentally and have to make decisions and, and deal with the

stress level that we have is exponential.

And that comes with an increased sympathetic tone. And a decreased parasympathetic tone. So our rate of detoxification is going to be hindered just right there from are there ology, and health of our immune system, even though we might, you know, run a blood test and have well, I have an adequate T-cell coated my macrophage coat is up there and my white blood cell count is up there.

But how activated are they? Really has to do with that immune response. And they're going to be sluggish and slow and, slower to respond to to bacteria and virus and other bio toxins as well as cancer.

And that could be a cause for a lot of problems. Yeah. And then is true. I said, are we are sympathetic nervous system just doesn't get enough time off.

Yeah, yeah. So we we are in information overload. I just thinking back when you and I were growing up, you know, the only information you got was either a for a phone call was the most intrusive.

You know, everything else. You got the mail only once a day. Yeah, exactly. That's so true. Yeah. So there are, you know, you asked, what are the things the person could do.

There's, you know, I wrote a whole paper on they could look at a blog post if you just search our website for sympathetic or parasympathetic, put it one of those words, I, there's a paper of how to decrease sympathetic tone because the sympathetics are controlled by a part of the brain called the best cephalon.

So how can you slow down the best self neurologically? And how can you stimulate the parasympathetic? The parasympathetic. So mainly controlled by a nerve called the vagus nerve or cranial nerve tab.

It's also called vagal stimulation. So how can you do vagal stimulation. There are some physical things that you could do that could that can help with that.

That calm your sympathetic and could stimulate your parasympathetic. Yeah. And so you what one of your favorite physical tools, I guess was the coffee enema as a good way to start.

Yeah. It's a good physical tool to start. You could do things like gargle gargling like a hard gargle. Because you have, cranial nerve ten exposure at, larynx there.

So that stimulates cranial nerve ten things to call your sympathetics are simple. Say, just like, call your light exposure through your right. So, like, putting on sunglasses, can help.

Call your sympathetics. You notice how when people have a hyper active sympathetic system tend to be more sensitive to the sun, so, so neurologically they're desiring to wear sunglasses, more so because they they're the, their eyes are more bothered by the sun because their, their pupils are dilated because they're in a sympathetic overdrive.

Detox Pathways, Gut Health, and Binders

So, so there's, there's a list of different things you could do to help calm that down from a physical standpoint. And then you can work on the chemistry as well to help with detoxification pathways.

So to support phase one and phase two, liver, to heal the gut that. Lots of work to do. Right. Like work. What works do I mean that that is it's just finding the right work for the right patient.

So as far as, testing, I mean, how much testing do you bother to do? Or do you do more by history? What what's what? What's. You've had a lot of experience.

So I'm always curious when people have, a lot of experience with where they decided, you know, because in the

beginning everybody tests. Yeah. So, I mean, our testing is a little bit different than what I used to do.

What I was would take out a thyroid patient or something like that. Right. So with a functional medicine case, you need to do more functional medicine tests.

We need to see, you know, appropriate, you know, T3, T4, reverse T3, blah, blah, blah for thyroid. But with cancer, we're we're looking for what we believe that causes or causes usually are.

So we have to do more specific testing. We we get a cheek swab from people. We do kinesiology testing on that to come up with those markers. Most our cancer patients are still working with the colleges, so we'll, you know, request different labs.

But, and then there's other things that you could do regardless whether it's cancer, they should, to look for other inflammatory markers. So looking are there food sensitivities that you need to deal with that's causing all this inflammation in the gut that's damaging the gut?

No matter how much you're working on, try to heal it. Are there other, imbalances that you need to deal with? Like heavy metal toxicity, even though it's not necessarily the cause of the cancer?

Do we need to deal with this because it's causing a, you know, pro-inflammatory cytokines surge that's affecting that person's ability to heal. So everybody's different in what testing that we require and what to see.

Much of it you know, all of the work that we do is distance work now. So we have patients over around the globe. So we have to work with labs in other countries.

Sometimes it's more a little more difficult, but we usually get things done. Okay. Well, and and so you. So I guess for you, it's the history and the kinesiology that kind of guide your, you know, your protein.

That's the big piece of it. We also do genetic testing. So we look at we look at, genetic testing. That's a big piece when you talk about phase one and phase two liver pathways, you want to look at those cytochrome P450 and the current pathway is etc.

to look at where there are, you know, a lot of defects in those pathways. That person's probably even if they've had a clean liver or there was no other issues, they're going to be slower detoxes usually.

So you need to address that and support those pathways as well. Yeah. So the detox so the the genetic you, you use the genetic testing for really evaluate those upon the and for phase one, phase two, any, any other highlights of the genetic testing that you find most useful?

So there's a lot of things we look at with cancer. History is often a problem as well. Right. Histamine can be, one of those co-producers of cancer, kind of like mycotoxins.

Not always the cause, but it could certainly make things much worse. Especially with breast cancer. But, so looking at the genes, their ability to to clear his, to beat out of the body, and the dog genes with the history to the gut. So.

Right, right, right. Yeah. And just add the h t or just things that allow us to methylation to get rid of the histamine and, Yeah. And the Dow. So we can break down in the gut, the excess histamine.

Do you. So this is, this is just I like the way you kind of triangulate. You come in from many different directions, and that's what I think. So probably why you've been successful is that you're not approaching, this is, Oh.

We're just going to we're just going to treat, you know, with with, with a race not just about using the race alone, but you really looking for all the supporting, supporting pieces here.

So when you're, when you've done the, the genetic testing, you you've at this point you're using, one particular

system. Well, we, we could use any genetic test.

We, we have what that we had to use because it gives us the most snips. Okay. But then we put it into our formulation of, you know, the most important steps to look at.

So of course, we're looking at, you know, daily cancer. We're looking at, okay, genes and tumor suppressor genes. But you have to look at yeah. You want to look at methylation.

You want to look at all the different metabolic pathways as many that you can. Because again I just think that if you you know, the farther away you stand, the bigger picture you can see.

So you want to be able to take as big a picture as possible to really assess what's going on. And tried to put out as many fires as possible to get healing to take place, because usually with a with a complex case like somebody has cancer, there's a lot going on.

You know, the cancer just didn't start go growing for no reason. There's a cause. And the reason why it wasn't put out, there's causes to that too. So you want to deal with as many of those as possible so that you give that person body the best ability to, to knock it down, because it's the immune system that's got to do the work.

Yeah. Well, I was just wondering if you had, you know, because what, what we sometimes try to do is give people options because as, our, our viewers are old are people often who've been, on this path for a while, you know, they're, they're not necessarily newbies because they're, they're, they've been often ill or have family members who've been ill.

And, so they're just any just so particular, you know, labs that you like. I don't mind mentioning names. It's fine. You know, you said that or or, or supplements that you found, particularly helpful.

No, there's not a I guess I wouldn't pull out any specific labs. The, you know, there's lots that I like, but for for practice and taking care of cancer patients, it's more specific to our Christology testing as far as dealing with the cause and working with that.

Yeah, I do have my favorite nutraceuticals, though, in, like, my book, Stop Fighting Cancer, there's probably 100 different cancer killing nutraceutical.

One of our big things is that, taking too many things could be a bad thing, right? Okay, so tell us more about that, because I really have seen that. Well, we see we see patients that, like you said, who have done their own investigation and they've been dealing with cancer for maybe a couple of years.

And, and, it's their call us because they're not doing well usually. And very times they're taking a whole boatload of different supplements. Because, you know, they're odd, you know, contacted them or they heard they had cancer.

They said, my brothers, sisters, Fred's wife used this and I'll said, you so, but, you know, these things add up and, it it becomes overwhelming. You're like drinking from a firehose.

That's the patient trying to figure out what to do, and you're scared. So you just. Ted, some people tend to just try to do everything, and that could in itself overwhelm the liver, because anything that you consume, that you absorb has to be detoxed.

It has to go through your liver.

Autonomic Nervous System and Vagus Support

If your tissues and your cells can't utilize it, you could you could overwhelm the liver by trying to do good things. So even good products. Okay. Well, this could be, is a product that can kill cancer, but is it going to work for me?

And if I take it sick? But I heard Hoxie was good, too. So you take that. And I heard Protocell was good. That's good. I got to take care of it. And I got to take this, and I take that at your, though, you know, 30 different things.

You might not even be of the thing that is actually going to work for your cancer. And, you could just be making yourself worse. Honestly. So you want to be as specific as possible so that A, you can take as few things as possible and be, you're going to you're going to basically be more laser focused in what your body needs, the specific military that's going to be the best thing, to help knock that down.

Yeah. Now, I used to call that the shopping bag side when people with two shopping bags full of supplements and that's like, I think, yeah, you know, because everything sounds like a good idea when you when you read it, it's always good.

Too much is not good. And so when you use kinesiology quite a bit to help me do that down, we do. Yeah. We try to get as specific as possible. We try to keep people at as few supplements as possible.

And sometimes one of the more difficult things we have is trying to divorce people from the from the, you know, dozens of things that they're taking. And we never want to interrupt if the person feels like they really need to take this drug, even though it doesn't test well.

Well, that by all means, you know, trust what God's telling you. But we we we want to be as specific as possible. So you're not taking too much stuff.

And I think that that that's a, a very wise, you know, point in there is, is that, you know, when somebody has a deep intuition, it's good to listen, but when it's because your cousin told you to take it, maybe you should listen to the doctor.

Right. And a lot of people, if they're taking it out of fear. So that's never a good thing to do with anything is to be motivated that way. But I get it.

I understand, but we have to overcome that. Yeah, yeah, yeah. Hope. Hope is a better. It is a much better driver of the immune system. Yes for sure. Yeah.

Because fear does tend to, you know, keep that sympathetic drive going. That's exactly what it does. Yeah, yeah, yeah, yeah. So, we're just getting back a little bit to.

Is there any particular, detox mode that that comes up for you when you feel it's more micro toxin driven or, that that's not a bigger. I mean, I don't know how big of a part that is in in your world.

Well, the the beauty of using the rife is that the rife really is it is any tool that you're using, you want to use it appropriately. So, you know, use a hammer to screw in a screw, you know, use a knife to pull out heavy metals.

That's not what it's for. But the rife will help your body kill. You know, your cancer cells. And it will also help kill any other bio toxins. That's what it works best.

So, where that bio toxin is a cause or a piece of the cause? Any type of bio toxin, whether it be Boulder, a Lyme disease or a bacteria or a virus, that's where the Rif really shines, too, because you could program that person's program for the bio toxin that comes up as well.

And that it's really supporting those pathways. You gotta support those pathways. So if you are actually killing, above all their, or a bacteria that, is going to produce endotoxins, that you have to be able to get those things out of the body.

And that's where the detox pathway support is so important. Yeah, yeah. You know, that that that's so true. I you one of the most disappointing things that people see, people who get really good therapies.

But because they didn't get the appropriate detox support, they give up on the therapy because it just made them sicker. And right now, I always like to let people know if it made you sicker.

And it's not really an overt toxin, you should take another look. It might just have been pushing you too far for where your body was at at that moment.

Well, you really look at why did you get sick in the first place? Well, I was, you know, I was exposed to all these toxins. Well, why did your body not get rid of them?

Yeah, you could have an off and do over well by our liver, and we're toxic fired ourself because where we can't detox at the rate that we're poisoning ourselves.

So that you have to go back to fix that problem. So it's not so much. We gotta hope. We need to pull that. I need to do killer therapy and pull that toxin out of my body.

Really? If you just started, you know, open it up. Those the dam in the river. Your body will pull will release that, you know, heavy metal, and you'll be able to get rid of it.

Yeah. That that that I. Okay, I'm gonna just. What's that word? The young. Well, unpack that. Yes, I can say a little because then I think is a really important point that so many people are hyper focused on, like, I have to get the right key later in there, and you're opening up the.

I think the more important part is how about looking about why that wasn't leaving in the first place? So what more you can add to that to get people to really understand that concept a little better?

Well, I think sometimes that this is the way my brain works is try to put it in a cartoon form again. So if you think of your whole detox pathway from from the cell to the toilet as a, as a river, if you have a blockage somewhere, you have to get rid of that blockage.

Because where that there stays is that you're going to have sickness. So you, you have to open up that blockage and you got to start down the street. So you got to start at the end and then move your wet move your way up to remove those blocks to get that flow.

Start starting to move. And again, if you, if you don't do that and it's like you're so fixated on, I got to get rid of this poison because I did this heavy metal test tear analysis or whatever you did.

And it showed how you mercury. So I get I get I need to start to instillation and start pulling this out of my body. It's like, you know, you're making a mistake right there.

You have to open up that stream. And again, many times you don't need to use it later at all. Your body will flush that once you start opening it up. That stream.

I like using your analogy. It's like a little bit key in that, in that, story is almost like getting a bigger barge and you've, you've got a blockage.

And so are you that barge stuck. Yeah. Yeah. That's that's a very nice way to put it that I like that. Yeah. I think that's very helpful because yeah, it's our, kind of our linear approach to thinking about disease is often if you have a problem, just, you just have to take it out, but you forget that there's pathways that should have been opened.

They shouldn't have been there in the first place. Because, you know, we weren't living next to a toxic dump. You didn't get more exposure than most of the people around you.

Testing, Genetics, and Personalized Protocols

So think what's happening differently in your system that has caused this toxic. Toxic. Yeah. Exactly. Filled up.

Yeah. Yeah. No. That is I love I really appreciate the way you think about, you know, medicine and toxicology, but just, you know, as you say, that the way of the way of healing, how the body works, you know, the the chiropractic, I always appreciated the just the, the, the, the alive model, you know, medicine often has a very good model.

Yes. Yeah. We forget. We forget. So, Yeah. So a in your in your approach. I mean, I know that at this point you've, you said you have you really focused just you've gotten well known enough that cancer patients are the people that you focus on.

You just don't really have time for, for other things anymore. But, when you were treating, people with, you know, things like chronic Lyme disease and issues, you're was there anything that was significantly different in your approach or.

Oh, there's a lot of things different, for sure. You'd what are the things that you have to be really careful. And this is a huge mistake we see in the Lyme community is, they they want to kill this bug, this bacteria.

We want it to die. The problem is, is that, again, like we said, if you kill too fast, you make yourself very sick. And, because you will produce poisons by killing a bacteria that has lipopolysaccharide in the cell membrane.

So, we would use either. Right. If you could kill too quick and you could, you know, said that person had been hurt so very actually really fast. So you gotta go.

You got to go slow. Everything you do needs to be slow. And that would with a lot of Michael toxin disease, and Lyme disease and other viral issues. You could have issues as if it crosses the blood brain barrier.

Now you have a whole other treatment set that you have to deal with in dealing with, primed micro glial cells that, causes pro-inflammatory cytokines in the brain.

So that's a whole other issue that you could actually, even worse, develop antibodies to the tissue and that you're at a you're in a bigger pickle. So you have to be dealing with that and call me that.

Fire down in the brain as well. While you're working to detox pathways and while you're slowly killing, Lyme disease, it's that is a long process for a lot of these people.

So a lot of people with chronic Lyme that have had it for years and have a lot of brain fog and upper motor neuron issues, have, these specific cells in the brain, the micro glial cells can become what are comprised, and they're in this M1 prime state that are just spewing out inflammation that causes just more issues.

So these are people that have a hard time getting out of bed at hard time working, very ill people that, you need to call back out first. And there's a process of doing that.

And yeah, that that process would be a fascinating talk, but I don't know if we have time to go through that. But I mean, that's yeah, you've uncovered, a really important topic that is, is the, Once the blood, once you have enough inflammation, that blood brain barrier is already a little porous.

And, and the brain is already activated. And so you really have to be careful with what you're doing. And as you say, trying to, create a lot of inflammation in the desire to get rid of the bacteria may not be your best, your best approach.

And that's, that's that's something that the, you know, and I've talked about this often in this series because, there is a percentage of people that you can do what I call go through the front door, you know, you can just you can give them maybe they've been sick for 2 or 3 years.

You can give them I. V. antibiotics, and they really do get better. But there is a bigger percentage of people if they've been sick for a longer than that, that you do that and you make them very, very, very sick.

Okay. Let's you hit a, you hit a right away. Because if you do cause inflammation in the body, those pro-inflammatory cytokines do cross the blood brain barrier.

Even a healthy blood brain barrier. And they're going to stimulate more inflammation in the brain. And that's where you really have those those internal symptoms that you see that, you know, people like with chronic Lyme, they're like, oh my dear, my right knee was just killing me.

I could hardly walk on it yesterday. And no, today it's just fine looking. But now my left elbow is just really bothering me and it's like it, you know, we tend to think again linearly, like you said, and we think well off.

I have knee pain. The problem is it might be lower than if I have elbow pain. And the problem is at my elbow, we forget that.

Avoiding Over-Treatment and Supporting Recovery

What controls the knee ultimately where is the sensory input going into from the D or the elbow. It's going up to my parietal lobe of my brain on the opposite side of the extremity.

So inflammation in the parietal lobe is good or cause pain or sensory issues at that part of the what's called the homunculus, to that body part. So if I have inflammation in my right parietal lobe that is at the spot neurologically of my V, I going to have paid or sensory issues, and my left, and we think it's on the left, but the inflammation is actually in my right brain alone.

So call me down. That inflammation in the brain is key to dealing with these patients. And there's ways neurologically we can help with that. There's ways, chemically that we could help with that, with, specific nutrients that can do that.

Yeah. You know, and that is something that I think people have to remember that, it's so important to make sure that the inflammation in the brain is being addressed before you go gangbusters on anything else, because you will be you will be very disappointed.

You know, and but also just being one of the things is that, that the migrating joint pain of these inflammatory illnesses is a big tip off. You know, I mean, that's that's when you, you know, people often wonder, do I have rheumatoid arthritis?

Well, that can develop. But when you get to joint pain that moves around, you know, that's not what it is. That's not what it is. Yeah. You know, I think that's that's so important.

Well I would I'd love to get some more drag out more details from you. And maybe next week, maybe we'll do this again and we'll, we'll be able to get details on and work on your techniques because they, they really sound interesting.

I just want to I think it's been a fascinating, insight to just how you think. And I think it's the way, that people who treat chronic illnesses of all kinds should be thinking because it's, I think it's very insightful.

So thank you for your time. I really appreciate it. It was a pleasure. And, and I hope we we will have, some, references to your, to your blogs and to your websites so people can get some more information about how you work and, in touch with you.

Absolutely. Yeah. You know, I've written, I don't know, ten books. They're all free download on our website. So, if you're selling anything I have, I don't know, 600 blogs and several other videos out there.

So utilize we tell people, just utilize our website. I just feel like when when I've been give it information or learned something, I try to make it, more easily understandable and, try to teach that to other people.

And I just feel like it's my job to give that away for free. So utilize that information to to help empower yourself to be able to treat yourself or to help your current practitioner, encourage people to do that.

Well, I thank you so much. I think it's a pleasure to talk to you. And, I, I'm just so glad that you're out there in the world. I mean, doing the work that you're doing, because not many people are, you know, willing to put it all out for, alternative treatments for cancer patients.

So thank you. Thank you. You bet. Thank you. Blessings. A pleasure to meet you. Okay. Bye bye. Bye bye. We just, Oops.