Type 2 Diabetes And Cancer Connection Unveiled Transcript

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Introduction and Speaker Background

Hi, everyone. Welcome to the Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND It's my distinct honor and privilege to welcome Dr.

Kevin Conners to our reversing Type 2 diabetes Summit. He is the clinic director at Conners Clinic in alternative cancer coaching center. He graduated with his doctorate from Northwestern Health Sciences University in 1986 and has been studying alternative cancer care for over 25 years.

He also holds AMA fellowships and board certifications in anti-aging medicine, regenerative and functional medicine. Botanical medicine is board certified and integral to cancer therapy.

Dr. Conners, welcome to the summit. Thank you for having me. It's a pleasure to be here. I'm really happy to talk to you because I think that there's a lot of perhaps misperception or lack of really good, credible information that people can have around the connections between type 2 diabetes, blood sugar, regulation and cancer.

There's, I think, a perception in the general public often that these things are unrelated. But we know behind the scenes is as health and medical professionals that they can very much be related.

So could you explain for us what are some of the specific difficulties that a patient with diabetes might face in combating and fighting cancer? How does the presence of the blood sugar dysregulation of diabetes alter that standard treatment approach?

Well, you know, there's a lot of different co-morbidities that go along with everybody with cancer, because as as we all know, that when you're dealing with metabolic disorders, it's never just one thing.

So a person does it just you have diabetes, follow them and know they have diabetes. It's because of lifestyle choices. It influences their environment that got them to the position.

It's the same thing with cancer. So most people have co-morbidities with these disorders because they all tie back to lifestyle and all tie back to environment so there's there's there's issues that you have to deal with when you have a patient where I have a patient that comes a cancer, it's not uncommon that they have other co-morbidities, and diabetes is certainly one of them.

This totally makes sense, right? There's usually more than one thing going on. And even if someone has the perception that it just happened, often the wheels were set in motion years, if not decades in advance.

Well, exactly. Exactly that.

Diabetes, Cancer, and Shared Risk Factors

But people think that there's you know, I remember what genetics was just at the forefront did a couple of decades ago, where they thought that we're going to find that this the reason for every disease and also the solution to every disease, because somebody has this one gene defective that's causing this disease.

Of course, it did happen that way. It always falls back to diet, the lifestyle environment when it comes to any of these chronic disorders. There is a pill to fix it or a genetic correction to fix it.

It's it's a combination of a multitude of facets that we need to address. Right. Right. And I can understand that people really want an easy fix and a clear, simple answer.

But life is not like that. It certainly isn't. All right, cool. So now with that in mind, what is a strategy for targeting a cancer's fuel supply? This is something I'm not convinced that the general public and frankly, some health and medical professionals I don't think are clear on this either.

What's the strategy for targeting a cancer cells? Cancer as a entity, it's fuel supply particularly crucial for diabetic patients. Can you explain that metabolic dance, that interplay between the diabetes and cancer that makes this approach, this really specific approach vital?

Well, this is something that used, like you said, that most ecologists don't even address. I've had patients that come to me and said, my ecologists told me I could just eat anything because cancer has no ties to our diet whatsoever.

I think that's absolutely foolish. I don't also believe that it's solely our diet that causes disease. There's other environmental factors as well, but we have to address that.

Cancer is are old cells. So so they got it to a cell. Could have been a chemical, a toxin or an infection of some sort that affected the nucleus of the cell.

And that's how a cell replicates. And what cancer is, is are old cells going through a rapid replication or they're replicating cells that are in rapid replication.

That is the definition of cancer. Are old cells going to a rapid replication? Well, that's a highly metabolic activity in itself, that replication process that's going to produce a lot of waste, that's going to require a lot of fuel.

So cancer cells need to be fueled, all our cells need to be fueled. We need fuel in order to run this enormous metropolis of activity that takes place within each of our cells and most commonly we are using glucose as a fuel that goes through in our mitochondria that produce ATP goes through glycolysis, so that the Krebs cycle to make energy for the fuel to do all it's to for the cell to do all its operations.

Well a cancer cell in a state of rapid and rapid replication is just gobbling fuel. So since glucose is a made source of fuel, it's not the only source of fuel for a cancer cell, but it's a main source of fuel.

A person with diabetes has an increased risk of developing cancer because they have that increased glucose that circulate into the bloodstream, into the tissues.

The possible role as a possible fuel source for developing cancers. So remember, I said cancer is something got inside one cell and it's in a state of rapid replication.

Well, this is taking place in our bodies all the time. If you never had a diagnosis of cancer, the truth is, is you've had cancer hundreds of thousands of times and your immune system was able to take care of it and kill that cancer cell.

And you never got a diagnosis of cancer. That's that's what we work to take place, but it's where the cancer has the body to fuel.

Cancer Fuel Supply and Glucose Metabolism

And, you know, the immune system may be suppressed for a period of time and there may be a cascade of other things taking place that that cancer has the ability to kind of, you know, withstand an attack.

And survive and continue to grow and continue to get larger, continue to get larger. Remember, it has to be over 3 billion cells large to be able to detect the cascade. So that replication that take place for a period of time and with a person having, you know, a precursor of diabetes, there is that abundance of glucose for cancer to be fueled and statistics have proved time and time again that people with a diabetic diagnosis, you know, have I think it's the statistics are twice the chance of having pancreatic cancer, twice the chance of having liver cancer at an increased risk for for most cancers of all the colorectal cancers.

So it does increase our risk. And the biggest reason is that fuel supply, that fuel source. So if we look at a patient with cancer, regardless of their comorbidity, whether they have diabetes or not, we have to look at how could we how could we cut off that fuel source?

Because if a cancer cells can't be fuel or have to scrounge for another source of fuel, that's the type where you have more vulnerable to be killed. So it's even more important for a diabetic with cancer to to decrease their blood glucose levels as best as possible.

And certainly regardless whether you have cancer or not, it's vital that fuel source and cutting off that fuel source is so important to beating cancer.

This makes sense because we know that those cancer cells do have a preference for their kind of fuel. They absolutely love blood sugar, they love glucose, and they proliferate with it.

So you don't want to keep adding fuel to that fire, that's for sure. You know, there's other fuel sources with cancer as well the amino acids. Cancer could be fueled through that pathway, but it's primarily the glycolysis, the glucose pathway with with the person with diabetes.

So good to know. It's important because as you said at the very beginning, typically in the world of oncology, no one tells people who have cancer about how this is working and what other things they can do to help their situation.

All right. So then can you describe for us what are ideal methods of managing a cancer patient who also has type 2 diabetes? What adjustments to these conventional treatment plans might be needed in order to account for their diabetic condition?

Well, it with any patient, regardless of whether they have diabetes or not, it's best to try to get their blood glucose down to a reasonable range at a reasonable rate for a cancer patient is really below 80.

You know, horrible for a non cancer patient is anywhere between 75 to 95. But really with a cancer patient, we want it even lower. Is that the fasting blood sugar or is that a different.

That's yes, always fasting. So with a diabetic patients, that's much more difficult because they you know, with diabetes stay baby on insulin and their normal blood sugar of fasting might be well still well over 125.

Well that's that makes it more difficult to manage because you always have that fuel source there. So there's there's you know, other due nutraceuticals that you could use that could hopefully grab onto that glucose and slow glycolysis.

So we do specific testing, what's going to be best for that person, but it makes it a more difficult case for sure. And you're having to balance. You don't want that person to get into a state because they've managed diabetes for so long.

They get into a state of hypoglycemia, which they may experience hypoglycemia symptoms even at a at a higher fasting blood glucose because of their diabetes, they're not able to get the glucose into the cell.

So it's it makes it a more difficult case and you have to stay on top of it with this. These people need to have a glucometer at home. They need to be getting CBCs at a more regular basis.

Totally makes sense because that information, that data will really, really help. It's hard to do this without that information. Yeah. Yes, you have to The person has to be willing to be on top of that advantage.

That end, we run into some diabetic patients that are just so good at that they've learned how to manage their blood sugar and they're just very responsible in that way.

And those are the patients that are best to work with because, you know, they'll adhere to a protocol. That makes complete sense because they're absolutely invested in it and understand how all of this is working.

And if this is new to someone, I can imagine that they might be feeling emotionally very overwhelmed because that's a lot to handle all at once. It is also like to use it with patients like that you're dealing with.

When we're talking about glucose, we're talking about blood chemistry. You're really talking about that, the chemistry of what's going on. The cancer has a fuel source.

It's using a chemistry. But there's there's other things that we want to address when you're dealing with that you have to attack, whether you're dealing with cancer, especially with somebody with diabetes, and that's the neurology of it.

So working on the parasympathetic nervous system is going to be even more important with those with diabetes. ED using what we use a lot, what's called frequency better.

So we use rife technology with frequencies to help attack the cancer. You have to get more aggressive with that. What? It's more difficult to cut off the fuel source.

It makes sense, right?

Managing Cancer Patients with Type 2 Diabetes

Make it or rather take advantage of every tool in your arsenal, whatever resources you may have to change the game so that the cancer cells are not in an environment where they can thrive.

Right in that. Okay, so let's look at this from another angle. When someone has both diagnosis of cancer and diabetes, how does this impact their prognosis?

Are there lifestyle modifications that are particularly beneficial, beneficial for people who are dealing with both of these conditions? Well, I have patients that come to me that don't have diabetes and are willing to change their diet and willing to take supplements and follow their protocols, and they tend to do quite well.

And I have patients that come to me that don't have diabetes, both commonly. These are male patients that are like, Hey, I changed my diet. You know, I got to do change.

I'm not going to take a bunch of supplements. I'll use the right machine and I'll do frequencies. That's really easy that they still do well. But if you have the clarity of of diabetes, you have to be a you have to be willing to do those dietary changes.

You have to be willing to use nutraceuticals. There's just you just cannot do it with just frequency. Better said, you have to be willing to make as many changes and hit as many facets of this disease as possible.

That makes sense. You got to change the terrain, change the game and make it so it's not an advantageous environment for the cancer cells to proliferate.

And I can totally understand if somebody comes and they're like, Well, I'll do this one thing, but I won't do the other. It's almost like it invokes the little kid in us because sometimes people rebel against the very thing they need that will make them well.

How do you approach the patient who is like, you know, he just said, I can almost picture it like their arms are crossed. Like, okay, I'll just do that, but I won't do this.

Well, we we get that in a lot of times it's the family members, the daughters that really want the dad to get better and that that the dad doesn't want to get better, but he's kind of people, you know, as we age, we all kind of get

stuck in a rut and we don't really know what we hear.

A cancer diagnosis. Sometimes we're motivated to make changes because we're scared. But that kid weighed off after a period of time and you could fall back into poor diets.

And it's it's hard to take that joy out of people's lives where they feel like that's their only joy is their food. And we tried not to do that. So if we do have a patient that is crossing their arm to say, I won't do that, we try to beat them where they're at and be more realist.

I'm not the kind of practitioner that says, you know, you have to do it this way. You're not going to get results. They believe that God has indicated all things that and that he can feel the through through whatever.

And Ed, we got to we got to work with the patients as much as possible. But if they do have diabetes, they try to really enforce out of them that, you know, you have a major fuel source that is not cut off to this, this kids are.

And if the more you can do with it with tried to put the hatchet to that to that gasoline to the to the to the flavor, the better off they're going to be.

And if I could explain it in a way that they can understand that, then they could be a bit maybe more motivated to make some changes. We also try to work with them to give them substitutions, because I do know that, you know, food is you know, is is part of our IT.

When a person says, well, okay, I go out with my buddies, you know, twice a week and we go to this restaurant, there's nothing good for me to eat. If I could give them solutions to alternatives that they could still have that food, it could build relationships and such.

So they can still have those relationships and still have the joy of their life that that I think that I think that's important to so because part of healing is changing bodies.

Body chemistry, part of healing is working a body neurology part of healing is is working out frequencies. And that could make a difference in a person's life.

But a part of healing is their emotions that change their physiology as well. So we have to be careful not to be so critical as practitioners that we're going to make people feel guilty if they veer from their protocol, whether it be diet or whatever, with to enjoy their family.

So there's a balance there. I'm so glad that you brought that up, because I think that one of the things people are really afraid of is that they will have everything stripped from them that is familiar and comforting.

And for many people they're just like, that's just too much. I'm overwhelmed. And so then they don't reach for anything that will be healthy.

Lifestyle Changes, Motivation, and Patient Readiness

And, you know, we're well aware of the the concerns, the social concerns, spiritual concerns, emotional concerns when someone has either diagnosis, whether it's cancer or diabetes, and if they got both, they might feel particularly besieged.

Are there any particular insights that you can share that might help someone bridge that moment and get into a headspace where they can feel like, okay, I can.

I'll take this, like you said, meet them where they're at and we'll do this piece by piece. What what are the things that you do to encourage people on that path?

Well, I like what you just said. We always, you know, as you said piece by piece, I use the term let's go step by

step. Let's take one step at a time.

And that's that's that's feel like we could be comfortable with. That step will go the next step. So we typically don't use real radical diets that people are putting people at a ketogenic diet.

I mean, let's be real. There's a percentage of the people in the population that would do fine on that and they'd be motivated to stay on it. But the great percentage of people that walk at the body office certainly would not be aware.

Okay, with that. This is the way they're going to follow that. So it it to me it's it's that's not how is necessary. Can we get your blood sugar down by hey, let's just let's tweak this or tweak this or tweak this so let's exchange this for this so they can still have some sweet things that maybe they're sweetened to the different way they can accept that.

And that's about just going baby steps through this process. They didn't get cancer or they didn't get diabetes overnight. You know, it took years to develop.

So let's take let's be okay with it, taking years to develop. Let's unwind this this web slow Lee in a way that they'll stick to it. Otherwise, you know, I have people that come from other practitioners that, oh, this person want to be to do this or this.

There is just no way my dad was going to do that, you know? So it's like, okay, well, let's not go so fast. Like you said, people, you know, they choke on something that that is too much for them to swallow.

Let's take it a little by. It's little steps and it just is more easy to digest it. They'll follow through with it. But to me, if a person does a little bit of a good thing that's better that that they'll throw out the whole thing.

So even if they, you know, you know, there's supposed to be dead in six months from their cancer, they lived a year and a half. Hey, they live the next year. Year, Maybe if they would have done all these things, they will live the next year, three years.

But they were willing to do that. That's okay. I it just that to be okay with it. I mean, some of the struggles talking to the family members like a daughter that dragged the body.

It's like you got to be okay with what your body is willing to do and that's sometimes an education process for the for the children to be okay with the choices that their parents make.

Absolutely. Boy, oh, boy. I can just think of the people that I've seen over the years. You know, you and I are both long term experienced clinicians, right?

I'm 30 plus years into it and sometimes the family dynamics are such that exactly as you said, the family doesn't want to accept whatever the process is that the person who has the problem wants to follow and boy, that can that can add a whole nother element that often it from a healing point of view is not helpful because the person has the problem really needs to be the one who's in charge, right?

Yes, for sure. Yeah. You can't make their choice ultimately. So. Yeah. Yeah. And they literally are the one who has to live with it. Okay, so what are some of the swaps that you might suggest?

What are some of the most common things you see people struggling with and then swaps that you offer so they can start bridging this? Well, it is swaps that from a dietary standpoint, are are typically sugar.

So, you know, people typically that have kids or if you have diabetes, you have a sweet tooth that's that goes along with it. So some swaps are easy with that.

You could use different sugar substitutes. We don't use natural chemical sugar substitutes, but stevia that even go to all natural a more a sugar that will break down more slowly like honey or maple sirup is better that usually just

table sugar.

So that will give them some different swaps If they have a family member that lives with them that does some cooking or baking, that's even better because you can start baking with with the eggs.

That makes things taste very sweet, but they have very low carb codes and very low sugar count. There's a lot of great recipes out there. So it's in the day and age that we live in now where you could Google these things.

It's real easy to find good recipes for a diabetic slash cancer patient that is not going to spike their blood glucose levels that some of the other substitutes are with.

You know, the just charge their fats, how they're eating good fats. And so the bad fats, there's a lot of knowledge about that out there. So that's not as difficult of an issue that we deal with anymore with it.

Maybe a number of years ago we did that added shady, just giving swaps of lifestyle changes. Like I said, whether I go to this restaurant, there's nothing good or that bad.

You what can you just change to a different restaurant that might have a healthier menu? Is your wife a really good cook? Oh, she's a great cook. Could she give you a lunch to bring with to the restaurant so you can still enjoy that time with your buddies?

But you're going to eat a good lunch? That seems to be a common thing that we run into. So things like that. And then swaps with nutritional swaps. So people will be like, I'm not very good at swallowing pills.

I could take a lot of pills, but we try to swap out some liquid things, try to make it into some smoothie type things, try to make it so they'll so that they'll comply.

So it makes it easy to comply, easy to do and just come right out, ask people, are you willing to do this?

Common Misconceptions and Finding Reliable Guidance

Well, yeah. Okay. That's not a full. Yes. Okay, let's go slower. Maybe take a step back and make sure you get, you know, an approval on their part that that's something that they're willing to do or that the family members are willing to help them with.

So, you know, you want your mom to be doing this. You live two miles away. Are you willing to come over and help her on a regular basis so you get some participation so that there's that bigger point in going out of the family, There's more participation in the person overall health.

And I think that could could be a benefit in a lot more ways than just that preparation. It could be an emotional benefit as well. Yeah, that totally makes sense.

You know, having that community spirit and being able to call people into that mode of cooperation and what's realistic for their commitments, particularly when it's family members where they may be a lot longer history of interaction than necessarily with friends or colleagues Sometimes this is a very rich, very positive moment.

Sometimes it's a difficult moment, right. So all of these things come to the fore, no question. In this situation. Yeah, I think it's good for listeners to understand.

I mean, maybe a lot of people listening to this just have diabetes. They don't have a diagnosis of cancer, but just go see that the increased risk of developing kids or having a diabetic diagnosis or a pre-diabetic type of diagnosis, you know, you never want to use fear tactics.

But but knowing some facts can be helpful in motivation that can help motivate us to to stay on track with our with our protocol for diabetes as well.

Absolutely. It's all going to head to a good place. We're just trying to unleash or harness the body's healing potential by removing root causes or interfering factors.

I think that's really what that's about. Yeah. All right. So are there any communist perceptions you feel that other health professionals might have when it comes to this?

Because we know that in the case of cancer or diabetes and then specifically what we're talking about, cancer and diabetes. Now there are multiple, so to speak, cooks in the soup.

There's usually multiple health and medical professionals involved have you seen anything that is a common misunderstanding or misperception from our professional colleagues that needs to be addressed?

Well, I think the most common thing that we see with kids or is is I call it what I mentioned before, oncolologist not understanding the dietary factors of cancer.

And, you know, I've had patients take pictures of I said the photos of the refrigerator at the oncolologist office while they're doing chemo. They're told to go get a drink or grab a snack and it's filled with Jell-O and put heated and soda pop.

And it's like it's they're like, are you the patient? Is are you kidding me? This is what they're feeding the people with cancer while they're doing chemotherapy.

So there's a lot of misunderstandings, of standards of care, medical, community with diet and cancer, for sure. I can't tell you how many people have told me that.

Their oncolologist told them that they could eat anything they want, that makes no difference. And that I would say probably diabetes do that. We don't get any instruction with diet at all.

My father had diabetes diagnosed in his late fifties and initially went to a practitioner friend of mine. I was still at school at the time and changed his diet completely.

His blood sugar went back to normal. He was doing great, went back to his medical doctor at the medical doctor said, Oh, that's not sense. You don't have to do that here.

Just take this medication we have. And sure enough, the medication would keep his blood sugar at the bill range. But of course, you know, there was a defect in the blood sugar and the tissues damaged his kidneys.

He ended up dying of kidney failure and heart disease and, you know, years later. But he but he never managed his diabetes correctly. So never, you know, adhered to any sort of a diet whatsoever just to do what.

So I guess that was the choice. He made it. I had to just accept that choice, like I tell family members of patients, but that he made that choice because he was give it rugged probation from his medical doctor visit probation.

So you talk about there's a lot of misinformation out there and it's leading people astray. Edits when you're talking about cancer or it's leading to their demise because it's lead or early death.

So I know people have to make their own decisions. There's certainly a lot of information out there. But but there's a lot of misinformation by professionals that is sorry to a lot of people.

This makes all the difference. And this is part of what motivates us. Doing these online summits is to give people quality, credible information from experts who are in the trenches, who are actually helping people and who know what makes the difference, what are the important distinction so that people can reclaim their health and understand what are the pieces along the way that they're going to make the biggest difference.

So I thank you for sharing that story. We know that there are different points in our training as professionals. We

learn different things and sometimes if our training never includes anything on, say, something like nutrition, we just don't even know what we're missing.

And so we do you know, we could run the risk of in this case, like you were saying, example, completely misinforming someone. And they're relying on someone for real info and they're not getting it.

Yeah, that's very true. So you do need to see patients need to be wise enough to seek their experts and know that there is wisdom to both to those influencers of their life that they need to seek proper advice from people who are practicing the different ways. So yeah. Yeah, definitely.

All right. So, Dr. Conners, if people would like to learn more about you and your work, where can they find you? They can go to our Website. Conners clinic, connersclinic.com.

We have multiple courses that people can take. They can make an appointment with me however they need to move forward. All of our information is outlined and all of our visits are our guide.

So we see people from all over the world literally. So yeah, try to help people one person at a time. All right, Great. Thank you so much for partnering with mehere on this Reversing Type 2 diabetes summit in online format so we can reach people from all over the world.

Friends, as you listen to all of our episodes, please, as you hear things and think about it, share this with other people that you know they care about their health, maybe have a health concern that's being addressed in a particular episode such as this and take notes as you go along so that you can benefit from all of the generous sharing that our various experts have put into this summit.

You know, my own personal mission around reaching 3 million people and making a difference in stemming the tide, the unnecessarily in my point of view, rising tide of people with type 2 diabetes and pre-diabetes.

So thank you, Dr. Conners, for your insights and your wisdom. We appreciate you. Bye bye. The.