Introduction to Hope4Cancer

Welcome to the Fasting and Longevity Summit. I'm your host, Dr. David Jockers. And today I have the great honor of interviewing Dr. Tony Jimenez. He is the bestselling author of the book Hope for Cancer Seven Principles to Remove Fear and Empower Your Healing Journey.

And for over 25 years, Dr. Tony Jimenez has dedicated his life to the study, clinical research and implementation of nontoxic and integrative strategies to treat cancer, chronic infections and immune disorders.

Today, he is one of the most trusted voices in the world of integrative cancer therapy. Dr. Jimenez is the founder and chief medical officer of the world renowned Hope4Cancer Treatment Centers, a leading name in integrative oncology with two first class locations in Tijuana and Cancun, Mexico.

My wife and I visited the Hope4Cancer in Mexico. Just an amazing place. They do amazing work there, incredible clinical results. We referred patients there and everybody raves about it.

They do prayer and worship with all the clients that come in every morning and just really pioneering a number of different therapies. Just an incredible, incredible clinic and great results.

And so definitely check them out. Hope four, the number 4, cancer dot com (hope4cancer.com) And without further ado, let's go into this interview. Well, Dr.

Tony Jimenez, always great to connect with you. Your family friend and somebody that I really look up to in the natural health space. And so I know my audience would be interested, you know, with all your experience and everything that you've done with Hope4Cancer and really understanding how you even got into nontoxic and integrative strategies to treat cancer.

Dr. Jimenez's Path to Integrative Oncology

Yeah, thank you, Dr. Jockers, for having me. And so always an honor to see you. And bless your viewers. I know you have a far reach and I would encourage everyone to share this work that you're doing because it's so vitally important, especially now in 2023.

And what's to come more and more than ever? We need to be proactive in our health. And and that's what happened to me, how I had to be proactive with my father, who lived in Houston, Texas, gave me a call.

I was already a physician. I was in the surgical world. And he says, son, I was diagnosed with prostate cancer. I didn't tell you because I didn't want you to worry.

But I went through a prestigious hospital in Houston and I got a shot of a hormone blocker for the prostate cancer. And all this just I've never felt this sick in my life.

And I can I can do this and work further. They want me to do this, so can you help me? And I'm like, oh, my goodness, this is my battle with prostate cancer would have imagined.

And then that shifted my career to focusing on integrative oncology and not surgery. And thankfully, my dad at that time, he was the result of the sixties, which is my age now, and he lived to be 83 and he passed away from old age and heart disease.

So the prostate cancer was resolved. It was cured because was far beyond the five years with conventional medicines. That is where you can say someone is cured.

So that was a personal experience that was directly influenced my path. However, Dr. Jockers who as important and maybe more important again in the Houston area, I went to a church randomly and I was the there was a guest minister there and she prophesies over me and she said that I would have a healing center, not in the U. S., where many will come from all over the world to find health and healing.

And it's just been confirmed time after time. And I know of you visited our Cancun center several times and see what's happening there and the power of the mind, the power of the Holy Spirit, the prayer, the worship and all this, and, you know, in addition, of course, to the wonderful therapies.

Yeah, absolutely amazing place. And I'm excited also to dive into some of the research that you guys have been doing with surveys and looking at blood markers for inflammation, vitamin D, things like that, because it's really interesting and I think that our audience will get a lot out of that.

But before we get into that, I want to really jump into this topic of telomeres and how telomeres are connected to aging longevity and cancer. Well, you know, there was a brilliant book a number of years ago called The Telomere Effect by Blackburn and Epel.

They were Blackburn was a Nobel Prize winner for her work on telomeres and really telomeres are at the end of the chromosome they're like the rattles and the rattlesnakes.

As we age, as people develop chronic diseases, including cancer, these telomeres shorten and so the shorter the telomeres, the less our lifespan will be.

And cancer patients without a doubt have shorter telomeres. And, you know, there's a lot to be said about telomeres, but what's important is how we live each day has a profound effect, not just on our health and well-being, but how we age.

And so there are actual things that we can do proactively to look good, feel good and live longer. And because that's what we all want. And what's interesting also is that telomeres are listening.

There are dynamic structures at the end of the chromosomes are listening. So it brings us also to the potential topic of emotions and stress and childhood traumas.

You know, besides nutrition, of course, and exercise and and other habits and toxins that can affect telomeres. So quite an extensive line of work on telomeres.

I, I go to Japan often. I work with some universities and doctors there and they check the telomeres of the white blood cells because the telomeres of the white blood cells serve as a window into telomere length throughout the body.

So about eight months ago I was there and I had my telomeres checked and that number, whatever that range is, it should be one or both. And my number was 1.06, so it's in a good range.

But the doctor said, you know, this could be better, will get better. So I'm doing some therapies and some lifestyle modification that will improve telomere length.

Telomeres, Aging, and Longevity

And that's something that all your viewers should focus on, because in this world, as we just said, that we're living now, you know, there's oxidative stress, there's inflammation, there's insulin resistance, obesity, all these things that are increasing so much leading to shortened telomeres.

Yeah. And so the faster your telomeres shorten the hypothesis is that that is going to shorten your lifespan. And so the more that you can preserve your telomere length, the more longevity, quality of quality of life that you're going to have as you age and your longevity is going to increase.

Exactly. Exactly. And it all starts at the cell level. So oftentimes in my line of work, which is oncology oncologists focus on the organ or the tumor, but that's the end stage result of disease.

We have to go all the way back to the cell level. And at that cell level is when we can make big impacts on those telomere length. Yeah, absolutely. And and what are some of the best strategies?

I mean, we think about it and I it was interesting to hear you say that like the telomeres are listening to our emotions or listening to things. And that's kind of the way I try to explain nutrition.

Nutrition is really information that we're communicating to our body, to the cells of our body based on the food that we're eating and the food that we're not eating, the light that we're being exposed to or the light that we're not being exposed to.

You know. And so all of that, whether we're, you know, eating nutrient rich food, not eating food, you know, fasting, eating inflammatory foods, it's all a form of communication that we're giving to those telomeres.

So that was interesting that you you were talking about that, how they're actually listening to our emotions. And so let's start with, you know, obviously, there's a lot of different things we could do to help improve telomere length.

Let's start with fasting. Has fasting been shown to increase telomere length? Well, we know fasting does a number of things. First of all, it increases autophagy, which is the the breakdown on the killing, the die off of damage, maybe we could say precancerous cell.

And so in my experience, a cancer so is a normal cell that became damaged. And then it had a couple of choices. One was to apoptosis or kill itself, programed cell death.

If it wasn't able to kill itself because it's damaged, then it has the possibility to repair itself. Is that cell couldn't kill itself or apoptosis, it could even repair it.

So then it has no choice but to survive. Right? And so it goes rogue. And that is a cancer cell. And so now we get into that whole story of cancer cells forming primary tumors and then leading to potential metastases.

So the important thing about this is if if we can, through nutrition and other factors like exercise, like release and stress, getting rid of childhood traumas and lengthen those telomeres through fasting, we can do that as well.

We can increase autophagy, too, so that those cells will kill themselves. And we know that in fasting also we have an up regulation or increase of natural healthy stem cells so that the stem cells can help and repair regeneration and renewal of tissue. And you know, this is so important because as cells age, then cells are going to be unhealthy.

And if you add to the inflammation, it's a cascade effect. And then the third thing, major thing that fasting does is that upregulates immune system. And by up regulating your immune system, you decrease inflammation, which is another culprit in this telomere and longevity world.

So it's so important that fasting is incorporated in our lives, whether we have chronic disease or not. But in chronic disease patients, specially the type of patients that we see in cancer, we have to be a little careful because a lot of these patients are in anorexia, they're in sarcopenia, meaning muscle breakdown.

And so at home for cancer, we're very careful of how we recommend for a patient to fast. Yeah because obviously if somebody is in that sarcopenia state they're already extremely catabolic and losing weight and you know, doing some sort of like intensive fasting regimen would be counterproductive.

But obviously also people are coming in that actually need to lose weight to. That's right. That's right. And obesity. I was just reading something that was published out of the UK just before this.

We got on the air here and it was the Cancer Research Association to the UK and they said, how can overweight and obesity cause cancer?

Fasting, Autophagy, and Cancer Therapy

And they talk about fast fat cells, increase inflammation and make extra hormones and growth factors, which then in turn leads to damaged cells and cells dividing more in the body, which increases the chances of having cancer cells develop in, of course, and tumors.

So that's a direct correlation with obesity and the formation of cancer. So it was interesting also that back in 2015 in the journal Cell Metabolism, they did a preclinical data public session where the title is fasting or fasting.

Mimicking diet can separate the effects of chemotherapy of normal versus cancer cells. So basically a patient that is fasting, intermittent fasting preferably and has chemo there, the side effects of the chemo is going to be much less it's going to improve the response of the chemo itself and of course, the long term and overall survival of patients will increase.

And the reason for that is cancer cells are very fragile cells. And when you put them through a fasting state, you know the body too fast and say these cells are going to be hungry and then they're going to open up the receptors, insulin receptors, insulin growth factor one receptor, and they're going to intake the chemo more preferentially than normal cells.

And so also the metabolism of sugar as we know of cancer cells is different than normal cells. So you have a greater impact on cancer cells when someone is fasting during chemotherapy.

And so and hope for cancer, we do chemo very selectively. We call it insulin potentiation therapy. And and we have our patients fast during this time.

And but the good news is for for your viewers and listeners, if they're going to chemo, please talk to their integrative doctor or functional doctor if they can incorporate fasting while they're doing the conventional therapy, because they're going to have better results.

Yeah, for sure. And that insulin potentiated therapy makes it much more specific, especially when you're fasting, because when fast insulin goes down, so now you have low insulin and then you put the insulin in.

And we know that cancer cells have a lot more like something like 10 to 50 times more insulin receptors. And insulin is like a key opening the lock on the cell.

So now the insulin is going to obviously the cancer cells are looking for insulin. So they're kind of gobbling it up and that's opening the door for now that chemotherapy to get into the cancer cell, whereas the normal cells are going to get very little, if any of that because the cancer cells are gobbling it up.

Is that correct? Is that how that works? Exactly. Yes, we have a clinical oncologist on staff and this is a conventional you you know, oncologist throughout the five years he's been as is so surprised that now instead of giving 100% of the chemo dose, we give about 30% of the chemo growth.

And these patients have better results even in huge breast tumors. Some patients come to us with tumors that are the size of a cauliflower, a malignant kitayama.

And we've seen a significant reduction always, though, in combination with an integrated approach. Right. We could talk about later the seven key principles of cancer therapy that are developed.

And also these patients with insulin potentiation therapy are not in bed. They're not having diarrhea, vomiting, you know, they're losing weight. Sometimes their hair falls off because it depends on the type of chemo.

Even at lower dose that happened. But, you know, that's the least of the concerns because they feel great. They're walking around or walking on the beach.

And so it's beautiful to combine one necessary IPT and three potentiation with fasting and with the 17 principles of cancer therapy. Yeah, I want to go into those seven key principles and you know, with fasting.

Dr. Thomas Seyfried I know he's been doing research out of Boston College with the press pulse strategy or approach, which is you metabolically stress the cancer cells or metabolically press them.

And fasting is a great tool for that. That basically presses them and challenges and stresses those cancer cells. And then you pulse it with oxidative therapies, which chemotherapy will be one of many different types of oxidative therapies.

Radiation is another one, but then also a lot of things you do at your clinic. I, you know, I've vitamin C or hyperthermia or hyperbaric oxygen all kind of provide this oxidative dose that really damages those cancer cells.

And the cool thing about a lot of the natural therapies that you guys do like the hyperbaric is they they are strengthening for normal cells but then toxic for the cancer cell.

Exactly. Exactly. And the other one that we use a lot also is ozone therapy. Yeah. And we gave ozone rectally and also we give it I. V., something called ultraviolet blood irradiation.

And I do that every month that I'm our center of because, you know, oxidative stress is is a normal everyday factor that we have to succumb to and also overcome more importantly.

Yeah, and you guys are using it strategically also to help get rid of these cancer cells. And so it's a real powerful stuff. Let's go into those. The seven processes that you were talking about.

Yeah, the seven key principle, the cancer therapy evolved over 30 plus years of working on ecology. And I believe that all the listeners should take these seven principles, whether they are diagnosed with cancer, whether they are in remission of cancer or for prevention and wellness.

I myself probably suffered in principle. Number one is nontoxic cancer therapy. So for many years after dark, I'm like, why should I be doing nontoxic cancer therapies?

I'm up for cancer. But then it dawned upon me, because all of us are forming 100, 150 cancer cells a day. Right. So it's wise to do nontoxic cancer therapy.

Secondly is immuno modulation that's up regulating your immune system. Because cancer cells are very smart, we can have a good white blood cells, good lymphocytes, but the cancer cells are able to shield or hide themselves from immune recognition.

So we really have to target the immune system in multiple ways because cancer is, as we know, a multifactorial disease and we have to outsmart cancer.

There was a there's a doctor that disclosed he's at Stanford now. He's head of clinical oncology of Stanford, and he was a former head of the American Cancer Society.

Insulin Potentiation and Oxidative Therapies

And he said very simply, he said there's more cancers in super cancers. 90 plus percent of the cancers are smart comes 90 plus percent. So we have to have a therapeutic strategy that outsmarts the cancer.

And this is where the seven key principles comes into play. Nontoxic cancer therapy, immuno modulation. The third one is full spectrum nutrition. You're an expert on nutrition and I'm sure you for your viewers so much about this

detoxification is very important.

And I always say a negative star can kill you faster than a bad journal. So one of the main areas we have to detoxify are our thoughts and conflicts and traumas in our lives.

Don't forget about the the dental, oral train, metal fillings, habitations, root canals and periodontal disease. And the next key principle is oxygenation.

We know very well that cancer is a low temperature disease. It's an acidic disease. It's a inflammatory disease and it's a low oxygen disease. Right? So if we just take those four things and work on increasing our body temperature because most chronically ill patients and cancer patients have a lower than normal body temperature, if we decrease inflammation like things like fasting, if we also improve our immune system and and oxygenate and decrease acidity, you know, that's a great first step.

And then the sixth key principle is restoring the microbiome. And again, that's only the not only the gut microbiome. Another one of your expertize, I think Dr.

Maladies, I will say that is the gut brain connection. I say the gut everything comes back to. And so, you know, working on that microbiome is so important.

Don't forget that the external microbiome, the skin, everything that touches the skin is absorbed into the bloodstream and is going to attacks deliver the biggest organ of detoxification.

And then the last of the seven key principles, which I think is the most important one. And it's actually the subject of my next book coming out in 2024.

It's the emotional and spiritual aspect of cancer. We have a program and hope for cancer called the Best Program Behavioral, Emotional and Spiritual Therapy.

So to summarize this, healing is in a downward causation of we have a triangle, the upper part of that triangle is the spiritual. Then as we go down, we have the mental emotional, and at the base of that triangle is the physical.

So this is the priority and my experience of how here we are happens on a downward causation. Of course, medicine is totally upside down now, isn't it?

Right. It's all about it's all about the body. It's about treating the tumor in the person, but not the person with the tumor. And so that that entails the 17 principles.

And I arrived at the doctors, every patient to wake up in the morning, all of us. I do it myself. I wake up in the morning and then I think, what can I do better today of the Seven Principles?

Well, I didn't really walk. I didn't exercise. I didn't do my deep breathing exercises today. I'm going to step it up with my oxygenation. All right. And so you say your prayer in the morning and thank God for another day and and then think, what can I do better today?

And that'll get you far, because at the end of the year, you've done a lot for your health. Yeah, for sure. Our medicine, that's a great that's a great mindset.

You know, they say a journey of a thousand miles begins with a footstep. Right. You're taking the next step forward and doing that every single day. And I know you go through those seven principles in detail in your first book, Hope for Cancer, which people can get, and we'll have a link for it.

Great book, Hope for Cancer. Just like his clinics hope and in the number for cancer and so will powerful stuff. Now I want to transition to some of the studies that you guys are doing.

And for those that are watching on video, I'm going to put this up, get a screen share here. And as you put this up, John, because we have a research and education team effort for cancer and this is so important for all of us that are in this in this field of integrative, holistic, integrative or alternative healing, because we need this sort of information to present to the world.

You know, we're not clocks. We have good data. And so we developed a research and education team and now we've done some interesting data analysis. We have a double page, the head of our and we eat you.

So I challenge all the viewers that are in the health field to collect data, analyze data, and why not even publish it? Because, you know, the powers to be and the conventional oncology world, you know, we need this to to present and to back what we do out.

And so this particular one is on blood glucose levels at our patients and hope for cancer. And the reason for that is we know if we mentioned obesity, we know that that cancer cells utilize glucose in a different way than the normal cells.

The Seven Key Principles of Cancer Therapy

And so this is what we're seeing in this graph, access on sugar or glucose and fuel cancer cells, which is why maintaining optimal concentrations and that's the key word here is optimal, because it's not that if we stop all sugar, we're going to kill cancer.

So that's not true, because then cancer cells will go and feed from proteins. So if we stop sugars, we stop proteins and cancer cells are going to feed from fats.

And if we start to stop sugar proteins and fat and we lose because we don't have nutrients. And so it's about the bad sugars, right? I call them the right spin sugars to the process, refined sugars.

So cancer cells preferentially absorb bad sugars, refined sugars. So all the sugars in the things that we know, the foods that we know that we shouldn't consume.

Right. So that's what this slide is about. The next slide talks about what we found in 200 patients from 2021 to 2022. And we saw that 86% of the patients were in the 60 to 100 range.

And 13% were above 100. Ideally, what we want is we want the blood sugar to be below 80, preferably 70 to 75. And in the next slide, we're going to further break that into what we considered high risk optimal.

And that's what I was saying, 80 to 400 milligrams per deciliter of fast blood sugar, which was 65% of our patients. These patients are at risk, but conventional medicine considers this normal. Right.

And when you get above 100 milligrams per deciliter, then they're say, okay, now you're prediabetic. And so that comes into another world. 21% of the patients, only 21% of the patients were in the optimal range of 60 to 80.

And as we look at the next slide, then we broke it down. Well, that was that was it. I thought there was one more example, tourism. And here we see in this slide that we need to work out the fasting blood sugar and we want that to be 60 to 80 milligrams per deciliter.

So I'd be interested in Dr. Tony is as you guys were to look at fast I know it's it's you had to do more of a blood draw. Fasting blood glucose is just like a prick on a little blood monitor.

Right. But I would be interested to see fasting insulin as well because somebody could have normalized blood sugar but have high insulin or they could have blood sugar.

It's, you know, not it may be or at risk like in the 80 to 100 range, but then have low insulin. Right. And so I think kind of the putting those two together could actually give you even more data with it.

Yes. And that's one that's work in progress. We do monitor insulin levels in our patients. We're looking at also insulin resistance factor. We're looking at hemoglobin a1c, so hopefully in another event with you, we could prevent that data.

Yeah, I'd be interested to see that for sure. And then as we mentioned, inflammation is one of the three cell enemies of Shorten telomeres and cancer.

One is oxidative stress, the other one is insulin resistance, which we just mentioned, and the third one is inflammation. So we took a look at inflammation and we have some data, but here we see how chronic inflammation can lead to a cascade of different problems, such as autoimmune disease, cancer, cardiovascular disease, which is the number one cause of death in the world and for sure in the US is cardiovascular diseases second, first and then cancer being the second one.

So you see that inflammation because it shortens telomeres is what reduce chronic diseases and also decrease longevity. In the next slide with we mentioned that we track chronic inflammation biomarkers as indirect indicators of immune dysregulation and cancer progression.

So we did an internal study and we found that most of our patients, especially those in advanced stage cancer, have above normal levels of ultrasensitive.

C-reactive protein. This is a protein that is released by the liver in acute stress situation. And here we looked at 126 patients of all stages of cancer that were admitted and hope for cancer, of course, and 69% had mild to excess of inflammatory conditions.

And that was 87 of the 126 patients and C-reactive protein. We also measured said rate in this study. We looked at celiac protein and in the next slide we break it down into stage four cancer.

So of those total patients, 82 or in stage four and here the percentage is even higher, 74% showed above normal C-reactive protein, mild to excessive inflammatory condition.

And so this is in direct correlation with what the literature shows because, you know, we're doctors, we're in the so-called lion's den, we're clinicians, we're treating patients every day.

We've been doing this for many years. And so having this data to collaborate with some published studies show from the clinical setting is so important.

And now as we're tying all this together, we look at another characteristic of cancer is blood flow to the tumor, because one of the hallmarks of cancer is that it means what we call angiogenesis increases blood flow.

When there's increased blood flow, then that score gets more nutrients and is able to detox and grow and progress and metastasize easily. So here we looked at 195 patients between the years of 2018 and 2019.

And this is one happened at baseline. And then after three weeks of treatment at home for cancer, and we saw that 80% of the patients who came in with normal or no excess blood flow to their tumors stayed that way.

And and or decrease. So only 20% of patients had increased blood flow during the three weeks. And, you know, we might say, well, why is this our challenge as great as, you know, the two doctors you've interviewed for Cancer Center?

Research on Glucose, Inflammation, and Vitamin D

In conclusion, 70 plus percent of our patients have failed all conventional therapy, you know, so literally they fail chemo, radiation, surgery, oftentimes the newer immunotherapy and gene targeted therapies.

So there's a lot of a lot of inflammation, a lot of acidity, you know, very traumatize, a lot of emotional conflict there.

They see themselves oftentimes in a path and they're not victorious on top of the summit.

So and so, increased blood flow is sometimes, you know, more difficult. So, Dr. Tony, what you're saying is that basically seven out of ten people, ten people come, seven of them have already been through a lot of conventional treatment, chemo, radiation.

And the doctors basically are not giving them a good prognosis and basically saying there's not much more we can do for you. And then there's maybe three out of ten that are kind of more in the earlier stages.

Maybe they they they were diagnosed and they decided they wanted to do natural and they research and they found you. Right. And and what's what's good about this is that it used to be even higher.

90% of our patients were in those situations. So now the world is people are more aware. Right. I think just how with a situation of increased awareness.

And so that's that's that's improving. But that's absolutely right. So decreasing blood flow is a major factor in stopping tumor progression and having good favorable outcomes in here.

It just shows maybe a little too much to talk individually about. But here we broke it down into tumor types, you know, from breast cancer, pancreatic cancer, lung cancer, ovarian cancer.

And we see that what we showed in the in the previous slide that they stayed normal, the ones that had no increased blood flow and and then the decreased blood flow, especially in the blue, is that is blood flow.

We see that a lot in the endometrial cancer, by the way. We're having really good results in pancreatic cancer, which is one of the toughest counselors to treat and a cancer that from the rise.

And I think a lot has to do with nutrition and factors and traumas and stress. And the last study I want to show, which is very important, is the vitamin D study, because we know that vitamin D is associated with decreased vitamin D associated with inflammation, associated with a decrease, and immune system.

And there's many studies that have been done. Now, if we have vitamin D in a mountain range, we're going to live longer. We're going to lose there. And back to the telomeres.

The telomeres will be longer. Right? So here we see the all in all stages of cancer. This is 139 patients. And we see vitamin D levels measured in blood in nanograms per millimeter.

And we have 62% of patients that has suboptimal vitamin D, there is a little bit of a misconception or a gray zone with different thoughts on what the ideal level of vitamin D should be in blood.

In my clinical experience, ideally it should be between 80 to 100 nanograms per milliliter, and so 62% of our patients are below that ideal level. And if we have the 7%, that's even more so quite a quite a factor here.

I think the next slide will show range. This also specifically in stage four cancer patients. As you see there, 67% of them were quite low and as low as less than we've had some patients where their vitamin D blood level was 18.

This is not compatible with a favorable outcome in cancer. So please, everyone, make sure that your doctor is checking your vitamin D levels. You're supplementing with a good quality vitamin D.

If we could get LIPOSOMAL, that will be ideal. But you know, Dr. Tony, my my guess would be that the ones that are not low and then supplementing for a period of time.

That's right. Because a lot of people come come to you and they they already have some natural health research in there. They realize vitamin D is important because, you know, I doubt that these stage four patients have enough vitamin D sufficiency for for a length of time.

Right. Well, some recently gotten there, which is great. And that's they should be doing that. But most likely, they spent a good majority of their life deficient.

That's right. And we did a study and I'll say it briefly, we did a study where patients that came to us who are only the conventional therapy, those that did nothing, those that only did alternative or, you know, holistic therapy and those that both and those that that both had better outcomes because they had less tumor load.

And as you said, even though they were doing some conventional therapy, they were taking the supplements, they were doing the hyperthermia of some of them and hyperbaric and attrition and so forth.

So that's that's that's right on target. What you said might. Be interesting if you if they did this same test at a conventional clinic, the people with vitamin D deficiency would actually probably be much higher.

Probably be 95 plus percent. That's right. Yeah. Yeah. And then the in the next slide, we go into earlier stage cancers and you know, we tend to see their vitamin D levels being a bit better as well.

So there is a correlation with later stage cancers, as you just mentioned, and progression of disease and lower vitamin D level. I remember one patient to have 80 nanograms per milliliter.

Well, you know, very, very deficient. I've seen people I've seen people at six, seven, you rotter immune fibromyalgia. Right. Different different issues like that.

Yeah. Right. So this is not only cancer, folks. This is a real disease. And and we should all have our vitamin D level checked and supplement. And to put all this together, doctor doctors, we then did a quality life analysis, which is the next slide.

And this is data that we collected this year in 2023. And if we look at the next slide, what we did is we assessed for five quality of life parameters, functional, emotional, cognitive self-perception of how they thought their quality of life was.

And then we looked at the composite score of quality of life. And the reason that this is important is because, you know, if we live another day or another 50 years, we want to live the best quality of life and then cancer.

And as you see here, 76% of our OR patients are in advanced age. And so to have 86% of the patients within, the first three weeks of treatment have an improvement in their functional status, 89% in their emotional 92% cognitively and overall, 88 and 93% improvement in quality of life.

This is huge because what this is does it does great things for their faith, their hope, their confidence, their ability to go back home and continue with the robust food program that they will be doing while they're home post-treatment and hope for a cancer center.

So very important to maximize the quality of life. I think that the doctors and everyone, that all paradigm that you have to be feel worse before feeling better.

I don't know. I don't agree with that anymore. I believe that even with our cancer therapies, look at this, patients are having a better quality of life. Why?

Because in addition to the anti-cancer nontoxic for cancer therapy, we're following those principles. We're oxygenating, detoxing, nutrition and so forth.

So it's a beautiful combination of addressing attacking the cancer at the same time, improving quality of life. Yeah, I love it. So nine out of ten are getting seeing great changes in within three weeks, just in how they feel overall, cognitively, mentally.

So really, really great stuff. And again, you're taking very complex, hard cases that many of them, like we said, 70%

have in a sense the medical system as has more or less given up on them.

That's right. Yeah. So so it's beautiful when we see those results and educate is so key because you mentioned my book and you have a lot of work to do.

So people should avail themselves to, you know, because we can't wait for tomorrow. The statistics in cancer are here. We are hearing some of the statistics on cancer.

Right. We know that one in every total man will have cancer sometime in their lifetime. And one out of every three females in the U. S. will have cancer sometime in their lifetime.

Quality of Life Outcomes and Survival Data

It is being published. And so, you know, some journals now that by 2030, 2035, everyone in the U. S. will have cancer sometime in their lifetime and that excludes skin cancers.

So here is what our statistics are. When we did a five year survival data, which is considered the cream of the crop, and basically if we could go back to the previous slide, we look up well, yeah, we use either one here.

So here we we will not there are two centers can call and Tijuana and then the seer data is the blue. That's the light blue. That's the so that's the NCI data, National Cancer Institute data survival epidemiology and end stage result data.

And you see for example, in the five year survival in our, in our innovative approach is quite fascinating, especially because one thing that we need to realize here is that our data is stage four, metastatic cancer is the SEER data is stage one and two and some stage three.

They don't include stage four cluster data, start when the patient is diagnosed with cancer, when they have that little tool or wherever it is, are starts, as we said, 70 to 76% of the patients have already failed everything.

So if you see pancreatic cancer, we're 31% in our can call center. So this is very early. Great lung cancer you're already playing with. You're already playing with a big disadvantage.

So it's not really testing apples for apples. Right. But the the it's everything's weighted against you and still seeing great results. I see that lung cancer 31%, five year survival rate in the conventional setting.

You guys are getting late stage and you're getting 50% survival rate here. And I want to I want to clarify something. It was my mistake. Dr. Jocker was this is actually are one of your server and this is a longitudinal study one year one year, one year.

What was interesting is I was taking a flight from Atlanta, your hometown to Boston, and the head of a big center in Boston was sitting next to me and she was conventionally medical.

And she said, Dr. Tony, all you have to do is do a longitudinal study that showed three months survival. And I said, now we'll do a longitudinal study that showed a one year survival.

And so we did that. And that's how she said that. This is where the the cream of the crop study if we do a longitudinal study. So so we did that now. Yeah. Wonderful.

And you guys are also seeing great results of pancreatic cancer. I see that. Yeah. So, yeah. So really, really good stuff here. Yeah. Well, great. Dr. Tony, I mean, this is fantastic data.

So really glad that you guys are doing this and you know, you guys are just helping so many people out there. And so let's let's finish with just some some words of inspiration for our audience.

You know, we're obviously talking about some things. Where should they start when it comes to looking at their overall health and some words of inspiration for us here.

Yeah. First of all, there is always hope. No one can take the hope away by yourself. So don't let your oncologist, when you give cures, gives your prognosis.

We had a patient that came to us and said, Dr. Tony, I have a month to live. And I said, Why is that? He said, Well, five months ago my oncologist said that I have six months to live.

And so I didn't rush to or get a vitamin C draft or to do a hyperbaric. The first thing I had to do was change that mindset, right? And so we did that.

And thankfully that patient lived a long life. I mean, he's still alive. So that's number one is hope, faith. Faith, as they say, can move mountains. I've seen it over and over and over again.

And I learned this lesson as a young doctor that if you are spirit based, you have faith as opposed to not you will do better. And as humans you know, it's this is a lot for us to to a lot of weight on our shoulders, too.

So leave it with God. Leave it to the Creator, to to carry that burden for you. And I always say, Dr. Jack, was that there's three elements of success in everything that we do.

Number one is to focus this right, to focus, have that sharp focus on what your tasks are and what you need to do either to stay healthy or to regain your health.

Number two is to practice. As we know, practice makes perfect. So on a daily basis, practice that and then you will overcome. And then the glue to focus and practice is consistency.

We need to be concise, often over time, and this is when we will see great results. And I can tell you from many, many thousands and thousands of patients, not only in Mexico but I traveled the world, as you know, and and there I've seen stage four.

We have a patient now with stage four pancreatic cancer. They gave him two weeks to live. He's in Lubbock, Texas area.

Hope, Faith, and Practical Healing Advice

And he's now in his 20th month, 20th. And he's mountain biking. And and, you know, he's not out of the woods completely, but he's riding his mountain bike three times a week.

He's okay, you know, now, 20 months later. So so that's very important. And I want to maybe wrap it up, Dr. Jockers I'm a naturopathic doctor, and in naturopathic medicine.

We have something called the Therapeutic Order of Healing. And the first one is to remove obstacles to health or obstacles to cure. So what are your obstacles to to health?

Is it a poor diet? Is it negative thoughts? Is a childhood trauma? Is it lack of exercise? Is it sleep deprivation? What is it? Right. So we to remove those obstacles to help the cure.

Number two is stimulate the body's self-healing mechanisms. You know, our body is so wonderfully creative that it could heal itself. So let's stimulate that by work, by correcting the things that we need to correct, removing toxins, having healthy relationships.

Right. And then number three, in the therapeutic order of healing is stimulating the weakened systems of the body. And today we focus a bit on information.

We focus on the short and telomere. So the immune system, the toxicities, the gut health. So let's stimulate those weakening systems in the body. And then number four, and you'll like this as a chiropractor doctor, Dr.

Jockers correcting structural integrity, your posture right the myofascia you yeah all that to things like acupuncture, acupressure, chiropractic adjustment, correcting the outlets you know more than I do about this.

So all those things, you know, a good position. And now with the cell phones and all these things, it's becomes a problem, right? So that's a therapeutic feeling.

And I want to encourage all of you that no matter what stage of cancer you are in, and most importantly, if you're in remission, don't take that for granted.

You know, once we're in this mission and path of healing and how it's it's a lifestyle, this is not like, oh, I have to eat healthy. Someone asked me, so how how long do they eat healthy?

Well, first of all, with all of you healthy every day. Oh, so, so yeah. So, so much. Those are my words of wisdom of so many years in the trenches, as they say.

And the best thing is both with love and generosity and never give up. But you can do well. I've seen that. And I just encourage you to follow what you've learned with Dr. Jocker's Summit and his work offer cancer saving principles to improve and empower your hearing journey, as some people call it.

The Bible to integrative health. Because it's not it's not something that you necessarily have to go to a treatment center for, but it's practical things.

So you can start today with respect to those seven key principles. Well, wonderful. Dr. Tony, you're really doing God's work. And thanks so much for taking the time to speak with us today.

And for those out there, if you know anybody that has a family member or maybe personally is suffering with cancer, definitely share this interview with them.

Check out Hope4Cancer in Cancun, two spots in Mexico, Cancun and Tijuana and just great clinics. And there is hope, definitely. Check out Dr. Tony's book as well.

Hope for Cancer, like he mentioned before, Hope for Cancer seven principles remove fear and empower your healing journey. There it is. Out there it is.

Well, thanks again, Dr. Tony. God bless you. And we will see you all in a future interview. Be blessed, everybody.