Introduction and Dr. Schoen's Background

Hi there, it's Dr. Jenn. Welcome back to the summit. You guys are in store for something really special because this gentleman brings with him years and years of knowledge that is invaluable.

He has an awesome story to tell and he's going to share it with us today. So I want to welcome Dr. Eric Schoen. Dr. Schoen is a Naturopathic physician located in Bellevue, Washington.

He specializes in the management of complex, chronic illness, including cancers of all types. He's a frequent speaker for integrative cancer conferences and often speaks on the use of photo, bio modulation and photodynamic therapies in complex illness.

So this is this is certainly going to be a fascinating talk. So, Dr. Schoen, welcome. Thank you for having me. Jenn, I am so delighted to have you here.

Like like most of us, I suspect that you're going to have a pain to purpose story. And I would love it if you would share with us how you came to be who you are today and what motivates you, what lights you up?

Why do you want to share your light? Yeah, I love this question. I mean, everybody gets in the medicine for very specific reasons, and I am not an exception to this at all.

I was supposed to go to law school back in college and go at a completely different path. Okay, well, I'm glad you chose this one. Yeah, yeah. Lawyers don't deserve you.

And, you know, it was sort of by happenstance, not happenstance. It was a traumatic thing, actually. So my sister became quite ill with a very rare type of we kind of call it a cancer.

We it's it's hard for us to orient to it, but it was an arterial venous malformation and this was located in her pelvis. And, you know, these we don't really have much treatments for them.

Typically it's surgical, but we don't use chemo, irradiation or any of these things. And so we really didn't have options except to pursue other types of treatment modalities.

And through that process, we were kind of pushed into this entire other world and we were able to get in touch with holistic therapies and we changed diet and got to the root of underlying conditions.

And, you know, that situation started to resolve itself in real time. And so it was eye opening for me. And my entire family used to go to health conferences as family vacations as a result of that.

And that's where I was introduced to naturopathic medicine, and I looked at everything that was available and I said, I want to do that. And then midway through university for other medical school, I became actually quite ill myself and was diagnosed with a form of leukemia and that was very devastating personally.

And then I was able to work immediately outside of medical school and a treatment center with a gentleman named Paul Anderson. And we were able to, you know, really implement a lot of the things that I do with my patients now and to this day do not have cancer.

And I continue to work with folks through a myriad of different conditions. And, you know, the the piece that I love is that there's a whole world of safe and nontoxic and effective therapies that's available that can be used to support people wherever they are in the course of their diagnosis.

And so, you know, being at that scary place and knowing how it feels to go through all of those different stages with patients, not only with myself but with my siblings, has been such a great boon for my patients.

And so it's a piece of justice now that I do what I do. Yeah. And, and I'm sure you have a very special bond relationship understanding with your parents, with your patients, having had the experience that you had.

The other thing that the experience that you've had brings you is that you're kind of always staying on the straight and narrow because you know that it's there.

And most of us who have had our diagnosis, we we live that every day. And it's why you walk your talk. It's why I walk my talk because we know what happens when you go off your path.

What to Prioritize After a New Cancer Diagnosis

We know what happens when you strike and so this this life that we both talk about, this becomes the norm. And it's what has to be found. Absolutely. Yeah.

And it's that that experience to be able to say to patients like this is figure out a all but also I know where you're coming from is yeah absolutely invaluable.

Yeah. Absolutely. Okay, so let's get into it. Someone who is newly diagnosed, what do they prioritize? What should they be thinking about? Where do they start? How do they prioritize?

Yeah. So it's overwhelming when you have a new diagnosis, right? And anybody who's been in that position knows that there is so many ways people can respond to that.

Whether people freeze, whether people are completely mobilized and they start scurrying around trying to solve problems that they don't even know how to start fixing.

And, you know, there's a good question that people should be answering, which is like who who, if anybody is qualified to really give you a definitive answer.

And if you try and even answer that question, you're you're going to encounter so many conflicting opinions and running to Doctor Google or being bombarded by friends and family.

How do you come to center and really distill what's important and there's a million different answers for this question, but I will provide you mine, right.

Which is that people need to really think about their health from the long term. Right. There's the immediate experts and team that you want to bring on board.

And then there's what do I do for myself that needs to be answered. So first and foremost, you need to be working with a qualified physician. Absolutely.

And that should include an oncologist. And I would argue it should also include a functional medicine expert or an integrative oncologist or a naturopathic oncologist.

And when you have your team settled, then it's a matter of looking at your own internal self care and also your support system. And so I would say you need to make sure that you have your support system in place.

I always tell the patients, you know, this is a all the king's horses and all the king's men need to put you back together again. Situation. And so this is where you sometimes do need to ask for help.

And, you know, you may feel really strong, but emotionally you need to be asking for support. You need to be asking friends and family members, people you trust who know that are going to be there for you.

The other thing that you have to attend to is your environment massively, and that is both from a physical and a mental, emotional and an energetic sense.

If you are not in the right place to begin your healing, then this is another opportunity to do some inventory on your life and figure out Should I be moving?

Should I be in a relative's house while I'm undergoing treatment? Is there an opportunity for me to remedy some of the relationships I have in my life, especially if there's discord in the home?

That's a really important thing to look at. Some of my patients can be doing absolutely everything right under the sun. They're taking their supplements, they're doing their chemo, they're doing the diet.

But if I know that they're fighting with the spouse or that there is a mother in law situation that is just completely overbearing, those are the people I get really concerned about, frankly, some people don't need a lumpectomy, they need a spouse academy.

And, you know, these are critical questions that sometimes people really need to know is that if I'm in a place of healing and then there's general questions about, you know, how well suited are you at regulating your own nervous system?

And this is, I think, a piece that is so rarely ever communicated to patients and is such a critical piece and how well people do. And I would say more about that, because I'm curious as to what what exactly you mean about that.

Yes. So nervous system regulation, I think, is everything, which is how do you self-soothe? How is your general state of anxiety? Are you in a sympathetic state that's dominant where you just feel like you're always having alarm bells go off?

Or are you able to actually become more calm, less anxious? Are you able to sleep? Well, sleep is a huge indicator of how your nervous system is doing.

A big maxim that I tell my patients whenever they tell me that they can't sleep, I go, Oh, that's interesting. You know, that sleep requires peace. It's it's a straight and simplistic answer.

But yeah, we need to be able to cultivate peace in our lives. And without using alcohol or drugs or any of the any of the usual suspects. Right. That's exactly, exactly right.

You know, I use certain tools like there's supplements, there's herbs that can be really useful for helping people soothe the nervous system that are safe during surgery leading up to it during chemo, radiation, all of these different phases depending upon what people choose that I think as a baseline people are taking because I know people need help with this.

Yeah. And then the last thing would be detox. And we can talk all day long about detox. But you were about to ask a question. Nooner. No, I just I think that this is something that almost everyone with a breast cancer diagnosis brings to the table, in that there are the obvious things that people can see may be adversely affecting their health.

Right. And then there's this energetic piece that you're that you're referring to that people underappreciated. I had a patient actually today who told me that since she's been married for the last 15 years, she's been £85 overweight and her relationship is terrible.

And I think that people completely under appreciate that, you know that is playing in to your diagnosis and she and her first diagnosis in 2014 and recurred this year and it's like well you know you're you're living in the exact same space but you got sick and it's really hard to get healthy in the same place that you got sick.

Mm hmm. Absolutely. Yeah. These are these are the not often discussed pieces. And, you know, we don't have the same scientific backing to say, oh, if you fight with your spouse, this is your rate of recurrence rate.

But you know full well, as I do when we work with patients that, gosh, we see these patterns emerge and they're real. You know, there's that that book by Kelley Turner Radical Remission.

You know I have every one of my patients read it and you know in that she she articulates this I think the big punchline of that novel is that, you know, of all these key things that allow people to achieve remission very little have anything to do with the physical, their own mental, emotional, spiritual, environmental, purpose driven aspects of health.

Absolutely. Absolutely. I love that book, Radical Remission and Radical Hope. And she's she's a brilliant author. I'm really lucky. I think she made it into a documentary so that that is going to be brilliant.

And I look forward to having that. While we're talking about where health happens, which is at home, what are the things that people can do at home and in their daily lives that most people are not thinking of that really move that needle forward and help get you on the road and keep you on the road to healing.

Yeah, absolutely. So, you know, there's what you do conventionally when you and you decide with your dog and then, you know, my message with my patients and viewers here is, you know, you sort of need to orient to what is my home strategy?

And I like people to have sort of like their own home clinic where they really feel like this is a sacred space. And if they want to engage in certain healing modalities, they're able to.

And so the critical things that I like patients to really consider purchasing are things like asanas. I also people having access to certain supplements as well that give them the gentle supports no matter where they are over the course of their illness.

That is also really important and making sure that people are incorporating good physical activity. So this is in a home therapy, but it is something that you want to have near your home and that's nature.

And having a close connection to nature is really critical for improving your immune system, but also getting you outside of your space and helping with that nervous system regulation we're talking about.

I have a colleague and she talks about this kind of your disconnection from nature is a big reason probably why a lot of people are sick. And so making sure that people are getting out of their home is really, really critical.

Home Healing, Environment, and Nervous System Regulation

Yeah. And I think that's twofold. I think that first of all, I think people have sitcoms right? Like they're not opening up their windows, the recirculating, the air.

There's so many people have mold in their homes. There's various toxins that are circulating throughout the house and recirculating throughout the house.

So a lot of people have sick homes. And then beyond that, it's what they're doing. Instead of being in nature that is particularly detrimental, like that cell phone where it's like spending hours and hours and hours a day sucked into someone else's agenda in the electromagnetic fields.

Hmm, absolutely. Yeah. This is something that I advise everybody to do, which is like, you need to cut the news out of your life. Like, news is really just entertainment, and it's meant to incite negative emotions from.

Yeah, for sure. That you become addicted to right. And you know, you need a, you need a digital detox, you need a media detox in order to really get in the center.

You know, I don't like to talk about the powers that be too much, but I think one of the powers that be is goals is really to disconnect us from being with ourselves, from understanding our own power as much as possible.

And every time we engage in that, we just lose that connection, that work. Our bodies are desperately seeking. I agree. And again, not to give them more airtime and they definitely have an agenda.

And when you're dialed in to them, you're on their agenda, not yours. Yeah, they definitely have an agenda. Mm hmm. I was talking to Nathan Crane recently, and he has kind of sworn off of cell phones for periods of the day.

So, like, he doesn't get up and look at it anymore. Like, he's not on his cell phone till hours after he wakes up. And he's also not on it for hours before he goes to bed.

And it makes all the difference in the world. Right? You're reading more, you're connecting more, you feel more alive, you have more energy, you're healthier.

You know, we don't think about it, but it's just the blue light alone. It's immunosuppressive. It's completely messes with your circadian rhythm and that changes your hormones immensely.

And eventually, this is incredibly important to get that dialed in. And so it's not only a mental habit, but there are real physiological consequences of those behaviors that you're only just beginning to start broadcasting, which thankfully now the things we've known for years are finally disclosed.

We're no longer. Whoa, whoa, yes, exactly right. All of a sudden, all this, we're suddenly smart. Yeah. Observing that through a law is suddenly so somehow validated. We so we talked about a little bit undergoing conventional treatment and how that is part of the paradigm.

And like, like you I don't believe in throwing the baby out with the bathwater. And I think that there's a time and a place for conventional treatment.

But we also know that there are lots of things that we can do to protect ourselves from the harms of conventional treatment. We can't protect ourselves from all of them, but we can we can do things to protect ourselves.

So let's first talk about how can you protect yourself and kind of optimize the outcome of chemotherapy while protecting against all of the negative side effects that we know come along with chemotherapy?

Yeah, absolutely. These are really critical questions and they're frankly the reason people are sick, people like you and me out because if you go to the doctor Google, you will find 1,000,001 things that you can take, things you can do that are good for cancer.

Right. And again, a lot of that is conflicting. A lot of it is really a fool's errand. You know, I think a lot of medically well, just dubious ethics is rife on the Internet and you can probably take advantage of.

And so you have to think about this and sort of two categories, which is things you do and things you take, which is sort of the dichotomy that I like to stress and, you know, sometimes the things you do is not possible for everybody depending upon where you are in your diagnosis.

But the things you take category is a little bit easier to right. And so a caveat to sort of this list that I've had to write off is that you always want to check with your physician on whether these things are appropriate.

Yeah, even sometimes innocuous things like a pretty simple one is curcumin, depending upon the strong chemo that can interact and change your medication.

And so that needs to be managed, appropriate. But although I have to say that it's a very tough spot for the patient because most medical oncologist will tell you that turmeric is a no when you're getting chemotherapy, because they believe it to be an anti-inflammatory and they don't realize that in most cases that actually chemo sensitize her.

Mm hmm. But let's let's assume that we're going to find an open minded medical oncologist and let's put to work on the list of things that you're going to want to look into taking when you are getting chemotherapy.

Yeah. Yeah, there's there's again, very few instances where most of these things that I'm talking about where you maybe want to question it. But again, usually universally, these things are quite good.

And, you know, this is a place where when patients are, you know, approaching their oncologist, you know, sometimes it's just entirely ignorance. You know, like we're not taught this in medical school or at least in the medical degree space, that that's not true.

I mean, this is my doctorate. I know how to use well, constituent constituents and then when they're not appropriate. So as those medical doctors are not educated in this area.

Yeah, totally. They're not. And they confuse I don't know with know all the time. I'm not quite sure why they confuse those two things. I'm I'm very certain what I don't know means and what no means.

But they confuse the two. They interchanged it. You know, I find that very often too, unfortunately. Yeah. And so the things that I always have people on are probably my number one.

I'd say almost all of my patients are on practice, all by econometrics, who practice all that. You know, it's it's such a safe and well validated formulation and it's a mechanism is safe leading up to surgery, during surgery, during chemo, during radiation and for prevention purposes, both for the general population that doesn't have cancer and for the population that is dealing with it or is in remission, this is the single best things you can be taking in order to prevent progression, help with the treatment and also just overall prevention.

Whether you're preventing recurrence, exact recurrence. Yeah, absolutely. Yeah, I use that. I use that in my practice as well. And you know, universally with with almost everybody, so long as they tolerate and that no one is like it's because they have a obstructive bowel or something and we can't put things on them.

But outside of that, pretty much everybody's on it. Yeah. And the I tend not to be a stickler about supplements or excuse me, I am always a stickler about supplements because we really care about quality.

You can't just go out and buy any modified citrus pectin. It really does have to be packed to Sol. It's the only one that's actually been studied. It's across through the lumen of your intestines and the blood brain barrier.

And so that one is really, really critical and important. The other thing that I will mention about that brand, because I just had to do this research for a patient, is if you have people who are sensitive to grapefruit, it's the only one without grapefruit.

Yes, that is correct. That is true. Yeah, they make sure to not use grapefruit. Yeah. In their formulation. And that is for a really good reason because grapefruit is one of those foods that has reactivity with so many things that they I don't know if that what their thinking was, but I'm, I'm grateful that that that they did that because it becomes an option for so many people.

Mm hmm. Yeah. Yeah. And the other things that I like to always put people on are it's actually been studied alongside with Paektu Sol, and that's Hanako.

And that is a form of a tree. That's an extract from a tree called like Note Magnolia Fish Analysis. And so this is a Antonio Aplastic anti-inflammatory and neuroprotective supplement that I tend to put a lot of people on.

So when we're talking about that nervous system regulation, this, it's really, really powerful for that. In the same vein, people that are placed on like high doses of taurine and l-theanine can also be used quite well for helping with people's nervous system regulation.

I sometimes put people in a lot of l-theanine because it works in real time. It's the literal chill pill. Yeah, I really enjoy it. Oh yes. It's just ah yeah.

It's, it's can be for your mind and then there are some of our old other goodies which I would include fermented

wheat extract in that space as well.

Supportive Therapies During Chemotherapy and Radiation

There's really fantastic research just on fermented meachum extract just by itself and also in conjunction with chemotherapies. And we see a synergistic effect.

And so that's a really easy win. And then we have our vitamin D's, our vitamin K, TOS. These are incredibly, incredibly important. And if you do not have sufficient vitamin D, you need to know your status and it needs to be monitored appropriately.

And I tend to be brother aggressive with vitamin D supplementation where I really want that up there. And then when we're dealing with certain types of other cancers, there are some pretty safe assumptions that can be made.

For instance, with breast cancer, whether you are hormone sensitive or not, we want to be attending to metabolism of estrogens. And this is important whether you're pre or postmenopausal.

And so in that space you having some type of brassica supplementation, whether that's an extract or you're really emphasizing it in your diet, that's your cabbages, your broccoli is those vegetables.

Jim is also super, super important. And Duchess is a component of all of these cruciferous that you're talking about. That's right. That's right. And so if people are not really apt to diet in that way, then getting these in through a supplement covers your bases and then kind of takes the question out of our minds whether that is done.

And then in that same space, there are some herbs that can be helpful for that to a school area or skullcap. Is another nervous system regulating supportive herb that I am often putting folks on and mushrooms?

Is that is that Chinese skullcap that you're talking about? I believe it is. It's good, Larry. Michael insists on official name us naturopaths. We don't use the common names.

You just know well, out of the Latin, they use the scientific name and. The doctors only know names. Well, we'll figure it out. We'll meet them. But the good thing about the skullcaps is they all kind of play together in similar ways.

And so if you find a version of Skullcap, you're going to be doing yourself a service. Yeah. And so which mushrooms do you like? Yeah. So most of the mushrooms that we want to be using are more the medicinal kinds.

I'm not putting people in terms of portabella or button mushrooms, but what I am emphasizing are your turkey scales, your races, your should. Takis and Coriolis is another species that I am heavily emphasizing.

There's a number of mushroom blends that have been studied, turkey tail, probably the most well studied, but the other ones are really rising in prominence over the last 20 years.

And when we look at the retrospective data, they don't seem to interfere with anything that you're doing with your oncologist. The one piece that I want viewers to know is that there is a dose relationship with most of these mushroom extracts.

So you can go on to the Internet and find a million of these different mushroom blends and you really want to have one that is dosed appropriately. You're not just getting these proprietary blend ones like you need upwards of half a gram to gram doses multiple times a day in order for these strategies to be effective.

And so sometimes when you find products on the market, they will combine a bunch of different ingredients and you have no idea how much mushroom you're getting.

And so you really want to get a pure mushroom extract that has a gram and upwards of approaching gram doses. Mm hmm. Yeah. So is your answer different in terms of radiation, Mike?

Are there things that we can specifically do to protect our body from the harm of radiation? Mm hmm. So radiation, most of everything I discussed, with perhaps the exception of curcumin.

But that's not true because it is a radio sensitizing agent. But your oncologist would probably disagree with both of us, right? So this is where, you know, sometimes we need to slap people around with white papers.

But everything that I just mentioned. I love that term. I'm going to use that. So everything I just said is still appropriate. I still have people in practice, so I still have people on alcohol.

I still have their vitamin D in process. And the other pieces that are perhaps more critical during something like radiation really is your inflammation and your blood sugar.

We have great evidence that suggests that if you have high insulin and high blood sugar, that radiation tends to be far more destructive to your surrounding tissues.

And I am very reticent to even sometimes suggest that people proceed with those therapies until they have made successful strides in lowering inflammation as well as in improving blood sugar.

And so diet is really, really, really helpful. And then there are a number of other procedures that can be done surrounding radiation therapy, such as hyperbaric or even photo bio modulation that can be very helpful.

That's things like red light therapy and infrared light therapy depending upon the type of cancer and how you're using radiation. We have more evidence for things like head and neck than for breast, but it's very helpful in protecting your surrounding tissues.

So all of those pieces. Yeah, amazing. Do you have any feelings about melatonin one way or another? I use it during radiation especially and often during, you know, active treatment across the board.

The one thing that you want to know about melatonin viewers is that you should be, I would recommend, slowly increasing your dose. You know, it's not uncommon for people to be taking megadoses even upwards of 300 milligrams of melatonin over the course of a day in divided doses.

But I would still titrate people up to that. You wouldn't want to just jump straight to doing 60 milligrams five times a day or even 180 at one time. So yeah, I do use it. I'm a big fan.

I also wanted to ask you about fasting. Where do you stand in all of this? Yes. So this is one of those considerations that I have for folks about where they are in the course of the treatment.

So fasting is a skill and I am letting my patients know right away that if you get hangry, if you feel like you need to eat every, you know, two or 3 hours, that isn't your genetics.

That is not just you. You've always been this way. That means you're metabolically inflexible. If we dropped you into the Sahara Desert and you had no food, you'd be in serious trouble.

This is a skill that is uniquely human, that we are really good fasters and it's really important to basically recycle our own physiology and for us to be able to switch between different energy sources.

So every single patient upon diagnosis is informed on how to fast. And I encourage them to start doing it to establish that metabolic flexibility because it prepares people to make their conventional therapies work better and to protect you.

And so if somebody just doesn't know how to fast and then they're going in for radiation in two weeks, that's a problem because I want you to be able to fast and be good at it.

So that way you're fasting before your chemo, you're fasting during radiation to protect and make those effective. Is

those therapies effective and worthwhile?

And so fasting again, is a skill, which means if you're bad at it, that's okay, because you can get better at it. And so you practice. And if somebody is really at the extremes where they are like, Oh, this feels dangerous or feels very uncomfortable or I'm feeling dizzy or lightheaded.

The solution is always eat something, you know? We often get accused of being dangerous whenever we're telling people, Yeah, fast. And I'm like, What danger?

You're not a prisoner of war. You're not in the Sahara Desert. There's abundance all around. You eat something. And so if you eat something, you're usually feeling better within about 15 minutes.

And then you get to try again later and maybe you go a little bit further, maybe it's just a little bit easier. And sometimes you can ease into fasting by switching to like low carb or maybe doing a little bit of keto to try and get you there.

But fasting is baseline. If people don't want to change their diet, which I absolutely want people to, especially at the beginning, a standard American diet for fasting, especially intermittent fasting, is probably one of the more foundational and powerful things people can do.

And for women, sometimes we get into this route, this rigamarole about, you know, is it appropriate for women to fast all the time? Most of the studies are done on men.

And I hear that and especially where women are in their cycle, sometimes fasting can become more demanding. And so as a baseline, if people are really struggling with it or they're noticing that their adrenals are crashing, I have people do cyclic ketogenic diets and that tends to harmonize and really improve people's outcomes and compliance.

Yeah. And I think that, you know, the difference between women and men is, is the same for fasting than it is for hormones and that men kind of are in a steady state and can maintain a steady state of fasting, whereas women they're cyclic.

And so we have to adjust according to where we are in our cycle. But it doesn't mean it can't be done. It just means that we have to have more variation in our schedule and, you know, variation of the hours and variation of the food, the macros, as opposed to a man who can just maintain the whole thing, you know, we have that in my house all the time where my husband can lose weight immediately and it takes me a little longer.

But men and women are different. Yeah, we're different for sure. But we all get there. We all get there, and we just have to respect and appreciate our nuances and our differences.

And as long as you do that, you can figure it out. And if you can't figure it out on your own. There's a brilliant book by Mindy Pels called Fast Like a Girl.

I think everyone should be reading it. She's actually on Amazon. So let's let's jump and talk about what is secondary prevention and what can people do to support themselves that you find are often missed?

Yeah. Yeah. So secondary prevention is prevention after you've had cancer. So say you had the cancer and you had a mastectomy or you had something removed and now you're no evidence of disease and now you're in this monitoring space.

And so conventionally, if somebody is kind of given the check mark, hey, we are your scans are clear. We don't see any tumor markers like you're good.

We kind of just kick them out the door and we say, yeah, we'll just. I call it the quiet after the storm. Yes. We're like, you're you're inundated with appointments and treatment and this and that and then you're done.

And all of a sudden, it's like, where did it all go? Exactly. Exactly. And that can be sometimes even more unsettling because you end up thinking about, you know, am I doing everything I should be doing?

And then you sort of retraumatize yourself every single time you think about it. And so having a strategy is really, really important. And so with secondary prevention, what we should be investigating is, you know, what is your health regardless of your prior cancer diagnosis, right?

We tend to be rather myopic in medicine that we see a tumor and we go, let's kill it, burn it, cut it out, get rid of it. We forget that there's a whole person surrounding.

And that the tumor is a tiny symptom of the imbalance that's happening in that whole person. Exactly. And so if somebody gets to that point, they've listened.

They were really good patients. They listened to their oncologist and they got through the other side. And they still have heart disease or they still have an autoimmune condition or they still have metal in their mouth, or they still have any number of situations that we know can devastate the body over time.

This is cleanup time. This is let's get you as healthy as possible. Right. And so some simple things that I don't want to elaborate too much on exercise really, really important.

If you've never been an exerciser start. When we look at secondary prevention, exercise tends to outperform almost all forms of other immunotherapies or chemotherapies that we have available.

Yeah, if you compare this to our standard tamoxifen or what have you exercised does better. You know, that's that's an amazing amount of hope that you can provide to people, but you can't put that in a pill.

Right. And so that's really important and really should be emphasized. The other things that people should be emphasizing is detox, gentle detox. We live in an incredibly toxic world.

And when I say gentle detox, I mean, you know, I want people to be sweating. I want them to be drinking really, really, really good, clean water. And I want them to be taking binders, usually so packed as all is sort of a binder as well.

It is a binder. And so it's taking out some of these biofilms and it's bioaccumulation. And so that's still taken. I want people taking that because it helps with a whole number of things and that's really important.

And then the sweating is also really frankly quite important. People that have heavy metal burdens with breast cancer, we know the cadmium and arsenic are especially in addition to things like lead and mercury.

And if we have high levels of that, I'm really not a proponent of relation. We used to in the integrative space use that quite frequently and I think it caused far more problems than it actually solved.

Yeah, the body has gentle detox capacities and or we can eke out through our own natural detox pathways is vastly superior. We know from the sweat seventies that it's sweat studies that were done I think in the seventies that you really do need to sweat for about 30 minutes in order to switch out what you're excreting.

You know, initially it's just salts. And then eventually, after about 30 or 45 minutes of sweating you, the characteristics of your sweat changes. It becomes almost oily.

And that's the sebum that you're releasing and that's where all the heavy metals are. And so people incorporating that into their lifestyle is a really, really smart decision.

And this is for people with kind of diagnosis of cancers, but also just the general population.

Fasting, Secondary Prevention, and Detox

We've always had detox built into our societies and in the West we don't do it. You know, the Greeks had sweat, saunas, the Scandinavian cultures, Persian cultures, even Native Americans had sweating as part of their lifestyle.

And we should as well. So when you're talking about sweating, is the sweating more effective from exercising from sauna, wet sauna versus infrared sauna doesn't matter.

MM Yeah. So you're getting different things from different types of detox, right? An infrared sauna is activating circulation and reducing inflammation in a different way than a wet sauna would do when we're thinking about it in terms of how much heavy metals are being excreted, really just sweating is important, right?

But if you want the other benefits of different types of detox, that's where we would emphasize something like an infrared sauna over your traditional, you know, callsign about you see maybe a year.

And so, again, I'm a big proponent of home saunas and so I would like people to have one. It's a huge investment in your health, but also your family's health.

This operated circulation is tremendously important. You know that huge proteins do tremendous things in our bodies and help make all of the other therapies you're doing effective and it's just good for immune surveillance.

Yeah, absolutely. So you brought it up. So I'm going to go there. I get this question all the time because for decades people put amalgams in people's mouths.

So how do you advise people in terms of when and how to have their metal amalgams? Yeah, this is controversial, right, about what you do and when. And it's especially poignant for breast cancer as it's been pointed out to me by many in acupuncture, as that these molars where we often have that directly go to the breast.

They're on their breast meridian. Yes, they are. And I'm sure this is not news to many of your viewers, but I see that all the time, and I'm sure you do as well.

And you know, to what extent we can validate that, I'm very curious, but it is very interesting that we see that. And so for my patients that have that present, I tend to encourage gentle detox during active treatment.

But I again, this is controversial, but I do not advise that people remove their amalgams during active treatment. And this is either. So, you know. This is something.

I say now is not the time. Exactly. Exactly. That if you proceed with getting your amalgams pulled out, mid treatment or during diagnosis that is pouring gasoline on a fire.

I have seen this go wrong and you just don't want to be in that position. Yeah, it's a very difficult hole to dig out of. Mm hmm. Yeah. And this goes true for even other types of metals, for instance, if somebody is low in iron, I don't add iron to the system.

It's a big no no that's putting gasoline on a fire as well. And so I don't want people to be of iron, but certainly intravenous forms. It's a no, we're not doing that during active treatment.

And then how they go about it is we verify that you are really outside of your course of illness, that you are fully in remission. And this is a good while.

Like I don't want people like just after they get the very first scan, just after they have their first circulating tumor cell liquid biopsy report saying everything is free and clear, I need enough time and I need to verify that inflammation has been brought down.

And so there's entire, you know, sets of integrative bloodwork we're running on folks to verify not only with scans and imaging and tumor markers, but also inflammation, blood sugar, hormones, growth factors.

All of these are in optimal spaces before we implement a plan with a holistic dentist and the dentist you work with or the orthodontist, whoever is doing the amalgam removal really should be trained in order to do this and.

Well, yeah. And then I tend to as a good protocol is have them set up for I. V. therapy before after and during the extraction. So that way anything that is pulled into circulation, we're really supporting your systems to eek that out appropriately.

And then people are really making sure that they're taking good binders orally during that time as well. There will be some collateral damage that cannot be avoided, but we can try and mitigate and mitigate and mitigate as much as possible.

And what are you doing for your I. V. therapies? It depends upon the person. I am a proponent of things like our testing rate and ozone. I also use lipoic acid mineral complex intravenously.

That's a metabolic rescue therapy. And I used to use a fair bit of high dose vitamin C, and it had pulled away from that a little bit depending upon different things that are present in somebody's body.

And do you feel the same way about root canals as you feel about the amalgams, or do you think root canals need to be looked at with a little more urgency?

Yes, I agree. Root canals are reservoirs of infections and. In the same way that our heavy metals connect with our meridians. We're seeing a similar connection just in having that reservoir of issues, and this similarly needs to be attended to very delicately.

There needs to be good immune supports and sometimes oxidative therapies to sequester anything that is released during that time. But usually I would prefer people do tooth extraction rather than proceeding to root canals.

And let's end with monitoring because this is probably the most common question and the most confusing question that I get asked frequently. I don't know about you.

I don't really believe in screening mammograms, and I don't do them before and I don't do them after. So how do you continue to monitor your patients and ensure that they stay on the intended path?

Yeah. Yeah. This is a dance depending upon where you're located, right? Some spaces in the country are better suited to doing the stance than others. And so, you know, where possible.

And oncologist willing using MRI's without contrast can be a useful monitoring tool. That said, we don't. I noticed you said without contrast you you agree that gadolinium is a problem.

Oh, I've seen it. Yeah. I don't want that causing issues. You know, I watch people's kidney functions like a hawk during treatment, and we are rather glib with how we use these contrast agents.

But if you're paying attention, you know, you'll see somebody at diagnosis have GFR of 90 and then after the very first year they'll be about, you know, a 70.

And then the next year after, you know, more imaging, they're getting into chronic kidney failure. We only have a set number of incursions that we can do on our kidneys.

So we should be very judicious about how many times we're running these things. But, you know, but people are repeatedly told that gadolinium is safe and they they believe it.

Yeah. And it's not until they get into a problem that they, they say like what, what, what happened to your body? What do you mean? You told me gadolinium was safe.

Yeah, yeah. Right. And it's it's a heavy metal. I mean, it is being stored somewhere. Any heavy metal that comes into your body is being stored somewhere, and it's being stored at the expense of something.

It's either being stored at the expense of minerals that you need or it's being stored at the expense of the function of the organ that it's being stored in.

Exactly, exactly. And so, you know, if people can do it and we can get an oncologist to use a non radiation form of imaging, then great. There is a new company on the market.

They're called pre NUVO and they do advanced MRI imaging and in my opinion they're sort of the gold standard for imaging and you actually get better images than you do with MRI.

Even with contrast, I have sent people for pre nouveau and we were able to see things that we would repeat with an MRI locally that they didn't see, and then we would do a CT, there'd be nothing, and then we would repeat a CT three, you know, six months later.

And then we see the thing that the pre NUVO saw six months earlier. So that's happened a number of times now such that, you know, I'm just really putting a lot of faith and trust in what produce what we're seeing.

It's not available everywhere. I mean, I don't even have one here in Washington. And so people have to go to Vancouver or to California in order to have that done.

So it's a day trip. It is out of pocket. Some insurances are covering it, I believe right now. I could be wrong about that. And then other monitoring is the world of liquid biopsies.

Right. And there's a number of companies that kind of come and go, you know, over the last two, six years. And these can be also useful, seeing if there's any rumblings of circulating tumor DNA or actual circulating tumor cells that we can identify.

And those numbers are quantified. And so those let us know if there are changes that are going on. And then beyond that, I have a series of labs that I run on every single one of my patients that has a diagnosis of cancer and the frequency changes depending upon how they're doing.

But usually every six weeks to three months, especially if somebody is in secondary prevention space and I am running their CBC and I am running a sedimentation rate, a C reactive protein, a lactic acid dehydrogenase and a ferritin for and they're tumor markers.

But really, tumor markers are not, to me, as sensitive as what I see with those inflammatory markers, for sure. Somebody neutrophil to lymphocyte ratio.

If people are in optimal spaces for your CRP or your sedimentation rate, your ferritin and your energy for the lymphocyte ratio, I see that they're in the driver's seat that they're doing well.

If some of those parameters start to change, then I get concerned. LDH and ferritin especially can be leading indicators of something going wrong inside your C MP.

There is alkaline phosphatase that can sometimes be indicative of metastatic activity and similarly calcium can also occur. And so those can be early warning signs if something is going awry.

So really those that would actually be six or six tests, your complete metabolic profile, your complete blood counts, LHC ESR, C and CRP. Yeah. So I notice you left insulin and a1c.

Mm. Yes. So I'm always running those as well but I don't run those every single day. Six weeks. Those are not indicators of a cancer in process, they're risk factors for it.

And so if somebody's insulin spontaneously starts going up, I'm not thinking cancer is causing that. I'm thinking that least lifestyle or diet is causing that unless it's like an insulin or something.

Dental Issues and Long-Term Monitoring

But I am monitoring some of these A1 C and I'm pretty strict on it. I want people to be less than five at all times. Always. Are you having people where cgmps.

Where it's helpful? Some people don't like pricking their finger and they may not be able to wrap their head around the diet and lifestyle. So having that data can be really helpful.

Some people get really obsessive about it and they start to put themselves up and go into a shame spiral. Yes, I have one of those right now and personally way too obsessed with it. Mm.

Yeah. But I think they're great, I think they're super neat. And I had this one couple and they, we went out to dinner and you know, the waiter comes by any brings up the bread and we're like, Oh, wait a second, we don't want this.

And they're like, No, keep it. I want to, I want to test this out. And so the one wife, she had the bread and hers was completely stable. And then the husband, he took it and his, you know, bread is skyrocketing.

His blood sugar. And so, you know, sometimes you find out that you can actually tolerate certain foods, so the most may not apply to you. So it's very useful.

I think that it is beneficial for everyone to wear one just for even a limited amount of time to know what's good for you because we are all so bio individual.

Mhm. Right. Exactly. It's really fascinating. So we covered a lot today. I just want to quickly review that. What you should prioritize when you get a diagnosis is that you should make sure that you're working with a qualified physician and someone who is a functional oncologist and integrative oncologist and naturopathic oncologist.

Make sure that you have both sides covered so that you could be counseled and advised in a holistic kind of manner. Assemble your support team with that you trust and people who are going to give you what you need when you need it, which is now work on your environment.

The physical, mental, emotional and energetic environment, and start to think about gentle detox. And we talked about really thinking about how well you regulate your nervous system, how you self-soothe, and can you manage your anxiety.

Because if you can't, this is the time that you need to start working on that. If you're not sleeping through the night, you are not managing your anxiety because sleep comes to people who are at peace.

And if you're not sleeping, you're not at peace. We talked about some phone strategies that you can do which really boost your pulse and and get on your healing journey.

We talked about soreness, some supplements having really good physical activity, connecting to nature, being in nature, close to nature, taking news holidays, doing a digital detox and media detox.

All of this is really going to help to boost your health. Specifically, we talked about some chemo, protective agents, turmeric, cactus, all energy. Is that homes? Okay. A Nokia.

A Nokia old. You oak kill. Oh, yeah, l got it. Okay. Which is Magnolia. Officially ours. Is that we use fish analysis. Of fish analysis. What I, I used it Hono Pure by ecoNugenics.

They have my my favorite one. All right, I'm going to, like, talk to you about this offline, because I do not know about this. And I want to learn and then taurine l-theanine for that fermented wheat extract which is synergistic with

chemotherapy.

So you'll get more benefit from chemotherapy and less side effect. And then of course, vitamin D3K2 we talked about radiation and protecting against the harms of radiation.

We talked about practice all again, vitamin D and being very aware of your inflammation, your blood sugar, because the higher your blood sugar is, the more damage you're going to get with radiation.

So high insulin, high blood sugar means that you're going to have more damage with radiation. And things that can be helpful during radiation are things like hyperbaric oxygen and photo modulation with red light therapy and adding in melatonin.

We talked about fasting and how that's a skill and how women maybe need to think about it a little differently than men in a cyclic kind of way. We talked about secondary prevention and this is the time for clean up.

This is the time to ask your why. This is the time to figure out what drives disease in your environment and fix that and. Getting a gentle detox practice and making sure that you're sweating for 30 minutes a day, drinking good, clean water, using binders like practice all.

And then there are other metals that you should be thinking about and maybe having binders for them as well. We did go into dentistry a little bit and the timing of removing metal amalgams when you're in active treatment, that is not the time.

But root canals are reservoirs of infection and need to be dealt with more urgently. And then monitoring after cancer that this is a dance and that hopefully you can find someone who will safely monitor you maybe using MRI.

Without contrast, you talked about about I'm working with Q T imaging, which is doing radiation free scanning of the breast, which is painless and without contrast, there are liquid biopsies and there are a number of different companies looking at circulating tumor DNA or circulating tumor cells.

And then your panel of labs that you're running, you're running a CBC, a separate a C-reactive protein lactate, dehydrogenase, a certain sometimes tumor markers, but they are less reliable, a neutrophil to lymphocyte ratio.

You're looking at an alkaline phosphatase and an increase in in calcium can be one of the early warning signs that the cancer could be returning. What did I miss?

That was such a wonderful synopsis. There was one thing that I would like to amend, okay, with regards to Gentle Detox. And so you had said 30 minutes a day and perhaps that's good for some people.

What I will say about detox is that detox is not a race. You go at the pace that your body can tolerate. If somebody does a sweat sauna session and they do it for 45 minutes and they're tired for like three or four days afterwards, that was probably too much.

And so sometimes people do that maybe once every week or once every two weeks. They do a longer session. Doing shorter sessions is probably better tolerated and good for your cardiovascular benefit and all those other things.

In terms of like doing a real detox, scheduled a spa day, go to a place that has, you know, holding cold and hot plunge. You spend 4 hours there and make a make a deal of it, right?

Bring your girlfriends, bring your family, whoever you want to break. Right. Do that maybe once or twice a week until about twice a month. If if that's how your body responds to it.

So make this an event, make it interesting, and then make a gentle, gentle, gentle. gentle. It's not a race. Yeah, and it's forever, right? Because it took you this long to get there, and it's going to take you the rest of your life to

maintain your health and as you said, this is not a sprint.

This is a marathon, and health is not a destination. It's a journey. And I'm so glad that you joined me today and gave us all of this amazing information that people can take with them on their journey.

It's been a bless. Thank you so much, Dr. Jenn. It's Dr. Jenn, bye for now.