Introduction and Dr. Rubinu2019s Background

Welcome, everybody, to the Cancer Breakthroughs Summit. I am truly excited to speak today with Dr. Dan Rubin. I'll make sure I make a strong statement.

I consider him the top oncological naturopathic physician in this country and somebody I would call if I had cancer in. And he did help. He's also a dear friend.

Even if we don't see each other often, we have a hard connection and actually met. Then for the first time. Then I realized in an AP meeting when I spoke, I think about 1997, 1998, you must have just graduated.

You know, seven five. This was the first time I had no idea you already people were telling me you got to meet him. You got to meet him is so brilliant.

And then now I realize you just finished school, but you already you already had a reputation. So really, Dr. Rubin is is really a pioneer in bringing oncology to not to a basic physician.

He's a president and founder of ONC and P embodies it trained and certified naturopathic physicians in the use of complementary and integrative oncology and is one of the first six graduated actually if I remember correct on that.

I read some of the original papers of vitamin C, which is the whole story, you know, and then is passionate, is extremely creative and is brilliant, you know, I love the conversation with him when we just sit and we like fly to different areas with our imagination.

And today he's actually going to share some of this with us. So Dan welcome welcome to the summit. Oh my God. Thank you so much. Thank you for that and fro.

I can't wait to have fun chatting that totally. So tell tell us a little bit. Why did you choose not to pursue oncology in the first place? You know, you had a lot of choices.

I, I think about and I remember sitting I think it was freshman year anatomy, class lecture. And something occurred to me that cancer was a culmination of all of the physiological processes in the body, all the anatomy of the body, the singularity down to just the most by new structure.

And this was the mid-nineties. This was 1994 when I was sitting in class, and I remember thinking about cancer. And, you know, cancer has touched my personal life as well.

Back then, I was 24 years old when I started thinking about this. And I as I made my way through naturopathic medical school, I realized that I had a love for the complexities and the elegance of the human body and physiology, and that cancer provided a great mystery and would probably continue to provide a career long mystery and entertainment and edutainment and interest for me.

And I just was naturally drawn to it. I think to be in the world of oncology, you have to be tough a little bit. It's it can be brutal. You know, it's you have to understand where success has come from, too, because sometimes getting somebody to see their daughter's wedding or to the graduation or to that family vacation or improving their quality of life is still a success.

It's not just marked by, you know, how much did the tumor regress or did the person get all the way better? And that took a lot of framework and work on my end to be able to realize what you consider job satisfaction.

And, you know, being in it now 26 years as a practicing physician to be able to really understand the principles and

practice of oncology, which is I think is really, really where the integrative model starts.

And being able to discuss with patients expectations and what to expect and reminding ourselves that every patient that comes into my office that sits on the other side of the table for me doesn't necessarily want or need to live.

So I'll have that discussion and say, Do you want to live? And you know, surprisingly, I teach this to students and residence as well, that it's appropriate to ask that question.

Sometimes it's very satisfying and calming to the patient. And I remember one very particular not that long ago who was like, No, this is what I want.

And this person knew what they wanted. They were happy with their life.

Why Oncology Drew Him In

They they achieved what they wanted to their kids were grown and on their own and they just didn't want to suffer. And they were okay with the amount of life that they had lived.

And I think that there's a continuum of oncology and it just culminates everything that we as physicians can do and have learned and as experienced physicians, as we continue with our ongoing collection of knowledge and experience oncology, it's that sweet spot.

And that's why I do it. Well, it's amazing. What an amazing answer. I mean, one of the amazing things what you said about for some people, the idea point in their lives that it's enough for them.

There is they're like it's the right time. They are ready to close the journey in an harmonious way. And one thing that we often see in oncology in general, like, you know, when somebody has a response but it doesn't affect overall survival rates, but disease free survival with side effect.

And you see it in in alternative therapies, some of the more, you know, certain kinds of chemotherapy without going to the details where the only thing people are looking did the tumor shrink?

And it may have no effect on the person's quality of life and on the length of their life. And I think realizing that the you know, the impermanence and the mortality of all of us is a profound principle for the patient and for the doctor.

It makes us right and makes us more relaxed to talk about it. And so thank you. Thank you for sharing. And starting at this point, it really gives it a different context.

So, you know, you studied like in the late nineties and then things were really not organized in the integrative in college. I remember I was doing integrative oncology and an acupuncture license, but by the license medical doctor from Israel were like full people in the whole Bay Area like that.

So you know, like 8 million people said we're doing it. So tell us how was the early years of your career when things were not as is popular and, you know.

Well, what's interesting is not only were they not as popular, but they weren't as regulated and they weren't as trite. And I do sit in our naturopathic licensing board.

I sat on it for quite a while and then a couple of terms. So very interested in the ethical ness of the approach to the person with cancer and just medicine in general and, you know, abiding by our licensure.

And so I've watched the transition and the complexities as as naturopathic medicine has risen, as integrative medicine has expanded. There is sort of like a barriers and tightness that have been put on to the naturopathic realm.

You know, we're not MD's, we're ND naturopathic doctors. And as we have brought things to light, I think there's been you know, there's somewhat of a turf war.

And I think that's what I've experienced in my 26 years of practice early on we were doing immunotherapy, real immunotherapy. We had a lab we were able to ex outside of the body or ex vivo, if you will manipulate somebody's immune system, prepare it and then put that back in the body, which is, you know, we still say that the immune system, regardless of how cliche this may seem to some people, the immune system is still the first and last defense against cancer.

It really is. And what you've said so elegantly about potential toxicity without regard for true quality of life and having did the tumor shrink or not?

And is it considered a partial response? And it's all algorithmic mathematical systems and you lose the creativity that we are born with and the humanitarian aspect of that you want to live, how do you want to live?

When we get in that realm of the site of toxics and really everybody just getting into trial data and everything and we are, as you know, so much more than that.

So my early days were really rewarding because of the ability for creativity in a way that we can't use right now. And what I mean by that is cell culture, being able to use a person's own immune system outside of their body, manipulate it and put it back in.

It was it was a it was a beautiful therapy in a beautiful way. And in this country, we can't do that anymore. And my early days were marked by a lot of hands on therapy.

A lot of the back, you know, producing true immunotherapies and the ability to utilize what we needed to intravenously. And the complexity was a the elegance was a different sort of complexity because we have so much coming at us now and so much in the media channels and so many hipsters, you know, one way or the other and so much info that it's almost like we have to create a safe place for our patients, which is what we do as skilled physicians.

And people who've been in it for a long time is being able to really understand the disease mechanisms and really, you know, talk about how to figure out each person's sort of angle, metabolic milieu to determine what's right, because there's a ton of information out there.

Early Integrative Oncology and Creative Practice

Back in the day, there was a whole lot less information out there, which you and I chatted about before. In fact, what was it that you were saying about what happened in the in the nineties with some of the treatments?

So yeah, we had very few tools, you know, like, no, yeah, we got vitamin C, we got vitamin D, I modified it was texting. It came on board like in 95 with soy isoflavones and so a lot of hands on stuff.

And somehow we got, I think almost as good as a result that we get now is a lot of fancy stuff because we refined the tools. I think for you what's interesting because when you say onco metabolic and many people can see uncle metabolic but when then for the listeners is uncle metabolic, he knows uncle metabolic.

You should see the eyes of his colleagues when he talks. Everyone loses him after 20 seconds. And so but you know, one of the reasons you can do it then is because we started at a time when there were very few tools we had to be creative to close the gap of the unknown.

The unknown is a gap of creativity, right? And now it's kind of scary to see how protocol based medicine is turned. And I would love to hear your opinion.

I have to say, not only not only as a medical doctor and I gave a lecture at the It's on and P and it was creative

inspiring and I sit next to a young, younger and I do a public physician and they were sharing something and they turned around.

They said, How many randomized clinical trials do you have? And they said, okay, wow. You know, they lost the beauty. They lost the movement. Yeah. We use science to to support our creative observations.

Right? That's the beauty of your work. You are very creative, I know, but you are science based and you use the information from science, but you also substantial debate from science.

So maybe you can talk a little bit about about how do you navigate a get with it. Such a deep tendency to have a protocol based medicine. You know, thank you.

I say many times very loudly and proudly to patients or other professionals that without my creativity, I am annihilated. I am. And I should say here that my background, my undergraduate degree is existential philosophy, where I we argued the existence, you know, we we argued for stuff that we didn't know and we came to a conclusion.

But to get to that conclusion, you had to develop an argument. And so, you know, my father used to joke after my graduation that he he's like looking into one of ads again.

And I don't see any philosophers wanted. And it was just an ongoing joke. But I look back and I would I would do it all over again to get a degree in that type of philosophy, in that type of thinking, to come to where I am now.

Because every day I sit with patients. And what we value as a doctor patient relationship is my ability to help see and discover for them what their body is doing because they're not a randomized controlled trial and they're an end of one every time, every patient or every patient, every time, meaning not just my new patients, but when they come back, it's like, okay, what do we have now? What does your bloodwork show us?

What is your milieu? What is the metabolism? And still, we're only as good as the testing we can do and the stuff that we can figure out, the things that we can discuss, but we can get really far nowadays and hoping to discover that.

And so protocol based medicine is creative in a way that we made. It's creative to an extent, but when you lose the end of one aspect, which I think in general medicine has gone far beyond, you start to dilute out the effectiveness for each patient.

And it's more of a let's hope it works. I hope that this and every doctor knows in oncology that when this connects with this and it's better and it works and the tumors go away, it's just like it's an amazing thing.

But it's rare to some extent. And I think that's part of the problem in the world of protocol based medicine, and especially as a naturopathic oncologist and trying to fit into that world and I do want to talk about why I think integrative is was the chosen path for me.

But fitting into that world, you do you know, we have to sidestep a little bit. We have to maybe step back a little bit, maybe not use everything that we would want to use because we have to make room for everything else that's on the table.

And also meeting the patient where they are. Some patients are we don't want any conventional therapy. And then there's patients on the other end of the spectrum, of course, that don't want to have any involvement with a naturopathic physician or anybody with diet or anybody sort of that is not truly conventional.

And then in between that and everywhere in between, that is everybody else. So getting back to that creed activity, I remember very, very clearly probably within the first ten years of my career being called upon to lecture, because I used to be called upon all the time and I was co lecturing.

So to speak, with a very well known and up and coming addition in multiple myeloma researcher, fantastic doctor, wonderful human, very nice. And we he was doing his part and I was giving the naturopathic approach.

And, you know, this is probably this is probably maybe 2004 to maybe 2019, 20 years ago. And the inevitable question came up about research for the double blind placebo controlled for where's my research or whatever it was it was in that realm.

And, you know, I had to answer that in a, you know, wide public setting and the way that I handled that is the way that I continue to answer today is I respect research.

We have to have research. I've participated in research trials. I participated, you know. Right. Papers I published, of course, not as much as you have.

You want to prove a scientific point. But we created science as a way to try to help understand the entity and the energetics and the vibrations and the light and the biochemistry of what we are.

If we had it the other way around, science would be a lot easier to prove, but it's not the other way around. We're trying to fit something that we created and creating construct to as we continue to be more genetically diverse.

And because of that, you have to have creativity for each person. If we didn't need that type of creativity, that would mean that the treatments just work all the time for those people and we just wouldn't need it.

And I would just be in the world of quality of life for lots of people through chemotherapy. But it's clearly not like that.

Creativity, Research, and the End-of-One Approach

And the people listening today are either touched by cancer in their own way or from a friend, or somehow in their personal lives, or understand that, you know, a lot of the times it's not like that.

And that's why we can't just rely on a research paper by patients, simply they don't have time to wait for that. It will be then a remarkable and and so I mean, it is you know, we have very, very similar approach.

But you really put it in a way much better than I could. It's really important. You are you are driven by this insight and you're using you using research as a tool to really understand it.

And it's important. It's vital, really, for the treatment of cancer. And, you know, when you look at a holistic approach, people can either taken alternative approach or they can take an integrated approach.

And it doesn't mean that integrative sometimes we mean alternative because there's no good conventional treatments. But the highway we start with is the highway of integration.

You're starting out of respect for anything, and everything can be useful for the right person at the right time. And I know that you, like me, chosen to creative approach as a model and really have proven the effectiveness of it.

So maybe you can share some more insight why you did it and what and what are your observations after so many years? Thank you. Or, you know, you have been a great mentor to many of us in and even indirectly to many of us just in looking at the work in the way that you've been able to blend science with creativity and spirituality and treatments that could be scientifically proven, but in some means, why why would we do that?

Why would we sort of ruin some of these, you know, beautiful treatments? So I know there's a science to meditation. I know there's a science to acupuncture.

Take a in three or take modified citrus pectin, which you have championed and given that present to the world. Without science, we wouldn't know structure, function, relationship.

So without science we wouldn't be able to test when it's being utilized appropriately or if it does need to be utilized appropriately. But it doesn't mean that that that every single person has to be put on a scientific study.

So we can blend it using science to help guide. And so I think any doctor would argue that they use science to help guide, but it's one it starts to be really the overarching aspect and we lose the end of one humanitarian aspect.

That's when it becomes a real problem, in my opinion. Why I chose Integrative is because I truly did and still do believe that that's the way that you can help or that I can help the most people.

The most ways, because it's not all alternative. And you know what? My treatments that I give, maybe they're not that good at killing cancer cells. And on the conventional side, maybe they're sometimes pretty good at killing cancer cells and they have a lot of power, but they lose that.

All the gaps that we fill in there just they don't have the mechanism for it. And also there's the affordability issue. There's the accessibility issue, especially when I first began.

I mean, there's not that many of me's in use out there in the late nineties, early 2000. You know, here we are in the 2020s and there are lots of accessibility.

And we have the Internet and social media and a lot of a lot of accessibility and product accessibility, which of course brings its own set of problems, which you and I clearly know.

But I remember in 2003, so 20 years ago is when I made the decided move to become integrative, we had sort of sort of parted ways at the clinic that I had been with, Neil Reardon and the immunotherapies we had been producing and really looking at where my journey was going to go.

And I had been so interested in bringing that designation and D where naturopathic doctor to where it had never been before. That was a big goal of mine.

And so being able to join tumor boards at the hospital and being able to, you know, write a letter and interface with medical oncologists or radiation oncologist, being able to gain referrals and truly speak the language of the principles and practice of oncology, not just naturopathic or conventional.

Oncology was very important to me. It's part of the reason that during my naturopathic medical training, I did about 400 extra hours of clinical work in hospitals and M. D.

conventional D. O. oncology settings. Is I was like, I'm an M. D. they're not just going to do what I'm doing in my small clinic. I need to learn the wholeness of medicine.

I was the first naturopathic physician to ever go do a rotation in the county hospital emergency room out here in Maricopa County, Arizona. It was fantastic.

And I saw things that you just don't see in a naturopathic medical clinic. But I felt incumbent upon me to know if I'm going out there into the world and I'm going to treat patients.

And especially in the world of oncology, I need to see deep medical, emergent and acute and serious stuff. And it really set me up, I think, to be to understand and be calm when I'm treating patients and be calm in the face of an emergency or an urgency in our clinic, and to be able to interface in the greater world of medicine and I see my philosophy is that no matter what your degree, if you're a physician, you started as a physician, then you may be allopathic or naturopathic, and then you may be a naturopathic oncologist or an oncologist.

So you really specialize and then you subspecialties and then you can have some subspecialties. But I feel if we're all physicians and treating people, we all learn the same pathology and embryology, biochemistry, physiology, pulmonology.

So for me, that's why Integrative felt most comfortable is because I could see the widest range of people, including children. We see a lot of pediatrics in our practice and it gave me, I think, that balance for people and it eliminates dogma, autism and belief.

And what I mean by that is the term, oh, my doctor doesn't believe in naturopathic medicine or my doctor, my oncologist doesn't believe in what you're doing.

I'm like, you know, if somebody that becomes dogmatic, that becomes less different, that opinionated belief isn't objective. And so to that, I always say, well, there's an objective way to go about this too. Belief shouldn't be in isn't in my type of medicine.

So that's why I became involved. This is really inspiring to really hear.

Why He Chose Integrative Oncology

I understand no one thing I know from having natural patients is you have great relationship with hospitals, with oncologists, you know, and it I can understand where it really comes from.

And so you really leave the integrative model. So maybe share with a little bit the journey of a cancer patient when they come and see you at your at your medical center got it.

Thank you. We're in Scottsdale, Arizona. Of these windows is about is a cancer center with about six oncology practices, including radiation oncology.

It's on the grounds of a of a hospital. And this is called honor health. And then in sharing the parking lot is a big research pavilion. So this is a in Scottsdale is a big hotbed for oncology.

There's a lot going on out here. So when a patient comes to see me and they come into my office, you know, they've already gone through a lot of paperwork.

They've gone through an interview process just to make sure that we're right fit for them and they're right fit for us. And we just want to make sure that this is the right thing, because cancer can be stressful on friends, family and of course, the patient's big diagnosis.

In fact, early on in my career, I got really interested in and this is a little side note, but I think it's important enough to mention Neil Love did he was the host of breast cancer update I clearly remembers about 2004 I think when they they went and they interviewed women with breast cancer and their initial responses to when they first heard their diagnosis.

And I thought that was so important to hear what happens when somebody gets their diagnosis and how does that temporarily or maybe lonely, temporarily or permanently change their physiology and their electrical conductivity and on their spiritual plans like that?

That's a jolt. And so I listened many times over to the interviews that they did, and I thought that really helped catapult me into being able to do the first thing that I do with the patient is meet with them.

I'm sitting at my desk here. We have a collaborative model, we have a collaborative desk. It's a standing desk, too, which raises and lowers a patient would like to stand or sit.

It's a we're all at the same level. It's a big conference table and they have the same type of chairs that I do. We spread out papers, we have beverages if they need you, so we can really have a meeting about what you know we need to discuss.

I have a screen where I demonstrate everything for people. So they see what I see. I, they see what I write, which I think is important. So it's really a team effort.

And so when they come in, we, I hear their story and I spend as long as I need to on their story because they for me, timelines are crucially important.

So I just have them begin. And for some people it begins when they were children, when they became chronically ill and they haven't even been well since they've been a kid.

Or it might begin with a bug bite or an incident or something else, but whatever it begins for them, it's important for them to let that out because this may be the first place where they are feeling safe and comfortable to talk to somebody who is interested in where it began for them.

And then it depends where they come to me. You know, they may have already been through surgery or tried various conventional options or even other nonconventional options, and now they're coming to me, or they might be at the very beginning of their journey, and they're like, I just found out my diagnosis and I just want to start with naturopathic medicine.

So timelines are important. And so I write down the data I really like to help dissect their pathology. And Doc Ray. Doc Ray, the Latin term for doctors teach is one of the highest precepts in naturopathic.

Medicine is something that I am devoted to. And a lot of people, they really have no idea. They just have breast cancer, pancreatic cancer. But nowadays there's so much, so many intricacies that we have now with genomics and next generation, next generation sequencing and all the sort of, as you know, advanced testing that we can do on the pathological specimens, that we get a ton of info.

And that stuff's really important. And it may be even more important in the nonconventional setting because as you know, we have so many pivot points, we have so many things that we can do this and this and really, you know, amalgamate the protocol or in conventional medicine, it might just be, you know, standard chemotherapy regimen because they have to use NCC and guidelines to get from one place to the next where we don't necessarily have those.

And I mean, there's there's obviously positives and negatives about that, and that's arguable, but not for here. And so dissecting the pathology and really digging deep and understanding what it is and what is it, what do we know at the level of the cell and then the staging, you know, the anatomy?

Where is it and what does that mean? And what can we decipher from maybe the ankle metabolic milieu and the behavior of the cancer? Is it typical or atypical?

And if it's not metastatic, is it impending? Is it important for me, for a woman with estrogen receptor positive breast cancer who has no known metastatic spread to make sure that their bones are strong and do a bone assessment and not just a bone density or, you know, a bone scan, but also consistent and repeated serial lab testing, because we know that the bone is generally the first place that breast cancer is going to travel to.

So for me, that's really important to really discuss how we go about the treatment planning process and so when I write a protocol, I write it in front of them and it always has four components action steps, issues, testing and treatment.

Treatment is what are we going to do when we write down the plan of action? And sometimes it's multi-step testing, what are we going to test and what have we test?

And we keep track of everybody's serial testing. And I write it down completely because it becomes my one reference page because as you know, it's kind of laborious to roll through a note of miserable, blah, blah, blah.

When you're seeing another person's patient, you want to get to the nitty gritty, what the heck happened? What are we going to do and what are the important parts?

So we always write down testing and all the results. You got to follow that issues. What are the what are the things

that are top of mind and what are we dealing with?

And it's also good for patients to see that. I recognized that something that may not seem big in the context of an oncology case might be really problematic for them.

And so having a hurt knee kind of is a big deal.

Patient Intake and Treatment Planning

So I might write that down and that might mean that they then can exercise and feel as strong and robust as they want to, and that may change the way that they feel about themselves and sort of degrade their immune function and their vitality.

And so treating the knee might become a route to preventing recurrence or actually making the chemotherapy work better, the radiation work better, and then action steps.

So that way myself, our staff, our clinic, the patient and any other doctor, that's looking at it are on the same page in terms of what we plan on doing, and those are the things that we need done before we the next visit.

Then the action steps always include our follow up visit and then they when they're done talking to me, they would go spend quite a bit of time at our front desk making sure that head to toe the lab requisitions are written.

I mean, a lot of times they'll spend an hour with me as a new patient. They might spend 30 to 60 minutes with my front desk making sure everything gets taken care of.

And that's a general visited our clinic. Every new patient. Though, I think it takes a lot of experience to recognize the jewelry that you shared at first.

When is the doctor which is on a that he looks at the pathology I mean then is a unique way of knowing the pathways different genes and then we have herbs supplement vitamin treatments to manipulate these so yeah, you can do the chemotherapy which is, which is a protocol, but we can move it to the direction that we need.

And the other thing that really that you share that is profound and I want the health providers in this summit to be aware of their work. The cancer will metastasize in a weak spot.

We know it. It's proven strong. Again, resist the metastatic process through biochemistry when the organ is weak, right? A patient with chronic hepatitis will get liver metastases sooner than expected.

So by recording the weaknesses, they may be physical injury and they may be emotional, they may be toxins. We're actually taking a profound preventative step and allowing the body to focus and actually use the drugs to really fight the cancer.

So this is a really important principle and these are the simple, brilliant. They are complex, but when you put them together, then they are obvious, right?

I mean, how can you not do it this way? Right. That's what makes the difference between a good doctor and an exceptional doctor in between. Good result. An exceptional result.

And it's an hour, then we know it. It's an hour. It's not something that you know that you learn. It's really divided this creative process and feeling it in your mind and your body.

I love it. Right? I know. I know you. I want, you know, for anything. Oh, wow. I got lucky as well. It's not so. I got lucky. There is now a cellular mechanism within me that is able to process that data and take it to where it needs.

It needs to be. I mean, the body is incredibly intelligent and it's like beyond what our peculiar science is. No. And

that's what I was saying. We made that to try and understand this complexity and we're still so far away.

Nobody always wants to survive. We have to remember for some time that cancer is the best solution for the body to survive. It is no better solution. That's the survival paradigm. Yeah.

And then so what you're doing, you're opening the gates. So tell us, you know, seeing so many therapies around and I know that you've done a lot of pioneering work with the circulating tumor cells and then and you are brave enough to be critical of a test, even if you used it a lot and you on the scientific of some companies, you know, you have these unique heads that you wear.

What the what are your big tools that you say? Well, these are a must for cancer that you want to share with the audience and also that you utilize in your unique way.

Do you mean therapeutic tools or testing tools. Can do both? Actually, yeah. I the maybe the most valuable testing tool is testing itself. And it doesn't matter necessarily what type of testing, it might be a pulse diagnosis, but you know, getting info back, just doing what I can to make the joke that typically in the world of conventional oncology, you take the most complex of diseases in my opinion, which is oncology, and you get the simplest of lab tests.

The CBC metabolic profiler, I mean, we know it and it's like insane. Yeah. It is. In saying the because every test that we run where people like I don't know what that is or why would you run that test?

It's like they're available to everybody and there's so much data out there about these lab tests. So any kind of test, finding out something about the patient is important.

Our testing that we do and we we've developed a methodology of using just commercial based labs so people can use their insurance benefits to get the testing done.

And it's it's the interpretation is the secret sauce or not the secret sauce. We're not secret, but it's the special sauce. And it's it only comes when you when you have experience and you've seen 100,000, 200,000 lab in patterns and being able to pick out, I know what's going on unique, you know, it's not going to show up on scan.

We need to pivot right now because I think there's something showing through and cancer's about to erupt or maybe it's going to go to the bone. So we need to you know, you need been exercising.

You need to get back to your exercise. We need to change. And so testing and familiar with your testing, even if it's something that you've developed or so the panels that we've developed is not as important as the way we interpret it.

It's easy to run a bunch of anybody can just, you know, write for the lab tests, but it's the way you interpret it. So any physician who understands the way that they interpret in reference to the in front of them, that's really important.

So testing tools and it's testing can be rather fun. And some people really get into it and understand it. And you can you can take a deep dive. And I am looking always for being on the cusp of what's, you know, the best next solution or how can we find out the most and dig the deepest at the smallest amount?

And we're right there. I mean, we are right there at the best. And so that's important. Things that we really offer. And it's exciting for me. It's like an athletic event.

It's almost like you can be a jock. And when it comes to this, it's like it's like literally like a workout or something. When you get down to it and you discuss it with patients, it's like a workout for the brain, if you will, in terms of therapeutic approaches.

That's a tough one. You know, you say, oh, IV vitamin C, you know, through out the decades that this has stood the test of time, does it still live at the top, the list?

And if so, does that mean that everybody has access to IV vitamin C? Nowadays in Scottsdale, you can go to any mall or most street corners. You can get an Ivy.

You know, it's been bastardized here. That doesn't mean that it's the right dose or the right time or the right approach. And I have some very clear cut cases of how that has caused or led to the demise of the patient.

And when I talk about it necessarily, but there's a real problem out there. And so I do think that it might not be today anymore or maybe it's cliche, but IV vitamin C still has a really big role.

Like you said, that's what you had in the nineties and you still have it.

Testing, Metabolic Therapy, and Core Tools

Biology hasn't changed that much. Maybe our understanding is, and maybe we know more about it, it's not like we're using vitamin C to kill cancer cells and it may be like, Oh my God, Rubin's boring because he's sitting up here talking about IV vitamin C, everybody's talked about that.

I'm not talking about does the most, you know, beneficial or it's the metabolic approach or I mean, anything that we do with any lab testing or the general approach is the metabolic approach.

You know, and I'm not naysaying all these other to say what are the most valuable things that we have. And at the end of the day, it's how the person treats the human body because we have plenty of patients who are not so much treatment but who we've really refined from a lifestyle style perspective.

And that may mean, you know what, you're going to have a plant based diet, you've got prostate cancer, you're in a positive blood type. I need to switch you today to either a plant based or, you know, 95% plant forward diet, maybe with the fish add back as long as you need protein.

Or maybe it's the person with a highly metabolic tumor or glioblastoma, you know, brain cancer, their blood type, oh, maybe they're a B, or an AB we can convert them to, you know, put them on either a true low carb diet or a true ketogenic diet.

And, you know, and those are, you know, on separate ends of the spectrum. They are. And so it's and that has profound impact. And again, that could be boring because kind of it's not that fancy.

You know, it's very big, seemingly fancy to figure out all the lab testing, get all the genomics, get all the organic acids, get, you know, all this data, you know, do a really, you know, NGC investigation, analyze the tumor, analyze the blood, you know, do a liquid biopsy and compare the two.

And then, you know, make checkboxes for using this supplement for this in this supplement for that. And we do that. We do that all the time. And that in there is in blending that with making sure that the person's in balance is really important.

But the we have to realize that energy approaches to whether it be chance or meditation or microcurrent therapy or oxygen therapy or something that isn't something you swallow or eat or do, something that you know or you know or infusing that you're applying to the body with reverence for the notion that we are beings of sound and light and vibration and interpersonal affection and vibration and the need for human contact and making sure that we're looking out into a 3-D world and not just on a 2D world, which so much of us are doing right now.

You know, with feedback, those that's where I think it gets fancy nowadays, is coming back to them and then blending it with all the scientific stuff, which is what, you know.

Does that make sense? to me? I mean, again, being around a little bit, you know, being in my sixties and you're really giving a gift to all of us. And because the 3D understanding was over there, yeah, wow, we have some technology to help us.

But the 3D understanding is a creative process. You know, it's not a linear process. And we do have more tools and really for people to understand more of what you're talking about.

And we talked about it before the interview about the fact that before COVID, we saw everybody you know, I would take pulse healing hands on everybody.

Now it's Zoom. But suddenly you look at the labs, so it takes the pulse. I know that. I just I see the person. I see the life I don't look for a disease.

I look for for a story. Now, you look at the labs and suddenly you have this story and it can be within the no, I would think it'd be within the normal range, you know.

But what other relationship? I look at the frailty of their families and they can tell what's going on for the person. You know, it's emotional. It just so this is a translation and into it.

You said a profound statement. Cancer is a metabolic disease. It is a metabolic disease. Metabolism is it's a center of cancer. And it's beyond just ketogenic.

You know, it's a metabolic disease. And the metabolism of cancer is different than the metabolism of the body. And this so a change this hour, a chance to make a difference, to manipulate this relationship.

And I know you do it so most fully and you can see why I made the statement that if I had cancer, I would pick up the phone and call you, you know. So I really want I really want to thank you for this profound interview.

Thank you. I'm coming from your heart and from your brilliant mind. And please share with everybody how can they find you, how they can get to you. And enjoy really is a one of a kind care that you offer.

Because we had some patients that we had reading together. I think now for decades. Okay. And, you know, and I'm sure we you and I don't hear from them for three years.

Oh, they must die. It's like the seventh bone metastases. And then sure enough, then I think I need your help. I'm always traveling. You love them, and suddenly I don't know how you do it.

It resolved with a conventional drug, without sometimes. So this is the outrage. The art is not to being successful on this show to him is can you treat a patient on a long term basis for ten years?

For 20 years. So they come back because they have back pain actually in something completely different. So I really recognize this unique skill in you and I want to thank you for sharing it.

And I want to really encourage the audience to listen to your interview more than one time. Okay. With this, please tell people how they can get to that.

Well, thank you. This has been wonderful. And it's just an honor to be able to be interviewed by you and just chat with you. And I just I just love it.

We have a phone number. And in Scottsdale, Arizona, where 4809901111. We also have a website and the URL is listenandcare.com. And that's all right. Now listenandcare.com so what we do and then if you go to our Website, you can see all of our you know, social media and everything like that.

But call us just like you said. I mean, we still pick up the phone and look forward to hearing from anybody and everybody. Thank you. Dan thank you so much for joining the Summit.

Really. Thank you. Thank you.