Introduction to Integrative Oncology

Well, Dr. Cowden, it's such a pleasure. An honor to have you on this segment of our, the cancer breakthroughs Summit 2.0. you're somebody that has been dealing, you know, been in the trenches of integrative oncology for a long, long time.

Indeed. Yeah. you know, I'm trained as a cardiologist, but, when I set up my practice in Dallas, I wasn't picky what patients would call. just needed patient.

And, initially, they were all, you know, cardiology patients, but, they got well, and they told their friends that I knew something. And so their friends started coming to me with cancer.

Then pretty soon, I had more cancer patients than I had Cardiology patient. and obviously, I mean, at that time, you you were successful with the tools that you had then.

I mean, now there's so many tools that have been that have been added to what we can do, but it doesn't mean that the tools that we used to have all of a sudden, are old and shouldn't be used, you know?

So what were some of the tools that you were using at that time that, that were effective at that time? Yeah. Well, you know, a lot of those, tools went into the book that I coauthored in 1996, Alternative Medicine Definitive Guide to Cancer.

And, as a matter of fact, most of the things that are written in that book still are useful and applicable today. all these years later. But, you know, with cancer, you need to start with the basics.

because so many people in this country are looking for a single pill to fix the problem that they created with years worth of body abuse and, and so on.

So, you know, you start with, you know, a clean diet. And, I learned very early on that, sugar feeds cancer. So you don't want to give them sugar. You need to get rid of all the sugars and and high glycemic foods that are easily converted to sugar and, alcoholic beverages need to go by the wayside. And, you know, if they're smoking, try to get them to, you know, curtail their smoking, if possible.

you know, if they if they're able, willing to do some physical activity, then do that, you know, doctor von Edina in Germany was a student of Otto Warburg.

Otto Warburg was Nobel Prize in 1931 for identifying the cause and cure of cancer.

Foundational Cancer Protocols

and so, you know that what they say if you don't, if you don't learn history, you're doomed to repeat it. And so in 1969, Nixon declared war against cancer because we didn't know the cause and cure of cancer.

But we knew that from at least from 1931. Anyway, back to the things that you do, the, you know, foundational things. I learned fairly early on that, you got to you have to deal with the, the dental issues of the patient that has cancer.

If you don't do that, if they don't get well, usually, you have to deal with the emotional conflicts. And, that comes from the work of Dr. Ricky Hummer in Germany, who figured out in 1978 that you can resolve most cancer just by asking the right question the right way and getting in a moment, and then the cancer just goes away.

He proved that 6500 patients that he treated with asking the right question in 92% five year survival rate. So it worked pretty well. And, yeah. So 92% survival rate.

just working on the emotions. Yeah. That's incredible. So here we are is a kind of a society. We look upon cancer as a fiscal thing, so we have to attack it with with hard, strong, you know, physical medicine.

but then just working on the emotional conflict, then you're then able to, to kind of shift something that looks so aggressive and look so deadly and look so, so fiscal, to, you know, to resolve it on his own.

Yeah, exactly. Yeah. You know, you know, back in those days, we always put patients on the enzymes 30 minutes before food or water. Only because the woman's on company in Germany spent $10 million proving that, a combination of enzymes take in 30 minutes before food with water only was, effective at getting rid of many different cancers by itself.

And so, you know, if you don't, if you don't put enzymes in the mix, then you're missing a big part of the boat. you know, one of the early researches on that was, was the research by John Beard that was published in 1911, a little while back.

But, he, he was an embryologist that figured out that, that, that there's a lot of similarity between pregnancy and cancer. And he figured out that, that the placenta stops growing in humans at 51 days.

And, and so he was trying to figure out why that was happening, and he figured out that that's that's the date at which the fetus inside the womb, inside the womb produces a pancreatic enzyme to suppress the growth of this tumor growing inside the in the uterus of the woman.

And so he went to one of his colleagues that was a surgeon who had a lot of cancer patients in the hospital. And he said, I think, I think pancreatic enzymes would get rid of cancer.

And I said, well, that's easy enough to figure out. We got a bunch of patients that are terminal here in the hospital. Let's give him some some pancreatic cancer.

So they did that, and sure enough, a lot of them went into full remission from cancer. And they published that 1911. And 1911. So here we have an Otto Warburg and in the 1930s, and you have, John Beard and the 1911 and, and we're still, well, still trying to figure things out when it was so plainly discovered at that time.

You know, if if you don't learn your history or you're doomed to repeat it, that's that's a yeah. I remember who said who said that, but it's absolute truth, you know, and, you know, Royal Rife was was a brilliant, scientist.

You know, he, he developed the most powerful light microscope that's ever been created. As far as I know. And, you know, with his light microscope, he could see, viruses moving on the microscopic slide.

You know, still today, the only way you can see viruses is to do an electron micrograph, which means you have to put the viruses into electron chamber.

It kills the viruses instantly. And so all you can see is that the viruses. But he could see living viruses under his microscope. And, Dr. Rife also worked with Nikola Tesla and Dr. Markowski, both brilliant scientists as well.

Nikola Tesla built the the light source for, Dr. Rife's microscope. And Nikola Tesla also developed the, the, the tube of noble gases that, Dr. Rife fused, along with the cough squeeze, you know, pulse generator to make a device that would broadcast frequencies into the room.

And, so once he got that done, he looked under the microscope and figured out that's the way to deliver exactly the right frequency into the room, that the that the bugs, the live bugs on the microscope died almost instantly.

And so he said, well, I need to, you know, learn more about this. So he asked the local hospital if they could share

some, some breast tumor, you know, breast cancer tumor with him.

They said, sure, you can have you can have some breast cancer tumor. So they gave that to him and he, he homogenized the tumor that he got from them, and he pushed the liquid that he made from that through a micro filter, which would only filter things, you know, the size of a virus or smaller.

And and then he took the stuff that went through the filter and cultured it. And over the next few days, it grew large. Fungi. Okay. So so he proved beyond a shadow of a doubt that the microbe that causes breast cancer was a polymorphic organism, the size of a virus that became a fungus under the right living circumstances inside the body, and that those funguses and produced mycotoxins that poisoned the the mitochondria and poisoned the enzyme system of the cells that cause cancer.

So anyway, after, he got the fungus growing on his microscope slide, he said, I wonder what frequency a get rid of this fungus so he, you know, delivered different frequencies into the room.

And when he saw the the, the microbe shatter, he said, okay, well, that's the model oscillatory, right? For that particular cancer microbe. and so he called the hospital.

He said, do you have any women that have breast cancer there that would be willing to sit in a room with, with other women in a light? no, no invasive procedures?

he says, I think I might be able to help them. and so they sent him 16 patients with with breast cancer. And, over the next three months, all of them became free of cancer.

Just sitting in a room with a light. And, and so that was the beginning of the end for Dr. Rife He didn't realize he had just stepped on the on the Giants toes.

Okay. Because there's a lot of money to be made in treating cancer ineffectively. And, so anyway. And then soon after. Yeah, as soon after that, he had a visit from from, from Maurice Fishbein, who was the president of the AMA, and Maurice Fishman said, we're going to buy your technology and rights.

That will it's not for sale. He said, no, you don't understand. You either sell usher technology or we'll destroy you. And I said, well, it's not for sale.

And so fish by left a few days later arrived. The laboratory was vandalized and destroyed. His microscope destroyed his wife.

Enzymes, Beard, and Early Cancer Research

The generator, stole a bunch of his records, and, and then not too long after that, he got a notice from the California medical board that he was, being charged for practicing medicine without a license.

So they took him through a gruesome, horrendous trial, loss of stress, lots of pressure. And over, over time, he actually went to drink, drinking alcohol and became an alcoholic and and, you know, escalated up a broken in.

It's so sad when you have such geniuses that that, you know, bring bringing technology that is, is revolutionary and has such an impact on humanity and and, and that and that seems to be what, what happens.

And you have done something similar you talked about and then John Baird and, pancreatic enzymes and then you have, Doctor William, Donald Kendall, Kelly, that kind of evolved that, that type of therapy when he himself dealt with pancreatic, cancer.

And didn't he kind of go through the same journey in a way as well? Yeah, that was a pretty sad story, too. But, you know, William Kelly was a dentist in grapevine, Texas, back in 1967.

And, he, he went through a bitter divorce and was eating junk food, and he started having abdominal pain. So he went to his doctor. The doctor did a scan and figured out that he had, pancreatic cancer metastatic to his liver.

And he said, oh, you don't have very long to live. Less than two months, I estimate. And, you need you need to, you know, there's nothing that can be done, you know, for this, you know, you're you're going to die.

He said, why don't you, you know, redo your will and take a cruise with your family, enjoy what little time you have left. And so Doctor Kelly wasn't one.

Just roll over and play dead. He, he went to the medical library and dug through, you know, reams and reams or worth of, journals or research and found the article from Doctor Beard from 1911 and said, well, heck, I can take enzymes.

And so, so so he went home, cleaned up his diet, started taking enzymes. And two months later, not only was he not dead, but he was completely free of cancer when he went for reevaluation with his doctor.

And his doctor said, I don't know what you did, but keep doing it. That's the usual initial response you get from a psychologist. And, but you say, don't you want to know what to do?

They say no. And they realized that a mind, once expanded can never go back. So ethically and morally, they would have to recommend what they know that works.

So they don't want to know. But anyway, that Doctor Kelly was a very good hearted man, and all of his patients knew he was supposed to die, but he didn't.

So. So they so they knew that he knew something about getting rid of cancer. So they started sending him their friends that had cancer. And he was a good hearted guy.

So he agreed to, you know, give them advice about their diet, give them some enzymes 30 minutes before food, water only. And, and a lot of those patients went into remission from cancer.

And so after some time, the, the word got out that Kelly was having great success treating cancer. So, the a group of doctors up in New York City, sent a hard man to Texas to prove this, this Kelly to be a charlatan.

And that was Nicholas Gonzalez. Okay? He was a fellow in ecology, and, so so he came to Texas and Doctor Kelly said, oh, I'm so glad I finally have a medical doctor interested in this.

You know, look, look at any of the records in the office. You want to go get the scans, call the patients, call the family. Just just, you know, validate what I'm doing because I think I'm on to something here.

And he didn't know he was there to try to trap him. But, anyway, Nicholas Gonzales went through lots and lots of records and talked to lots and lots of family members and patients.

And he said, damn, this guy knows what he's doing. So, so he he started studying with, with, with Donald Kelly, William Dale Kelly, learning what he was doing and then went back to New York and set up a practice doing exactly what Kelly was doing.

And so he became the world's leading expert on treating pancreatic cancer. He was the one that sent them to kind of prove that he was a charlatan. But, you know, at the end of the day, you know, you just saw the the power of pancreatic enzymes and the impact on cancer patients.

Yeah. But the rest of the story is that doctor will know Kelly was attacked by the Texas Medical Board and for practicing medicine without a license. And he went through a long, gruesome trial, actually had a psychological breakdown and ended up a mental institution for quite some time.

And then finally, after he came out of it, mental institution decided he wasn't wanted in Texas. So he moved to Kansas and lived out the rest of his life there.

But, you know, not not a happy, happy story indeed. No, it's sad. And then you have you kind of follow with with Nick Gonzalez. Yeah. On the the attacks that, that, that he dealt with, you know, while he was alive.

Yeah. Yeah. They tried to try him for murder because, Steve McQueen went to Gonzales, after a lot of failed telepathic treatment. and, you know, Nicolas Gonzalez agreed to treat him, and he died.

And so, because he was a movie star, they said, well, we're going to, you know, get your license. We're going to, you know, put you in the in the basement, you know, get rid of you.

and they tried really hard, but they but they failed. And he continued to, you know, treat patients until he he died mysteriously about 3 or 4 years ago.

yeah. Yeah. So it's such, such a sad loss when you have these, these trailblazers that really kind of brought forth all this information and, and having an impact on, on people's lives, you know, so, so sad to see them go and see that, that, I mean, the the beauty is that this therapy still continues and therapies still exist, you know, for people to take advantage of.

You know. So, so and, and, go ahead. Yeah. Yeah. I was just going to say there was another, really brilliant physician living in Detroit, Michigan, back in the 1940s, Doctor William Coke.

He was the grandson of Frederick Coke, who developed the coke specialists over Germany. But, anyway, William Coke and in Detroit, Michigan, developed a homeopathic, substance that he was, injecting into his patients with cancer.

And the patients would have a strong febrile reaction about every three hours for three days. And every three days for three weeks and every three weeks for three months.

Then at the end of that period time, the cancer was gone. And, and so, he, he also found that this same injection would reverse polio. So he went into his hospital and opened up the iron load and gave a shot in the muscle to these children that were their lungs.

And then about 3 or 4 days later, he'd come and open up our lung and walk them home, not carry them all, but walk them home. And, and so the, the, the thanks that Doctor Coke got for doing that.

Oh, by the way, at that time he was giving his remedy for free to any doctor in the, in the state of, in the city of Detroit that would use it for their cancer patients.

And at that time, the incidence of cancer was going up in every city, in every state of the United States, including Detroit and Michigan. But the incidence in the incidence of of cancer death was going up in every city, in every state of the United States except Detroit, Michigan.

Okay, the incidence of death from cancer was going down in Detroit, Michigan, because so many of the doctors were using Coke's remedy. But, anyway, the thanks that the hospital gave coke for curing all these kids with polio was to strip him of his license.

Well, kick him off hospital staff and get his license stripped away and then run him out of the state. So he he was he wrote his first book while he was in the United States.

And then he moved to Brazil to to write another book. And while he was writing his second book, he was mysteriously assassinated. Yeah, it it's, seems to be common thread trend that we don't, that we don't like.

You know, that's, that's. Yeah. yeah. Yeah. And coke's, Coke's remedy is still available from a company in

Germany.

Royal Rife and Suppressed Technologies

I just I'm not going to say that on on here, because that might cause that company get shut down back. So so it is available for people that, that are willing to investigate.

Yeah, yeah. But, but you can't find it if you look up coke. Trinity. Yeah, yeah, yeah, you have to have to know what you're looking for. I love, and what are some.

So we, we talked a little bit about the. Yeah, the wlb enzyme, you know, which was a pancreatic enzyme. So obviously there there are a number of different products out there now that are pancreatic enzymes that, that, that you can use.

and then also, you know, the basics, you know, the, the emotional healing, cleaning up your diet, exercising, were there and were there any other tools also that that you use that, that were really powerful at that time?

Yeah. exercise. doctor, von rDNA, as I mentioned earlier, who's a student of Otto Warburg, had, developed a technique of exercising the patients on a treadmill with an oxygen mask on for two hours, two hours once a day, and usually by about the 18th day, they went into remission from cancer.

Okay. So, so, but a lot of patients, by the time they get to an integrative doctor after they're being burned up by the, ethnic medical community, don't have enough energy to walk on a treadmill.

So, so that that's one that, is, more difficult to do. But, but I have learned that if you do exercise with oxygen therapy using high intensity interval training and adaptive contrast, where you drop the oxygen concentration from 95% down to about 15% and then back up to 95% at critical points during the exercise process, that you can get that exercise down to about about 30 minutes a day.

And so that that's doable, even for some patients that are not so good a shape, which you can't do it on a treadmill, you have to do it on a, elliptical or a Bowflex or, you know, stair climbers.

What are those other types of devices? Yeah, yeah. And how about, the vitamin C? I know it's a it's a common one as well. Was that, was that a tool that you used as well during that time?

Oh, absolutely. Yeah. I read the article by a doctor, Linus Pauling. And and Abraham Hoffer, was published in the American Journal. Oh, sorry. The Journal of Molecular Medicine, back in the 1980s.

And, and so they found that when they gave, a high dose vitamin C orally to patients with advanced cancer, stage four cancer, along with some niacin and some some zinc and some selenium and a few other trace nutrients that, that you could increase the lifespan of those patients, the hundred patients that they treated that way by 12 to 20 times longer than the control patients.

They had a thousand control patients that did not receive out of a C or niacin or the other nutrients. And so, you know, just just vitamin C primarily, and niacin were the two to major components, cause the patients to live 12 to 20 times longer.

And so, you know, most oncologists say, oh, you can't take a C while we're doing this chemotherapy. That'll mess it up. But actually the research shows that the success is greater in patients that are taking antioxidants alternating with their chemotherapy, rather than just blasting with the chemotherapy all the time.

And yeah, so talk a little bit about that research. You know, why do they think that that it is better to do that. Yeah. Because that's exactly what a lot of patients you know cancer patients are saying mycologist does not want me to do anything that will interfere with the oxidative effect of the chemo.

So what what is it that the antioxidants do that makes it better? Well, okay, so, Doctor Dark was a, a medical doctor who, popularized the concept of of, why it extremes create health.

Okay. So, like, if you, if you go, from a sauna into a cold shower, that's extreme of temperature. Okay. you know, that's that's just one example. But, if you go from extreme of, of accidents to accident therapy or free radical therapy, which is what we all the chemotherapy is into antioxidant, then that's a, that's a wider extreme.

And so the body says, oh, I could use that antioxidant to help my healthy cells so that the chemotherapy didn't kill all my cells. Because as a matter of fact, well, most in my opinion, most people that that have cancer die from the treatment, not from the from the disease.

Okay, they get basically burned up and wasted away from the for the treatment. Now, there was a brilliant, physician down in, Mexico who figured out that you could actually give chemotherapy at one tenth of the recommended dose in the United States, along with insulin and glucose, and have two times more success, two times better effect than any kind of chemo chemotherapy trials in the United States using full dose chemo.

And so that's called insulin potentiated chemotherapy. Okay. And, and so, you know that that's that those studies will never be done in the United States, because that would prove that you only need one tenth as much chemotherapy as you're presently receiving.

So the profits from the pharmaceutical companies would go down by tenfold. You're not going to put up with that? No. That'd be that'd be way too cheap.

Way too cheap I so in regards to hear you talk about the extremes, you know, see I got the temperature extreme. You have the, the oxidative antioxidant extreme.

You know, you know the oxygen oxygen extreme that I was talking about while ago with the, you know, when you do, adaptive contrast, you go from 95% oxygen down to 15% oxygen.

You get a you get an anaerobic metabolism first, for a brief time, you produce lactic acid. And then when you flood the system with oxygen again, as you continue to exercise, the the lactic acid dilates the blood vessels and brings more oxygen in the tissues than you would have gotten if you had never dropped the oxygen down to 15%.

William Kelly and Nicholas Gonzalez

Yeah, because you have that that the interplay between carbon dioxide and oxygen, you know, so if you, don't have enough carbon dioxide, you're not able to push the oxygen into into the tissue, into the cells.

So I would assume that then that, you know, when, when you're hypoxic, that the, the increase of carbon dioxide, really prepares the body to move that oxygen that coming is coming next, then into the tissue.

Yeah. Yeah. you know, there's the a major control of the oxygen delivery into the tissues from the, you know, from the two, three DPG. 2323 DPG, the first focus, right?

I just say weight control. But anyway, two three DPG is, is helpful in getting more oxygen into the tissues. You know, one of the things that we, we deal with, nowadays is lots and lots and lots of people have, excessive clotting going on in their, in their body because they've been shot upon by somebody that took the, Covid injection.

And you know, that that's actually, you know, now showing up is, as what we call turbo cancers in lots of people. Well, and, you know, if you, if you take enzymes, the right enzymes, 30 minutes before food, water only you can actually chew up those, those, thrombi in the or clots inside the, arteries, veins and capillaries to the point where you get better oxygenation of the tissues and you're not so predisposed to developing cancer in the first place.

But most people don't know that they need to be doing that. you know, the the body has intrinsic clot dissolving substances. It has, endogenous heparin, endogenous tissue was an activator.

And pancreatic enzymes, all three of those will chew up clots to some degree. But none of those will chew up amyloid clots. And amyloid clots is what the, what the embalmers are taking it out the white, rubbery closet embalmers are taking out of the legs of people that have died suddenly after they took the Covid infection, or about half amyloid.

And so the only enzymes that will digest amyloid or lumber can that tokenize sirup peptides and bromelain. Okay. Not any of the pancreatic enzymes, not any of the, you know, pharmaceutical clot dissolving substances that the medical doctors are prescribing to patients.

None of those will dissolve amyloid. So how you're talking about the turbo cancer? I mean, it seems like we're having an explosion of cancer now. So it's not only that the you're moving from point A to point B, from diagnosis to death, you know, so much faster.

But there's also seems to be a higher incidences of, of cancer out there now. So what what what are you seeing trend wise from, from your research now compared to just a few years ago before Covid was on, on the scene?

Well, I'll quote, a finding of Doctor Ryan Cole, CEO early, medical doctor that ran a layabout in Idaho. at the end of one year of the Covid vaccine rollout, we found that there had been a 20 fold increase in endometrial carcinoma inside, two from pap smears.

Know that's a single cell or just a small cluster of cells, you know, showing up on a pap smear. And it takes some months or maybe even a couple of years to go from, you know, a few cells or a small cluster of cells to a tumor.

So but we're now starting to see the tumors, not just in a mutual cancer, but cancers of the lung, cancers of the kidneys, cancers of the bowel, cancers of, the prostate in in teenagers, okay.

Cancer of the prostate for teenagers. Okay. So anyway, we're seeing some very unusual things now that we've had this, vaccine rollout. So do you do you feel then that the the therapies that we've used for cancer in the past?

yeah, I should be shift those type of therapies. Are they still valid though? Yeah. One of the things that you have to do is you can't give just, the enzymes that the doctor, William Kelly used or that doctor Nicolas Gonzalez, to use to treat cancer.

You have to also have at least two doses per day of labor. Can I use that? A can I explain or serve peptides? But in order to chew up the amyloid clots that are inside the capillaries, blocking the delivery of oxygen into the tissues, and if you don't do that, then they don't recover.

But you have to have probably three doses per day of the enzymes that Kelly and, that Nicholas Gonzales used. That would be a combination of pancreatic enzymes and some bubbling, in small amounts.

And, papain from papaya leaf in small amounts and, and additional amounts of com or trypsin and trypsin, which are, you know, the ones that help to break up the, the proteins that are most commonly affecting a person with cancer.

So, yeah, you have five doses per day, you know, of enzymes you need to take take at those 30 minutes before each meal, a dose at bedtime. And then when you get up in the middle of that, you take another dose of enzymes.

Then you got to have five doses per day. Now to to overcome cancer. Back in the days when I was treating cancer in the 80s, you know, three doses per day was plenty.

So yes. And so with this, it sounds to me and, and we would talk a lot about oxygen, how important that is in regards to cancer. And it seems, that with this, you know, with the Covid shot and with Covid being out there and the impact that it has on the vascular system, that the delivery then of oxygen to tissue is, is quite decreased.

so obviously, you know, you talked about the solution, and, and it seems like pretty much everyone should be on

these type of enzymes because they're all exposed to it in some fashion.

William Coke and Homeopathic Cancer Care

but then, you know, without the oxygen, you know, if we don't do this, then the tissue becomes oxygen deprived and you feel that that is what's really driving a lot of the cancers that we're seeing, that we we're dealing more with hypoxia than we've ever done.

That's one of the things. There's also research published that shows that, when you take a Covid injection, you start, producing spike protein in your own body.

And when you do that, your body no longer sees that as a foreign protein, but it sees it as an allergen. Yeah. So you form IgG for antibodies to that, which is an allergy type of antibody.

And you start producing the, the antibodies that would protect you against the infection or the cancer. Okay. So so you're it's kind of like you're diverting your immune system, in another direction.

And because your resources are then focusing on, in that area, it's not able to then use its resources to protect against cancer. That's that's another factor in the, you know, that's that the research shows that that's contributing to to the cancer development and cancer progression.

You know, there's other cancers, you know, growing faster because, the immune system can't fire the cancer, can't identify it because it's been hijacked by this, this experiment that we're all all part of.

Okay. You know that there's never been an RNA vaccine in the world that worked until this. Okay. And so, you know, we're all an experiment. Yeah. And it's amazing how they rolled out, rolled it out over the whole world so quickly.

So obviously, we had no ability to see what what the true long term impact of it is because it became just world wild available immediately. so we're we're all, you know, we have no control group.

No, we we are the control. You know, we're the subjects as well, you know. So. Yeah. Yeah. So so how is is there knowing this. Yeah. So we, we have them with the amyloid plaque.

You know, we, we have things that we can consider to help to break that down. knowing then the impact that this has on the immune system and the diversion that is creating, are there tools that that, you know, that is available that can assist people, you know, while dealing with this issue?

Yeah. You know, you know, back in the 80s, we were using infrared sauna to get, the toxins out of the body that were contributing to the cancer. there was a brilliant researcher at California that did split biopsies on breast tumors and found that the pesticide content in the in the cancerous tumors that were taken out of women's breast was many, many, many times higher than in their healthy breast tissue.

Just adjacent to that. Okay. So so we knew that the cancers were developing, at least in part because of the accumulation of pesticides and herbicides from the environment.

And, you know, the same thing is happening now. but, but even more so because we have more pesticides and herbicides. And so all that we did back in the 80s and, you know, infrared sauna is one of the most effective ways to get that stuff out of the body.

Doctor William Ray was a brilliant, environmental doctor in Dallas. died about five years ago, and, and so he did, research in his, clinic there with infrared sauna and found that, people would, push different toxins out of their body, but on different days.

So, like, the first day they did this, he had a he worked with a lab that he helped to co-create, the, A. Q. Khan lab.

And he would he would get the sweat was coming off the patient's body and send it to the lab and have him analyze what was coming out of the patient's body. Different days.

And so the first day they might get out, a chlorinated pesticide, the next day they might get out hexane, you know, you know, or benzene, but maybe the next day they got out some, some heavy metal, and the next day they got out an organophosphate pesticide.

And then the next day they got out an herbicide. And so every day a different set of stuff came out of the body, you know, where they had the, event and, New York City, the September 11th, 2001, the, the, the, the first responders that, knew to use the infrared sauna after that, did.

Exercise, Vitamin C, and Metabolic Support

Well, you know, they didn't develop poverty, disease and cancers and other things, but those that didn't know to use disorders, most of them developed severe, you know, primarily fibrosis or, respiratory diseases or cancer or both.

And most of them died. Okay. So so inference on those can be lifesaving. So and I'm curious, you were talking about then the all these chemicals you got fungus, you know, all these different things that exist within the tumor.

So if we would just kind of blast that tumor or we would do chemo to try to kind of destroy that tumor. I mean, I would assume all those chemicals and fungus that's in there.

I mean, they don't just disappear. They're still in the body. Right? So now they gotta go somewhere, you know. And, and that's one of the reasons why, some patients that go through standard telepathic cancer treatment develop what we call tumor necrosis syndrome.

Okay. So so the tumor necrosis dies and then it, releases a bunch of stuff that, you know, you know, mycotoxins and pesticides and herbicides and heavy metals, all kinds of stuff into the body, which overwhelms the detox pathways.

It makes the patient gravely ill sometimes, you know, destroys their kidneys. So they have to go on to him or else, and sometimes, cause and go into liver failure, blah, blah, blah.

So to me, be more elegant to kind of clean up the environment around the tumor and not really worry so much about the tumor because it it's kind of a walled off and you have all that garbage in there.

But if you clean up everything else, then all of a sudden the body should be able to feel a bit more secure to maybe let those toxins out or let whatever's in that, that tumor let it out gradually.

Yeah, yeah. Well, the tumors are walled off until some surgeon, some doctor sticks a needle in it to get a biopsy. And unfortunately, that allows the cancer cells to come back out through that tract into the rest of the body, into the system, into the system, and travel elsewhere.

So, you know, that's just not a good plan. You know, you can you can with an MRI scan, a functional MRI scan, or with a ultrasound Doppler or a duplex imaging device.

You can tell which which tumors are cancerous and which ones are benign without doing a needle biopsy. And so what I believe is that the right way to do things in the future would be to, if you find a lump or a bump, then do the ultrasound and see if you have increased blood flow to the tumor.

and also do a functional MRI scan of the tumor. And if both of them say that it's malignant, don't slice it in two. Don't stick a needle in it, but go get it totally removed.

If it's a large tumor. You know, the bodies, in my experience, can usually, chew up and remove a cancer tumor of

the size, one one inch in diameter. You know, pretty easily.

Yeah, that's a pretty good sized tumor. But, but if it gets to be two inches in diameter, the chance of the body being able to resolve that, it's not very good.

I've only had a few patients that chose not to get surgery to, you know, for bigger tumors, that, that were able to, you know, shrink them down by themselves without going through any surgical procedures.

And what kind of time? Let's let's say you have an individual dealing with cancer and they get on a protocol, they get on the pancreatic enzyme. Say you, do the, you know, bromelain or not, a kinase or lambda kinase, you know, for the amyloid plaque.

And they can do the vitamin C, they they do all these different things. What what kind of time frame is an individual looking at? in order to potentially be clear from cancer.

Is that with or without emotional conflict resolution? yes, with emotional conflict resolution as well. With emotional conflict resolution, sometimes within a month or two, without emotional conflict resolution, sometimes six months a year.

Really. I mean, well, well, I mean, I mean, six months to a year is still incredibly fast. And then with emotional conflict resolution, it's. Yes, within a month or two, oftentimes. Yes.

And you've I obviously you've seen this because I know you've seen a large number of cancer patients. A large number. Yeah. Yeah. that's that's incredible to me.

That's incredible. what how can an individual because one one of the challenges are, you know, obviously, or one of the challenges, you know, since so many people, cancer, it's becoming so prevalent and it'd be nice and to have a way to assess, to see if I'm at risk or not.

are there ways that an individual that that's, you know, not outrageous, that doesn't involve a lot of toxic imaging? You know, where they can then find out, am I at risk?

You know, where am I at? what I would do if I was concerned that I might have cancer because I would get a blood test called the fossil hexafluoride, summarize blood test, through the BDL laboratory in Artesia, California.

I would also measure an hCG human chorionic gonadotropin, even though I'm not sure whether I'm not pregnant. Okay, because the hCG also goes up and most cancers, you know, in the blood.

And so if, if, if either one of those was positive or for sure, if both of them were positive, I knew I would know that I have cancer somewhere in my body, and so that I would start looking, I would probably look with an ultrasound Doppler duplex imaging device because that's at least risky, you know, no radiation, no no injected agents, and so on.

And if I failed it, then I'd say, okay, how big is it? You know, is it larger than a one inch in diameter? If it is, I'm probably going to see if I can find some surgeon to take it out.

and then deal with the rest of it. Without surgery, without radiation, without chemotherapy. if it's if it's less than one one inch diameter, I'll say maybe I can resolve that without even go through the surgery.

And so then I might go that route. If you can't find the, the tumor, the cancer with a, ultrasound or duplex imaging, you can always consider functional MRI scanning.

So no contrast material, no gadolinium. Okay. And it's really, really, really hard to get a doctor to order a functional MRI scan of any part of the body other than brain.

This client can't spend time to tell you why that is, but that's that's the way it is. or, it's also hard to find a radiologist who would interpret a functional MRI scan, you know, because they're just not knowledgeable about how to do that in other parts of the body.

They know how to do it. For brain, it's fine, but they don't know how to do it for another part of the body. Or I will use a thermography and see if thermography would guide me to the place in the body where the cancer is.

And then I would look again after that with ultrasound or duplex imaging more carefully in that spot. And thermography, you know, talked a little bit more about that.

And what, what, what what that will show. Yeah. Well there's two types. There's thermography and there's thermometer.

COVID, Clotting, and Turbo Cancer Concerns

We know thermography is using an infrared camera, which you can actually buy for about $200. You can buy a very crude infrared camera to, to attach to your cell phone and take images, of people or houses.

but, but I'm talking about a very high resolution thermography camera that will measure, you know, very, very tiny places and very minor differences in temperature.

and because, you know, when you have a cancer, you have increased blood flow to that area, and because you have increased blood flow, if you expose the person to cool air, that area where the cancer is doesn't cool down.

It stays hot. Okay. And so if you have what we call dysregulation of temperature, then you know that probably there's a cancer there. You know, computerized regulation thermometer was developed in Germany.

And with that they use a temperature probe that you touch, either touch the skin or come very close to touching the skin, kind of like you do when you go get your temperature taken on your forehead or, or or, you know, in your ear or whatever. at the, hospitals and doctors offices now, but their, their, their temperature probe measures to within 100 of a degree centigrade.

So we're talking about really, really sensitive temperature measurements. And so, the best, computerized regulation thermometer system with the alpha site 9000 developed but then beaten by Alliant or Billy Elliot.

Yeah. The California and, the website is, Alpha Alpha thermo tr amazon.com. But, anyway, that, that there's a few people around the country that have the alpha site 9000 device, but it's actually more sensitive than the regular thermography that you find, more readily in other big cities.

So with that one number, you still would need to know kind of where to look. Or do you scan the whole body with that little probe? Well, yeah. You're measuring 200 different points on the body.

And then you expose the patient to some cool air or they measure those 200 points again. So you're getting a pretty good picture of the whole body with that device.

obviously with the, infrared camera, you're just going to have the patient strip naked and stand in front of the camera a few feet out there, and take an image and then turn around, take an image of the back, maybe take an image of the side of the, of the face on each side.

And, from that you can tell quite a bit if you know what you're looking for. You know, if you don't know what you're looking for, then you might miss miss what you're looking for.

yeah. This, this. And so right now, and I always say the curiosity is, I mean, is there anything we talked about? What what you knew then and is there anything that has evolved, you know, lotion, potion.

Know I've something that's kind of come out that that you feel has really added to, the type of therapies that, that existed back when, when you're doing vitamin C, emotional healing.

Yeah. The basic, yeah. So forth. Pancreatic enzymes. Yes. you know, I had the big practice in Dallas from 1987 to 1994. In 1994, developed prostate cancer, colon cancer and unstable angina pectoris in a matter of about six blocks.

And, so I had three potentially fatal illnesses. My wife also had breast cancer and unstable angina pectoris. So between the two of us, we had five potentially fatal illnesses.

And we were home schooling our 12 year old daughter in our office. And we thought, well, what are we doing here? But, I tried to find somebody to come and take the load off, try to find somebody who by the practice couldn't find either.

So we just, you know, send a letter up the 4500 act to patients, that here's the name of six doctors in the area that may be able to help you. Goodbye and good luck.

And so we loaded up the furniture and the equipment into a storage unit. And, gave the the, employees their last paycheck and said, I hope you can find a job because I can't do it.

And, and so, we spent ourselves, you know, nursing ourselves back to health over the next few months without surgery, radiation, chemotherapy, etc.. and we I had confidence that we could do that because my wife had pancreatic cancer in 1989.

And, we've reversed that, you know, not not without a surgery ready for chemotherapy. So we just, you know, reversed the cancers and, and, after that, I, I decided to spend more time, traveling and learning and teaching, and so, so I did more and less patient care.

and one of my trips was to Beijing, China, and, there I went to the, the quantum hospital, which is that which is the biggest integrative medicine hospital in, Beijing.

And so, I'm walking down the halls and, in that hospital and the oncology floor, I'm looking at the rooms and there's nobody in the rooms. Okay? And I said to our guide, I said, you must have a low sense that he said, no, they're all down there at the end of the hall.

And sure enough, there's a huge crowd of people down at the end of the hall. And that was the patients. They were all up laughing, joking, smiling. no. No hair loss, no, no smell of vomit like the U. S.

hospitals. And, and, I thought, my goodness, what are they doing differently here? And, and so when I got down there and could see them, you know, close up, I said, these patients are not very sick.

He said, come on into the doctor's room. Then you can decide. So. So we went into the doctor's room and he put the first chest X-ray up on the, on the screen where I could see it with a light, and there was a tumor like a big orange in the, in the left, upper, lower the of the patient's lung.

And then he put up the second x ray from the same patient I saw today was the same. And the tumor was still down the size of, a golf ball or so. And then, put the next x ray up.

It was down the size of the card in the next ray up. No, no cancer. And those were two week intervals. Okay. So he went from a tumor that size, you know, big orange to none in six weeks.

Okay. said that you do that. He said, oh, not this not hard. He said, every day we take the Chinese pulses. So we put our fingers on the on the radial pulse right here on both sides at the same time.

And we learned 168 different things about the body from that. I said 168. Yeah. Or 68 things we learned about the

body from that. And then, we have them bring in a tray of the, of samples of each of the chemotherapy drugs that we have in our, in our pharmacy, and we put those on the patient one at a time and see which ones strengthen the pulse.

Detoxification, Imaging, and Tumor Assessment

Okay. Now, the doses, those that they, that they, that they're testing is the dose they're going to give, which is one tenth of the dose that they give in the United States.

Okay, okay. So most times they don't test badly for they just don't test at all. Or they test good for it. and then we bring in, a bunch of herbs and put those on the body one at a time and see which herbs bring the pulses to strength.

And so, we also determine from the pulses which acupuncture meridian points we need to treat that day. So every day, if the patient tests that they need the chemotherapy, we give the chemotherapy that they need that day.

So it's individualized for that patient for that day. Okay. And then we also give them the herbs that they need that day. And then we also give them the acupuncture points that they need that day.

I said that's it. He said, well that's it okay. And so I said, how many patients like that one that you just show me do you have? He said, how many do you want to say?

He said, pretty much everybody standing out the hall that we treated that way. Yeah. And I said, and they had tumors the size of this fellow that you showed me first he said, oh yeah, some of the bigger.

Yeah. And I said, and so you didn't do surgery on these patients? No. Not usually I love it. That's awesome. That is so awesome. And so I thought, my good is that, I don't know anything.

I thought I knew something about cancer till I came here. So. So they they did. When you say you put them on, so it's just that they kind of held a little vial with the chemo and that the pulse would change.

Oh, yeah. The doctor vole in Germany figured that out back in, the 1940s and 50s. Val was a medical doctor. an acupuncture student and a, herbalist and a, electronics buff.

So it's an interesting combination. But he thought, you know, if if, if the acupuncture points are where the Chinese say they are, you should be able to find that with a voltmeter or a meter.

And so he got to know meter and test. And sure enough, the places where the Chinese said the acupuncture points were had anywhere from 5 to 20 times greater conductance at that point than a point just one quarter inch away from that point.

Okay. So he he verified all 300 points on the body that the Chinese had told us. We're exactly where they said they were, you know, not a quarter inch away, but right where they said they were.

And so then he found another thousand points using his voltmeter. Okay. And then he started doing testing on patients using a electrode double screening device that would test those points.

So he came up with a point that that, that you could measure it the entire large intestine pathway on the left side of the body at that point. Right there.

Okay, not this point, not that point, but that point right there. Okay. And the same thing for all the other, digits, there's a control measurement point for each of the organ systems on each of the, the fingers, each of the toes.

So he started doing testing like that. And he would put remedies, homeopathic remedies and herbal remedies from his shelf onto the patient and test again.

And if it looked like it tested, okay, then he'd give it to him and then he would test again. Okay. And so he was giving a lecture and, to a bunch of doctors, and he had the doctor up on the stage, and the doctor had a, I can't measure for the Olympic problem or, prostate problem, some kind of some kind of physical health challenge.

And it came time for the break. And so, doctor, also come back after the break and we'll finish doing your demonstration up here in front of the group.

and so during the break, the doctor that was on the stage went across the street to his office, got a little vial out of his cabinet, stuck in his pocket, and he was going to ask Doctor of All about that after the break, but he forgot that it was in his pocket.

So when he got back up to the stage, the doctor full test, and he said, what do you do during the break? Your normal down. You were abnormal before you went on broke.

He said, I got this file out of up out of my cabinet. So he said, give me that. So he put it aside, tested. It's abnormal. Put it back in his pocket. His normal took it out again. It's abnormal.

So he said, you help me, you realize something brilliant today that I could determine what what was necessary, what's beneficial for the patient or harmful for the patient just by putting it on their body.

I don't have to give it to them orally. And so so that's that, that that was a total observation that resulted in huge changes. But anyway, one of my friends in, in the United States went over to see Doctor Val, watched him do this really laborious process of testing points and then finding things on his wall to, to, to fix the problem.

And he said, I could put all those things on your wall into your computer. You could do that testing virtually. You said you could do that. He said, yeah, I can do that.

So he came back and created that system for him and then took it back to wall. And he started using that and teaching that. So that's that's called German Electrodermal screening.

And yeah, that is that very similar because I know also in addition to, you know, testing that you also have, like applied kinesiology or muscle testing, you know, those type of things where you can do very, very similar things as well, right?

Where you we apply miles and see how the body responds to that. Yeah, yeah, yeah. It was doctor Phil's worked out. The kinesiology just realized that they could do that with a valve on the body.

Not, you know, having to adjust the remedy and, but anyway, back in those days, I was doing electrical screening, and muscle testing in my office, because I, I realized early on that if one person or one thing says it, so it might be so.

But if two people or two things say it, so it's very probably so. And if three people say it, so or three methodology say it. So it's almost certainly so okay.

So I insisted on it having at least two confirmations. And what correlation did you see. I mean did you see that they, they correlated with each other frequently or what were their discrepancies?

I don't know if you do if you do the, electro dual screening first in a blinded fashion, not knowing what it failed and then do the muscle testing second.

Also the blinded fashion, and then write the results down for both of those.

Diagnostics, Muscle Testing, and Closing Advice

they're very good correlation. Okay. But, you know, obviously as humans, we're, subject to bias. And so if you know

what the results of the electrical screening are, then you're more likely to find that there's a problem.

But but if you do it in a blinded fashion, then what? So when I first started doing muscle testing with O-ring testing like that back in 1990, I was disappointed because I could only predict which tests were going to come back abnormal from the laboratory in my patients, about 15% of the time.

and, and then I learned that the national average for interest was only 10%. So I didn't feel quite so bad. But anyway, I started doing muscle testing in a in a very objective way.

Every new patient, I would walk up to him and say, hello, I'm Dr. Cowden You don't know me from Adam, but I want to pull on your fingers for a few minutes before we do anything else.

They look at me a very puzzled way. They say, is it going to hurt? No. Is it going to cost anything extra? Not a penny. Yeah. Go ahead and cool. And so?

So I would commit myself in writing what I failed on the on the muscle testing. And over the course of a year, I went from 15% ability to figure out what tests were going to come back abnormal from the laboratory to 85% at the end of one year.

Okay, so I increase I increased my diagnostic acquired about six fold in one year. And I thought, well, that that was useful. So. I stopped ordering so many tests.

I ordered the tests that I knew that were going to be abnormal. Okay. Yeah. I mean, it saves it saves the patient a whole lot of money. Yeah, yeah. Well, you know, back in those days, I couldn't get any insurance coverage to pay, you know, for the, for the, for the treatments or the, or the valuation that I was doing.

So the patients had to come in out of pocket with all that. But I figured out how to treat patients, usually for about $0.20 on the dollar compared to what the ethnic doctors were going to charge to treat them.

So, you know, it was about the same as or co-pay. Yeah, I love it. Well, Dr. Cowden, I mean, I, obviously we we can talk for, for days with all the information, all the knowledge, experience that you've had and all the learning.

I, I so appreciate you taking the time and and sharing your, your expertise and your, your breadth of, of history of of oncology, of integrative oncology and what's out there.

So thank you so much for for taking this time. Yeah. I just have one word of advice for your for your patients. I call that, reversing the, the word curse.

Okay. Very often when you go to the oncologist, they say, oh, you have two months to live, you have six months to live. Whatever. Okay. And and if you believe that in my experience, that's exactly when you're going to die.

I've had patients say, oh, the doctor said I had two months to live. And on the 60th day they died. Okay. If doctors say they had 90 days at three months, lived on the 90th day, they died.

Okay, so it programs those to die. Okay. But if you don't choose to hold on to that lie because that's what it is, then you're not destined to die when the doctor says you're going to die.

Okay. And to prove that I have patients that were told they were going to die three months or four months or five months, from the time the I you saw them.

And those patients are still alive 30 years later. Okay. And many of them outlived their oncologist. Okay. So so you need to get the word curse out of your head.

Cast it out of yourself like a demon, because that's what it's acting like in your body. And so if you can get that out and believe, you know, that you're you're, you know, God knows when you get die.

But the doctor doesn't know when you're goodbye. He's not God. No. Yeah. The devil. Yeah. The power of suggestion. Power of visualization. You know, power of our conscious and subconscious mind.

Programs. Our body, to behave according to, you know, our our programing. Yeah, yeah, yeah, that's called the nocebo effect. Most people are familiar with the placebo effect.

Expecting something good and seeing something good because you expect to see something good. But most people are not familiar with the nocebo effect, which is expecting something bad and seeing something bad because you're expecting something bad.

So just don't go down that path. And and we know the placebo effect in itself. You know, it's about 40% effective. And so which means that that becomes then replicated and the nocebo effect.

So if you want to. Yeah yeah yeah. It's even greater that in the nocebo effect it's greater than 40%. That's incredible. Yeah. So yeah. Well Dr. Cowden, thank thank you so much.

This was incredible. All right. Thanks for, interviewing me. And, hope it helps your folks to watch this. Get something out of it. I have no doubt.