

# CANCER SURGE



Post-Vaxx Cancer Epidemic &  
**Effective Solutions for Remission**

# Cancer Surge: Post-Vaxx Cancer Epidemic & Effective Solutions for Remission

<b>Introduction</b>	<b>1</b>
<b>COVID-19 Jabs: A Sudden and Dramatic Increase in Cancer Rates</b>	<b>3</b>
Dr. Rashid Buttar	3
Dr. Judy Mikovits	4
<b>Conventional Cancer Treatments: Why They Don't Work</b>	<b>6</b>
Dr. Peter Glidden	6
<b>Highly-Effective Solutions for Cancer Post-Vaxx</b>	<b>9</b>
Dr. Rashid Buttar	9
Dr. Joel Fuhrman	12
<b>Conclusion</b>	<b>20</b>

## Introduction

The global government had it all planned: Use mass hysteria psychosis to get people to opt for a deadly vaccine, with very little time to be tested before its rollout. The result? Millions of people are injured or have even lost their lives post-vaccine.

And now we're hearing about the increase of "Sudden Adult Death Syndrome" and heart diseases like myocarditis. There's a whole range of side effects that people are experiencing post-vaccine - many are life-threatening.

Sadly, cancer is one of these, and it's led to a massive surge of disease in those who have been vaccinated.

### **Dr. Ryan Cole:**

*"This was an early signal I saw when the shots rolled out, was cancers at the uterus, endometrial cancers. Because usually, I'll see 1 or 2 a month in my lab and I was starting to see 2 or 3 a week after the shots rolled out. And then, melanomas of the skin were thicker and started to appear in younger patients. Every time a decile, the age group would go down for groups that could get the shot, and the melanomas would go up. The melanomas were thicker and they were more aggressive in terms of mitotic activity. And then, as I've traveled the world, I've had countless physicians approach me. I was in Tallahassee about a month and a half ago, chair of oncology comes up to me. He says, "I'm glad you pointed out what you said about cancer." He said, "I*

*usually see a brain tumor, a decade in a young patient. After the boosters, I've seen 5 in one month."*

*Then I'm in Jacksonville, the next morning. A family doc, and he said, "You know, it's odd. I've been listening to your lectures. I usually see a kidney cancer every 5, 10 years, now in the last month after the boosters, I've seen 5 in 1 month." Here at this conference, one of the presenters came up to me and said, "Hey, my patients, a couple of them were stable, cancer clear. They came to the clinic, Stage IV disease was cleared. By all scans, they were clear. Kinda snuck in, and got the booster underneath the doctor - against doctors' wishes and orders. Stage IV disease back again." Like that, like wildfire. And it's all these different mechanisms of this synthetic mRNA, this lipid nanoparticle, this persistence spike protein, suppressing our immune cells, our killer T cells, et cetera, that's allowing cancers to wake up.*

*You and I have some cancer cells right now. We have competent immune systems. Our natural killer cells throw little hand grenades in those, clean out and clear out those abnormal cells. All day long, our body is just cleaning the house, making sure everything's healthy and well, and recognizing friends or foes. But what's happening with these shots is it's allowing cancers to wake up because it's suppressing our body's own defenses against cancer. And I was in the UK just last weekend, and the same thing there, doctors and nurses coming up to me left and right, "Look, I've been in medicine for 30 years and I am seeing more cancer walk into my office after the boosters rolled out than I have seen in my entire career." It's happening everywhere. And it's not just now, just a casual, anecdotal observation, it's everywhere. It's everywhere - Is everybody getting cancer? No, absolutely not. Some people's immune systems are different than others, but enough of an immune suppression from these shots is really putting many people into that high-risk category."*

There's no doubt that this is a huge concern. We also know that conventional medicine does not guarantee survival for every cancer patient. Often, people only know about conventional treatments because they're told it's the only thing that could potentially work.

People end up feeling sicker and are plagued with horrible side effects from chemotherapy and other drugs. But we have known for many years that there are completely natural ways to reverse cancer. We've been sharing these highly effective methods from world-renowned experts to help people gain awareness of the real solutions.

In this eBook, you will learn from experts about the top cancer treatments that they're using today to help patients go into remission - and stay in remission. This information is so vital today with the sudden increase in cancer rates post-vaccine.

# COVID-19 Jabs: A Sudden and Dramatic Increase in Cancer Rates

***Dr. Rashid Buttar***

The first Lifetime Achievement Award that was ever issued out by an organization called Truth About Cancer, they gave a Lifetime Achievement Award to two doctors. And, one of them was Dr. Burzynski and the other one was me. And, I think that was in 2015. And, it's interesting that both of us were isolating- He was isolating the precursor of what they're working with. And what we do, we generate a unique component from the same vector. And the treatment that we've been doing has been basically isolating antigen receptor sites within urine and allowing - that's the proteins that are sloughing off from the solid tumors. Isolating them, refining them and then through a filtration process, re-administrating them in the body so that the body recognizes this antigen as something that is foreign. So basically, without getting into too complicated the- an antigen's anything foreign in the body. Well, cancer is something foreign in the body.

Normally, what was cancer before it being cancer is a normal cell. But when it becomes cancers, well i.e., the definition of cancer's a suppression of apoptosis and uncontrolled cellular proliferation. When the cell goes into that state, it changes the morphological structure. The voltage changes, everything changes. Well, that cancer now is creating. It's seen by the body as being foreign, or as an antigen or as a haptan. If it is not recognized by the body as being foreign, that's when cancer actually becomes rampant, right? The only way cancer can become rampant is immune system doesn't recognize it as being foreign. Normally immune system recognizes something being as foreign. As soon as it recognizes it as being so foreign, the immune system then kicks on its defenses and protects it. But cancer has these antigen receptor sites that are sloughing off from the solid tumors that are being circulated in the body. But the reason that the immune system doesn't attack it is because the immune system's either been, one damaged, or two doesn't recognize the cancer. Because remember cancer is mimicking a fetus.

Think about this for a second, this always blows people away. Look at the markers of cancer, the nonspecific markers of cancer: Alpha-fetoprotein, human chorionic gonadotropin. What is Alpha-fetoprotein and human chorionic gonadotropin indicative of besides cancer? Pregnancy. Those are the two things that are pregnancy markers, right? Alpha-fetoprotein, that's when they do the amniotic fluid. An hCG, human chorionic gonadotropins is when they do a pregnancy test. So, why would a non-specific marker for cancer be the same as a pregnancy thing, a pregnancy test? Think about it. What is a fetus growing inside a woman. It's like a uncontrolled growth. It's massive rapid growth, right?

So in a way, a fetus is like a cancer. Of course, it's a desired result, but it's - The body see the - Why doesn't the woman's immune system fight that baby as something growing? Because it's designed to recognize it as, "Oh, this is supposed to be growing inside me."

So, cancer seems to produce hCG and alpha fetoprotein to mimic itself as if it's supposed to be there, as if it's a fetus. Like telling the body, "I'm supposed to be growing." So, the immune system doesn't fight it. So, we have to now teach the immune system that there's something that's growing inside us that's not supposed to be there. So, how do we do that? We isolate tumors. We isolate the proteins from the tumors that are sloughing off in the proteins- in the circulation of the body. Because everything has -

Let me back up a step and this is explained very well in the Advanced Medicine Conference videos, which I encourage everybody to get because this will actually explain the science. But, B lymphocytes would create antibodies. They create an antigen receptor site on the surface that is basically an opposite to the antigen of what's foreign in the body. Well, what's foreign in the body, it's coming through all the time, i.e. proteins that are sloughing up from the tumors in cancer patients. So, many of the things, pollen and dandruff from hair. People that have allergies. These are things that the body's seeing as foreign. That's why you have the reaction. You have the sniffing nose, the sneezing, all that stuff.

What we're doing is we're isolating those antigen receptor sites off the surface. And I show diagrams during my lecture that help explain it a lot better. It's a lot more difficult to do on a video without showing the diagrams. But the point is, as soon as the body recognizes this stuff as being foreign, the body creates antibodies to it. And the antibodies come out, based on the antigen receptor site, and comes and locks onto that antigen and shuts down that reaction. And that in itself is the way that we identify the cancer as being foreign.

## ***Dr. Judy Mikovits***

Jonathan Otto:

Dr. Judy Mikovits, thank you for doing this with me here today. We were just chatting for a moment there about helping the injured, and I think that's something that I'm so grateful that your mind has so much energy and focus on helping the injured. I think there's not enough people that are focused there, and so with your background, I think that's gonna be really helpful to hear about what you're finding as being some of the most effective ways that we can help the injured right now.

Jonathan Otto:

Why don't we start there, if that's all right? In 30 seconds, maybe you could just share your Ph.D. background for those that don't know your record?

Dr. Judy Mikovits:

Oh, sure. It has a lot to do with helping the injured because, in fact, I walked into scientific research making drugs at the National Cancer Institute, June 10th of 1980. So, right there, we were in the Biological Response Modifiers Program at Fort Detrick with AIDS patients, severely injured people with cancer, diseases that were unknown. We didn't know about the viruses, hadn't isolated them. We were looking at the most severely injured and using the kind of the same natural products, same peptide tea. I mentioned things like the Dallas Buyers Club. So,

we were seeing young men come in with rare cancers and that didn't make any sense, or athletes dropping dead. So, this was AIDS in the early '80s, and we were able to think about the pathways.

Dr. Judy Mikovits:

I have a Ph.D. that I earned in 1992, after that 1980, and my PhD changed the landscape for HIV. HIV no longer caused AIDS. Once we realized that just because the T-cell was dying didn't mean that there was another shooter in the immune system. We just protected the innate immune system, and we could heal. And that's exactly where we're going with this because all of these vaccine injuries are just acquired endo-cannabinoid immune deficiency. So it's just an acquired immune deficiency by some kind of poison or toxin in the environment.

So, the good news is we've struggled through the 2000s with autism, so we know exactly what pathways we need to heal, and there are many drugs out there and many natural products out there, like Zelenko putting together the Z-Stack. We added a few months ago the cannabinoids to the Z-Stack, and we call it the Z-Stack Plus. So, yeah, we can do an awful lot to heal the injury because we've seen this injury over the last 4 decades.

A medical doctor is supposed to see the patient, have the vision. He was a visionary. He could see what needed to be done. And my job as a PhD in Molecular Biology is to understand the pathways and the signaling of those pathways and how to turn it back towards healing and health. And so between the 2 of us, many aren't able to translate or aren't willing to do that. Many are just so arrogant. They're like, "I know how to do it," and they won't take that knowledge and that experience. And he was always delighted to do that and sought me out, sought others out to say, "I can see you know how to fix this. Tell me how to fix this," and he just showed me the patterns, and I'd just show him the pathways, and then he had solutions, and he ran with it. That's what good medicine is. It's teamwork.

Jonathan Otto:

That's incredible. And so, right now you're seeing some of the cases of people that have been severely injured. Some of this comes into, then, the mechanism of action where Dr. Ardis has released the information about the venom connection or venom peptides. You've been talking about synctin that which...

Dr. Judy Mikovits:

Which is a venom peptide. So, that was interesting. It was at the Phoenix meeting with Dr. Ardis and Dr. Zelenko. Dr. Ardis took us both aside and said, "Judy, is suramin an antidote for snake venom?" And I said, "Of course, Bryan. It's a sodium potassium ATPase." And he rolled his eyes and said, "Send me the paper." And I sent him the paper which I'll show later today in my talk, *The Hundred Years of Suramin Medicinal Chemistry*. It's a 100-year-old essential medicine. In the beginning, back in the '80s, we were using that for HIV and some of the other retroviral diseases and cancers. And, we didn't appreciate its half-life.

We didn't appreciate how long the drug would last or how little of these drugs you needed. So now, with the knowledge of 100 years and how we used it- Then we didn't cure very many people with it. Now we know how such that in 2015 Bob Naviaux was able to do a double-blind placebo-controlled study in San Diego with about 48 kids, 24 in each group, and some of these kids with autism got their life back because we appreciated the mechanism of action. And so Bryan, as a chiropractor, he even retired in 2018. He was just looking at the literature, and that's the value of the Internet and the value of these connections.

Dr. Zelenko was in that conversation, and that's how we talked about it together. So, I sent him the paper and he ran off with it, and this is the good news, because we can start to appreciate then why it's so dangerous to use aborted fetal cell lines or, in fact, any animal cell lines because all animals have as a part of their genome their own syncytin peptides, syncytin or syncytin. And SYN means synthesis, and CYTO means cell. So the synthesis of the cell. You're fusing cells together. They're fusogenic proteins. Well, you can use them for bad or you can use them for good. So, you can start to see if the vaccines have syncytin in them, which they do, the XMRV envelope part of the spike protein. That peptide literally can cause cancer. They're marine leukemia viruses, or you can use it to have bleeding disorders if you turn the peptide in the opposite direction.

So, it's just important to know that all of the immune system and all of the regulation of our cells is a balance. It's all about homeostasis, balancing the message. And when you balance it with different natural products and take advantage of synergies, that's how you win. And you can heal a lot of things while not having that syncytin be a poison, but rather have it tell your own immune system, "That's not me. That's another animal. Snake venom." And that becomes poison. The snake needs fangs. So, if you don't inject it, then they educate your immune response, and you're just fine.

## Conventional Cancer Treatments: Why They Don't Work

### *Dr. Peter Glidden*

Chemotherapy does not work. And the numbers are in, by the way, as reported by the American Cancer Foundation. That's a complicated subject to talk about, but those are four of the big ones, cholesterol, heartburn, salt, and cancer.

People pay small fortunes over their lifetime in medical insurance premiums, hundreds, if not thousands, of dollars a month in medical insurance premiums to give them access, not to medicine, but to MD medicine. And while they're doing this, they get sick. While they're under the care of the medical doctor, they get arthritis. They get cancer. They get high blood pressure. They get heartburn. They get depression. They get anxiety and panic. They get something while they're under the care of the medical doctor, paying all of this exorbitant fees every month. And then, they go to the medical doctor with the condition, the medical doctor has no idea what causes, has no idea how to cure it, and only throws drugs and surgery at it to manage the

problem. And this passes for the best healthcare in the world, the best medicine in the world? You've got to be kidding me.

And again, thank God for surgery when it's necessary. That's the wheelhouse of the medical doctor, for goodness' sakes. We all need a serious reality check. And then with cancer, for instance, it's even worse because your mother will get cancer while she's under the medical doctor's care. And, oh, her insurance is so good that she gets the best medical care for cancer. She gets the best chemo. She gets the best radiation. She gets the best surgery. And then the last two years of her life were horrible because of the effects of the drugs, mostly the chemo drugs, and then she dies from cancer.

And then her relatives are so grief-stricken that they don't criticize the medical profession under whose care, number one, she got cancer and, number two, died from cancer. They don't criticize that at all. What do they do? They organized a 5k run, raised \$10,000 and give it to the profession that failed their mother. And honest to God, I mean, maybe in politics, maybe in multinational corporations, you can fail upwards, but in medicine it happens all the time. It's the wrong dog for the hunt for chronic disease. It simply is. And the sooner everybody figures this out, the better everybody's gonna be.

Cancer.-According to the American Cancer Society - The American Cancer Society, by the way, years ago, stopped even floating the term cure for cancer. Instead of that, they inserted this concept of 5-year survivability. So now, if you're diagnosed with cancer and you die 5 years and 1 day from cancer, that goes into the record books as a successful treatment. The conventional cancer doctors are not concerned or they might be concerned, but they're not using therapeutics to cure cancer. They're not. And this is because they have a wrong methodology. You don't have to believe me, by the way, just go to the website, the American Cancer Society and look at the statistics. Lung cancer it's like a 98% failure rate. Pancreatic cancer, like a 99% failure rate. And so forth and so on for all types of cancer, and they fudge the numbers with breast cancer because the numbers look actually pretty good for breast cancer, but in figuring out women who are still alive after they've been diagnosed with breast cancer, they use relative survival index instead of an absolute survival index, which is too complicated for me to discuss here right now but they've cooked the books is what they did.

This is because the tumor is not the disease. Well, that tumor is the result of the disease. Now you can surgically remove the tumor. You can burn the tumor with radiation. You can melt the tumor with chemo. You can do that. And medical doctors, oncologists know how to do that, and they're getting better and better at doing that. But because the tumor is not the disease, it's the result of the disease when you eliminate the tumor and don't eliminate the cause of the illness, the tumor comes back. And this is why people under conventional cancer care die from cancer because when the tumor comes back it comes back in gangbusters and it comes back aggressively. And so that's why they talk about a 5-year survivability thing instead of a cure for cancer and everybody's gotten used to that. Everybody's gotten so used to it that when you're loved ones get cancer while they're under the care of medical doctors and then they die from



cancer. The loved ones organize a 5K run and raise 10,000 bucks and they give it to the medical profession who failed them.

This can only happen inside of a medical monopoly, a robust, comprehensive, everywhere, all the time, medical monopoly, which is what we exist inside of now for the last 110 years. There's a doctor in India. His name is Ramakrishnan. He treats cancer with homeopathy. Now 99.9% of all medical doctors will tell you that homeopathy is not real medicine, that it's pseudoscience and that it's all placebo and they're all wrong. They're doing really interesting research now in the University of Washington in Seattle with water. And they're finding some very interesting properties of water, which support the method of action of homeopathic medicines, which have remained mysterious for hundreds of years.

But again, I digress. This particular doctor in India with bone cancer he's had 203 viable cases, 165 successes and 81% success rate. Brain cancer, 435 cases and 83% success rate. Breast cancer, 824 cases, 86% success rate. Bladder cancer, 117 cases, a 78% success rate. Hodgkin's lymphoma, 198 cases, 81% success rate. Now are those numbers good? No. They're flipping fantastic. In a free medical market and actually a medical community that was actually interested in healing people, actually interested in curing disease, this guy- thousands of doctors would've flock to this guy's office. There would be millions of dollars of research poured into this to figure out how it works, what he's doing and why, but you've never heard of it until I came along.

Why? Because we don't have a free medical market, because information like this is suppressed. I mean, you don't think information is censored, then you've got blinders on because just look at everything that happened in COVID time. All the information is censored. Information that I published three years ago saying that masks are ineffective, that social distancing is ineffective, that asymptomatic carriers are not a problem, that natural immunity is better than vaccinated immunity and that the vaccines are not really vaccines and they don't work. All of that information that I published three years ago was suppressed and now the CDC says exactly the same thing that I said three years ago.

And there are going to be no repercussions. Nobody's gonna call me up and say, "Oh, sorry. I mean, if we'd have uncensored your information, well, I don't know how many thousands of people could we have saved." Nobody's gonna say that. And it's the same with autoimmunity. It's the same with cancer. It's the same with everything for goodness sake. My profession, doesn't have the solutions to all human ailments. We don't have the cure-alls for all human ills. We don't. But we do have a very sophisticated methodology, which is science-based and clinically verified, and which helps more than it hurts, in which a smart prudent person would engage.

Because all things being equal, if you're suffering with an autoimmune disease, if you're suffering with cancer, if you're suffering with a chronic illness and the conventional medical doctor is the wrong doctor for that hunt. If you get your leg blown off in Iraq or you break your leg and you've got a bleeding artery from a skiing accident, or you have a traumatic head injury

from something, you go to the medical doctor's office because that's their wheelhouse. We need to separate these two things and understand who does what and what's best for what. And again, you will never find this information in the mainstream, which is why resources like the one you're watching now are really, really important.

## Highly-Effective Solutions for Cancer Post-Vaxx

### *Dr. Rashid Buttar*

So, this is a treatment that we developed called ARSOTA, Antigen Receptor Specific Oncogenic Target Acquisition. The body recognizes the foreign components in the body that are cancers, but we're not getting a sampling of the cancer ourselves. We are allowing the body to give us a sampling of the cancer that's caught in the urine, based upon the proteins that are sloughing off from the solid tumors, coming through the glomeruli via the blood, comes through the glomeruli, the filtration apparatus of the kidneys, and gets spilled over into the urine.

We capture those. We isolate them. We focus on them. We grow them out and then we re-inject them into the body. And that is what allows the body to recognize the cancer. It's like a signature of the cancer. It's like the body can't recognize the cancer, but then we can isolate those proteins that are sloughing off and we can get a signature of the cancer. We reintroduce them to the body and tell the immune system, "Hey!" First, we boost the immune system. If it's a damage, we repair it. We boost it. And we teach the immune system, "Hey, anything with this signature is not supposed to be in the body." And then the body takes over and does what it needs to do. The way God designed it to do. There's no chemo, there's no radiation.

And if somebody would say, "Well, where's the science to prove this Dr Buttar, where's the ..." Well, all I know is that life insurance company send us patients with \$30, \$40 million life insurance policies, because they don't want them to die. It's not health insurance companies, it's life insurance companies. The first time this happened, a life insurance company sent a patient, this is 22 years ago, and the doctor asked me, "You're still seeing cancer patients?" I said, "Of course." And he said, "Well, we've got this patient in Germany, 72-year-old, oat-cell cancer of the lungs, small cell carcinoma, a very aggressive form of lung cancer. And that we're not even sure if he can survive the trip from Germany. He's got three weeks left to live, and that the insurance company's gonna pay for everything. All this treatment." And I was like massively surprised. And I was like, "That's really unusual." I mean, even now 22 years later, it still would be surprising for a insurance company to say that.

And I told him, I said, "You know we don't do chemo and radiation, right?" And his response was, "Yeah, that's why we sent him to you. We want him to live. We don't want him to die. We want him to live. That's why we sending him to you." So I said, "Okay." And I'm thinking, this is really progressive for a health insurance company to do that. And he goes, "No, this isn't a health insurance company, it's a life insurance company. If he dies, they have to pay \$32 million out. Because he's got a \$32 million life insurance policy. We want to send him to you, the insurance company wants to send them to you, so you can keep him alive so they don't have to

spend that 30 million." And so, if somebody negates that, you think I care what some idiot that doesn't understand science? I have nothing to prove to them. I only have something to prove to my patients and to myself. As soon as I've proven to myself, then my patients, if they want the treatment, we'll do it.

And in the story of this particular gentleman. He lived not only three weeks, he not only lived three months, he lived over two years and the life insurance company saved \$3.2 million because they were able to float that money for another two years and interest rates were 5%. So, they were ecstatic. And the treatment cost \$60,000, \$70,000, but they saved 3.2 million. And the insurance company was ecstatic about it and they wanted me to - they wanted to go into a whole business with us, but the problem was their focus was on the money and not the patient. That's the only reason I didn't do it. But I've taken care of patients like that all the time where the insurance company, life insurance company, is paying for their treatment because they don't want them to die.

Jonathan Otto:

Dr. Buttar, have you seen any examples in your clinic where people have used urine therapy for cancer and they've basically completely outlived their cancer?

Dr. Rashid Buttar:

Well, to say urine therapy, you're not understanding what it is.

Jonathan Otto:

Is that just one part of it?

Dr. Rashid Buttar:

So, the accurate term, and I'm always about accuracy would be... It would be Antigen Receptor Specific Cell Signaling.

That's what it really is. In fact, I'm thinking about just calling it ARS3, because it's Antigen Receptor Specific Cell Signaling and it's the cell signaling that is so powerful. That's what makes the difference. And anything that could do that is gonna work. But what we have found, and again, the Advanced Medicine Conference lectures goes through the entire aspect and explains the science behind it. And anything less than that, in my opinion, is not gonna be as effective as, I think people know. But, this is not something that's new. I mean, it's not under the sun. From 1860 to 1920, this was a very common thing.

Now, of course, we're talking about an injectable version of it and there's many different ways of doing it. People use it topically, they use it orally, they use it rectally, they use it intraocularly. They use it all sorts of different ways. And again, there's a specific protocol that we've designed, the way we use it. But the efficacy of it has been clinically observed, it's scientifically proven, it's historically it's set as a precedent. And there's anecdotal evidence that is *ad nauseam* out there that shows how it works. Even some of the doctors that were presenters at the conference that would've never done this. After seeing the lectures and sitting in the audience, they were blown

away by it, and they started doing the therapies themselves. And before the conference was even over, they saw clinical benefits.

So, it comes down to the fact that somebody first has to understand the science. They have to understand and if- it has to intellectually appeal to them. If it doesn't intellectually appeal to you, if it doesn't make sense to you, then why do it? But obviously it did make an impression on a couple of these physicians, who otherwise would've never done it. Who had no - They knew about it, but they had no desire to even try it. But after they saw the evidence, that changed their minds. And that's what it comes down to, right? The difference between an intelligent mind and an unintelligent mind, is that an intelligent mind can process it. An unintelligent mind can't process it. So actually, I'm gonna step back for a second and go into a different arena, if you will.

Let's talk about stupidity versus ignorance for a second, alright? So, I actually have a scientific formula, it took me a couple months where I made a mathematical formula that defines ignorance versus stupidity. So ignorance is curable. It's curable with knowledge and information. Stupidity is not curable. Stupidity means that the person is cognitively incapable of processing that information and following a logical thought process to its conclusion. That's the difference, right? So, are we going to make sense to somebody who's stupid? No. But can we - Will it make sense to somebody who is ignorant? Yes, if we educate them. That's the difference, right? So, you can have a person in front of you and you can show them, show them, show them, and they don't get it. If they don't get it, that means that it wasn't ignorance that was their problem, it was stupidity that was their problem because ignorance again, is cured by that knowledge. Correct?

And once they get to that point, and at that point can I make a person who's stupid into an ignorant person and educate them? No. I don't even have the desire to do that. My information is for those that want the information that truly want a solution.

Jonathan Otto:

Yeah, well like with NAC getting banned and all these types of things, it - If urine therapy really does provide benefits, it means that we have a medicine cabinet that our body is naturally creating by God's wisdom that no one can ever take from us. The only thing that would happen would be, "Hey, look, that guy over there, he's drinking his urine. Catch him. He's violating the law of no urine drinking."

Dr. Rashid Buttar:

In Texas, in the 1980s, Texas Medical Board actually made it. They declared urine a drug, in the 1980s. And that was from - That happened with my mentor, Dr. William Hitt, who ended up actually winning a Nobel Peace prize for his work.

Jonathan Otto:

Wow.

Dr. Rashid Buttar:

Time Magazine did an article about his therapy to get rid of allergies. And he was flying between Houston and Dallas, and he just had - All these allergy doctors were getting upset because he was basically curing all these allergies. And the Medical Board came after him and accused him of advertising. He said, "I've never advertised." And they said, "Right here." They slapped that Time Magazine article down. And he said, "That," he said, "I didn't. I just got interviewed, I didn't advertise." But he was a gentleman, and the Medical Board was gonna try to take his license. So, he just left Texas and he went to Mexico. And ended up joining a team of researchers there and won a Nobel Peace Prize for his work in immune therapy.

And it was his work in treating allergies that took me to the ARSOTA. In fact, I remember, he was in his 80s when I was in his living room in Rosarito, and I told him what I was theorizing. And he said, I was thinking he was gonna help me and he said, "That's a great idea." He goes, "Let me know how it works out." And I was like, "Well, wait a second." And he wanted me to do it. And we did. And that was near more than a quarter of a century ago, but we've treated hundreds and hundreds, if not thousands of patients now in 94 countries to help their bodies recognize the cancer as being foreign.

Jonathan Otto:

Wow. You say hundreds?

Dr. Rashid Buttar:

Probably in the thousands. We have two patients now that are 20 years out from the cancer, Stage IV, from our treatment.

### ***Dr. Ryan Cole***

And, Vitamin D levels too. Not only do we have this virus circulating and now a jab that's doing harm, but we have a very Vitamin D deficient population. You mentioned autoimmune disease and cancers. Well, you can cure a lot of autoimmune diseases just by normalizing Vitamin D levels. And just about all autoimmune diseases are correlated with low Vitamin D levels. A lot of it is diet as well and too much sugar, which is also toxic and sweets. And so, and insulin resistant and hormonal shifts because of obesity, so things like that.

**Jonathan Otto:**

Wheat can be a part of it, right?

**Dr. Ryan Cole:**

Wheat can be for many people, very inflammatory. Some of the pesticides and poisons in our food like Roundup, we know can lead to lymphoma. There's so many things that we do and don't put into our diet that if we could keep those things in check, we could reduce our risks drastically, but there are 17 different cancers that are associated with low Vitamin D levels as well. So, just optimizing your time in the sunshine during midday with no sunscreen on and as much skin exposed as possible is fantastic for your health. At the same time, in the fall and the winter, if you live far north, you have to supplement. That's why we see flu and cold season is

people are immunosuppressed, because their D levels are low. So, the jabs are dangerous, we have a Vitamin D deficiency pandemic. We have nutritional deficiencies within broad parts of our population in terms of magnesium and other minerals. So many things that keep our immune system from being optimal and function that are all contributors to this cancer-malady in this environment that we have.

**Jonathan Otto:**

Wow. And so, what are some of the tools that people can employ to get better? And I'm talking about anyone, particularly people that have had these vaccines and even the boosters, some of them maybe feel like they're doomed right now.

**Dr. Ryan Cole:**

Yeah. I don't mean to scare everybody-

**Jonathan Otto:**

Not from you, but just in general.

**Dr. Ryan Cole:**

Yeah, and part of the good news is look, a lot of those batches barely had anything in them-

**Jonathan Otto:**

Maybe, I hope so.

**Dr. Ryan Cole:**

Because of poor manufacturing, the GMP, the good manufacturing processes, to ramp something up as quickly as they did, you can't have consistency.

**Jonathan Otto:**

Unless they had it ready to roll for a long time.

**Dr. Ryan Cole:**

That's possible as well, but we see how many millions of vials Japan rejected. We see how many millions of J&J got thrown away in Baltimore. We've seen millions upon millions of vials get rejected, so that's a given. So-

**Jonathan Otto:**

I think it's positive for people as well to think "I did not take something that's going to kill me", because that thought process is one of the most destructive things you can employ. And so, we run the risk sometimes, not you, but just in general, when people learn information from us that we are like the doomsayers without even wanting to be. Well, basically, our message for you is, "No, we do not believe you are going to die. We believe that God has given you a beautiful and robust immune system. And that it's time to turn from doing these things. It's time to wake up to the reality of how destructive these things are and to put the right things in."

**Dr. Ryan Cole:**

Yeah. The easiest thing is number 1, don't get another one. They don't work anyway. It's the wrong shot for the wrong virus with the wrong protein. Step one, don't take another one because the dose makes the poison. The more you keep getting, the higher the risks do become across the board. We've seen that in all-cause mortality data as well. Again, not being a negative Nelly, number 1, just saying, don't get another one. Number 2, if you've gotten them, optimize your immune health. Get your Vitamin D levels up. Get your Vitamin D levels checked, if you can. Number 3, move your body. Exercise decreases your risks of death from just about every disease, but especially COVID. Number 4, get your sleep. Sleep is critical for immune function and for your immune cells talking to each other. Number 5, what you do and don't put in your mouth matters. So, be very careful about your inputs.

Reduce your obesity, if you can. Reduce your insulin resistance. Cut your high fructose corn syrup. If I wanna inactivate Vitamin D in the human body or in a lab model with animals, I give those animals a high fructose corn syrup diet. Cut the sweet sodas. That high fructose corn syrup is detrimental to your Vitamin D level and your immune health. Be in community. Just like you brought up, fear and anxiety disorders were the number 2 risk for poor outcomes in COVID right behind obesity.

**Jonathan Otto:**

Yeah. That was surprising.

**Dr. Ryan Cole:**

Yeah. Well, it's because of what stress, fear and anxiety do to your cortisol, which also suppresses your ability for your immune system to function properly. That's why I mentioned earlier, community, because if you have a good, happy connected community, then your cortisol levels are lower and just high enough, but not too much, in kind of that Goldilocks zone. And so, if you have adequate, but not excess cortisol, now you're not immunosuppressed. So, all of these things add up together for the individual to say, "Okay, there are things..." We're so dependent on a pill or a needle as a solution, instead of saying - I tell people, "Look, you're the best doctor you're going to ever meet. You know your body better than anything. You know your habits that may not be good that you need to change. Nobody's gonna do it for you." I mean, you can go to your doctor for acute things, but at the end of the day, your chronic way of treating your body for good or for bad is gonna determine your long-term health outcome. So, it's a matter of people saying "I'm going to take personal responsibility for my health."

**Jonathan Otto:**

Amazing. What about fasting?

**Dr. Ryan Cole:**

Fasting is absolutely phenomenal. So, fasting helps clear out senescent cells in your body. Senescent, so these are old cells that haven't quite broken down yet and aren't as active as they should be. And by intermittent fasting, which I do probably 4 or 5 days a week, sometimes 6 days a week. I eat like a wolf, so I'll pick an 8-hour window. If I'm going to eat, I'll eat 1 or 2

meals a day in that 8-hour window. But the rest of the time, keeping yourself in a fasting state is good for your immune health. It's good for your blood sugar. It's good for reversing insulin resistant, obviously good for weight loss. So, fasting is phenomenal and should be - Probably the first thing, if you don't feel like you can change all the things you do or don't eat, just restrict the window into which you eat them at the very least.

**Jonathan Otto:**

That's awesome. Because and simply, that could be having your last meal, let's say 5:00 PM or 6:00 PM even. And then having your first meal, let's say 9:00 AM or 10:00 AM. That would still be considered an intermittent fast, which is really nothing.

**Dr. Ryan Cole:**

It's really nothing. Yeah. You can still have water and what-not.

**Jonathan Otto:**

And by nothing, I mean it's so easy. Like you're going to do something like that, anyway. It's just about just moving something slightly earlier or later.

**Dr. Ryan Cole:**

Just picking that window and just having that discipline to say, "Oh gosh, I can do that." And the more you do it, the more it becomes a habit, the easier it becomes. And your body actually adapts to that point to where you're not craving food because now you've stabilized your insulin levels so much that your body doesn't put you into those yo-yo cycles.

***Dr. Joel Fuhrman***

My passion is the power of nutritional excellence, have people transform their life, get better from diseases and age slower, and have a healthy life expectancy and a great healthy life when they get older.

In other words, what I'm saying right now is that most of the illnesses that plague Americans are not only preventable, but they're able to be reversed through excellent nutrition. I've spent the last 30 years of my life being a physician, specializing in nutrition and natural methods to enable people to make full recovery.

I do what I do because I'm passionate about this type of work. It's so exciting and personally rewarding to watch people transform their lives and get rid of their diabetes, not control their diabetes, not take something to make it better, but to get rid of it and be non-diabetic and live a healthy life, to get rid of their heart disease, to make full recoveries from Lupus, to not have asthma anymore, to not be depressed anymore, to not have fibromyalgia. In other words, to people to make psoriasis to disappear.



The power of nutritional excellence is amazing and to allow the body's self healing, miraculous self-healing powers to fully manifest themselves is an art and a skill. We also involve with helping people recover from food addiction, obesity, and other diseases related to the standard American diet, enabling people to prefer to eat healthfully, get rid of their emotional and physical addictive drives that make it unable for them to comply with a healthy diet. That's why I aid a lot of people with those kinds of issues.

Well, I want to make it clear that food gives us nutritive substances and those nutritive substances enable the body to function normally. We want to take in somewhat, not take in an excessive amount of calories. Matter of fact, if we take in a moderately lower amount of calories, a mild caloric restriction, it slows the aging process and the body doesn't produce as many free radicals. Now the foods we're choosing to eat helps us moderately caloric restrict because when we eat foods that are rich in natural phytochemicals and antioxidants, these things prevent the reactive oxygen species from building up. What I'm saying right now is the digestion of calories, just metabolizing calories, produces free radicals, but the antioxidants and phytochemicals in natural colorful plants, deactivate those free radicals to prevent food from aging us.

We take in foods like donuts and cookies and rice cakes and breakfast bars and chips that just give us calories with no micronutrient load. Then we're aging ourselves with every bite. What I'm saying right now, that when we construct a diet that's rich in antioxidants, and there are literally more than - There are not just a hundred phytonutrients. There are thousands of different phytonutrients. Getting that full spectrum of phytonutrient exposure from green vegetables and colorful berries and different types of colorful plants, including colorful herbs and spices as well, having the full spectrum of nutrients. The wider that spectrum is, enables the body to more effectively manifest it's anti-aging properties.

What the body does is it'll produce, it'll take what it needs out of food and out of our diet, and it'll make it so we can live and reproduce and feel okay, but it'll sacrifice our future health. It won't repair the DNA cross-links. It won't fix methylation defects. It won't start to remove free radicals sufficiently. It won't detoxify the cell. The body won't protect our future. It'll just do what it has to do for the moment so we can survive and feel okay. If we start to take in an excellent amount of nutritional exposure, the body can take out what it needs for its everyday uses and its reproductive needs right now. It can also do that extra degree of repair and healing and building up those longevity proteins that enables us to age slower and live to be 100 years old.

The question is how excellent do you want to eat and do you want to have a very comprehensive array of phytonutrients in your diet? That's where we use both a variety of green vegetables, a variety of colorful orange and black foods, and also herbs and spices. Of course, like dill and parsley and turmeric and things, and all types of beneficial nutrients, parsley, all different nutrients that contribute to the full symphony of nutrients we get from natural foods.

Now as much as we can, we want to use these foods, herbs, and spices that have nutritive qualities, not medicinal qualities. The medicinal qualities that make your heart beat faster or your heart beat slower or make you urinate more or urinate less, and make you feel like you can

take your headache away or make you feel energized, those things are medicinal because of the toxic part of the natural substance, not because of the nutritive substance. We want to live in a manner to avoid the need for medicinal substances, either natural or pharmacologic.

However, when we do have that need for a medicinal substance because we didn't eat healthy, we created some imbalance, so we had some stress. We're disease developed and we need something to soothe the digestive tract lining or we need somebody to help a person come out of depression, or need something to relax a person and let them go to sleep. Then I think it's reasonable that these natural herbal substances used judiciously do not have the toxic side effect profile as medications do. They're more gentle in their approach. They're not as addicting. They don't press down our own body's production of hormones so it throws off the body's balance. It's much more reasonable to use these natural substances instead of to avoid the need to use medication.

We can talk about that with regard to inflammatory bowel disease or irritable bowel syndrome, or depression or anxiety, or a host of different issues. But generally speaking, I'm still suggesting that the nutritive herbs and spices and foods are really, we devote our energy just for great health.

Let me explain why, a few different reasons. Number one, your ultimate health through your life, and we're talking about how healthy you gonna be between ages of 80 and 100 years old. We all can be healthy to maybe 65, 70 years old, 75 years old. The average American dies around age 80, and we have the worst healthy life expectancy in this country compared to almost all 17 more wealthy, wealthier, industrialized countries. We have the worst healthy life expectancy. It means the quality of our life in our later years is worse. People have, the body hurts, their joints give out, they lose their brain function, they lose their memory.

They're dysthymic. They're semi-depressed. Dysthymic means you're semi-depressed, in a chronic state of mild depression for the rest of your life because you've lost so much brain function and they've lost the creativity.

What I'm saying to you right now is two things. One is that when you go from an unhealthy diet to a very healthy diet, you're not going to feel better right away. You're going to feel worse because when your body is removing toxic buildup, or waste products, especially advanced glycation end products and reactive oxygen species that have built up to a poor diet, you could feel very fatigued and feel poor and feel very poorly.

Now I can make you feel better by giving you some, by letting you smoke a cigarette, giving you sugar, having you have hamburger meat or bacon. In other words, if we can flood the body with concentrated calories, you can stop the detox process and you could feel better, but feeling better isn't getting better. Feeling better is getting worse. Feeling worse is getting better.

If your body is cleansing itself and repairing itself, it does so most efficiently in the non-feeding state, when you're not digesting food. When people eat a light diet of a salad and a vegetable

bean soup, then they move into their catabolic phase of the digestive cycle when they're no longer digesting, and then they start to feel fatigued and wiped, and even withdrawal depression from the concentrated calories and the overeating of sweets or animal products, which are much more calorically concentrated.

They don't have fiber. They don't have phytochemicals and antioxidants. They flood the body with concentrated calories, enabling us to metabolize more free radicals without the ability now to remove the free radicals that were produced. So, we age ourselves with that type of way of eating, feeling better because you eat that way, because you're eating a diet that's not letting you go into a rest phase. It's called the phase of the digestive cycle where we're resting and digesting has ceased. You have the anabolic phase, when we're digesting food. When digestion is over, we enter a catabolic phase. It's during the catabolic phase where the body can most effectively heal and repair and remove toxins.

We can't be taking food into the body and digesting it and be throwing waste products out as well as at good a rate. It's when we're in that catabolic phase, we're not digesting, that people don't feel well and they think it's hunger. They think being shaky, having stomach cramping and having a headache and feeling fatigue is hunger, so they eat again. Their unhealthy diet forced them to overeat. What some of these diets do, they give them food that's very hard to digest. Like a lot of meat where you keep digesting food for so many hours that you go right into your next meal where you don't spend any time in the catabolic phase, so you're never really removing free radicals and you're not supplying the nutrients sufficiently to remove free radicals, anyway.

What I'm saying is we can't go by how people feel in the short run because in the short run, feeling worse is better, not feeling better. Let me say a little something a little further because I can give you a diet and feed you a Twinkie diet, let's say, right? I'll give you this Twinkie diet, but you're so sick of eating Twinkies that you can't eat so many of them. Maybe you only take in a thousand calories a day from Twinkies, whereas before you were taking in 1600 calories. Now when you're just eating Twinkies, all you can handle is 1200, is 1000 a day and you lose weight and your triglycerides look better.

In the short term, you look better, but that Twinkie diet is going to take 30 years off your life. The fact is that looking at a person's beneficial effects short term is essentially meaningless.

We give studies credence because they look at large numbers of people, many thousands of people, but they study these people for decades. They don't look at soft endpoints like they felt better, their triglycerides went down, their blood glucose went down, their weight went down. Anything that lowers weight is going to lower your triglycerides eventually and it'll show a little better effect on blood glucose and cholesterol. Those soft endpoints aren't the parameters of a long life.

In the Accord study, for example, more medical care with more medication to keep the glucose better controlled showed people dying much more rapidly because the medications were killing people off. Short-term benefits, more deaths.

What I'm saying right now is that when we look at all these studies that look at people as they get older and look at hard endpoints, at what age did the person die? When did they have the first heart attack or first stroke? Did they get cancer? How long did they survive with the cancer? We look at hard endpoints, cancer, heart attack, strokes, dementia, late-life serious illness or death. Then we find that these short-term approaches have no benefit at all. Just because a person felt better or lost weight doesn't mean they live longer for that.

The only studies that show significant effects on making people live longer and have a better healthy life expectancy, looking at hard endpoints, are diets that are rich in natural plant material and with as much variety of the full symphonic spectrum of nutrients from the across the plant kingdom.

We have an unprecedented opportunity in human history, with refrigeration and jet planes and modern growing methods, that we can eat blueberries and spinach and baby kale in the wintertime. We can eat nuts and seeds and three different species of mushrooms. We can eat all these different- We can eat turmeric and cumin. We can eat - take best foods from different parts of the world and different parts, different growing areas in different climates, and we can devise a diet that's superior to a blue zone diet. You follow me?

Modern nutritional excellence and modern nutritional science has enabled us to have the opportunity to eat the best diet in the world. We see that all the studies show the same thing. Micronutrient phytochemical quality, moderate caloric restriction, higher nutrient intake of this dispersion of phytochemicals of various foods, variety of colorful and nutrient-rich plant foods enables longer life. As you eat more processed foods or more animal products and reduce your exposure to the full spectrum of natural plants, you shorten lifespan accordingly.

One more thing, that full exposure to phytochemicals and antioxidants naturally suppresses the appetite so you no longer desire to overeat. It makes you no longer feel sick in the catabolic phase so you're not feeling shaky or weak and you don't have to overeat or keep food going into your mouth every second. You're comfortable not eating, you're comfortable resting or sleeping. You don't have to stuff your face all the time.

What I'm saying right now is that nutritional insufficiencies and the standard American diet makes it so people don't feel comfortable on an empty stomach. They have to keep the digestive tract busy all the time, less they don't feel okay. What these high meat diets, these Keto diets, these paleo diets, they keep so much protein coming in, which takes a long time for the body to digest. It keeps people out of the catabolic phase, so they're not gonna feel sickly or shaky, but it's the formula for a shortened lifespan. The studies document that. Let me say this clearly, that every study that has a high credence value, in other words I'm saying a high credence value for three reasons. Thousands of people, it goes on for decades.

Number three looks at hard endpoints. Every story that utilizes those 3 criteria, that meets those 3 criteria, large numbers, hard endpoints, going on for decades, shows that as you crank up more animal products in a diet, you get earlier cause of death. And as you crank up more colorful vegetables, you get increased lifespan. You could take your choice, but the studies are consistent. There's no disagreement here. Absolutely. Here's the thing, is that what people do short term - 'Cause people are into fad diets, anything to get quick results, even go on a fast. Here's what I'm saying, is that it's what you do long term that determines your ultimate weight. The stable weight that you maintain for the rest of your life determines the quality of your later years.

Let me be clear here, that when you lose weight, 10 pounds, 20 pounds or 30 pounds, that weight is not going to stay off you unless you kept doing what you did to lose it. When you do these crazy diets that you can't maintain, you lose weight, then the weight comes back. Here's the problem with that, is that when the weight comes back, you put on more saturated fat on your body and you put on more visceral fat because of the rapid regain of weight after you went on one of these crazy diets to lose weight.

It's important to differentiate the word folic acid from folate. Natural plant foods like green vegetables and beans contain folate. Folic acid is made from petroleum. It's a synthetic product that doesn't exist in nature. They're two different biological compounds.

Folic acid is able to reabsorb too readily into the bloodstream. It can fix a person with a severe deficiency pretty quickly, but enables people to get too high levels fully penetrating the cells leading to excessive cellular replication. Thus the link between folic acid consumption and things like increased risk of breast cancer or prostate cancer or colon cancer. I do not recommend folic acid.

And I don't even recommend people take folate unless they have an MTHFR deficiency because you're getting tons of folate in natural foods. If you take the blood level of folate from nutritarians, following people, all the vegetables and high nutrient foods they're eating, they're folate levels are already out of the normal range. They're in the above the normal range. You wouldn't want to give folate to a person already taking in a huge amount from their diet anyway.

Now if a person is deficient and you're going to give them folic acid, is that better than giving them folate because it's more absorbable and more rapidly into the bloodstream? No, not really, even if it's going to be a carrier molecule. When you get the folate from natural foods, you get a thousand other nutrients to come along for the ride. You're getting folate now because -

Here's what I'm saying here, there's a link between the lack of green vegetables in the mother's diet during pregnancy at even 2 years prior to conception and the risk of getting childhood cancer or childhood brain tumors. This idea that women who are pregnant should take folic acid gives them a permission slip that they don't have to now concentrate on eating green vegetables.

If we spent that energy, the educational energy, the public service announcements on the importance of eating green vegetables before you're thinking about having a child to keep your folate in your bloodstream very high, then we've prevented neural tube defects and we would've saved children from developing cancer. Now we enable people to take a pill for folic acid. The folic acid is an enabler. It enables people not to have to eat green vegetables, not to have to concentrate and focus on eating green vegetables for your source of folate.

There are some people that need to take methyl tetrahydrofolate, high doses of folate because they have a deficiency of folate assimilation enzymes, but that's a very unusual condition that only affects 1 in 1000 people or less. For the general population listening to this, they should not be supplementing with folic acid and they should not be, and they don't need to take folate. Their diet should supply them with the folate. They should be on a high folate diet, a high Vitamin K diet.

By the way, it's not too high, because it's out of the normal range doesn't mean it's too high. It just shows you the normal range is artificially low to meet where Americans are. If you take the RDI for Vitamin K, it's 150 micrograms. A healthy diet gives you 2000 micrograms, over 10 times the RDI. It's the RDI that's too low. The RDI doesn't supply enough Vitamin K to triage. A triage is the Vitamin K use for your immediate needs. There's not enough left to really make you live a long time now. It's not the ideal level, the normal level. What I'm saying right now, I'm saying two things. I'm saying there's no magic and it's best to use real food whenever possible to get these nutrients in.

Now, zinc is an exception because you only absorb about 20% of the zinc from plants. We absorb about 80% of the zinc from animal products. As we age, the ability to absorb zinc may go down even further, so using zinc as a supplement as opposed to using zinc rich foods is a different answer. It's a different--how should I say-- a different issue. It's most likely advantageous to take a zinc supplement, especially as you get older to maintain adequate and optimal immune system protection and not think that eating high zinc foods are going to do it for you. It's better to take a low dose, some extra zinc.

To start out with, I have to say that when I first met the woman that eventually became my wife, when she was younger, she had polycystic ovary syndrome and was told that she'd never have children, that her hormones are all messed up, and that it was a genetic issue and there's nothing she could do about it. She also had frequent urinary tract infections, by the way as well. She met me and before we got married, she was very open and interested in nutrition and it made a lot of good logical sense to her. She started eating healthier when we were dating, before we even got married. She never had another urinary tract infection. After having recurrent urinary tract infections, never had another one. Since we've been married, she's never had one.

Plus the fact that her polycystic ovary syndrome went away relatively quickly. We had 4 healthy children that are now adults. She never had a problem getting pregnant, either. She was told she couldn't get pregnant. She had irregular -

I have had so many women who were unable to get pregnant, have their fertility get back and able to get pregnant. It's just a common thing I see every day. I was once giving a lecture in Tampa to an auditorium full of physicians, about 500 physicians. One guy comes running up the center aisle pulling this attractive woman with him, and he's yelling at me, "You got my wife pregnant." I'm looking at this guy yelling you got my wife pregnant. And he turns around and says to everybody, "We've tried to have a baby. For 5 years, we've married, couldn't have a baby. I read Dr. Fuhrman's book. We both started together and within like 2," and within a certain amount of time, I don't remember what it was, she was able to get fertile and pregnant.

And of course, some infertility doctors right there in the audience said, "Yes, yes, we do the same thing. We use Dr. Fuhrman's books for our people who are in for, that we find when they start eating all the healthy diet, they're able to become more fertile and get pregnant."

I just want to state that right off the bat. It's very, very important that women to know Polycystic ovary disease goes away on a nutritarian diet. Almost all chronic disease has a similar foundation of high reactive oxygen species, ROS, and high deposition of advanced glycation end products. They're toxic to the ovaries, are toxic to all the cells in our bodies, and make you more diabetic prone. Women in particular because they naturally have more body fat than men do, right?

A man could be muscular, BMI could be 24, 23, not too bad. You have a woman whose BMI is 23 or 24 and her percent of body fat's going to go over 30% her body fat. What I'm saying right now is that fat cells produce estrogen. Fat cells are lipotoxic. Extra fat, there's no such thing as a healthy overweight person. Fat cells make you unhealthy. They produce toxic substances, including estrogen and angiogenesis promoters. Angiogenesis means they promote cells to replicate. They secure their own development. Angiogenesis allows blood vessels to grow and fuel, to feed the fat with more oxygen and more nutrients.

But a lot of natural plant foods, like mushrooms and onions and greens and berries, are antiangiogenic, they're antifat storage effects, and they're anti-estrogenic. Like pomegranates and mushrooms have aromatase inhibitors in them. They're natural aromatase inhibitors, which means they prevent excess breast stimulation and they prevent the fat cells from producing too much estrogen. What I'm saying right now is your diet controls your hormones and these hormones control your health. They upset your adrenal gland, your adrenal access, your estrogen/progesterone ratios, your estrogen/testosterone ratios, how much estrogen stimulation you get in body tissue, how much reproduction and growth that's going on, including the promotion of tumors and cysts on your ovaries. All these things are affected by what you put in your mouth.

And I want to make this clear right now, that the American diet is exceedingly dangerous. Especially with the high amount of cheese and oil mixed with the high glycemic carbohydrates like white bread and sugar. When you put the oil and the dairy with the sugar we have this IGF-1 insulin sandwich where both are elevated. And then you put estrogen being high as a result from the extra fat storage and then we've really got a lot of disease causation.

So, what I'm saying right now is if you're a nutritarian and you're following my dietary recommendations, which is a very plant-rich diet. But it's not just plant-rich it's also very nutrient-dense. We're picking out those plants with the highest phytochemicals and antioxidants and the highest degrees of anticancer benefits shown in medical studies and we're trying to get a nice diversity of plants and different ways of eating them across the board to maximize our nutrients while we minimize our calories. So, our body weight is favorable and we're not producing extra estrogens. And even though our fat cells are not producing estrogens, we're eating a lot of aromatase inhibitors in the diet, which keeps estrogens, protects the breast and the prostate from extra estrogen in women who have more fat on their body.

Now, if you're at a favorable weight that's great. But if you're an overweight woman and you want a nutritarian diet, then you're losing weight. And if you're on a nutritarian diet you're losing about a pound every 3 days. When you're losing a pound every 3 days, then the cells stop secreting so much estrogen and angiogenesis promoters. In other words, the risk of cancer is going down and the risk of diabetes is going down even before all the weight is lost. I'm mentioning this because the average American woman is 60 pounds overweight. Just so you know. 60 pounds overweight. That's average in America. And 90% of women in America are overweight. 90%, because we're using the BMI of 23 as a demarcation line, which is in all the Blue Zones and all along the people, the women have BMI's below 23. The U.S. government uses a BMI of 25 as a demarcation of who's overweight and who's not. We use the correct BMI then we define most women are overweight and they're very overweight.

So, it's a combination of the bad diet on top of being so overweight. But I'm giving people who are overweight some extra motivation and knowledge here to say that as you're in the process of dropping your weight down, the fat cells start to become less lipotoxic. Did you follow that? The fat cells are not as dangerous and you're still overweight. Because the insulin resistance starts to go down, you lose the saturated fat plugging of the insulin receptors. In other words, you have these cup-like shaped molecules or receptor sites in the wall of the cells called caveolae and they're full of cavins and caveolins, and saturated fat from animal products block in there and that block the uptake of insulin. So now you become more insulin resistant. And you mix fat with the saturated fats that block the receptor sites and now you become diabetic.

So, we got to get the fat off the body so your body doesn't produce too much insulin. Because insulin is a hormone, in excess, that promotes angiogenesis, cellular replication, and cancer. It's a fat growth hormone. But what I'm saying right now is if we get this person losing weight at a pound every 3 days, 2 pounds a week, their insulin receptors start to clear out, their cells start to repair themselves, the estrogen production in the cell goes down, and they start to get better and healthier even though they didn't get a favorable weight yet.



## Conclusion

Cancer can have devastating effects on those who get it, it can significantly impact their families and loved ones and it can have heartbreaking outcomes. When people do get diagnosed with cancer, they're immediately concerned about having to take medicine and treatments they know will lead to debilitating symptoms - and this doesn't even guarantee they'll recover or go into remission.

But, as you have discovered in this eBook, natural and highly effective solutions to cure cancer do exist. Big Pharma would lose out on billions if people knew that they don't need pharmaceuticals to recover.

And when it comes to naturopathic medicine, prevention is just as important. So it's recommended that you detox your body from the deadly spike protein if you've been vaccinated and that you incorporate anti-cancer foods into your diet. Limiting your exposure to carcinogenic substances is also very important.

And as our experts have shown, with the right approach, it is entirely possible reverse cancer and completely restore your health.