

Linda Isaacs, MD Interview

Pancreatic Enzymes as Cancer Surveillance & Metabolic Individuality for Anti-Cancer Diets

Brendan [00:00:00]: Welcome to the Eat4Earth event. We're exploring how you can heal yourself, your loved ones, and the planet, with food. This is Brendan Moorehead, and I've been looking forward to this conversation with our next guest, Dr. Linda Isaacs. Linda L. Isaacs MD is a graduate of Vanderbilt University School of Medicine and is certified by the American Board of Internal Medicine. She offers individual nutritional protocols for patients with cancer and other degenerative diseases, as well as protocols for those who wish to maintain their health. She worked with her colleague Dr. Nicholas Gonzalez for more than twenty years, and during that time they published articles together about the remarkable results they saw in various types of diseases. Dr. Isaacs, thank you so much for being with us today.

Dr. Isaacs [00:00:43]: Well, it's a real pleasure to be here.

Brendan [00:00:46]: Dr. Isaacs, so often we hear nutritional authorities recommending a very specific diet for all people, or for specific diseases, but I believe you do something quite different. If I'm not mistaken, you treat people in part by looking at their metabolic individuality and giving them individualized nutritional protocols. Could you give us some background on the basis for your approach to individualized nutrition?

Dr. Isaacs [00:01:14]: The work that I do, and the work that Dr. Gonzalez and I did together, was based on the work of another practitioner named Dr. William Donald Kelley. Over the course of his career he treated a lot of different types of people with individualized diets. What he found was that some people did well on a more vegetarian diet, some people did well on a diet that was fairly heavy in animal protein, and there are people that did well with diets in between those two spectrums. We're finding that to be true in our practice as well. The idea behind it is that diet can affect our autonomic physiology. That's the branch of the nervous system that controls a lot of functions that we don't have to consciously think about, like our digestion, our blood pressure, our heart rate. But the diet that we eat can affect that physiology, and that can affect our health. Actually there's a book out by Dr. Gonzalez called *Nutrition and the Autonomic Nervous System* that goes into quite a lot of detail about this. There are also rather lengthy recordings that he did, or that I've done, available elsewhere. But that in a nutshell is the reasoning behind why we use different diets for different people.

Brendan [00:02:36]: Is this Dr. Kelley the same one that wrote *The Nutrition Solution*?

Dr. Isaacs [00:02:41]: No, that's somebody else. William Donald Kelley was an orthodontist who practiced orthodonture in the 1950s and 1960s, but then his professional career changed when he himself developed what was almost certainly pancreatic cancer. He devised a method of treating himself that involved nutrition, a lot of pancreatic enzymes, detoxification, and he succeeded. And after people saw him change from looking like he was on the verge of death to back to his usual self, people started to come to him looking for help with their cancer. And so his orthodontic practice changed into an alternative cancer treatment program.

Brendan [00:03:25]: What is the foundational science or observation that he made around the autonomic nervous system and how different nutritional regimes affect it?

Dr. Isaacs [00:03:40]: What he found on a purely practical level first was that he himself had healed from his own illness with a more vegetarian type of diet, but then he thought that everybody should do that. But then what he found was that there were some patients that he would put on that kind of a diet, and they would feel absolutely terrible. Eventually he started trying, in desperation, tried something completely different which was meat, and found that they then flourished. He found that a lot of the supplements that made him feel better made them feel worse, and vice versa. From there, looking back at some of the other nutritional literature, he looked at the work of somebody named Francis Pottenger. There's a group called The Price-Pottenger Nutrition Foundation that is dedicated to preserving the works of Drs. Price and Pottenger. This Dr. Pottenger had done a lot of work with the autonomic nervous system, looking at the effects of diet and things like basic minerals, like calcium and magnesium and potassium, and what he had found was that different people have different metabolisms, different balances of those two halves of the autonomic nervous system and that he could affect that with those minerals and with diet. So Dr. Kelley after kind of serendipitously observing these things for himself also found the work of Dr. Pottenger, which backed up what he was saying.

Brendan [00:05:08]: It's interesting, my own experience with understanding my metabolic individuality has been absolutely instrumental in coping with, surviving, and coming a long way of recovery from a full-blown chronic fatigue syndrome. And this was a big part of it, just understanding my metabolic leanings, and being able to address those with food choices, supplement choices. My understanding from what I've read, I've read several different sort of popular books, layperson books like *The Metabolic Typing Diet*, and the other Dr. Kelley's book *The Nutrition Solution*. My understanding has been that on one side of the spectrum there's like a protein-type you could say, and then on the other side more of a carbohydrate-type, and that there may be two types within each of those. And I'm curious, so from my understanding is, let's say the protein-type has one that's more parasympathetic nervous system-dominant or what they sometimes call fast oxidizer, and then on the other side the say carbohydrate-type, they've got more of a sympathetic nervous system dominance, or maybe it's both, slower oxidation rate in cellular respiration. I'm just curious if that's the same kind of thing that you're looking at and how the respiration rate might relate to the two branches of the autonomic nervous system.

Dr. Isaacs [00:06:38]: I'm afraid that much of what you're talking about is something that was added on to Dr. Kelley's work by another practitioner, and I'm not really as familiar with its use. Based on my own clinical experience it sounds like it may be getting excessively complicated, but unnecessarily so. But I really can't comment on that I'm afraid.

Brendan [00:07:01]: Okay. So this individualized nutrition affects the body in ways that are applicable to all or most conditions, or is it especially pertinent to conditions like cancer?

Dr. Isaacs [00:07:14]: Well I think it's applicable to a wide variety of different types of illnesses. I know that my practical experience is that it's relevant for most people, regardless of what kind of problem they have and that even in very informal settings, in other words, not patient-related so to speak, but just talking to people that I meet that want to know what I do and then get very interested, that I wind up giving them something to think about and something that I've heard has helped their health, even if they're not formally a patient. In other words, if you have somebody who you know that they're feeling very tired and very spacey and it turns out that

they've placed themselves on a vegetarian diet a couple of years earlier, well what that can do is push the system to be very, very alkaline, and I know in some circles alkaline is supposed to be good, but there's a happy medium for just about everything when it comes to human health. So someone on a vegetarian diet who's very, very alkaline as a result, can wind up having trouble focusing, having trouble concentrating enough to get basic functions of life done. Those people, if they eat a cheeseburger, they can actually wind up feeling considerably better. This kind of work can apply to a lot of different situations. It's not just about cancer.

Brendan [00:08:39]: I definitely relate to that example. That has been one of my key issues, sort of brain-fog, spaciness and so forth. When I try to eat more vegetarian, often times that creeps in rather quickly, and the only way to restore balance is to go for some animal products, and usually more on the red meat side of things. Or I have found that certain minerals help shift me, and that I can shift how much that influences me by increasing, for example—I'm not asking you to endorse this or anything—but in my own personal experience and based on some practitioner manuals I found from a particular metabolic typing chiropractor I guess. If I raise my calcium to magnesium ratio for example, or my zinc to copper, or my molybdenum to sulfur, those are some of the ratios that I have found very powerful in shifting me away from the meat monster mode, as I call it sometimes, more towards a little bit more vegetarian, lighter proteins, and so forth. I'm just curious if that is similar to kinds of things that you see.

Dr. Isaacs [00:09:55]: Yeah, that's a good example of the kinds of things that I'm talking about. There's some people who by nature have a very overactive sympathetic system, and those people for the bulk of their life will do well with relatively little animal protein. There's some people who genetically are just carnivores. They do best with a lot of meat in their diet, and that's going to be how they'll function for the course of their life. There's some people whose metabolism is more balanced. Their autonomic physiology, the two parts of it work fairly well in tandem. For those people, they need to eat a variety, or different types of foods. And the biggest hazard for them is reading a book that sounds very convincing that says that everybody should be eating in one of those two extremes. For a balanced person that will just shift them in the other direction so to speak, and they wind up getting sick because they ate an extreme diet. What they need is balance, a variety of different types of foods. And in many ways I think that a take-home point, so to speak, for a lay audience would be that for the most part people are attracted to what's good for them. There are exceptions. One of them is sugar. We all love it. Nobody should eat it. But having said that, most people will gravitate towards the diet that's good for them as long as they're not reading too many things that persuade them that nobody should be eating in a particular way. Your typical person with an overactive sympathetic system doesn't want to eat a steak every night. They don't feel well if they eat that way. The people that do well with the steak, if they eat a vegetarian diet, they're miserable; they're starving. If people would listen to what their body is telling them, for the most part, will come out in the right place.

Brendan [00:11:54]: That strikes me as a really important point to reemphasize. We've got so much information out there in the health realm and people seem to find that whatever worked for them and maybe for the cohort of patients that seem to be attracted to them, suddenly they have all the evidence that they feel they need to decide that this is the optimal diet for all humans, and apparently it's just not that way. Some people yes, they're going to thrive on a more animal product heavy diet, and some are not going to do well, and some have to go in the middle and have a ton of variety as you're saying across those different angles. I actually call this, I have a term for it, with regard to say dietary ideology for a lack of a better word I call it an idea virus. So, these idea viruses get out there, and everybody catches it and they latch onto it, and we also just call that a health fad or

something. But now we've got so many that have been out there for a while, just fighting with each other it seems. And we don't need to fight, we just need to respect maybe metabolic individuality.

Dr. Isaacs [00:13:06]: Right.

Brendan [00:13:08]: And I'll make one little point here on the topic of beef, you know this big, big controversy, and a big topic of this event which is -- not all beef and not all red meat, not all animal products are created the same. It matters so much how they're produced. They can either be horrific influences on our planet and our health, or they can be very nourishing, for both our bodies and the Earth. So other speakers and I are addressing that in this event.

Dr. Isaacs [00:13:38]: That's really important, I'm glad to hear that.

Brendan [00:13:43]: Yeah. So I'm wondering, are you free to share any case histories that illustrate, and again, not for people to say, "Oh, well that sounds like me", you know, you've got to realize you need professional guidance sometimes to be able to figure it out. Then again trial and error is not too harmful when it comes to food. That's what people are doing anyway, they're doing trial and error. Can you give some illustrative case histories?

Dr. Isaacs [00:14:10]: Well sure, the case histories that I'm going to talk about are actually some that were included in an article that Dr. Gonzalez and I wrote in ... I think it was published in 2007. These are both patients with cancer. One was on a more vegetarian type of diet, the other was on a more carnivorous type of diet. So, the first one is a woman who in November of 2000, she went to her doctor because she wasn't feeling well, and she'd lost a little weight. And her doctor, very astutely did a CAT scan which showed a three-centimeter tumor in her pancreas. It took a little time to get the biopsy done but eventually in early February of 2001, a needle biopsy was done and showed that it was pancreatic cancer, and the tissue was actually reviewed again at the Mayo Clinic, just to confirm the diagnosis. There are more than one type of pancreatic cancer, but it was confirmed that she had the aggressive kind where life span is usually measured in months. So she started with me on a protocol that we offered in April of 2001, and as of last month she's still alive and doing just fine. So she is now seventeen years out or something, that typically kills. You know, seventeen months would be remarkable actually. So she's seventeen years out almost with this very negative diagnosis. So she's done very, very well. Her diet was one that was high in vegetables basically, very little animal protein. A lot of magnesium and potassium, very little calcium. That's the type of protocol that she was on.

Another patient of mine is a gentleman who in 1995 developed some swelling in his abdomen and his feet, and a CAT scan was done which showed multiple masses in his abdominal cavity that were putting pressure on various things causing the swelling further down in his body. He had a biopsy, and he had a type of lymphoma. Lymphomas are cancers of the lymph nodes and in his case it was one called follicular lymphoma which is one of the less aggressive ones but it still can certainly cause plenty of problems, and it was certainly doing that for him, he had the swelling in his legs. So he was offered chemotherapy, but it isn't terribly effective at least at that time, what they had available then, for the type of problem that he had. So instead he came to see me, went on his protocol, and the swelling in his lower abdomen and in his legs resolved. We're not big fans on doing a lot of scans here just because there's radiation exposure involved, but he has had several CAT scans since that time that have showed complete resolution of the lymph nodes that were in his abdomen. The last time I spoke with

him was about a year ago, and at that time he was doing great. I had given him a call just to check in on him, and he was actually out back—he was building a house, wasn't doing all of the work himself, but he was doing quite a bit of it, so he was in the middle of working on a retaining wall when I spoke to him, which is pretty good for somebody who's pushing 60. He is doing just fine. He was put on a more carnivorous diet with a lot of red meat, very little things like greens. No alkalinizing foods because his body tends to be too alkaline in the first place, so that's an example of two patients and the different ends of the metabolic spectrum.

Brendan [00:17:57]: You know, this issue of alkalinity vs. acidity, I know a lot of us had heard the work of Dr. Otto Von Warburg. Is it Von Warburg or Warburg?

Dr. Isaacs [00:18:11]: It's just Warburg.

Brendan [00:18:17]: I'm just curious if you have any thoughts on that because that was the idea that perhaps the more alkalinity the better, related to cellular metabolism, but was that maybe more of a downstream effect or just a way of looking at part of the picture, or is it not something you'd really comment on?

Dr. Isaacs [00:18:36]: Well, I don't think getting more alkaline in and of itself is going to take care of anybody's cancer. I think that your typical alkalinizing diet is usually very much a plant-based diet, and what we believe is that the surveillance mechanism against cancer is actually pancreatic enzymes. A very alkalinizing diet because it's very low in animal protein, is going to free up some of the body's own enzymes to go to work against the cancer, and so while there are a few people out there who have done well with an alkalinizing diet and that's all they did, I think that the mechanism is actually not what they think it is. I think it has more to do with enzymes being freed up to work on the cancer as opposed to just getting more alkaline. I don't think it's as simple as buying a box of baking soda basically, I think there's a little more to all of these things.

Brendan [00:19:35]: Can you say more about pancreatic enzymes as a surveillance mechanism, I think that's how you described it.

Dr. Isaacs [00:19:45]: Sure, well, Dr. Kelley, our predecessor in this work, who had what was almost certainly pancreatic cancer, and I say it that way because he never had a biopsy. This was early 1960s, so they would've had to take him to the operating room to definitively prove what he had. But he had lost about 50 pounds and had a visible tumor in his abdomen, so they said, "You probably have pancreatic cancer. You need to go home and get your affairs in order". He put himself on a vegetarian diet, an alkalinizing diet, and in fact stabilized, but he still was having enormous trouble with digestion, a lot of gas, just poor digestion. He started on pancreatic enzymes to try to deal with that, the theory being that if you had pancreatic cancer, it probably wasn't making pancreatic enzymes. But then what he found was that the character of the tumor changed as he started to take quite a lot of pancreatic enzymes. He then went to the medical literature to see if anybody else had ever expressed an idea that pancreatic enzymes might work against cancer, and what he found was the work of a man called Dr. John Beard.

Dr. Beard was an embryologist by training, which means he studied the very early stages of development of the embryo, when things are just a few cells. What Dr. Beard had noticed was that there's a tissue in early development called the trophoblast. It's the earliest stages of the placenta which is a connection between the mother and the baby that allows the baby to get the nutrients that it needs and to get rid of waste. The early

stage of the placenta is called the trophoblast, and what Beard observed was that the trophoblast in its behavior and in its appearance is a lot like cancer. The trophoblast's job as the embryo enters the uterus is to latch on to create a connection between the embryo and the mother. The trophoblast invades, it creates a blood supply and it fools the immune system into thinking that there's nothing to react to here, even though the mother's system is very different from the baby's, genetically speaking. The mother only contributes half of the genetic material. But there's one big difference between the trophoblast and a cancer. The trophoblast knows when to quit. At a certain point it stops invading, matures, turns into the placenta. And that will then peel neatly off after the baby is delivered, leaving the uterus intact for another pregnancy. But cancer just keeps going. The trophoblast knows when to quit. Beard's theory was that if you could figure out what the signal was that told the trophoblast to stop invading, that he might find an answer to cancer. He looked at a lot of different things happening in both the mother's body and the baby's body, and what he found in a number of different species, including humans, is that at the time that the trophoblast changed its character, the baby started making pancreatic enzymes. Now pancreatic enzymes in regular physiology are thought to only digest food, and they have no other role. Babies aren't going to see a meal for another seven months, so the question would be -- why is the baby making pancreatic enzymes so early. Nature tends to be fairly conservative; things don't happen until they're needed. But if the role of the enzymes is to control the behavior of the trophoblast, then it makes a lot of sense that enzymes would be made that early. This is the theoretical basis behind the use of enzymes. Some practitioners at Beard's time used them and had some good results, and there's been a scattering of people over the years that have used them since then with some very positive results. In terms of basic science support on a more modern level, there are experimenters who have agreed that the trophoblast and cancer look and act a lot alike and use the same mechanisms to get their job done. There's receptors on the surface of the trophoblast cells and also on cancer cells that will be like the catcher's net for enzymes that the pancreas makes. So there's definite suggestions that it's quite possible that orthodox science will make its way back around what Beard was saying a hundred years ago, at some point in the near future.

Brendan [00:24:26]: Am I understanding that pancreatic enzymes communicate or do something so that cancer—we actually don't know what they do exactly—but that tell cancer cells "don't be a cancer cell", "don't be like a trophoblast that doesn't know the boundary between itself and the baby", and the baby of course enforces that, perhaps, if that's the mechanism, with pancreatic enzymes. Is there anything else specific that we might know about how pancreatic enzymes might rein in or stop cancer cells?

Dr. Isaacs [00:25:02]: Well not for sure. My own feeling about that is that I have a significant number of patients who've done extremely well. That's why I do what I do. I think that modern medicine is very focused, it almost seems as if you have to know exactly how something works on a cellular level before you're allowed to use it, or to believe that it might work. An example that I use sometimes, the time that I went through medical school and did my residency, nobody knew how nitroglycerin worked to open up the blood vessels around the heart, but we gave it to people who were having chest pain because we knew that it worked. We didn't know how it worked. The nitric oxide pathways as they're called, weren't found until the 1990s. So I think that the real reason why I use pancreatic enzymes in treating patients, is not because I read an article about exactly what they're doing on a molecular level, it's because I've treated patients, and I've seen them get better.

Brendan [00:26:08]: So in other words we're talking about empiricism, clinical results as opposed to just knowing the mechanism. You're just saying, "We're getting results. They're consistent enough. We're going to keep doing it". And there's no evidence of any harm.

Dr. Isaacs [00:26:24]: Exactly. That's right, and I personally think that that makes sense. What I'd say is there's a lot of drugs out there, and there'd be an elaborate mechanism described for them, and they'll create them — “translational medicine”, that's the term, you figure something out at the bench; you create a drug; it's going to do exactly what you think it's going to do, except that it doesn't. Just as an example, I saw a patient today as a matter of fact who's been on medication that's used for chronic myelocytic leukemia, and it's supposed to be very specifically targeted to a very specific problem or area, but it also creates terrible vascular disease that can be crippling, can be very, very serious. Nobody had any idea that it was going to do that, but that's what happened. So between using a drug whose side effects will not be determined for a few years vs. using something that I've seen work in patients, and that is really pretty nontoxic as well, I'm going to keep doing what I'm doing.

Brendan [00:27:36]: This is similar I suppose to this idea of using things that work, are safe, and we just don't know how they work perhaps. In naturopathic medicine for a long time physicians knew that detoxification was important, they didn't know all the mechanisms and more recently we've been discovering what the mechanisms are and just how important toxicity is in the generation of disease processes. So I'm curious, do you use detoxification in your protocols and treatments?

Dr. Isaacs [00:28:18]: Yes, we do, and again that was a big part of what Dr. Kelley was doing all those years, and the positive results that Dr. Gonzalez found in his practice, so we continue to use those things. The main thing that we use on a day-to-day basis is a procedure called the coffee enema. That is something that mainstream doctors typically find absolutely ridiculous. All I can say is they probably never tried it because most people feel tremendously better when they do them. They actually have a very long history in the medical literature, and they were in nursing text books right up through the 1950s. In one text book called *The Merck Manual* they were present from the time they started printing it up through the 1970s. I found some literature from the eighteen hundreds where doctors talked about their use in poisonings or in severe infection. I actually found one article describing a lecture by one of the Mayo brothers that started the Mayo Clinic, and in that lecture he was saying that coffee enemas were absolutely critical for post-operative care. There were a lot of competent observers that thought that they were valuable. My own feeling is that orthodox medicine kind of discarded them as pharmaceuticals came in, but I actually think that they are tremendously valuable and that regardless what their mechanism of action might or might not be, we find that first of all patients feel much, much better if they do them, and secondly the patients that decide that don't want to do them or don't have to do them, don't do as well. So I think they're critically important.

Brendan [00:30:00]: My understanding of how they work is that they are a cholinergic influence, in other words they stimulate bile flow in the liver and perhaps other processes, so it's basically stimulating the liver to kick out toxins at an accelerated rate. Is that your understanding?

Dr. Isaacs [00:30:22]: It's quite possible that that's correct. There are some articles from the 20's and 30's where actually enemas of various kinds were used pretty widely in regular medicine, and there are some articles from that era suggesting that that is indeed what happens. The thing is that nobody's really investigated this in the modern era where we've got techniques like ultrasound for example, to actually see what's going on. There's a theoretical aspect to that, we don't really know for sure. But again, I personally am quite comfortable going

ahead and using something if I feel clinically it works without necessarily needing to do extensive studies to find out exactly how.

Brendan [00:31:07]: I should add perhaps that proponents of coffee enemas suggest that there's a vastly different influence between drinking coffee and using a coffee enema and that the hepatic portal artery or vein in the colon area is absorbing the undigested coffee right into the circulation; it goes straight to the liver instead of to other cells first. Would that be what you think is happening?

Dr. Isaacs [00:31:44]: I'm not too sure about that one. All I can tell you is that patients who have been coffee drinkers and then done coffee enemas can tell you that the way they feel afterwards is very, very different. In terms of the direction of flow of whatever is absorbed across the intestinal wall and getting into the blood stream, all of that from the stomach down to the colon is going to go straight to the liver. To me, in a way, I tend to shy away from creating a lot of theories about how something works if I'm not absolutely sure that it's correct. My own philosophy or theory is that perhaps the stomach works on, if you think about it, the stomach's job is digestion, and it may be modifying the coffee in some way when you drink it than when you do it as an enema it doesn't happen.

Brendan [00:32:38]: That makes sense given that in the stomach things are exposed to such a low Ph, so much acidity is going to transform a lot of things.

Dr. Isaacs [00:32:46]: Exactly.

Brendan [00:32:47]: Why do you suppose that toxicity is becoming an ever-increasing issue for our health. Why are we accumulating so many toxins, any thoughts on that?

Dr. Isaacs [00:33:00]: I think since the 1950s we've really had an explosion of different types of chemicals that are used every day. If you think about it, we're surrounded by it. Even if you go to your health food store and you purchase your grass-fed meat, and it's neatly packaged up in plastic that's adherent to every aspect of that meat. There are chemicals everywhere. I try my best to minimize my use of plastic containers and cartons and etc, and yet I find that my trash can is full of it at the end of the week. All of that, the production process means that chemicals wind up in the air, and the water, in the food we eat, in the ocean. We have surrounded ourselves with a lot of chemicals, and while any one of those might've been tested on some animal or a cell culture model and found to be safe at some very high concentration, we're dealing with a lot of low-volume exposure all day every day. And I think that can't help but have an effect on our health.

Brendan [00:34:13]: It's funny you should mention the plastic because—it's funny and not funny—the not funny part is that it's got phthalates which are very key toxin that we need to be aware of and it makes plastic softer. It's in those plastic wraps, and there was a book that was actually I suppose written in jest, I don't know the title, but basically it was saying that the healthiest diet is one with no plastic, no wraps around it. I haven't read it myself, I'm saying this second-hand, but it turns out that that actually is an influence. Foods wrapped in plastic are delivering phthalates into your food, and that's something to be aware of and avoid whenever possible. Aside from nutrition and detoxification, are there any other important elements of treatments that you use that you might call attention to?

Dr. Isaacs [00:35:13]: The three components of what I do are: diet, supplements, which I suppose both of those two could be put together as nutrition, and then detoxification. I certainly think that emotional and spiritual aspects can play a role as well, although I don't get into prescriptions on that one. I think there's many different ways for people to deal with emotional and spiritual issues, but I do find that the vast majority of our patients will tell us that the way they look at life and the way they deal with things has changed as a result of all of this. I think it's important for patients to find some joy in life and to not harbor about negative emotions like anger or lack of forgiveness, that kind of thing. Again I don't tend to be prescriptive there, but I do think it's very, very important.

Brendan [00:36:09]: These people that are getting so much benefit, how long was it that you said that the person that had pancreatic cancer, how many years or months out are they from a death sentence?

Dr. Isaacs [00:36:21]: She has made it sixteen and a half years from the time that she was given her diagnosis.

Brendan [00:36:29]: Just extraordinary. I'm curious, I mean, are these people getting well entirely on this type of treatment, there's nothing else that they're doing that you're aware of?

Dr. Isaacs [00:36:38]: Not that I'm aware of, no.

Brendan [00:36:40]: Wow.

Dr. Isaacs [00:36:41]: Certainly not standard therapy. I think she may have done a little additional alternative type stuff, but nothing of any duration. And actually what she did, she had it well after she should've been gone so to speak. In the early stages all she did was this protocol.

Brendan [00:37:02]: So in other words metabolically individualized diet and supplementation, plus detoxification and psycho-spiritual healing perhaps, or that might happen, I don't know, it's something...

Dr. Isaacs [00:37:21]: In her case actually, she's a very devout Christian and a wonderful person. She's somebody that definitely walks her talk, but she was that way when she first came in. I don't know what she would say in terms of any spiritual or emotional changes, but she seemed like she had that pretty much together, from my point of view. What she needed was to adjust her diet and take a lot of supplements, and with that she's done well. Our general philosophy is that cancer can potentially be like diabetes. If a diabetic doesn't eat properly they're going to get into trouble, but if they do what they need to do, it can be managed, it can be controlled. From our point of view, this is not a protocol that one does for three months, or six months, or two years, or whatever. A common question that I get is "When can I quit?" Apparently Dr. Kelley's answer to that was, "Whenever you stop wanting to feel better". In other words, if you stop doing what you need to do to take care of yourself things are going to go back to where they were. So this is a marathon, not a sprint.

Brendan [00:38:37]: Are there any particular patterns that you've seen in terms of what might be generating cancers for people?

Dr. Isaacs [00:38:47]: I think in general cancer is an illness of uncontrolled cell growth, and so what can stimulate that, I guess the question would be. There are some people that are creating more cancer cells than their body

can handle. We're all creating cancer cells all the time, but our surveillance mechanisms get rid of them. From my point of view one of the big surveillance mechanisms is pancreatic enzymes, and so if you're eating a diet that requires more digestive enzymes than your body can make, then you may get cancer. People whose sympathetic nervous system, the fight or flight system, is overactive, their sympathetic system is basically telling their digestive tract "Not now". If you think about it, if you're about to get eaten by a lion, digesting your lunch can wait. You need to put your energy into running as fast as you can. So when the sympathetic system is overactive it shuts down the digestion which includes the pancreas, and you can wind up not having enough pancreatic enzymes in circulation to deal with cancer cells. Then there are things that can make you grow more cancer cells than you would have otherwise, things like smoking or radiation exposure, all the chemicals that we're exposed to. All of those things can go into making more cancer cells than our system can get rid of.

Brendan [00:40:17]: That's interesting, I had never ever thought of that as far as metabolic individuality influencing potentially cancer risk via mechanism, just too much fight or flight activity in the nervous system suppressing digestion in general. So I'm curious, in regard to your approaches to cancer, are there some people for whom this would be more appropriate and some people for whom it would be less appropriate, or is it not possible to really say?

Dr. Isaacs [00:40:52]: Well, what I would say in terms of cancer treatment is that there are some cancers where standard treatment can be very, very effective and under circumstances I would recommend that somebody do it. For instance, surgery for localized breast cancer or colon cancer. From my point of view, I think people should do that, and so that's what I would recommend, what I do recommend when somebody in that circumstance comes to see me. There are other conditions like some types of lymphoma for example that again standard treatment could be very, very effective. Beyond that though, it starts getting more about the approach of the patient, and so again if somebody is physically unable to swallow a lot of supplements, that can happen with the esophageal cancer for example, then this is not going to be a program for them. You've got to be able to swallow a lot of supplements to do this. That kind of characteristic of the patient would be what I would be assessing at that point.

Brendan [00:42:00]: Dr. Isaacs, you've got a very unique approach to treating cancer and I really appreciate how personalized it is. I'm kind of on a crusade in part too to help people understand that there is something that we might call a metabolic diversity and that the world of health and the planet itself would be much better off if we are honoring that in ourselves and also adjusting our food systems, how we grow food, so that whatever we're raising, whether it's animal products or plant-based products, that it's done in a way that is in harmony with Nature using Nature's natural pest control methods, its natural self-fertilizing mineral availability enhancing mechanisms. It's all there in this amazing technology called soil and biodiversity. And we are smart enough to harness that system, and that's what this event is about, is reintegrating that back into the human experience, and when it comes to cancer it's so important to have somebody like you who has this perception, this awareness and these nuances to share and help people heal and also help people realize that, "Gosh, a diet with animal products could be the best thing" for that person, and especially or as long as it's coming from animals raised in a way that puts good nutrients into the meat and gives the animals a good life and grows soil instead of all the opposite that comes from factory-farmed animals. The world is very fortunate to have a physician like you and we here at the Eat4Earth event and this community, are very fortunate to have had you here with us today, so thank you for sharing your experience and your expertise.

Dr. Isaacs [00:44:07]: Well thank you for having me, I'm really glad to hear the work that you're doing, and I hope that all of this can help the world change to be a better place.

Brendan [00:44:18]: It's so great to hear a doctor talking about metabolic individuality. Not many people know about that, much less talk about it, but I believe it's at the heart of why some people can thrive on a vegan or vegetarian diet while others seem to thrive only on diets with animal products. It also helps to explain why some people thrive on red meat while others only on light animal products like fish and poultry. Next, we're going to hear from a mostly vegan eater that had cancer and beat it with a vegan diet and lots of juicing, Cherie Calbom, also known as the Juice Lady. She's going to talk about some of the cancer-preventing and cancer-fighting nutrients in plants.

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