

# **The Healing Platform: Build Your Own Cure: A Special Interview With Annie Brandt**

By Dr. Joseph Mercola

**JM:** Cancer: a disease that every one of us has either personal experience or someone we love. What can you do about it? Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Annie Brandt, who is a cancer survivor herself. Also, as a result of that experience, has developed a really interesting platform for support structures to give anyone who is challenged with cancer as a disease to have access to resources to overcome that challenge. Welcome and thank you for joining us, Annie.

**AB:** Thank you for having me, Dr. Mercola. I'm thrilled to be here.

**JM:** Yes. We first met late last year at Dr. Lee Cowden's conference in Orlando. You were inviting me to speak at one of your events, which is actually coming up, which is the Best Answer for Cancer, an international cancer conference that you have been coordinating for, I think, the last 10 years or so. Unfortunately, my schedule won't allow me to attend, but it is a great event that you're going to have a lot of speakers at.

Before we discuss that, I think I just want to mention that from my perspective, the most foundational strategy that you could deploy would be to get your diet right. We talk a lot about that a lot on the side. Of course, that's my passion. It got reignited in that after understanding that cancer is not a genetic disease but a metabolic disease, primarily mitochondrial metabolic disease, that I wrote the book *Fat for Fuel*, which will be out in May. I think that's the first step.

But clearly, diet alone, for most people, is not going to solve the cancer riddle. It'll probably prevent it for most people, but it won't solve it if you already have cancer. That's where your resources come in. They really are a great collaborative addition to a healthy diet, which I outline in *Fat for Fuel* coming up. I guess why don't you give us your framework and perspective on how you started the Best Answer for Cancer?

**AB:** Okay. Thank you. I actually started backwards. I was going through cancer. They gave me three months to live in 2001. I decided if I was going to go in three months, I was going to go as healthy as I could, and as close to how God made me as I could. I refused surgery, high-dose chemo and radiation. Instead, I tried to make my body strong and detoxed it. I started first with diet, but I'll come back to that.

The way the foundation started was I kind of made a promise to myself that if, in fact, I lived doing all these natural healthy things, that I would find a way to help people realize there were all of these options. That's why I started the foundation.

**JM:** Great. That's been going on for how long now?

**AB:** We really started in 2004, but we didn't become a 501(c)(3) until 2006.

**JM:** So about 10 years or so. Maybe you can elaborate on the services that that group or foundation provides.

**AB:** Sure. Yeah. We are a hybrid non-profit, the only one I know of, in that we service two desperate groups. We service the physician's arena, and we service patients of cancer and chronic disease. We're not just cancer, but seeing that the latest stats are 1 out of 3 women and 1 out of 2 men will experience cancer in their lifetime, we felt that was a great focus.

**JM:** Those are old stats. We're going to 1 in 2 for both sexes.

**AB:** Yeah, I know. I think it was 1 in 6 when I was diagnosed. We're going down fast.

**JM:** You also put on this conference that has many international experts that you coordinate to get presentations to not only other professionals, but patients who are challenged with this and seeking an alternative to the conventional paradigm, which interestingly, I confirmed with you when I was at the Orlando conference. It was when I first learned about it.

Many people are well-aware of this paradigm, but I was astonished. I basically fell off my chair. Actually, I don't sit in chairs anymore, hardly, unless I'm traveling. But I basically fell off the platform I was standing on when I found out that oncology is the only specialty in medicine that is allowed and, may I say, encouraged to sell the drugs to their cancer patients and at an enormous profit. I think the profit is well over 50 percent.

You're more familiar with this than I am, so you can perhaps expand on it. But it is just incredible. These are not just any drugs. These are not like anti-ulcer drugs. These are the most – for the most part, as a general category – the most expensive medications in all of medicine, in all of healthcare.

**AB:** Yes. That's very true. I was shocked myself. I found this out years ago. The only reason I found out was because I got very friendly with my oncologist. But almost all oncologists, if they're in a hospital setting or a large clinic setting, get a commission for the amount of drugs in chemo they sell.

**JM:** Yes, indeed. With that type of incentive, it is just nearly impossible to imagine them actively seeking any other alternative. In any other alternative, they're not going to get this type of commission in percentage of profits. Their income will go down dramatically if they seek to integrate some of these alternative strategies.

**AB:** It's not just that, Dr. Mercola. That is a big incentive, financial, for a lot of people, but they're also constricted by the very oncology board that they're members of. It's a "you must." They get a lot of pressure from the pharmaceutical companies to do the right thing. I think many of them think they are doing the right thing. It's a multi-faceted situation.

**JM:** Yeah. It's a clever strategy that the drug companies have adopted, and that is to establish a standard of care, which is established by essentially people that they support and subsidize that are high up in the hierarchy so that they can essentially set these parameters. If you go against

the established standard of care, you are susceptible to having your license reprimanded or even taken away. It's a significant switch from that.

I'm reminded of Dr. Tim Noakes, who is a South African physician, not really practicing but still has a medical license. He established the prominence of low-carb, high-fat diets in South Africa, and literally tweeted to a pregnant patient that she should consider switching her child to a higher fat diet. As a result, a dietitian submitted a request to their medical board and had to go through this expensive and multi-year trial just to keep his license. That's just one example. It's obviously a little different in cancer, but it's just how they control us. In that case, it wasn't the drug industry. It was the food industry that was subsidizing this whole process.

**AB:** Yeah. We have a lot against us when you're in the natural realm, because you can't really make money on it if you're a conglomerate.

**JM:** Sure. One of your principles is that treating the tumor is not enough. You have a whole variety of different options that you address to support your body's systems, immune systems and others, to really normalize and maximize your biological strategies to recover your health. Why don't you discuss that approach?

**AB:** Yes. Thank you. I came to the conclusion that the tumor was just a messenger. When you look at the tumor itself and think it's a substance that forms around diseased cells, where do the diseased cells come from? When you look at all the science behind cancer, they bring in mind, body, diet and detoxification. They're very subtle. But over the years, I found these different modalities that actually address disease.

When you think about the tumor, imagine it like the check engine light in your car, that's how I think of it. When it comes on, you don't take a hammer and beat the dash until the check engine light goes out. You take your car to the garage and find out what's wrong. We don't do that. We want to get rid of the tumor as soon as possible. We want to beat the dash until the light goes out. Then we don't look at what fed it, what created it. That's why I think there are a lot of reasons why cancer keeps recurring in certain people; they haven't addressed all of the issues that are feeding it.

When you look at what could be feeding it, you have to consider your whole life. You have to consider the people around you, your job, stress, your environment, what you eat, believe it or not, how you think. Are you getting enough rest, exercise and sunshine? I know you wrote a great article a while back about sunshine and vitamin D. It's brilliant. That kind of thing needs to come out more. It's not known.

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**JM:** It's not just vitamin D. That's the common misperception. It's actually exposure to full spectrum sunlight, which of course includes the ultraviolet B (UVB). When it hits your unclothed skin, it causes the cholesterol to convert to vitamin D, but also the infrared, which is about 50 percent of the energy in sunlight. It has incredible biological benefits, including stimulating certain electron transport chain proteins to produce more adenosine triphosphate (ATP), and then just structure your water and increase your cellular energy. It's profound.

One of my new missions is to educate people about this because it's just such an ignored aspect of medicine, even though literally a century ago, it was relatively common knowledge. There were large numbers of physicians who incorporated these modalities, but when the pharmaceutical companies came in and shifted the emphasis to a drug-based model, we abandoned these. Now, virtually no one is aware of the benefits of therapeutic sun application.

**AB:** I listened to you in Orlando talk about that. Since then I have been out in the sun every noon or early afternoon for 20 to 30 minutes. Thank you.

**JM:** As we're recording this, it's the winter. That's a good strategy in the winter. In the summer, for most of us, especially you're in Texas and me in Florida, you do not want to be out at noon. It's too much sunshine. You have to optimize the exposure depending on your environment and location.

**AB:** Right.

**JM:** Another part of your strategies that you recommend in your book is the detox. Maybe you can discuss that for a moment.

**AB:** Yeah. I think detox has gotten a little popular in the last 10 years. But I think when people think of detox, they think mostly physical detox of the body. What they're missing is that the toxins are all through our lives. Again, if you think about there's something in your life that's creating and feeding this cancer, you have to look at the whole thing.

If you think about the way we think, if most cancer patients don't think they're worth it: that is a toxic thought. You have to detox the mind. You have to detox the spirit, the emotions. Most cancer patients feel trapped. You have to detox every part of your life. Don't forget the environment. You need an air purifier to clean the air. You need water purifiers to clean the water. Get rid of your toxic chemicals under the sink. You've really got to do a lifestyle detox.

**JM:** Yes. It's just like your approach to not focusing on the tumor. You've got to focus on the foundational causes that contribute to that rather than removing them, which is still an important part of the process.

I'm a really big fan of sauna therapy. There are three types of saunas: one is traditional, the other is far-infrared, and the other is near-infrared. There's a physician, Lawrence Wilson, who wrote a book on sauna therapy that really discusses the importance of near-infrared with heat lamps. He has details on how to construct a sauna for like 100 dollars, maybe a few hundred if you want to get fancy, but certainly far less than 1,000. That may be the best type of sauna therapy because there's near-infrared, which you don't get in almost all far-infrared saunas. It's literally probably some of the most important biological frequencies that you're exposed to. That and then avoiding them would be a good strategy.

You had mentioned to detox your thought process. You have some interesting strategies in your book. Why don't you discuss some of those?

**AB:** Okay. We can go to therapists. We can do a lot of work with the therapist on how we think. But there are thoughts that are embedded in our fibers, in our cells. They're deep rooted, a lot of times, from childhood. How do you get rid of those? You actually got to tap into the roots, the meridian. Acupuncture can move the chi, but you can't actually redirect or change the energy.

You can with therapies like EFT, Emotional Freedom Techniques; EMDR, eye movement desensitization reprogramming, which basically balances the left and right brain and gets rid of the dysfunction, your disease in whatever part of the brain that is. Those are two really, really powerful ones. Meditation helps, visualization, positive affirmations. I have positive affirmations everywhere, in my car, in the kitchen, in the bathroom, everywhere. It works. The body will listen. The mind will listen if you tell it enough times.

**JM:** Yes. The stress is a big issue. There's no question about it. For most diseases, in my experience – typically cancer is an autoimmune disease – is it's almost always there.

The EFT that you refer to is one that I focused on when I was seeing patients, and really, it's nothing closer to magic. In many cases, it was just literally a few minutes of tapping by an experienced clinician who understood how to tap, not just someone who's tapping on themselves, the problem resolved. It was literally close to a miracle. There are many, many other variants. There's probably dozens, if not hundreds, of variants of EFT.

EMDR is an earlier one. I'm not sure exactly when it started, but it's also effective. It's just a little more cumbersome to administer. But they work. They're really effective. I don't think anyone really understands the exact mechanism, but we don't have to to get the benefits. It's a really good strategy.

**AB:** Yes. I agree.

**JM:** The other component is the immune system. Why don't you discuss your perspective on that?

**AB:** Sure. This is one that I thought of almost in the beginning because I was curious as to how the cancer could just come on so fast. I had read about the immune system being capable of keeping disease at bay. I reasoned that if my disease wasn't at bay, then there's something going on with my immune system.

Back in the day, 2001, 2002, you heard a lot about boosting the immune system. I was diagnosed in 1992 with a dysfunctional immune syndrome. I kind of didn't want to do just boosting. I wanted to find out what was going on. It's very difficult. These days, we do have oncoimmunologists who can actually look at your immune system and tell you if it's out of balance, which way it's out of balance, and what to do.

But there are some general things that you can just start out with to just try and boost it and regulate it. Acupuncture helps, laughter, endorphins. Endorphins can even be knitting. I didn't know that. You can knit and make endorphins. There are things that you can do to boost the

immune system. Laughter is really hard when you've got cancer and when it's a death diagnosis, so it's very close to your face. But you have to keep going. You have to find it because this is how you fix the imbalances and the diseases in your life.

**JM:** Sure. There are three strategies that come up to the top of my mind. When you think about immune system and simple strategies that you can use, one will of course be sunshine. If you don't have access in the winter, you can swallow oral vitamin D, nowhere near as good but it will work. That will improve your immune system, no question about it.

The other's improving your microbiome, which goes back to paying attention to your diet. This *Fat for Fuel* book that I just wrote goes into great detail. We have a lot of information on the site. The microbiome we have has enormous influence over the quality of your immune function.

Lastly, what I'd like you to discuss is the endocannabinoid system, how the natural plants, like hemp and medical marijuana, can be used to stimulate that system and improve your immune function. I don't recall if you discuss that in your book specifically, but I'm sure you have some thoughts on it.

**AB:** I did discuss it but not in a great deal of detail, because there's a lot of mystery out there around medical cannabis. It's a subject area that I've recently, in the last couple of years, been looking into more deeply. I just found a group called United Patients Group. They're another 501(c)(3). Their only mission is to make sense of what's out there, how it really works, and educate people.

I know that medical cannabis, if there is a definite ratio of tetrahydrocannabinol (THC) to cannabidiol (CBD) for each type of disease, which I didn't know until about two years ago. Just taking one portion of it isn't as effective as having the actual correct proportion. What my understanding is, so far, is that the medical cannabis in the right proportion can regulate, not just boost, but regulate the immune system. Again, going back to diet, I almost consider medical cannabis part of a diet because it does nourish and detox.

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**JM:** It is a food. Sadly in most states, it's illegal to grow. If it was legal to grow where I live, I can assure you because with my interest in regenerative agriculture and understanding of soil health, I would grow some magnificent plants. But unfortunately it's illegal where I live so I wouldn't do it. But if I could, I would grow it. I would probably consume it every day. When you consume it raw, many people don't realize that there's really not a psychoactive component in there.

**AB:** Exactly.

**JM:** You don't get high. You just normalize your biological systems.

**AB:** That's the tetrahydrocannabinolic acid (THCA). That's the raw and hopefully organic. CBD doesn't matter, but the THCA is non-hallucinogenic.

**JM:** Not hallucinogenic. It's psychoactive.

**AB:** Non-psychoactive. Oh my goodness. The thing is, though, some people don't know that. They'll take their THCA and put it in their coffee or their hot tea, therefore they activate the THC.

**JM:** The heat will activate it, right?

**AB:** Yeah.

**JM:** It's a great system. For those of you who do live in states where you can grow it legally and don't have to pay an arm and a leg, you can do that and put it in your smoothie. If I could do it, I would. It's a sad deletion from my smoothie ingredients. But maybe someday, that will be legal where I live.

**AB:** That's one of the things we're trying to do, Dr. Mercola, with the foundation. We're trying to protect the rights of patients and doctors to use natural substances to help people. I just finished writing in another study. We've got an institutional review board that is overseeing some of our studies. Any doctor participating in those studies can treat patients with the products safely. We're looking at all kinds of options there to help get different options out into the market.

**JM:** Okay. Good. That's good. Thanks. What other lifestyle modifications do you advocate? Exercise would be one I could think of, which also improves the immune system, done properly. Of course if you overdo it, you can thrash your immune system, but done properly, it's a great benefit.

**AB:** Yes. Exercise, proper amount of rest. There are actually studies showing exactly how much rest you should have based on your age group.

**JM:** What are those ranges? Do you remember?

**AB:** Up to 30 to 64 is 7 minimum and 9 maximum.

**JM:** There's a sweet spot. It's a goldilocks dose because too much sleep could be every bit as problematic as too little.

**AB:** Right. Another big thing about lifestyle changes, this is one of the most difficult things to do for everybody, every patient. You have to minimize toxic relationships, negative relationships. Your life should be as positive as possible. Otherwise, you're just not going to be happy here. What kind of life would you live if you're not happy living?

I advocate looking at everything in your life, making sure it's as positive as possible. You're getting the sleep, you're getting the sunshine, you're getting the right support groups, you've got loving touch from friends and animals. For me, it was the most fun I had, because I literally remade my life. How many chances do you have in your lifetime to remake yourself? This is not

only permission; this is encouragement to remake your life. It's really empowering, very joyful. It's hard getting rid of the negative relationships and stress, but you feel so much better that it's good.

**JM:** One of the strategies if you're going to be treating cancer, it's something that I never really did much as a clinician because I was just so confused by the whole variety of different options. Of course, the real focus on regulatory agencies is to target and really seek to vilify or discredit anyone who is using these strategies. Even today that still exists. I'm grateful for the clinicians who are courageous enough to go out there.

Nevertheless, it's not just one therapy. Everything we talked about will help. But typically, if you have an advanced form, specifically metastasized, where these targeted circulating cancer cells are going around, you need multiple strategies to do it. This is one of the reasons why most every conventional therapy is not that useful. It's useful, but it's not definitive because it doesn't really ever address these circulating cancer cells. You can get rid of the primary mass, but you're still not addressing the ones that are floating around your blood stream. Those are the ones that kill 97 percent of the people.

**AB:** Yeah. Actually, that's so true. People don't get it, that conventional medicine doesn't have any way to stop from metastasis or to treat them at metastatic stem cells. It's these metastatic stem cells that kill. The way one scientist described it to me is when you remove a tumor, you do any surgery on a cancer, the body gets very helpful and it says, "Oh my goodness. We've lost some of those cancer cells." Its job is to replace the cells. It doesn't think about this as a bad cell.

Instead of replacing it with regular cancer cells, it replaces it with stem cells, saying, "Okay. We'll just make it stronger since those last ones didn't last." The stem cells are what conventional medicine cannot address, that I know of. Alternative medicine can.

**JM:** Yes, very effectively.

**AB:** There's berberine. There's metformin.

**JM:** Berberine and metformin are really similar. I like berberine a lot better because it's not a drug. Metformin, as a drug, is probably one of the safer ones. Millions of people have been on it with relatively few side effects, used for type 2 diabetes as an oral hypoglycemic. But berberine is something I take every day. I just love berberine. It has so many benefits and uses. Its mechanism of action is pretty similar to metformin. I would encourage anyone who's taking metformin for either control of type 2 diabetes or for longevity benefits, because a lot of people take it for that, to stop it and switch over to berberine.

**AB:** Yes. I agree. I prefer natural substances over medications. In fact, I'm taking zero medications. Berberine works. Sulforaphane, which is all of cruciferous vegetables. Curcumin.

**JM:** Broccoli sprouts.

**AB:** Broccoli sprouts.



**JM:** Glucoraphanin and myrosinase.

**AB:** That's right. There are a lot of them. They all work against stem cells. I encourage people to, if they have active cancer or have had cancer, to keep cancer on its toes by switching things around. For instance, I take essiac tea. It's a blood purifier, anti-cancer combination of herbs. I take that.

**JM:** You know a good one in there is burdock root. That's in there. And I think pau d'arco, if I'm not mistaken.

**AB:** It's burdock, rhubarb, slippery elm and sheep sorrel. Sheep sorrel is the anti-cancer. The eight-herb formula is the one, I believe, with —

**JM:** Pau d'arco.

**AB:** Yeah. I think so.

**JM:** I love pau d'arco because it has this substrate called beta-lapachone, which is a powerful way to increase NAD<sup>+</sup> intercellularly, which is an important component of improving mitochondrial ATP production.

**AB:** I did not know that.

**JM:** I have pau d'arco about a teaspoon a day.

**AB:** Okay. I'll remember that. You just gave me a fact for my revision. Thank you.

**JM:** Yeah. From the inner bark. Not the outer bark, the inner bark, and finely ground. It's very neutral. There's no bitter taste, like berberine you have to take in a pill. One of the most bitter substances around is berberine. You do not swallow or put that on your tongue.

**AB:** Yes. I'm just greatly encouraged that there are all those options, especially for metastatic cancer.

**JM:** Why don't we just talk about some of them? I could think of a few, like intravenous vitamin C, which I didn't really fully appreciate until relatively recently, that converts the hydrogen peroxide, which is toxic to cancer cells. It's not just the diet, exercise and everything we talked about, but it's this targeted, really focused interventions that just decimate not only the tumor, but also the cancer stem cells.

**AB:** Yes.

**JM:** Intravenous (IV) vitamin C. Why don't you talk about a few of the others like IPT, insulin potentiation therapy?

**AB:** Okay. Yeah. IPT was my kicker. For a year, I did the essiac tea, all-natural substances, berberine, I found back then. After a year, I still had cancerous tumors, but they were so much shrunk and I was better. I went back to the computer because I still had cancer and started looking around and I saw IPT. I had this thought and I was like, “It’s a Trojan horse.”

It actually delivers low doses of chemo or other medicines to the diseased cell only. It’s an elegant delivery mechanism. That’s probably my favorite because it worked so well on me. I just watched the tumors shrink and disappear. There’s also the high-dose vitamin C you brought up. Our latest study that we just got approval for is high-dose C with artesunate. Artesunate is an IV derivative of artemisinin. Artemisinin is a Chinese herb that has been shown to kill cancer with very little side effect.

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**JM:** It’s wormwood. It’s a very effective anti-parasite agent too.

**AB:** The one thing I learned early on is inflammation, viruses, bacteria and – I lost the last one.

**JM:** Parasites?

**AB:** Maybe it’s the parasites. Yeah. Those are the four things that cancer feeds on, and has those in heavy environments in those areas.

**JM:** In addressing the inflammation, you have a very nice, one of the better comprehensive descriptions of systemic enzyme therapy, not swallowing enzymes for digesting food, which has its benefits, but this is taken on an empty stomach. You really discuss the broad range of this.

Actually, based on your description, I integrated a few more of them into my own personal protocol, not because I have cancer, but I just think it’s a good idea because not only does it treat cancer, but it treats fibrinogen levels, which tend to get elevated with age and stiffen your arteries.

**AB:** Yes. I love wobenzym. But you know, that’s another thing. The doctor that I first went to taught me about switching things around. He said, “Cancer builds immunities.” I thought, “That’s right. Cancer builds immunities to things like chemo and radiation. I need to keep it on its toes and switch things around.”

I had a chart, actually, from all my therapies. It was calendar-based. I would say, “Start this here,” “Stop this here.” I could look at the calendar any day and see what I was doing. Of course, you don’t switch every day, but you know. If you did essiac tea for like four week and you do red clover stillingia for two, then you do essiac for five, red clover and stillingia for six. I mean just keep switching it around.

**JM:** Variety is a really important biological principle. I’ve integrated into my nutritional ketosis protocol. In fact, I firmly believe that people should not be in nutritional ketosis long-term. You do have to integrate a variety that you do need carbohydrates and you a day or two of the week where you have pretty high carbohydrates, maybe 100 grams. Not 200, 300, 400 in simple

carbohydrates and dangerous ones, but you know, the healthy carbohydrates. That's an important component. I personally take four different systemic enzymes and I take a different one every day. Every day, I'm alternating between one of them.

**AB:** Excellent.

**JM:** Yeah. I got a few good ideas from you, like the serratiopeptidase.

**AB:** Thank you. I get a lot of good ideas from you, so I guess —

**JM:** Interestingly, I was kind of surprised at the Orlando conference where we met. I gave my presentation and one of the questions I typically ask the audience is, “Who here is taking flaxseed oil?” I was shocked, almost fell off the stage, when I found out that almost — this is a cancer conference that we were speaking at — almost everyone there raised up their hand. I didn't figure out until after I got off the stage, but it was because they were doing the Budwig protocol, which calls for flaxseed oil.

I personally believe that that's a flawed strategy, of not so much that the flax seeds are bad, but the oil is, because it's refined, it's oxidized and not as good. You could do sprouted flaxseeds and get the same amount of flaxseed oil, but it's not oxidized. That would be my recommendation. I don't think anyone should take flaxseed oil.

**AB:** No. I think the original Budwig protocol was that you grind your seeds every day.

**JM:** That's good. I used to do that but I don't recommend it anymore. I recommend soak the seeds overnight.

**AB:** Soak overnight. Okay.

**JM:** Because there are some phytic acids and other enzyme inhibitors in there that tend to become deactivated with sprouting. Flax seeds, I've never seen them sprout because they form this mucilaginous mixture because of all the fiber in there, the lignins. But it does help and I think it's a lot better. They really go really good in a smoothie.

**AB:** It sounds good. I'll try it.

**JM:** But what's your experience with the Budwig protocol? Do you have a lot of people using that?

**AB:** Not anymore.

**JM:** Oh no? Really? Interesting.

**AB:** No. I was surprised too at the Orlando conference. In the beginning, in 2001, there really wasn't a lot out there. It was very hard to find any therapies at all. If they were out there, they were the ones that have been around for a while, like Budwig and Gerson. I tried both. I really

learned to listen to my body. I didn't have any way to test back then or anything. It was just me. I didn't even have a doctor until 2002.

**JM:** That was not a bad strategy.

**AB:** That was not a strategy. I was looking for a natural doctor. They were just so far under the radar that you couldn't find them, which is another reason I started the foundation and brought in physician arms so that I could find all these doctors and get them out there. The Budwig diet I enjoyed for a while, but I just never felt like it was doing anything.

**JM:** Even if it's the best diet in the world, it's not going to cure most cancers. It'll cure some, but most, I would say it's not going to be the magic bullet that everyone's looking for.

**AB:** Yeah.

**JM:** Important foundational component, but you need these other strategies, which is why we're interviewing you.

**AB:** Thank you. I think that when I did the Budwig, my platform at the time existed of the mind, body, spirituality, the immune system stuff that I've figured out I could do, which I think included acupuncture at the time.

My diet at the time was Patrick Quillin's *Beating Cancer with Nutrition*, because it was my first step, my baby step there, then lifestyle changes, getting the rest, the sunshine. The only thing I didn't have were targeted cancer therapies. Budwig was actually my first and it doubled as a dietary item and a targeted therapy.

**JM:** Yeah. Your spiritual approaches, a term or phrase that you use a lot in the book is, "God is large and in charge." It seems it would be useful to address a lot of the anxieties surrounding this diagnosis. Anxiety is something that is a surefire bullet that would help destroy your immune system. That's a positive thought.

**AB:** Yeah. All the negatives actually stimulate the part of the brain that creates the stress hormones, so they feed the cancer. But yeah, having a god – I just recommend having a high power – because you have got to have days where you can just hand it off and say, "You take it today. I can't deal with it." And also knowing, you know, my belief is that when I die, my soul is going on. It's going to a very serene, very beautiful place. Realizing that, I had absolutely no fear anymore about anything. I was like, "If I die, I'm going to heaven, God. I want to help people."

**JM:** Yeah. Having that and not being attached to the outcome is another important component. Whether you pass away prematurely or you survive. You're fine with it either way. It's that you're not in control. God is.

**AB:** Yup. God is large and in charge.

**JM:** Yes, indeed. Simple reminder. I like those simple phrases.

**AB:** Me too. That one's in my brain all the time. That's another affirmation that's all over still. I still have my affirmations up after 16 years.

**JM:** That's good.

**AB:** Yeah.

**JM:** Are there any other targeted therapies that you could think of? I can think of one.

**AB:** Oh my gosh.

**JM:** Hyperbaric oxygen is one. It's an alternative to that exercise with oxygen therapy. I don't know if you've got any direct experience.

**AB:** EWOT?

**JM:** Yeah. That's what it's referred to colloquially. It's something I actually do three times a week because I have one at home, a device to do that with my Peak Exercise or—

**AB:** High-intensity?

**JM:** Yeah. I keep confusing that with Peak Fasting.

**AB:** The peak fasting is when you fast for—

**JM:** Yeah. That's our definition, our sort of standardized form of intermittent fasting essentially involves restricting your calories to a six- to nine-hour window a day, maybe 10 hours. Doing that on a regular basis, something I do most every day. Typically, it's about eight or nine hours that I eat my calories.

**AB:** I've been doing that since I heard you in Orlando.

**JM:** Have you noticed any benefits?

**AB:** I have. I feel much better. I feel a lot more energy. I'm not sluggish, hardly at all.

**JM:** People can go on a nutritional ketosis diet, but if they don't integrate that window of fasting of at least 12 and preferably 16 or 18 hours, then you don't seem to get the benefits. This occurs in, surprisingly, a large number of people. It doesn't cost you a thing. You don't have to buy anything. In fact in most cases, it's going to save you money because you're not eating as much food.

**AB:** Yeah. In my book with the targeted therapies, I talk about a lot of affordable, inexpensive therapies you can do at home. Other targeted therapies, I like Poly-MVA. It's a colloidal mineral

output complex. It crosses the blood-brain barrier and actually re-nourishes the brain at the cellular level, and all the cells at a cellular level. It's anti-cancer. I really like that one.

[-----40:00-----]

I like, as I've mentioned, artemisinin, high-dose vitamin C, the oxidative therapies, hyperbaric oxygen therapy I absolutely adore, because, again, it's flooding the body with oxygen and killing cancer.

**JM:** Cancer doesn't thrive well in high-levels of oxygen typically.

**AB:** Yeah.

**JM:** It's really designed to survive in an anaerobic metabolism. When you throw oxygen at it, it increases these oxidative free radicals, which is why vitamin C works, because it creates hydrogen peroxide, which cancer does not like.

**AB:** Right.

**JM:** It's another oxidative stress.

**AB:** Right. That's why the keto diet, too. It's starving cancer because cancer can't eat fat. It can eat carbs.

**JM:** Almost. Cancer cells are very clever and sophisticated. They do adapt. If you have it for a while, they will adapt and learn to metabolize the same metabolic pathways. This is why you need these targeted approaches where you need this whole variety of different therapies to kill it. It's like you hit it when it's down. It's very rare where in a mixed martial arts (MMA) fight or boxing match that one punch is going to do it. I mean usually it's a barrage. You just got to keep on hitting him until you're successful.

**AB:** Right.

**JM:** That's what you do with targeted therapies.

**AB:** Yes. Speaking of targeted therapies that are easy to take and not too expensive, there is a therapy out there called AvéULTRA. It's fermented wheat germ. It used to come in powdered form and patients had a really hard time getting it down. Now they have it in pill form, it's called Metatrol. You take two a day. It's not a hardship to take. Selenium, another supplemental therapy that's not too expensive. Most cancer patients have a lack of vitamin D and they have a lack of selenium and iodine. Those three things are really good targeted therapies.

**JM:** I love selenium. I take one from SelenoExcell, 200 micrograms a day, especially if you do sauna therapy, you tend to excrete it so you have to be careful that you don't get low on it. But it increases the glutathione, which is really an important metabolic antioxidant.

**AB:** Yes.

**JM:** For women, it actually catalyzes the conversion of T3 to T4, so it can help with your thyroid position.

**AB:** Yeah. Another great targeted therapy that's also anti-stem cell is called modified citrus pectin.

**JM:** MCP.

**AB:** MCP. It's actually been proven to reverse cancer, cause cancer to go into remission, and stop metastatic cancer. The brand I really like is ecoNugenics. In fact, that's the only one I know of that has studies behind it. That was a really good one. There are just so many. It's kind of like how do you choose?

Salicinium is a great targeted therapy. They have that IV and oral. Nucalm, let me talk about that for just a minute. It's a device. The aspects of my platform – there's seven of them – Nucalm is almost a solution for every single aspect. It's a set of headsets with acoustic neurolinguistics embedded in the music. You put some GABA cream on your carotid and you have some pads you put behind your ear that deliver microcurrents. What it's scientifically patented to do is balance the autonomic nervous system. When the autonomic nervous system is out of balance, that's typically when we get sick.

You listen to this beautiful music. You've got your eyes shaded to shield your visual stimulation and you just lie down with it. Twenty minutes is worth two hours of rest, of sleep. But it basically just regulates your whole autonomic nervous system. It's brilliant. NASA uses it and it works.

**JM:** Great. I neglected to mention in your introduction that you actually were quite active in the corporate world before you came down with your breast cancer. You were a marketing specialist at Anheuser-Busch, which has, I think, just been bought out by a European conglomerate.

**AB:** Yes.

**JM:** And a systems engineer for DECK, which was also bought out, I think, by Oracle. You essentially moved on to be a corporate information networking consultant for a Fortune 100 Company. You were really active and really quite proficient in the business world before it all caught up to you. Maybe you can share your story from that perspective, because it was the success that you had in the business world that probably was a big contributing factor to you developing the cancer.

**AB:** Oh so true. I really think balance in everything is a key, but I didn't learn that until I got sick. I was quite active. I had an expense account. I was traveling all the time. I get home Friday night, do my laundry, clean the house, pay some bills and leave Sunday. It was very, very busy. When I got sick, I went to the doctor and it took them about six months to diagnose the dysfunctional immune syndrome. They said, "Okay. We got a diagnosis for you," and told me

what it was. I said, “Well, great. What do I take?” They said, “We don’t have anything for that.” It shocked me. I didn’t know that could happen, that the doctor wouldn’t have an answer.

**JM:** The sad reality is that even though they do have an answer – they frequently do, most of the time they do – it rarely ever solves the problem.

**AB:** It covers it up. It’s a Band-Aid.

**JM:** Like hitting that idiot light on the dashboard you referenced to.

**AB:** Right. I didn’t figure that out until I looked at all the pills I was taking after about eight months. My co-pay on my medications was 600 dollars. I had a very good insurance company so those were expensive drugs. I was taking handfuls. For every drug that I took, I got side effects and then they’d give me another drug to cure the side effects. It was horrible. That’s when I had enough.

**JM:** You never really addressed it and continued to worsen and then you eventually came out with the breast cancer about 10 years later. But you used the skill set that you developed. I think this is a good story and a good strategy and model for others who are suffering similarly. – again, virtually everyone watching this has either personal or know someone that they are close to or love, a family member, who has this – is that you used the resources you had before and you just switched. You stopped. You got out of that model. You just committed your whole rest of your life to helping people with this, using the skills you acquired in business to do that.

**AB:** Yes. I’m grateful for everything that I learned along the way. I don’t think there are accidents in life. I think we’re put exactly where we need to be to fulfill our soul’s growth and destiny. I took everything I learned in the business world. That’s how I created the platform. I was like, “Okay. I need a table of some sorts. I need to know what I’m doing. I’ve got to take all my knowledge and put it in something that makes sense to me.”

I liked color and I liked pictures so I was looking for a picture that had seven colors that represented my aspects. That’s when I used the little chakra outline person and created the healing platform. My goal is to help others. It has been so wonderful and so fulfilling.

I love working with the doctors. We educate them every year in the annual conference. We have a continuing medical education conference that’s touted as the best around for alternative medicine. We teach the patients in a separate conference – same hotel, same timeframe, different ballroom. It’s important for them to hear the doctors personally, to meet them, to listen to the different therapies that are available to them. I get such a rewarding, fulfilling feeling. I don’t think I lived before this. I don’t think I lived before I got cancer. I think I actually kind of floated through life until then. Then when your ending is right in your face, it kind of becomes very important to enjoy your life and live a great one.

**JM:** Yes, indeed. Why don’t you talk a bit more about this upcoming conference that’s going to be – is it Pasadena? It’s in California somewhere.



**AB:** It's in San Diego.

**JM:** San Diego. Okay. It's for physicians. If you're a physician watching this and you want to learn more about this area, this is very important to go to. It's also for patients, if you're a cancer survivor or you're new to the diagnosis of cancer.

**AB:** Yeah. We have two separate conferences: the integrative oncology conference, it's the conference for physicians. It's the 15<sup>th</sup> annual this year, we're very happy to say, 15<sup>th</sup> annual conference. We will have three full days, each with three organic meals available as part of your admission. They're full days. There are very, very robust agendas. We are sorry you can't make it. I'm still going to try to talk you into it.

[-----50:00-----]

**JM:** Yeah. It's still hard for me. It's a 15-hour round trip and it's just hard to integrate into the schedule.

**AB:** Okay. We'll work on it. You notice I don't take no. I think that's why I'm alive. They told me I was going to die and I was like, "Oh yeah? We'll see. God knows, I don't know."

The other conference is the ninth annual Answers for Cancer Summit. They are separate conferences. We don't allow patients in the doctor's conference. They're there to learn and we want them to have the relaxation and the networking and the environment where they can learn the best. The patients are in a separate ballroom but the same timeframe. We do have the doctors to come over and present to them. They get to see the doctors but they don't disturb them. On the other hand, the patients get an environment that they can best thrive in. They can network, compare notes. They're not concerned about getting to this doctor to ask him questions.

**JM:** Do you have a support group for patients? Have you coordinated something like that?

**AB:** We do have a support group we're starting up again. We shut it down for a while, while we were in transition to a new computer system. We have the typical software problems. We just are getting it back together now. It's the patient/survivor center. We call it the Chrysalis Group for the Rebirth, the blossoming of the butterfly.

We will have a virtual bulletin board and a chatroom. We'll have a library with all the medical references, different therapies, different books that they can read from different authors. I'd love to get your book in there in the virtual library. I'm very serious about supporting patients because there are very few survivors in 2001 when I got diagnosed that I could find.

**JM:** Is there a charge for this?

**AB:** No.

**JM:** Okay, good.

**AB:** A charge for the seminar?

**JM:** No. A charge for the support group.

**AB:** No. It's free.

**JM:** Okay. How do people get there again?

**AB:** Write me at [Annie@BestAnswerforCancer.org](mailto:Annie@BestAnswerforCancer.org). We're constructing it right now so we're only in the first revision.

**JM:** Okay, good. That is a big important part of this, the social support. Because most of the time in, I would say, the majority of the cases, it's a battle because the friends and family are disagreeing what your strategy is, because all of the conventional medical physicians are claiming you're crazy for even considering this and you need to take the expensive drugs that are not going to solve the problem that they get 50 percent of as a commission as a solution.

**AB:** Yeah. I tell patients what I experienced. I say my family and friends were frantic, wanting me to do what everybody else does, the surgery, chemo, radiation. I said, "You know what? If I do what you want me to do and I die, I'll be pissed. I might come back and haunt you. But if I do what I want to do and I die, well then that was my choice. I'm asking you to support my choice."

**JM:** Yeah. Good strategy. Alright. We'll have links to the conference because by the time this is up on the website, there will still be plenty of time to register for it and get your tickets and go. For the others, if you can't or aren't able to afford or whatever reason, there's still the book. Why don't you talk a little bit about your book?

**AB:** Yeah. The book is called *The Healing Platform*, and the subtitle is *Build Your Own Cure*, because there is the opportunity for each of us to cure ourselves, I believe. I think we're all individuals and therefore our answer for cancer should be tailored to us. I should have a unique answer. I'm a snowflake, totally different from the next person. Why should I do what everybody else is doing?

The book actually talks about how I got sick. You should see parallels if you are sick. You should see parallels in your life. It helps you examine your entire life. Then it goes into the platform. Every chapter is a different healing modality, like spirituality, mind-body medicine, immunologic nutrition, detox, lifestyle changes and then targeted cancer therapies. Each one of those chapters is color coded so you can easily go to that chapter to look up a reference.

In addition, each modality, when you go into a detox, there's a workbook all the way through. It's an interactive guide. You are actually challenged at the end of each chapter to write your thoughts, your experiences, down to help you determine what your diseases are.

The book is really easy to follow. I get calls all the time from patients just saying "Thank you. You gave me hope," "Thank you. There's such good information here. I was frustrated at first because I wanted you to tell me what to do, but telling me that I'm an individual said that I needed to go and do my homework." It's been really rewarding. I understand patients who really

enjoy it. I encourage you to get it, whether you have cancer or not, buy it, read it, pass it on. Chronic disease, I think, is a precursor to cancer and cancer is a chronic disease. You don't have to have cancer to be in danger of getting cancer.

**JM:** Great. Thank you for joining us today and sharing with us the wisdom that you've acquired from your challenging journey and showing and giving people hope that there is something positive that they could do that doesn't rely on the conventional model. I'm sure we'll catch up soon, if not before November when I'm sure you'll be at Dr. Cowden's Academy of Comprehensive Integrative Medicine (ACIM) conference in November in Orlando.

**AB:** Absolutely. We support each other. Yes. Lee's an old friend.

**JM:** Alright. Well, great.

**AB:** Yeah. Thank you so much for having me. I really appreciate it.

*[END]*