



DR. RON HUNNINGHAKE INTERVIEW Vitamin C Expert – Riordan Clinic

By Chris Wark

Copyright © 2018 | Chris Beat Cancer LLC | All Rights Reserved.

www.chrisbeatcancer.com

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the written permission of the publisher.

Publisher: Chris Beat Cancer Publishing

Disclaimer: The content of this program is based on research conducted by Chris Wark and Chris Beat Cancer Publishing, unless otherwise noted. The information is presented for educational purposes only and is not intended to diagnose or prescribe for any medical or psychological condition, nor to prevent treat, mitigate or cure such conditions. The information contained herein is not intended to replace a one-on-one relationship with a doctor or qualified healthcare professional. Therefore, this information is not intended as medical advice, but rather a sharing of knowledge and information based on research and experience. Chris Beat Cancer Publishing encourages you to make your own health care decisions based on your judgment and research in partnership with a qualified healthcare professional.



DR. RON HUNNINGHAKE INTERVIEW

Vitamin C Expert – Riordan Clinic

Hey everybody, today I'm interviewing Dr. Ron Hunninghake, MD from Riordan Clinic; he's the chief medical officer there. If you don't know Riordan, they're a not-for-profit research facility, clinical laboratory, and functional medicine practice. Dr. Ron has been practicing functional medicine for 30 years. He's an international expert on IV vitamin C. At Riordan Clinic, Dr. Ron has overseen over 75,000 administrations of IV vitamin C, so he knows a little bit about IV vitamin C. And I'm really excited to talk to Dr. Ron because I had IV vitamin C treatments back in 2004. So, this will be a really fun conversation.

Chris: Dr. Ron, thanks so much for taking the time.

Dr. Ron: You are welcome, Chris. Yeah, my pleasure.

Chris: So, let's talk about vitamin C. You were a traditionally trained MD, and at some point in your career you took a little bit of a detour. How did that happen?

Dr. Ron: Well, even from the very beginning, I was big into exercise. I was a vegetarian, at the time. I was a runner. And I was just interested in health. And so, I went to medical school and I kept thinking, "When are they going to talk about health?" And they never did. It was just basically a disease and pharmacology. And they did do chemistry, biochemistry, physiology; but really I didn't get to use it in conventional practice. I was a family physician for 10 years. And I was also the medical director of a nursing home, and I really saw way too many elderly people on polypharmacy. And I just thought, "There's got to be a better way to deal with chronic illness." And so, I had met Dr. Riordan. I'm a Kansas University medical school graduate. And then, I met Dr. Riordan while I was doing my internship in Wichita. And so, I just happened to run into him again at another lecture, and he invited me for lunch. And the rest is history.

Chris: That's really interesting. So, you were already a health and fitness enthusiast; you went to med school. Did they talk about nutrition at all?

Dr. Ron: Yes, we had three hours of training. That means that one afternoon, for about two and a half hours, we talked about scurvy and beriberi. And they said, "But don't worry, you won't see these in your practice."

Chris: Wow. So, will you talk about Dr. Riordan a little bit – about his legacy and his history, and the lunch and all that?

Dr. Ron: So, this facility that I'm at, I encourage everyone to log on onto RiordanClinic.org and take a look at the very amazing facility. It's eight geodesic domes and a pyramid. So, Dr. Riordan was considered eccentric, as most medical mavericks are. He wrote a trilogy called *Medical Mavericks*. He wrote it because he made a number of discoveries here that he thought the medical world would be excited about, and instead he was shunned. And so, he went back – being a medical history buff – and found out that most pioneers in the field of medicine had the same experience. Anyone that comes along with a different paradigm of care, first of all, is laughed at; second of all, is violently opposed; and then third, when it finally begins to be accepted, they kind of say, "Well, we kind of knew that all along. You didn't have the proof yet. So, we thought it was weird. But now, we're very glad that *we* discovered it." That sort of thing.

And so, that's actually what's happening with IV vitamin C now, as we speak. We'll get to the discussion about sepsis, using vitamin C intravenously for a potentially fatal illness called septic shock. And that is taking the medical world by storm. And one of the doctors here in Wichita, who's a good friend of the clinic – she teaches at the medical school here – they were raving about how great it works for septic shock. And she said, "You guys, they've been doing it for 30 years at the Riordan Clinic." And it's kind of like, "They have?" Because, as you know, humans are slightly prone to bias.

Chris: Yes, they are.

Dr. Ron: Especially in the medical field. And the word "vitamin" seems to trigger a lot of negative bias type thinking. And frankly, I would rather we call it "IV ascorbate" or something different. But the little mnemonic IVC, which just kind of rolls off the tongue, is what has stuck. And so, we'll probably stay with that. But I always have to tell people it's about the molecule ascorbate, what a unique molecule that is and why giving higher doses is really just simply us now doing what all the animals do. They make their own vitamin C in higher doses when they're sick.

Chris: So, I really am excited to get into the science of the vitamin C molecule. But we're about to talk about vitamin C and you brought up scurvy, and I couldn't help but think about James Lind, who was one of the first physicians to discover vitamin C in like the 1700s. But it took like 200 years before they accepted it as the cure for scurvy.

Dr. Ron: That's right. That's right. And then, I think it was when the British faced the Spanish Armada, the reason they won is because they had the lime. They had the lime juice. And their sailors were not so terribly tired because they were sitting out there before they started fighting, and all of the Spanish naval people got sick and they were weak and they couldn't fight. And so, the undermanned British navy won because they had lime juice.

Chris: And that's, of course, where the expression "limey" came from.

Dr. Ron: Right. Correct.

Chris: Okay, let's talk about vitamin C, ascorbate, the molecule, what it does in the body. Why is it so special?

Dr. Ron: Well, there's a Dr. Stone that wrote a book called *The Healing Factor*, all the way back in 1976. And he and that book goes so far as to say that human life on the planet – and I mean on Earth, especially – could not have survived without vitamin C. When I see cancer patients or chronically ill patients, I typically show them the glucose molecule and the oxidized vitamin C molecule. They're incredibly similar. And so, where it really comes down to, and what's been really fun to discover, is that the real key to health is mitochondrial functioning. And the mitochondria, for the listeners (probably most of your listeners already know about it), is like the intracellular biome. These are bacteria that millions and millions of years ago, one little bacteria got eaten by a bigger one – phagocytized. And instead of being digested, it formed a symbiotic relationship and it formed a second membrane around it. So, mitochondria, which make up 10% of the bodyweight, are the source of our energy. And there is a very important distinction that happens when the prokaryotic cells – which were the original single cell organisms – learn to be able to make ATP energy with mitochondria. There was a 19-fold increase in the energy efficiency, and it really brought about the whole era of multicellular organisms.

Chris: So, I remember kind of going deep – deep diving – on vitamin C with Dr. Thomas Levy, Dr. Robert Cathcart, Dr. Linus Pauling, and just all of these guys that were out there talking about it. And I became very fascinated with it, years back, as it pertains to health. And I would love to know your opinion on this, and from what I've read, it's true. But I want to know what you think, that there's a phenomenon in the body that the sicker you are, the more vitamin C you will absorb and use. Is that correct?

Dr. Ron: Yes. That is. And that's Dr. Robert Cathcart's research. Basically, when you take vitamin C as a powder or as capsules, you only absorb about 30%. But there are transporters in your gut that have to transport it across the gut membrane. But the sicker you are, the more actively these transporters work. And Cathcart was working at UCLA, working as a successful orthopedic doctor. He made all of his money designing a special hip replacement. And being independently wealthy, he got bored. And so, he went back and started taking care of college students. And when they would come in with mono, sicker than could be, he would just say, "Okay, instead of taking one or two grams a day, I want you to start out with one or two grams every hour and keep escalating your dose until you start to feel better, or until you get diarrhea."

Well, the average listener probably – and it varies a lot from one person to another – if they were to do that little experiment, let's just say take one gram every hour, maybe about four hours or five hours into it, they would have to be running to the bathroom. Cathcart's very sick mono patients could take up to 10 every hour, for like 12 hours – 120 grams and even more, sometimes. And so, this pointed to a very interesting phenomenon. And that's when he understood that Dr. Stone had basically said the same thing with animals. If you take the goat – the goat is the champion – it can make 10-12,000 a day. But if it's sick, it can make 100,000 milligrams of vitamin C a day. And that's equivalent to what we are giving to very sick cancer patients, for instance, or infectious disease patients. We give it as an infusion because, to sit there and take 10 tablets every hour, it's not necessary if you have access to IV vitamin C.

Chris: So, I've done this. And I wrote a long article about it years ago, after investigating the high dose oral protocol and Cathcart, and just really getting excited about the whole thing. And I keep ascorbic acid powder on hand, in case of emergencies. And sometimes I travel with it, as well. And I've found, on many occasions, if I start to feel rundown and I jump right on that high dose protocol, that I can knock something out or prevent it from fully developing into what I feel is coming. But yeah, I just love that so much.

I'm often asked by cancer patients who are thinking about vitamin C IV therapy: "How much do I take? How many times a week should I go?" Does that vary for different people?

Dr. Ron: Yeah, I sure wish there was an easy answer to that, and there's not. Yeah. A lot of times I'll tell people that it's how much your bowels will let you take. But people have other things to do in their life besides sit around and take vitamin C, especially if they're not all that sick. If you're sick, you're very motivated to take vitamin C. The common cold – which is really a misnomer because with a really bad cold you get pretty darn sick – you could probably easily take 40-60 grams a day. And all these studies that said, "Well, vitamin C doesn't work for the common cold," They all were using like 500 milligrams three times a day.

Chris: That's not enough to make a difference.

Dr. Ron: Not enough. Dr. Tom Levy is my lecture partner. He and I are literally lecturing around the globe, these days. And we could talk about all that, too, which is really fascinating because this is a global phenomenon, now. The word is out. Dr. Levy even wrote a nice little essay called "The genie's out of the bottle" and he doesn't think we're going to put it back in because we are in such a huge tsunami of chronic illness that is now hitting the globe.

I just got back from India. I was invited to teach 80 doctors to use IV vitamin C. And in the next 10 years, their incidents of diabetes is going to increase 150%. They opened a free clinic where they're going to be giving IV vitamin C, and the first 11 patients we saw were advanced cancer patients. And it just goes on and on. The American medical system, which we used to think was such a great system, is now 54th in the world. We are number one in cost. So, we do pull that status. Yeah. So, number one. But the Chinese are using it a lot there. It is socialized medicine, but they are not controlled by the pharmaceutical industry and they are looking for result-oriented therapies. And this is why they're so interested in vitamin C. Dr. Levy just got back from speaking over there, several months ago.

Japan, where I've been nine times, has over 900 doctors now in an IVC-type organization. And they are really active. Normally, when we have our orthomolecular conferences, we will have maybe 150-250 participants. There were 850 participants, two months ago, in the Tokyo Orthomolecular Symposium. So, anyway, I think it's a worldwide phenomenon. Things are starting to happen.

But to go back to your question, it's a very individualized thing, as to how much vitamin C you're going to need it. It depends upon not only what disease you've got, but if you're talking about cancer, the early stage of cancer may not need as much as the late stage. The late stage may need a higher dose.

And then, we're also in the process now of looking into continuous infusion. We have an inventor who has developed a pump that you can wear around your arm, and it will give continuous infusion of intravenous vitamin C over a two day period. And we think this goes back to the original research that was done by Linus Pauling and Ewen Cameron. Everyone thinks they gave 10,000 as an IV drip over 20 minutes, which would be easy to do. But the answer is these people were hospitalized, and so they were given their 10 grams over a 24 hour period; it was continuous infusion. And Pauling and Cameron had, on the average, four- to five-fold increase in survival on just 10 grams. And they had a number of people that survived 20 times what the controls did.

Chris: So, you're saying their drip was the 24-hour drip? The Pauling and Cameron drip?

Dr. Ron: Correct. Correct. Now we're not saying we're going to give up the bolus – the big dose. See, the whole theory of chemo resistance is where you give chemo, or you give high dose vitamin C, and it kills the most susceptible cancer cells. Well, who's left over? The strong ones. And so, you're basically selecting for resistant strains of cancer. But if we gave the bolus and then sent you home for a couple of days, or you went to work or you went to exercise or whatever you wanted to do, and you had this

inconspicuous pump – a bladder pump with no electrical parts – hooked up into your vein using a comfortable catheter, in a sense, we’re replicating what the animals can do, what the goat can do.

We can keep patients in the 1.0 molar range. Usually, when you’re taking oral vitamin C, you can never get above the 0.01 molar range. So, what we’re talking about is 100 times the amount of what you could get if you were just taking it orally. Even if you were taking it to bowel saturation, there’s been research done at NIH, which basically says that you can’t go above 0.2 or 0.22 molar.

But you can with liposomal. And this is where Dr. Levy gets interested in it. You can double or triple your blood levels with liposomal vitamin C. And for those people who can’t get to IV vitamin C, frequent dosing with liposomal may be a reasonable alternative. It’s not nearly as good as IV vitamin C, but it’s something that could be beneficial to people. And even oral dosing. Dr. Abram Hoffer, who was another orthomolecular giant, had a very successful study where he was giving 20-30 grams a day of just vitamin C ascorbate, along with a number of other nutrients. And he had a very high success rate.

So, I think your website, the work that you’ve done and the people you’ve worked with, demonstrate that it’s not just a question of vitamin C. It just turns out that vitamin C is a very powerful treatment. But even Dr. Riordan said you never want to base your therapy on vitamin C alone. We call it the perfect adjunctive therapy. And we have a book coming out, hopefully in the next couple months. Right now, we’re thinking of calling it *The Golden Bullet: Redefining Optimal Cancer Care*. And it’s an adjunctive therapy. And my whole idea is that I think vitamin C could be very powerful, by itself. But there are so many cancer patients suffering from the side effects of their chemo; the chemo is not working. And there are a number of places around the country – like the University of Iowa, Cornell, Jefferson College – doing IV vitamin C plus chemo. And they’re able to reduce the dose and they’re able to get better outcomes with fewer side effects. And it’s a win-win situation.

So, Dr. Riordan was a big believer in: “Let’s join hands. We don’t have to fight one another. Let’s get the best of all possible worlds” because every cancer situation is so different. I’m not a big fan of chemotherapy. But if you’re one of these patients that all of a sudden discovers they have Stage 4 pancreatic cancer... And I saw you on your website that you’ve had some successful people with that. But, nevertheless, that is a very, very life threatening situation, and it should be really all hands on deck and you use whatever resources you can to get back on top of that thing.

Chris:

I totally agree because as critical as I have been of the cancer industry and of the ineffectiveness of treatments, and the fact that many patients are rushed in and misled and expect outcomes that are not realistic... I could suck up this whole interview just talking about that. But I also

agree that we need to work together because everyone's different. Some people really want to do conventional treatment. They feel comfortable with it, they trust their doctor, and that's great.

But my mission is really to help educate people that, there's so much more you can do. You don't have to say no to those treatments. You should be educated. You should know what you're getting into. But if you say "yes," guess what? There's so much you can do to help yourself – your diet, your lifestyle, integrative treatments like IV vitamin C, your attitude, stress. So much. So, that's why I love what you're talking about because it's so important. We don't have to fight with each other, right? Alternative versus conventional. We really can work together. And it just gets me so excited. I was so excited to hear you talking about everything that's happening around the world with vitamin C. I mean, that is so cool.

So, will you explain how vitamin C kills cancer cells?

Dr. Ron: There's a couple different theories. So, let's go back to Dr. Riordan's research. And, as you're aware, Linus Pauling and Ewen Cameron published their research with a lot of excitement and enthusiasm. Around the world there was really a sense of hope surrounding it. And then, Mayo Clinic replicated it, which, of course, replication means that you do exactly what the other researchers did. Well, they did not give the vitamin C IV, they only gave it orally. And we think they only gave it in one single dose a day – 10 grams. And of course, that's going to make people have an upset stomach. And just to suddenly give people 10 grams is not a good way to do it. They should have at least done it the way that Cathcart did it. But to my knowledge, they did not. Anyway, they showed no results.

There was a second study done because Pauling wrote a number of little rebuttals regarding their research. And one of the things he said is that cancer patients who have had a lot of chemotherapy, their immune system's all beat up, they're depleted, they're tired, they're cachectic, they're in a state of acidosis (which I can come back to and explain how vitamin C helps that). But anyway, so they did do a repeat study where they had cancer patients who did nothing else but the 10 grams of vitamin C. But once again, they didn't get any IV, they only gave it orally. And once again they got no results. Well, when Mayo published this, the oncology world basically said that this was the final word. And that, evidently, Linus Pauling – who's a two time Nobel Prize winner – didn't know what he's talking about. Pauling really was in the hunt for the structure of DNA. And there are a lot of people that say that he was ahead of Crick and Watson; but they got the credit for it.

So, anyway, Pauling was not off base. He just basically ran out of steam. He died very soon after that. And Dr. Riordan was a friend of his. And so, he decided to pick up the flag and carry on. And in the initial research,

he got a million dollar grant. Fortunately, there were people here in Wichita that believed in Dr. Riordan and what he was saying. He used his grant to do studies, and he found that when you rope any type of cancer cell in cell culture, and if you start adding vitamin C, it generates hydrogen peroxide. So, the whole story about vitamin C, at least initially, is that vitamin C, which is an antioxidant, generates a pro-oxidant at higher doses. And for the viewers that are watching here, that is a key understanding.

And as Dr. Levy says, that doesn't mean that vitamin C is a pro-oxidant. It's going to always be an antioxidant. But in the presence of iron or copper, the oxidized iron is reduced to the Fe^{2+} . And then, that interacts with oxygen to generate hydrogen peroxide. And if you keep pumping the vitamin C in, it's kind of like a water wheel. As you continue to do that, not only are you generating more hydrogen peroxide, but there's a reaction that further occurs called the Fenton Reaction, where you start generating the hydroxyl radical, which is the most powerful radical in the body, which is what the white blood cells use to fight infections.

So, Dr. Riordan's theory is that the vitamin C, if you got it to a critical dose – which in the Riordan protocol is about 350-400 milligrams per deciliter, which is about 20 millimolar – you could kill any cancer cell in vitro, in the petri dish. That doesn't mean that it necessarily works at that level in vivo, but that's the dose that we shoot for. And most of the time, that's sufficient. And that's where you hear people saying, "Well, I had to take 50 grams or 75 grams in order to get my blood level to a cancer killing dose." It's based upon Dr. Riordan's research in culture media.

Chris: Will you elaborate further on the connection with iron and cancer? Cancer cells have an unhealthy relationship with iron, do they not?

Dr. Ron: Any infection or any cancer, and the infectious cells or the cancer cells will take up large amounts of iron. And that's the theory that that's part of the way that high dose vitamin C kills the cancer cells – it interacts with the iron and generates the hydrogen peroxide. And cancer cells are deficient in an enzyme called catalase. See, in humans, the healthy cells have catalase. So, this is why high dose vitamin C is good for your healthy cells, but kills cancer cells. And this was the whole excitement and premise, back in the 1990s when Dr. Riordan did what's called the RECNAC Research – RECNAC is "cancer" spelled backwards. And his idea was that he was going to reverse the trends in cancer with IV vitamin C. And so, there are now new theories as to how cancer works.

Dr. Cantley at Cornell has this theory – I call it the trojan horse theory. And this is where, indeed, when you put the vitamin C in in high dosages, it does generate hydrogen peroxide extracellularly – on the outside of the cell, in the interstitial compartment. And that hydrogen peroxide oxidizes a lot of this vitamin C that's remaining into

dehydroascorbate. Now we're going to get a little technical. But dehydroascorbate is the oxidized form of vitamin C. And so, it's the form that looks like sugar. And keep in mind, all your cancer patients who go in and get a PET scan, what they're giving is radioactive tagged sugar. And the reason that works is because cancer cells have up-regulated their GLUT receptors – the glucose transporters. And these are pulling in sugar like crazy. Because we now know the Warburg Effect is where Dr. Warburg, in the 1950s, showed that if you deprive cells of oxygen, they will regress back to anaerobic fermentation – glycolysis fermentation.

And so, this is what happens in advanced cancer patients. Their cells regress back. They're only burning sugar. And this is why advanced cancer patients crave sugar. This is exactly why you shouldn't eat sugar. Because those GLUT receptors want to just pull in the glucose. And it's very inefficient; you only get two ATPs per molecule of glucose. Whereas, if you're going through the regular mitochondria, you get 38 ATPs. So, that's a 19-fold increase in energy when you're burning sugar the proper way. Cancer patients are not; cancer cells are not. And as the cancer grows, it creates what's called anaerobic fermentation. What do you get with fermentation? Lactic acid. They go into acidosis. So, a cancer patient loses their appetite. The cancer, more or less, cannibalizes all their fat, all their reserve nutrients. They lose weight. They lose energy. They become very, very tired. They become gray.

By the way, when people get an IVC, that grey look goes away in one or two treatments. So, it starts to work very, very quickly. They get their appetite back. There's now 12 quality of life studies supporting IV vitamin C in advanced cancer care. So, there's no reason in the world why people shouldn't be getting it, even if they're getting full blown chemo, there's no chemo that has been shown to be interfered with by vitamin C. The ones that have been studied, they tend to work synergistically; and you can use lower doses of chemo with less side effects. So, really, all of this points to the fact that vitamin C is an ideal adjunctive therapy for cancer cell patients.

Chris: So, when we were talking about hydrogen peroxide, you made me think about how that's also a therapy used for cancer in some clinics. Right? What's your opinion on IV hydrogen peroxide, or the use of oral hydrogen peroxide therapy?

Dr. Ron: Well, have you interviewed Dr. Frank Shallenberger?

Chris: I know of him, but I have not interviewed him.

Dr. Ron: Yeah. So, he is the president of The American Ozone Association. So, really in my opinion, the medicine of the future is redox medicine. And what we're talking about is reduction-oxidation. And that is where the mitochondria use oxygen as the motive force to pull those electrons through the electron transport chain, and without going into a big

discussion, generates ATP. And without ATP, nothing works. Without energy, everything stops. Hold your breath for longer than three minutes, four minutes, five minutes, you're dead because all your mitochondria stopped working without oxygen.

So, redox is simply the orderly transfer of electrons throughout the mitochondria, across cell membranes. All of the things that the cell does depends upon redox generation of energy. So, oxygen is key. So, ozone is basically O₂; and we pass O₂ through an electrical current, and it splits some of the O₂s into O₁, shall we say. And that combines with some of the other O₂s. And so, ozone gas is about 5% O₃ and 95% O₂. And as soon as you put O₃ into the blood, it creates hydrogen peroxide, basically. That's what's happening when you put hydrogen peroxide in the blood.

So, these tend to enhance the oxidation. Now, this is where this gets too much into chemistry, and I apologize to the listeners. But NADH is a key part of the mitochondria. It's called an electron carrier. But it doesn't work unless you can oxidize the NADH to NAD. So, that ratio of NAD to NADH requires oxidation for it to work. And that's what ozone and peroxide provides. That's what aerobic exercise provides. That's what hyperbaric oxygen provides. So, all the various oxygen therapies...

I even tell people how you sleep and how you breathe at night is so crucial. If you're a mouth breather, you're not using oxygen efficiently. You should get the mouth tape and make sure your mouth is closed when you're sleeping. You don't have to go out and get CPAP. All you have to do is make sure your mouth is closed when you're sleeping at night. That alone would reduce the incidents of cancer in this country. It would reduce obesity, reduce diabetes. All these things.

Chris: Wow. Just get some duct tape.

Dr. Ron: *(Laughing.)* Don't use duct tape! I have no holdings in this company, but there's a nice little company that you can get on the Internet called [SomniFix](#). And SomniFix is a nice little clear plastic tape. It fits over your lips. And then, in the morning when you take it off, it just comes off nice and smooth. You don't lose lip tissue, like you do with a lot of the tapes. But that's a good way to improve oxygen utilization. While you're sleeping, you want your brain to be in full tilt because you're doing a lot of brain cleaning, and of course your other tissues as well. If you've got good oxygenation, remember, I said Warburg created cancer by depriving cells of oxygen. Chemicals and pollutants and carcinogens and cigarette smoking deprives cells of oxygen. Aerobic exercise gives oxygen to the cells. Good quality sleep gives oxygen.

Chris: So, you're saying there's value to all of the oxygen therapies we've mentioned – hyperbaric, ozone therapy, even consuming hydrogen peroxide orally?

Dr. Ron: See, the problem is that all of these are so ignored by conventional medicine. The whole system is rigged. There's no real interest in basic science. And it's like, what's the next blockbuster billion dollar drug? Yeah. And so, there's a lot of questions that still exist about hydrogen peroxide. I always tell people, "Be very careful. Use low doses. Take it on an empty stomach, if you're going to take it." But yeah, theoretically it can be very beneficial.

Chris: That's fascinating.

So, you mentioned liposomal vitamin C earlier, and people have been asking me this for years: What do you think about liposomal? And my standard answer has been, "Well, I've seen lots of claims, but I actually haven't seen the research that proves that the absorption is increased. And then, the other thing is it's more expensive." So, some of these liposomal products are like a dollar per thousand milligrams versus ascorbic acid is pennies. And so, my default answer is like, "I just don't know about it. But I do know that pure ascorbic acid powder, and maybe different forms of ascorbate (which I'd like your opinion on, too), have evidence behind them." But it sounds like there are studies that indicate that liposomal vitamin C does, in fact, increase absorption in the blood.

Dr. Ron: I agree with your basic point. And we've done some liposomal studies here. We did show that it slightly did out-perform regular vitamin C, in terms of intracellular uptake. The whole theory of the liposome – it was invented by the cosmetic industry. It's basically an artificial cell, where the inner part of the cell is the vitamin C. It's hydrophilic; it's a water soluble molecule. The outer part of the cell is like a cell membrane. It's phospholipids and it's hydrophobic. And so, it's like a cell membrane and the vitamin C is in the nucleus. And because it's fat soluble, it'll go through the skin.

By the same token, there's a lot of the immune system in the stomach and the intestines. So, if you can get the vitamin C to absorb in the upper stomach, it will go into the lymphatics. And it will circulate in the lymphatics longer than what it will in the blood. See, in the blood, once you get above about 0.07 millimolar, the kidneys just excrete it. And the excretion rate half-life is 30 minutes. So, after two and a half hours, any vitamin C you've taken by mouth is out.

Now, Dr. Steve Hickey, who has written extensively on vitamin C, says that if you dose it frequently throughout the day, then you can maintain a higher blood level. And depending upon how much your body needs, how well you're absorbing it, liposomal vitamin C may stay in the lymphatics longer. And that's a good thing.

Levy and I talk a lot around the world, and everyone asks him: "Is liposomal C as good as IV vitamin C?" And he evidently made a quotation somewhere that everyone heard, where he said, "Yeah, 4-5 packets is as

good as 15 grams of vitamin C.” That has been incorrectly interpreted. So, the interpretation is if you’re getting a viral infection, it’s hard to find a practitioner to give you an IVC on the spot. But you could take 5 packets of liposomal C and get a rapid enough rise in your lymphatic levels of vitamin C that you could probably knock the cold out before it became established. So, he says that maybe makes it superior to IV vitamin C. But the IV vitamin C will always give you much higher blood levels.

Chris: And the 4-5 packets, would that be a once thing?

Dr. Ron: Well, yeah, I mean it depends on how sick you are and how quickly that works. I would do other things. I would have people take 50,000 of vitamin D, too. There’s a bunch of things you could do if you’re starting to get a cold. But vitamin C would be one of the things that you would do.

Chris: Yeah. Okay. That’s really interesting.

Are there any particular liposomal brands or ascorbic acid brands that you like?

Dr. Ron: We sell LivOn Lab here. But there’s a lot of companies coming out with it now. You know, a lot of people get upset stomachs or don’t get upset stomachs. You know, several times I’ve taken 30 grams of liposomal C in a half-hour period of time, with no diarrhea and no upset stomach. I couldn’t do that with regular vitamin C.

Now, just to get back to what you had said earlier, sodium ascorbate is my preferred buffered vitamin C. There’s a bunch of other ones, but I think the least expensive and the best one is sodium ascorbate. You can stir that into water; it’s easy to drink. There are still some people that will get diarrhea with it. But generally speaking, it’s better absorbed than ascorbic acid, and they won’t get an upset stomach from it

Chris: And the excess sodium isn’t an issue?

Dr. Ron: It’s very minimal. If they have congestive heart failure, or they’ve got a water retention comorbidity – like we have patients that come in and they’ve got renal failure or they’ve got congestive heart failure – then we have to work around that because even IV vitamin C has a pretty heavy sodium load. What I can say is that it has no chloride in it, so you won’t get hypertension. You won’t get other problems that you would get if you were just using a whole bunch of salt, meaning sodium chloride. So, sodium ascorbate tends not to be a problem other than it can cause some fluid retention.

Chris: There’s a product called Sufficient-C. Does that ring a bell?

Dr. Ron: We sell that. We sell Sufficient-C. It's basically sodium ascorbate, but it's got some nice flavorings in it. A lot of people judge everything by how well it tastes. And it does taste better.

Chris: Yeah. It's the best tasting vitamin C powder I've ever tried. They sent me some.

Dr. Ron: We have Vitality C. We have a number of different types of vitamin C. We have standard vitamin C –sodium ascorbate. We've got them all here, because each one of them has different ways that you could make use of it depending upon what your clinical situation was or whether you're just wanting to do prevention or wellbeing. You know, a lot of people take extra vitamin C just for a sense of wellbeing. It supports the adrenals; it helps you make good collagen. And there's some research showing that it helps with endorphins. So, your sense of wellbeing is better. It definitely relieves pain in cancer patients. There's actually 16 benefits. I don't think I can just sit here and name them, but there's 16 benefits of taking high dose vitamin C, if you have cancer. And that's going to be in our new book.

Chris: Yeah. That's great.

So, what are some of the other therapies that you feel like are valuable and that are used in your clinic

Dr. Ron: For cancer?

Chris: Yeah!

Dr. Ron: So, the story of the Riordan Clinic is as follows. Olive W. Garvey, who was a wealthy benefactress in Wichita, took her grandchildren to the doctor because she had read a book about nutrition and mental illness and she thought, "Well, I'm going to get my grandkids measured, get their nutrient levels measured." She was in agriculture; and if the field isn't growing very well, if the garden's not in good shape, you get a soil analysis and get that soil balanced. And when she took them to the doctor, the doctor said, "What are nutrient levels?" She couldn't find anyone to do them. This was back in the early 1970s. And she said, "We need a lab in Kansas that measures human nutrient levels." Enter Dr. Riordan.

Those two got together, and he became the director. He ran her first lab. At that point in his career, psychotropic meds were coming on big and he thought they were being overused and that there were biological reasons why people get mental illness or become mentally ill. And so, he wanted to do nutrient testing. So, they had a fit with each other and so the Riordan Clinic came about as a nutrient testing lab. So, if you came to me with cancer, Chris, I would encourage you to do a full inventory of the basic nutrients – your antioxidants, your B vitamins, your RBC mineral

levels, your fatty acids, your amino acids. I would look at your hormones. I would look at homocysteine methylation factors. I would basically try to understand, where are the chinks in your armor? Where are the low spots in your nutrient levels?

And it's not that we throw a ton of supplements at people. But we are precisely trying to fill in the gaps. Nutrition is a team sport, and if you have a full inventory of nutrients, your chances are always going to be better. Now, you can do that by taking multivitamins, you can take multiple different types of nutrients, and you can accomplish some of the same thing. It's a shotgun approach. Dr. Riordan said that what we do is sharp shooting. It's more expensive. But, nevertheless, it's worked well for us because when people know they're low in something, they're much more motivated to keep taking it. And then, we have them test back later to make sure that they have reached the target dose.

Chris: What are some key nutrients that you see people or cancer patients deficient in, over and over? I'm going to guess one: vitamin D.

Dr. Ron: Vitamin D. I happen to be on the Pure North Synergy Foundation board up in Calgary, and they've done almost 50 major studies now, in the last 10 years, on just how incredibly important vitamin D is. It's really not a vitamin. Once again, it's like vitamin C. Vitamin C is really not a vitamin. These are indigenous molecules that evolved with us, and that somehow humans lost the ability to make. And we've survived anyway, mostly because of our mitochondria. And that's a whole other story. But vitamin D, we got from the sun. Or the Eskimos got it from the blubber. There was a lot of ways that we got vitamin D. We're not getting it now. If people are not taking it, they have a very low level and they're opening themselves to a number of cancers – obesity, diabetes, autoimmune disease, depression, osteoporosis. And so, I remember Dr. Riordan and I were driving past a McDonald's. Nothing against them; I'm not a big McDonald's fan. But I thought he was going to make a wise crack about McDonald's. And he actually looked at me and he said, "Too bad we don't have a McPill."

Vitamin D is such an easy thing to take. It is so inexpensive. So, I usually say, "Just humor me and take this one thing." That's what I try to get people to take: vitamin D. And that would solve a lot of the world's problems, in terms of health. But the medical profession is still suspicious. They're reacting to the fact that vitamin D2 causes some problems with calcification. Vitamin D3 does not. You'd have to take a whole lot of vitamin D3 before you're going to get into problems. So, vitamin D is a big one.

I'm really big on iodine. I think the most common cancers we see are breast cancer and prostate cancer. And my good friend David Brownstein has done a good job of showing me data on the benefits of iodine. I do a lot with thyroid care. Dr. Frank Shallenberger basically says that if

you've got cancer, make sure your thyroid's in good shape because thyroid is a major regulator of the mitochondria and oxygen utilization. So, we carefully check people's thyroids. And a lot of the conventional testing is not adequate. You can miss functional hypothyroidism. If your patients are listening and are interested in the whole T3 thing, be sure you get a reverse T3, along with the free T3. Because the reverse T3 can tell us if your body's not utilizing thyroid hormone properly. So, that's a biggie.

Of course, the minerals all come into play. Zinc is big. Magnesium is huge. You've really got to have magnesium for proper methylation and ATP formation. Zinc for detoxification. So, again, it depends on what your low end is. If you've got enough of those minerals, taking more isn't necessarily going to make you better.

Chris: What about pleural effusion or fluid retention? Does the IV vitamin C therapy help with that?

Dr. Ron: It really doesn't. Maybe if it's mild. There, you basically have to have a thoracentesis. Usually the people that are dealing with that are pretty advanced. And I'm very much aware of all the coffee enemas and the various detox procedures. And I'm in favor of that. A lot of our patients get to us too late and they're just unable to do many of those things. Of course, we haven't even mentioned the incredible importance of diet and getting people off of sugar, and thinking more in terms of high color, high phytonutrient foods.

Chris: Lots of veggies, some fruit.

Dr. Ron: Yeah. Watch the fruit, though. Watch the fruit. That's a pretty high source of fructose and sugar. So, I'm not against fruit, obviously, but stick with low-glycemic fruit.

As far as ketogenic, I think I understand it technically, that it'd be a good thing. And maybe, in certain patients, it'd be a good thing. And there is a book called *The Keto Zone*, which I think is a better way of approaching the ketogenic diet. But a lot cancer patients just have a hard time with it because it's not necessarily a great tie in.

You know, one of the things that I find that our patients do the best with is having a reason to live. I'll tell you a really good story. Dr. Riordan had a nurse patient that survived breast cancer, and her name was Zella. And so, he knew her real well. She was kind of like a Nurse Ratched type of thing – really a little bit of a battle-ax. Anyway, he would have a cancer patient come in, and after he finished his interview he would give them a piece of paper with her number on it and he'd say, "Would you just call Zella and just tell her that I had you call." And so, they'd say, "Why?" And he'd say, "Well, just call her." So, they would. When they'd get home, they'd call her. And so, she'd pick up the phone and say, "Yes, this is

Zella.” And they’d say, “Well, Dr. Riordan wanted me to call you, but we don’t know why.” And she’d say, “Well, do you have cancer?” And they’d say, “Well, yes.” And she’d say, “Well, do you want to live or do you want to die?” And they’d say, “What?”

Dr. Riordan knew she was going to do this. She would cut through. Normally people say, “Of course I want to live!” But Dr. Riordan and her thinking was that a lot of people have frustrating lives and oftentimes cancer is triggered by stresses – losses, divorces, financial failures, other things that happen in your life. And you become despondent and boom, you get cancer. And then, when you get cancer, no one’s going to blame you if you die of cancer because it’s a very, very tough disease, unless you really want to live.

And I’m sure you’ve heard hundreds of stories where people are like, “I can’t die because I’ve got to go to my granddaughter’s graduation,” or “I can’t die because my son is getting married in eight months and I’ve got to be there.” And more often than not, they are. They’re there. And so, there is something about the will to live. And of course, a man’s search for meaning – Viktor Frankl. If people have that reason to live, that enlists some extremely powerful healing forces within the body. And so, anyway, all these other things – like vitamin C – they’re all great and I think you need them. But if you don’t have that will to live, nothing’s going to work.

Chris: I’m so glad you brought that up because you’re right on. And I had someone ask me that. A practitioner asked me, “Do you want to live?” And no one had ever asked me that before. And this was a couple of months into my healing journey and I was taken aback by it because, for a moment, my life like flashed before my eyes. And I thought, “Gosh, do I even want to live? Do I have a death wish? Am I secretly...” And I also kind of had all of this awareness all at once. But I knew that I was very unhappy and insecure, and really didn’t like myself. And all of these things were just like circulating my mind in that instant. But then, I also realized, “You know what? I have a choice. And I can choose to live.”

Dr. Ron: Very powerful. It’s a fundamental choice. There are choices, but this is one of the most fundamental choices you can make – the desire to live at all costs. Now, I do have patients that I believe them, they’re earnest, and they do die. We all do.

Chris: I understand.

Dr. Ron: But I’m going to say, if you can make that choice at the right time, you can add quality time to your life. And that’s, basically, what I think health is all about – making choices in favor of quality. And I’m going to say that the essence of spirituality is quality. Now, quality is different for everyone and there’s different reasons why we experience quality. But unless we go out and create and grab quality, it’s not a passive thing. It

doesn't just come to you. You have to go get it. Especially when you've got a life threatening illness, then you've got every reason in the world to give up – certainly with all the pain, the fatigue, the loss of appetite.

The other thing is that a lot of cancer patients become horribly alienated. Do you remember *Anticancer*, by Dr. David Servan-Schreiber?

Chris: Yeah! Absolutely.

Dr. Ron: He was a doctor, he was an MD. He said that he couldn't believe how all of his friends – all the doctor friends that he was associated with – once they knew he had cancer, it was kind of like he became an untouchable. And that's another thing that cancer patients need to know about. There's so much fear and superstition surrounding cancer that they feel alienated. They feel like an alien.

Chris: I felt that way, for sure. Everybody knows cancer isn't contagious, but they still tend to treat you as if it is. And of course, the isolation is compounded when you choose alternative therapies. Then everybody really scatters.

Dr. Ron: That's the other thing I was going to bring up. We were talking earlier about some of the factors that make it hard to get IV vitamin C. One of the biggest factors is the cancer patient's family. My wife had breast cancer, unfortunately. It was 17 years ago. And we did a number of things, including IV vitamin C. And she's a robust survivor, to this day. But it wasn't easy because her sister and brother-in-law were very high up at Hartford Hospital, back east. And it was a bit of a tug of war about what needed to be done. And because she was their relative, it's interesting, blood is a little bit thicker than marriage, almost. At least, a lot of people think it is. And so, it was almost like they felt like they had more say so than I did, or than even she did; that they knew better for her.

The good news was we found a middle ground. She ended up having radiation therapy. She had early-stage breast cancer. She had a lumpectomy. She did not do chemo, but she went ahead and did radiation, which she now wishes she wouldn't have done because she had complications. But at the time, we were able to move forward. And I did the IV vitamin C at home with her, two or three nights a week. The funny story there is that our kids – two of them are doctors – thought that all tired mothers (my wife is a teacher), when they came home from school... When he came home from school, she would make supper. Then she would sit down in a chair and I would start the IV. And they thought all mothers got an IV at night, just to recover from the day. (*Laughing.*) Probably wouldn't be a bad idea for a lot of mothers.

Chris: Like a Myers' Cocktail.

Dr. Ron: Yeah. Jumpstart them.

Chris: Do you do any other IV therapies?

Dr. Ron: Oh, sure. Sure.

Chris: What else?

Dr. Ron: Yeah, we do Myers. One of the ones that we've had really good success with is ultraviolet blood irradiation (UBI). Ultraviolet blood irradiation may be unfamiliar to some of your viewers, but it was actually big in the 1930s, 1940s, and 1950s. And it looked like it was going to be what antibiotics became. The UBI is where you take about 60 cc blood sample, put it up into 250 of saline, and then we inject ozone into it. So, that is what I call the first kill because ozone is almost like peroxide, it will kill germs. But then, we drip that through a very intense ultraviolet light box, and that kills whatever microbes are left in the blood sample. And then, we route that right back into their vein.

And if you think about it, we've created a natural antigen. Whatever microbes were in the blood specimen, the ozone and the ultraviolet light kills them. And as they break apart, that becomes kind of like a personalized vaccination for that patient. Whatever infection they've got, the antigens have rendered it harmless. And so, their immune system can recognize it and then go searching throughout the body for wherever the rest of the infection is. And so, it's a way of activating it.

Now, we do that first in the morning, oftentimes, and we'll do the IVC in the afternoon, just as a way of kind of activating their immune response.

Chris: Did Riordan ever do laetrile?

Dr. Ron: It's illegal in the United States, so he didn't. We know of some clinics that got shut down because of it. Now, there are some clinics that do give the patients numbers in Mexico, to where they can get it and add it to their own IV.

Chris: Right.

Dr. Ron: There's a big saline and even IV bag shortage. And a lot of clinics like us are kind of in trouble because we can't get the level of vitamin C – the medium, the fluid. And so, we used to could ship vitamin C to their home and they would get nurses to give it to them at their home. We can't even do that right now because we don't even have enough to go around. We're down to several weeks of saline. We're hoping that this crisis is alleviated. I've got some ideas for how to continue IVC, but...

Chris: What's causing it? Is it an increased demand? Or something else?

Dr. Ron: The big thing is that Hurricane Maria knocked out the big plant in Puerto Rico.

Chris: Oh, okay.

Dr. Ron: You would think, “Oh my gosh. They should be able to authorize some plants somewhere else or something.” But there are people that are concerned that it may be an artificial shortage. You just don’t know what powers there are that are trying to control stuff like this. So, anyway, we’re having a heck of a hard time getting saline and sterile water, which you’d think shouldn’t be that hard to make. But they’ve got very stringent restrictions and qualifications for what they consider to be medically okay. So, that’s our biggest problem right now; not the IVC itself.

The IVC, itself, is on the rise because there are going to be 20 hospitals in the Johns Hopkins study on sepsis and IV vitamin C. And then, Harvard and Beth Israel is getting into it. They’re going to be doing a double blind study. And then, there’s this study in New York that’s going to be involved in it.

So, the good news there is that every two years we have a conference on IV vitamin C. So, in October, we’re having our sixth IVC symposium. And Dr. Berry Fowler is going to be one of our speakers. I heard him speak at the KU med school in Kansas City on vitamin C. He actually created the protocol that Dr. Marik, who has gotten a lot of media attention, uses. Dr. Fowler did it at his hospital. He’s a surgeon. He works the intensive care unit. He did a double blind study. His study was better controlled. and if they would have latched onto him... They’re giving Marik a hard time because his study wasn’t blinded. But Fowler’s was, and he showed efficacy at roughly the same dosages that Marik was using.

Now, this is where a patient comes into the intensive care unit and they’re dying of septic shock. And so, they call down to the pharmacy that they’re enrolled in the study, and the pharmacist sends up the bags of fluid. And the nurses don’t know whether it’s the placebo or the vitamin C. But what Fowler said is that after about three or four weeks of the study going on and working with patients, after about that period of time where the nurses got to see how rapidly patients recovered who got the vitamin C, they would come up to him and say, “We know who’s getting the vitamin C because their blood pressure immediately comes up. They start waking up, they’re feeling better, they start eating right away.”

So, anyway, this is why Dr. Levy’s very hopeful that once a large number of conventional institutions begin to use vitamin C, if not the doctors, the nursing staff is going to recognize that this is a powerful therapy. It could benefit so many chronic illnesses. It’s not just a cancer therapy – any infectious disease, any psychiatric syndrome, any autoimmune disease.

Even like the story with Dr. Riordan, he had a big spider bite. And when he measured his vitamin C level, it was like nil. And so, he gave himself 15 grams, which was not that much, but at that time that's what he was using – just a low dose because he really didn't know what the safe dose was, at that time. And it didn't stop the infection and his blood levels stayed low. So, it was like the infection absorbed the vitamin C. So, he had to do two or three IVCs over three days, and then it cleared up. So, it was then that he realized that this therapy is a very powerful healing factor. And he began using it for like adrenal fatigue, autoimmune disorders, shingles. It works really well for shingles. So, it's basically giving back a healing modality that the animal world has, that we humans, guinea pigs, and some primates have lost.

Chris: I've got one more question for you. Thank you so much for your time. Very early in our conversation you were talking about Riordan and mental illness. Did he make some discoveries, back then, about causes of mental illness related to nutrient deficiencies? And did he have any success reversing them?

Dr. Ron: Yeah. His mentor was Dr. Carl Pfeiffer, who had the Bile Brain Center in New Jersey. And Pfeiffer was an MD/PhD pharmacist. And he had discovered that most of the schizophrenics – he was mostly working with schizophrenia – had an imbalance in histamine. And there were the high-histamine schizophrenics and the low-histamines schizophrenics. There were some other ones, he had about five categories, but those were the two major ones.

And so, Dr. Riordan studied under him, and this was another reason why he wanted to get a laboratory. He wanted to start measuring histamine and pyrroles and some of these things. So, there was the high-pyrrole excreters, and these are people that are low in B6 and zinc. But what we found out about the high histamine and the low histamine – it was really another doctor that discovered it – really what we were talking about was methylation. And so, I don't know if you guys have gotten into methylation, but people who are under-methylated have a high histamine, and people that are over-methylated have a low histamine.

And the methyl groups are crucial, in terms of making your neurotransmitters. You take tyrosine and methylate it, and you've got dopamine. I think phenylalanine is an intermediate. But then, you have dopamine. And if you methylate dopamine, you have norepi. And if you methylate norepi, you have epinephrine – adrenaline. And then, if you oxidize adrenaline, you have adrenochrome, which Dr. Hoffer found was another major factor in schizophrenia. He found that niacin neutralized adrenochrome.

It also turns out that niacin is very important for making NAD, which I was telling you earlier is a very important electron transport molecule. And if you don't have adequate NAD, you cannot make adequate ATP.

What organ in the body makes the most ATP? The brain – the frontal lobe. There are 10,000-20,000 mitochondria in the brain cells of the frontal lobe; 5,000-10,000 in the heart. So, the brain is actually using more energy than the heart is. And the heart beats 80,000 times a day. So, that tells you that for our brains to keep working, we need a lot of ATP. And for that to work, you need NAD, which you make from niacin.

Now, vitamin C came in. Hoffer found that the people who were taking their adrenaline, when they were stressed and they were making more adrenaline, they were oxidizing the adrenaline to adrenochrome. And adrenochrome has a similar structure to LSD.

Chris: Wow. Right.

Dr. Ron: So, Abram Hoffer was the first doctor to research – what did Timothy Leary call it – psychedelics. LSD. Dr. Hoffer was doing research on psychedelics because psychedelics mimic certain types of schizophrenia. Well, that's due to oxidized adrenaline. Vitamin C is a very powerful antioxidant. So, he would have his schizophrenics take large doses of vitamin C, and that would reduce the adrenaline back to real adrenaline, and not this oxidized form that was causing these hallucinations and stuff in schizophrenia. So, to this day we'll see schizophrenics, we'll put them on vitamin C. We test them for methylation, we get their methylation balance. We usually use some form of niacin with them.

But that, unfortunately, has been lost. So, there's not a lot of doctors doing orthomolecular psychiatry. The great ones have all died. So, we continue doing it here. But the psychotropic med approach has been so dominant. So, hopefully, there'll be a reawakening where people realize. Because what people don't know is since the advent of psychotropic meds, the incidence of mental disability from mental illness has grown in the United States almost tenfold. So, if you get on a psychotropic medicine, you may not be flagrantly schizophrenic, but you'll never go back to work.

Chris: Man, that's fascinating.

Dr. Ron: I didn't mean to get off on that tangent. But that's where this whole field of nutritional functional medicine started. By the way, the Riordan Clinic was called, back in its founding in 1975, The Center for the Improvement of Human Functioning. And the first conference was called The Human Functioning Conference. And one of the early presenters was Jeffrey Bland, the leader of functional medicine. I never blame him because, by gosh, he has created a tremendous organization under functional medicine. But he kind of got part of his start there. He was also just brilliant, to begin with. But he was one of the early speakers at Dr. Riordan's functional medicine conference.

Chris: 40 years ago, I guess. Right?

Dr. Ron: Yeah.

Chris: Yeah. That's amazing. Or even a little more than that. Incredible.

Well, thank you so much for your time and wisdom and expertise. I mean, this has just been fascinating, mind-blowing. I'm so excited to get this out. And thank you so much for your work. I mean, I know that maybe it didn't feel like it, but I imagine it took a lot of courage to walk away from conventional medical practice and do what you do.

Dr. Ron: At the time, it did. Though, a part of me knew that if I didn't do it, I was going to die. Not physically die, but if you don't really follow that voice inside of you, you're betraying yourself. And that's not good. And so, "to thine own self be true." So, hey, I'm 67. But I'm planning to stay involved because it's too exciting. There's just so many things happening now. Finally, after all these years, people like you... Thank YOU, by the way, for all you have done to kind of get people thinking along these lines. Because people get into this trance when they hear the worst three words you can hear: "You've got cancer." And people get into this like frozen state. It's a state of stress where they're paralyzed. They've got to break out of that and say, "Okay, what else can I do?" And anything is better than nothing. And also, they're so afraid. Whatever the doctor says, it's like, "Okay, let's do that." And I think what your site has done has gotten people to stand up for themselves as true co-learners. Co-learners is the term that Dr. Riordan liked. And so, if people can be a co-learner, I think they've got a much better chance of surviving the cancer.

Chris: Thank you. That really means a lot to hear you say that about what I do. And yeah, at the end of the day, I'm really just trying to give people hope and inspiration and information that they can use to help themselves. And I'm not telling them to give their doctor the finger. I'm just saying, "Listen," like I said earlier, "there's so much you can do to help yourself. Let me show you. Let's get all these people together who have healed cancer and learn from each other." Because that's really how we learn. We learn from each other.

So, thank you so much, again.

Dr. Ron: Thank you!

Chris: Thanks for being so generous with your time. And everybody, thanks for watching. Please share this. Like it. Share it. Whatever. Help spread the word about this amazing research by Dr. Ron and by the Riordan Clinic about the power of vitamin C. And I'll see you all real soon. Bye!

Copyright © 2018 | Chris Beat Cancer LLC | All Rights Reserved.

www.chrisbeatcancer.com

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the written permission of the publisher.