



DR. HENNING SAUPE INTERVIEW

Integrative Oncologist

By Chris Wark

Copyright © 2019 | 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. HENNING SAUPE INTERVIEW

Integrative Oncologist

Hey everybody, it's Chris and I am at Annie Appleseed 2019. Today I'm interviewing Dr. Henning Saupe. He's a medical doctor, an integrative oncologist, from the Arcadia Clinic in Germany. And we got to know each other yesterday over breakfast. We were introduced by a Radical Remission coach and friend and SQUARE ONE member, Kathryn Doherty, who's behind the camera. And so, we had breakfast yesterday, had a great conversation, and really I just wanted to interview you because you have so many amazing things to share and you're doing amazing work and I'm just so impressed with you. And so, I want to introduce my audience to you. And anytime I meet an integrative oncologist that I feel like just really cares about patients and really understands holistic health, I get excited.

Chris: So, thanks for doing this interview.

Dr. Saupe: Thank you very much Chris for giving me this opportunity to talk to you and to your audience. I'm excited to proceed with the interview, and to answer your questions and tell you about my work.

Chris: Good. That's great. So, I'd love to know how you got into integrative oncology because most oncologists are not integrative.

Dr. Saupe: Yeah. Well, I didn't start as an oncologist after my training at med school and university in Germany. Throughout my entire medical study, I was interested in naturopathic medicine and holistic medicine.

Chris: Why?

Dr. Saupe: Because I'm fascinated by the phenomenon of life. And it attracted my interest already at high school, to learn more about the creation and life and how life comes about on this planet and what is needed to keep living beings alive – food, water, air, love, energy. And because I feel attracted to work with other people and to contribute to other people's wellbeing, I decided to study medicine. And this interest in life sciences and in the science of vitality stayed alive throughout my entire medical study. But it didn't get well-nourished from the official medical training I received at med school.

I found out very soon that the way medical doctors are trained today – and it was the case already 35 years ago when I was at med school – followed a reductionistic and materialistic paradigm. And that many qualities were not discussed that definitely belong to the phenomenon of life. And that is the downside of Western world medicine. It treats

diseases with blockers and doesn't look for the causes, and has no solid understanding or concept of vitality and what is needed to keep a vital body alive. Nutrition was never a topic in six and a half years of training at med school. And it's still that way. And that's what I hear from younger colleagues, that nutritional medicine or very simple basic things for us living beings... Like detoxification. How do we keep our vitality up? By getting rid of the garbage that we produce or are exposed to. This is nothing a medical doctor learns at med school.

So, that's how I came into the field of naturopathic medicine. Alongside my regular training as a medical student at university, I attended many seminars and workshops outside the university about naturopathic medicine. And we do have a tradition in Germany that many medical doctors work in the field of complementary medicine and naturopathic medicine. It's not what they learn at med school, but there are many seminars and institutes that give us solid training in naturopathic medicine outside the university.

Chris: And Germany is much more open to holistic care and naturopathic medicine, than other countries?

Dr. Saupe: Yes, I believe so. At least, it allows medical doctors with a medical degree and a medical certificate to work with naturopathic medicine. There is no legal conflict for medical doctors in Germany to work complimentary or mainly naturopathic. And that's a huge difference to other countries.

Chris: Right. As many of you know, in the US and the UK and other countries like Canada and Australia, doctors are very limited in the permission they have to treat patients. And they have a very small skillset that they're trained in, and it's a very small toolbox of tools they're really allowed to use. And if they use other tools, especially tools that are non-toxic or natural therapies, they can risk losing their medical license.

Dr. Saupe: So, the law in Germany is that we are asked to present the mainstream therapy to our patients and to provide them with information about guideline-based, evidence-based medicine. But if the patient says, "I want something else. I'm not up for chemotherapy or radiation in this or that particular situation. Is there an alternative?" I'm free, as a medical doctor in Germany, to offer alternative therapies as long as they do no harm to the patient. And that is almost, by definition, the case with naturopathic medicine. "Primum nil nocere" the phrase of Hippocrates 2.5k years ago for the first "do no harm to the patient" is something we respect very, very highly in naturopathic medicine.

So, our treatments never cause secondary cancers or secondary diseases, which is the case in many so called Western world evidence-based therapy protocols. So, to follow that guideline that we are free to offer alternative complimentary treatments as long as they do no harm to the patient is very easy to do. So, we have the freedom of medical treatment

choices. And as long as I inform the patient correctly about the upsides and downsides of the treatments, I'm free to provide the patient with naturopathic alternative therapies, even if it comes to cancer. And that is not the case in many other countries.

Chris: I'm glad you used the phrase "medical freedom" because that is a really important concept that a lot of folks don't understand that we don't have in the United States. We don't have medical freedom. Doctors don't have the freedom to treat patients in a way the patient wants, even if it's non-toxic. Even if there's no risk of harm. And so, there's a lot of well-meaning doctors, but they're trapped in a system that, unfortunately, does not give them freedom to practice medicine. Freedom to innovate. But it's great that there are places in the world where this is allowed. Mexico is another one, which is why so many cancer patients do go to Mexico or Germany or Switzerland or whatever.

So, did you ever work in conventional oncology, for a time?

Dr. Saupe: Nope. I never did. I worked in conventional medicine and conventional hospitals after my basic training, when I received my MD. I wrote my doctor's thesis and eventually got a PhD. And I spent a couple of years in regular hospitals. But I worked in neurology, psychiatry, and internal medicine. And so, it was naturopathic medicine first, before it became naturopathic oncology. Oncology picked me. I didn't pick oncology, in the first place. I picked naturopathic, holistic medicine. And I started to open my own private clinic at the age of 33, after 4 years in regular hospitals, and decided to start on my own.

Chris: How did it pick you?

Dr. Saupe: Well, it picked me through a very dear and close family member, my mother. My mother developed breast cancer, while I was at med school. And I witnessed it – her treatments and her progression during four and a half years' time. And it was very sad to see how she eventually developed liver metastasis and how the regular treatment totally failed, until the day she died in June 1992 from liver metastases and liver failure at the age of 54. And there was a turning point in my life to see how my academic teachers totally failed to help her to recover from breast cancer that in the beginning was a lump of two centimeters. She definitely had a chance to get healed from that ailment, but the opposite became true and she died at an age younger than what I am today. And so, that sharpened my focus at the various diseases called cancer. And I decided to work in that field to find possibilities and treatment approaches that help others in her situation to go a different route and to overcome the disease.

Chris: So, that was a big turning point that was a big turning point in my life. So after you went into private practice, was that as an integrative oncologist directly?

Dr. Saupe: I opened the integrative, holistic, naturopathic praxis [practice] and that's when oncology picked me. It was not directly after the experience of my mother's death. At that time, I was 27. So, that was at the beginning of my clinical time as an assistant doctor at hospitals. It was maybe five, six years later when I opened my naturopathic practice that more and more patients with oncological diseases came to see me. And I started to develop skills and protocols on how to help them.

So, one of my first tools or remedies that I offered was mistletoe treatment, mistletoe injection. That is something that is very popular in Germany, and it has been done for almost 100 years. There are more than 100 peer reviewed articles about the outcome of mistletoe treatments. And it's a solid immunology-based treatment. It enhances the capacity of our immune system to keep cancer under control. It raises the level of wellbeing. It protects against the side effects of chemotherapy and radiation. It has many, many upsides and that was one of the first things I learned and integrated. And I studied orthomolecular medicine. And I became interested in nutritional medicine and started to learn how to help patients to detox with a special herbal formulas and enemas. And I studied Gerson therapy.

In those years, one strategy came after the other and my spectrum has widened ever since. And that journey is ongoing. We still need to learn more about this extremely complex disease called cancer, but we know a lot already. And today I can say I have a big toolbox to offer. I've never had so many different tools as I have today.

Chris: Talk about them. I'd love to know the type of therapies that you've seen produce the best results; the ones that you're still using. And maybe some that you've tried and just didn't find any benefit.

Dr. Saupe: Good. Let's start with the good ones. If you asked me today, what are my most powerful treatment strategies to help people with metastasized cancer? This is what I do every day at my clinic from morning to evening. And this is the core group of patients who call me, who come to our place. They suffer from metastasized cancer. And metastasized cancer is a complex system disturbance. It's definitely a system disease where the biochemical terrain in the body of the patient who suffers from the disease allows cancer cells to expand, to thrive. And there are many reasons for it. It's a biochemical disturbance based on too much inflammation, too much toxicity, too high levels of stress hormones, too little water, too little oxygen in the tissues, infected areas, root canal fillings that are infected, and so on.

That was my presentation here at the conference – a map with 12 risk factors. And if anybody wants to see a summary of that presentation, go to YouTube, look up my name (Dr. Saupe), and look at the presentation of The Cancer Field Theory. That's where I show the map of the 12 most important risk factors that cause cancer and allow cancer cells to grow in

a human body. And our therapies are the therapeutical answers to these 12 problems. We rehydrate. We replenish deficiencies. We stimulate the detox pathways by enemas, breathing exercises, heat therapy that helps the patients to sweat and to get rid of the toxic burden through the sweat pores. And the most important tools that we use to turn around cancer growth are hyperthermia together with high concentration infusions of naturopathic botanical anti-cancer drugs.

Chris: Talk about hyperthermia a little more. And I'd love for you to talk about the botanicals too. But what happens when a patient does hyperthermia? What's happening in the body? What's the process?

Dr. Saupe: Let's explain hyperthermia for the audience. The term might not be so common. Hyperthermia means overheating – high temperature. It's a controlled way to raise the temperature of the body. And there are two different strategies to do that. One is called whole body hyperthermia and it's a way to induce fever under controlled circumstances. So, with infrared lamps – also called water-filtered infrared-A – we raise the body core temperature to 103 up to 105 Fahrenheit. That's the temperature the body creates when we are infected by an influenza virus.

And there is a reason for it. It's the best way to get rid of the viruses. Nature gave us the ability to raise the body temperature and to activate our immune system. And that helps us to kill both bacteria, viruses, and even cancer cells.

Chris: Because the fever supercharges your immune system.

Dr. Saupe: Yeah. And it was a surgeon in New York in the 1880s William Coley who witnessed how nature cured cancer. There was a patient at his hospital who suffered from a huge neck and throat cancer, in a size that he was unable to operate on. And this patient got an infection on his ward. And within six weeks, the infection cured cancer. Or the fever, that was the consequence of the infection, cured the tumor and it literally melted away, like a snowball in the sun. There are photographs made of it. You still can find the photo documentation of Dr. William Coley's first patients from 1886. And Coley was bold enough to say, "If nature cures cancer with fever, let's induce fever and see if it is possible to put cancer into remission by causing a fever reaction."

So, at the time before penicillin was invented and not even fever-reducing agents were developed, he injected a mixture of two bacteria in his cancer patients. And could help more than 50% of the patients he'd treated with his fever therapy. The drug was called the Coley Toxin.

Chris: Many of you have heard of this: Coley's Toxins.

Dr. Saupe: Yeah. So that was the cradle of hyperthermia. And today we don't use bacteria any longer. We do it a little more elegantly, with infrared beds

and water-filtered infrared light. The procedure takes two to three hours, with a nurse assisting the patient and helping the patient with cold sweats on the forehead and water to drink and oxygen supply. We guide the patient through two hours of fever. And that is what we do, alongside an infusion therapy because the combination is even better.

It was developed in the sixties and seventies by a German physicist called Manfred von Ardenne. He was a genius physicist, and developed color TV and electron microscopy. And at the end of his very successful life as a physicist, he became interested in the treatment of cancer. And he was in close contact with a Nobel Prize laureate, Otto Warburg from Berlin. Warburg received the Nobel prize in medicine in 1932 because of his discoveries in cancer biology, that cancer cells live mostly from sugar and in the absence of oxygen. So, von Ardenne had picked that concept and created the cancer three-step therapy and that was hyperthermia – the controlled fever with infrared lamps, in combination with high dosage vitamin C and oxygen inhalation. That's the three-step therapy of Dr. von Ardenne. So, that's what we do. Hyperthermia combination with high dosage vitamin C and oxygen inhalation.

Chris: At the same time?

Dr. Saupe: At the same time. So, hyperthermia needs to be combined with something else. It's a very good enhancement of other treatments and most of all infusion-based treatment gets a powerful enhancement, a synergy effect, if you do it under hyperthermic circumstances. And by the way, there are hundreds of clinical studies published that proved that hyperthermia is a very powerful treatment enhancer for both radiation and infusion-based therapy. So, it's a shame that it is not used everywhere.

Chris: Yeah, it's a very rare treatment. It's not used much at all, actually, in the US.

Dr. Saupe: There was some clinical study done at Duke's University and even at the University of Buffalo, but it never reached a level of acceptance in the United States. In Germany, we have a few university clinics that do clinical studies in Erlangen and Berlin. But it's mainly in the hands of naturopathic doctors. And there are around 100 clinics by the way, that offer hyperthermia treatment and provide patients with hyperthermia in combination with other treatments. So, it's a treatment enhancer.

And the other way of working with hyperthermia is called local hyperthermia. And it's done with very special devices that work with radio wave technology, certain megahertz frequencies. So, it's a little bit comparable with microwave ovens, which I highly recommend to not use to prepare your food. But the technology can be used to overheat an organ that contains cancerous cells and lumps, like the liver or the kidneys or lymph nodes. And so, with a somewhat lower frequency of 13

megahertz, we warm up the cancer tissues to a temperature of almost 110 Fahrenheit. And that induces cell death – that induces apoptosis. It's not possible to warm up the entire body to 110 Fahrenheit. That would be lethal. But we can warm up the liver or a cancerous area of the body that is affected by cancerous lumps, up to 110.

And again, we do it in combination with infusion-based therapy – so high dosage vitamin C together with local hyperthermia. Or Chinese wormwood, artesunate, which is a powerful botanical anti-cancer drug with almost no side effects. You have to be careful with the red blood cell count because it has an affinity to iron. It also affects a few red blood cells. So, we have to monitor the patient's red blood cell count. But the toxicity is very little compared to standard chemotherapies. So, artesunate or turmeric, which we have in an injectable form, is another powerful anti-cancer drug that you can administer intravenously. And turmeric has no side effects at all. So, all these botanical drugs are what we give in infusion and reach high levels in the patient's bloodstream. And this high level gives these botanical drugs a chance to show their power and to block cancer growth. And we enhance it with heat.

Chris: A lot of people get nervous about fevers, right? I grew up, and a lot of people grew up, being told that a high fever was dangerous. So, what is actually a dangerous level of fever, if you got, let's say, a cold or flu virus or something like that?

Dr. Saupe: In my life as a medical doctor, and I have three children that are young adults today, I've never seen a dangerous fever from a common cold. Never, ever in my life. I believe that dangerous fever is extremely rare. And fever, in itself, is never dangerous. But you can do stupid things while we have fever, and that can be dangerous. So, if you have a high fever, if your children have high fever – 104 or 105 – and you allow them to walk around and get cold and to sweat and get cold and to exhaust themselves, that can be dangerous.

Or it can be dangerous if you suppress the fever while they're having the virus infection and you believe that the infection is over, but you only take away the symptom with paracetamol or aspirin. The patient starts to feel a little better and exhausts himself, and that causes an aggravation of the symptoms. And that can be dangerous. And the patient can have development meningitis or something. But it's extremely rare.

So, my understanding of fever is that it is nature's best way to help the body overcome an infection and even to overcome cancer. It might not be enough, once you have developed manifest cancer, to just treat it with fever. But it's a powerful way to stimulate your immune system, to attack cancer, or to keep cancer under control. So, the answer is, I've never seen dangerous fever. Theoretically, temperatures over 105 can cause cramps. But even the cramp, you can treat a toddler with cold water

sweats by giving it magnesium or calcium. I've never seen one dangerous case of fever in my entire life.

Chris: That should put some young moms at ease, hopefully. My wife and I have this conversation anytime...

Dr. Saupe: When your child is in fever, be with the child. The child needs to be in bed, needs to rest, needs to drink a lot. And you can soothe the fever and calm down the fever a little bit with cold swipes of water on the forehead or on the legs. And that's enough.

You can do a soft enema that releases the toxins and washes out the toxins. By the way, enemas cool down fever very effectively. It was even studied scientifically that a water enema or chamomile tea enema has the same fever-reducing effect compared to paracetamol, but it has no side effects at all. And it reduces fever because it gets rid of the toxins that cause fever, not because it blocks something. So, go for an enema instead of a paracetamol.

Chris: That's great. And it's also true that if you artificially reduce a fever, you can prolong the illness, right?

Dr. Saupe: Right. Very true.

Chris: Okay. So, what other therapies are there?

Dr. Saupe: A great tool to reduce cancerous masses is insulin potentiation therapy. So, it was developed in Mexico in the 1930s and ever since then, it is taught by Mexican doctors. And there was a society of insulin potentiation therapy. So, I did some training in IPT and incorporated IPT at our clinic. And it's a very powerful tool.

So, how does it work? You measure the blood sugar in a patient that comes with an empty stomach, and calculate out how much insulin the patient needs to get hypoglycemia at a level of 40-50 milligram per deciliter, which is the level of blood sugar where you feel weak – where you got a little sweaty on your forehead and feel a little shaky. And in this situation, when blood sugar is so low, cancer cells are in an enormous energy crisis because of the fact that cancer cells love sugar and are dependent on sugar. They open their membranes to get the tiny little amounts of sugar that are left in your bloodstream. And that gives us the opportunity to treat them with poison sugar.

In our clinic, we mainly use botanical anti-cancer drugs. So, after lowering the blood sugar to this level of between 40-50 milligram percent, we give our infusions with a combination of Chinese wormwood, turmeric, ginger extract, vitamin C high dosage, and sometimes (if needed) low dosages of regular chemotherapy. And that's 10-15% of the regular dosage. It depends from case to case. And in cases where you

need to have a fast response, if patients come and see us in a late stage situation, we need a faster response and we sometimes chemotherapy.

Chris: The most urgent cases in crisis...

Dr. Saupe: Yes. In many cases, we do IPT with botanical drugs. In some cases, we add 10% of methotrexate or doxorubicin or...

Chris: Well, you're the first clinic I've ever heard of that did IPT with botanicals. I know there's probably others doing it, but I'd never heard of that before.

Dr. Saupe: It works very well and we've seen very good results with it. So, we combine 10 milliliters of 40% glucose with the infusion. And within 10-15 minutes, blood sugar goes up to normal levels again. And under these 10-15 minutes, cancer cells absorb the anti-cancer drugs in a much more higher concentration than what they would do under normal blood sugar circumstances. There is a pre-clinical study published in the 1980s that shows that the difference was 15,000 times higher uptake of methotrexate in breast cancer cells under hypoglycemic conditions, compared to normal glyceimic conditions. So, if you lower the blood sugar... It was a study done in a petri dish, but the number is quite impressive – 15,000 times higher uptake of methotrexate when the blood sugar was low in the petri dish compared to normal blood sugar.

Chris: Well, that also correlates with some recent studies that they've done on fasting before chemotherapy because the same state of starvation and low blood sugar and very hungry cancer cells puts them in this hyper-absorptive state. And then, chemo works better with less side effects, which is pretty fascinating too.

Dr. Saupe: So, we add oxygen therapies to this protocol with IPT. We do blood ozonization, which is a kind of immunotherapy. It stimulates the white blood cells to behave more actively, and it allows red blood cells to absorb more oxygen and to release more oxygen. We work with pulse electromagnetic frequency devices that enhance the blood flow, support detoxification, and allow better oxygen absorption.

Of course we work with healthy food and healthy nutrition. We reduce the amount of animal food and animal proteins. We allow our patients or we provide our patients with fish and chicken. And we also have a vegetarian choice of dishes. So, if patients want to have whole vegetarian-based food, that's what is available at our clinic. Nutrition wise, we promote or recommend the Mediterranean, anti-inflammatory diet. And then, from case to case, we make individual decisions of what is best for this or that patient. Weight loss is an issue for many patients who come in at late stage. So, we need to help these patients to gain weight with a protein rich diet.

Of course we work with orthomolecular medicine and find the deficiencies. We do an intensive testing of vitamins, minerals, and trace elements in the patient's blood. We do whole blood analysis. We do stool analyses to get a map about the microbiome that helps us to find out the right probiotic supplements. And last but not least, we work with the mind/body connection.

Chris: But you do heavy metals testing, too?

Dr. Saupe: Yes, we do a heavy metals testing. Thank you.

Chris: Talk about the hair versus blood.

Dr. Saupe: Yup. We do heavy metal testing and a full blood analysis, which is more reliable and more reflecting/mirroring what the patient was exposed to the last months. Hair analysis can be flared by many sources of contamination – if women dye their hair or stain their hair or use shampoos that contain metal compounds, we get misleading results. I abandoned hair-based tests many years ago because I could not find solid documentation about the correlation of minerals in my hair to the deposits of minerals in my body. So, full blood analysis is much better studied and understood on how it correlates with deposits in my body. And it's more accurate.

Chris: Will you talk about live blood analysis?

Dr. Saupe: Yes. A very interesting field. We take a drop of blood from the tip of the finger and put it under a microscope with 400 times magnification. And the microscope is mounted to a camera, so that the patient sees what I see in the microscope on a big screen on the wall. And so, we look at living blood cells. That's what it's about. It's also called dark-field microscopy because the light comes from a side and the background remains dark. And it gives us a very good contrast without using any chemical stain. So, we look at living cells the very minute they come out of the patients' organism. And they tell us a lot about the biochemistry of the patient.

Chris: Like what?

Dr. Saupe: For me, it's a very good vitality test. It summarizes many, many of the factors that you see on my map – toxicity, inflammation level, nutrition stages. And the most common phenomenon that we look at is whether or not the red blood cells are clumped together and forming chain rows or clusters, or whether they bounce back when they touch each other and float around freely. That's the healthy picture. And you see it in a second. And then after a while, you can observe the changes of the cells when there are free oxygen radicals in your blood, the cell membranes get wrinkled after sometimes already three or four minutes. And in those cases, I know that the patient is exposed to acute toxicity, maybe from

the last chemotherapy. And that allows me to enhance my efforts to detoxify, to add more antioxidants to the protocol, or to observe the progress I expect during the treatments. So, we do it before and after the treatments – sometimes in between – to see what happens. And it's impressive how the therapies that we provide change the blood chemistry that you can observe with a simple microscope.

Another very interesting point of interest is the the motility of white blood cells, whether the white blood cells move or not. And in most cases of patients who come to our clinic and have just passed through a sequence of chemotherapy or radiation, the white blood cells are totally immobile. They don't move. They are contracted and don't move.

Chris: It's like they're asleep?

Dr. Saupe: Yeah. They're intoxicated. They're dormant. They're blocked, I would say. They're trapped in toxicity and inflammation. And the number on your CBC may tell you you have enough white blood cells, but that doesn't say so much if the white blood cell is immobile or devitalized. And so, live blood analysis allows you to say something about the quality of your blood cells. It's a vitality test. I don't use it for diagnostics. But I can observe and show my patients on what level of vitality he or she is, and whether or not the white blood system is working or blocked.

Chris: It's a visual snapshot of the condition of their blood, right?

Dr. Saupe: Yeah, it's a training tool for my patient. It's very impressive to see what happens inside your body. And it motivates patients to be more compliant.

Chris: I think it's really interesting. I've never heard anyone talk about this before, about the white blood cells being sort of immobilized or paralyzed or dormant in the live blood analysis after chemotherapy treatment. It makes sense. For sure. A normal healthy looking blood slide, the white blood cells would be very active, right?

Dr. Saupe: Of course. You can see it spontaneously.

Chris: What about parasites, bacteria, and things like that? Do they show up on that?

Dr. Saupe: Yes. Sometimes you'll see bacteria. And I interpret that as a sign of leaky gut. Our blood is not sterile. So, the notion that only septicemia, severe bacterial infection in your blood, is when blood is affected by bacteria is not true. We all have a few bacteria in our blood. I see single bacteria even in healthy individuals, but I've seen many more bacteria in individuals with gum issues (bleeding gum for instance) or leaky gut. Leaky gut is what happens when your gut lining is chronically inflamed, mostly from bad food, junk food, too much red meat, too much artificial

sweeteners, too much sugar, too much candida, as a consequence of a high sugar diet.

And then, the gut inflammation causes an opening of the gaps between the gut cells. That's called leaky gut. And since 20 years back in time, it's possible to measure leaky gut with a marker called Zonulin is a protein that is released when the gut cells open up, so you can measure leaky gut. That's what we do with the stool analysis. And I can see it already in lifeblood analysis. Yes, I see bacteria.

Parasites is a more complex topic. The term parasites is used differently in different countries. In your country, a parasite is a bacteria in the wrong compartment. So, American doctors would call bacteria in blood parasites. In European biology, we do not use the term parasites for bacteria. We use it for plasmodium, amoeba, single cell organisms that are much higher than bacteria. And I have never seen real parasites in patient's blood. That's something that you would see in tropical diseases, like malaria or severe infections. But I see bacteria.

Chris: So, I'd love to hear you talk about a patient's attitude – the mind/body connection, stress. I know that's a big component of health and healing. And we've talked about this, and I know you believe so as well. You've seen it. So, from your perspective, what does the mindset, the attitude, and the emotional state of a patient who survives look like?

Dr. Saupe: I've never seen a patient who turned around the Stage III or Stage IV situation from progression to stable disease or remission, who did not work on both sides – on the somatic side (on the body side) and on the psycho-mental side. For me, healing has to do with both aspects. I believe that body and soul is one. There is no clear frontier between my emotions and my mindset, my belief system and my bodily health. It's one world. And if I live with conflicts, with feelings of guilt and shame, with things I cannot forgive... I came to understand in my life as a medical doctor, the last 30 years, that you cannot heal as long as you carry a grudge, judgmental thoughts about things that happened in your life that you cannot forgive, or deep feelings of guilt and shame. It's just not compatible with healing.

A medical doctor can help you to suppress the physical symptoms for a while, and you can gain health and maybe come into remission. But if you don't cleanse your mind-field and allow healing to happen from the other side too, and get the conflict out of your mind and work with your negative belief systems and open up for thankfulness and true spirituality and your connection to yourself and to God, I believe that healing does not happen as long as you don't allow these mental changes to happen.

So, what we do in our clinic is we provide patients with questionnaires to find their inner issues, to find their stressors, and to work with their

victim stories. We all have victim stories – sometimes bigger ones, sometimes smaller ones. But I have not met an adult that has not gone through experiences of victimhood or inner trauma. And these traumas block my self-healing capacity. And it's even scientifically proven today that my psyche, my emotions, are intimately connected to my immune system.

And the discipline that works with these questions is called psychoneuroimmunology. And it fills textbooks today about what psychoneuroimmunologists found out, how emotions block my immune system. And healing is always connected to my immune system. My immune system is what keeps me alive and what fights against invaders, viruses, bacteria, fungi, and deranged cells like cancer cells. So, I have to integrate the knowledge of psychoneuroimmunology. And very practically speaking, I encourage my patients to find out what victimized them, to work through their victim stories, to get to know their unhealthy beliefs, and to turn them around into healthy beliefs that support their health. To work with affirmations, to work with spirituality, with prayer, with meditation, to surrender to a higher dimension that most of us call God, where life comes from and where I'm encouraged to pause over the things that I cannot solve and to get rid of the inner blockades that block my self-healing.

It's our true nature that we can heal ourselves. God gave us the capacity to heal ourselves through the power of the immune system, through the power of the self-healing capacity of our body. So, if an illness occurs in somebody who is an adult... Children are a different topic. We would discuss the same topic and talk about children who developed the cancerous disease at the age of one or two or three. The topic of inner issues and stress is a different one. But let's continue with what I experienced with adults. And that is that we have to let go of the feelings of guilt and shame, and surrender to forgiveness in order to heal. That's been my experience for many years.

Chris: I love to hear you say that because that's my message as well. I'm always talking about how powerful forgiveness is to help heal your body. And if you're not willing to forgive, you may not heal. It may be the one barrier to healing. Forgiving yourself, forgiving people who've hurt you, getting right with God, surrendering and giving him your worries and fears. It's amazing how fear and worry profoundly impact your immune system almost immediately. And it's one thing to have a fearful thought, right? But it's another thing to ruminate in fear, to ruminate in worry. And that's the difference. We all have little fearful thoughts or little worries that pop in. But it's how you process them and treat them that can make all the difference. Right?

Dr. Saupe: Make fear a good messenger. Make peace with fear. As you said, we all have fear. There's a fear center in my brainstem. It's part of the human nature to react with a fearful emotion in certain circumstances. But fear

must not own us. We should use fear as a messenger and that can help us to change something. If fear comes up in your life, ask yourself, what is it about, what do I need to change in order to send fear back?

Chris: That's good. Folks look, you understand now why I wanted to interview this awesome guy. He has a holistic approach. He understands the body, mind, spirit, connection to health and integrative therapies. All those things are so helpful and so important. And unfortunately, a lot of practitioners are so micro-focused and so reductionist that they just want to poison your tumor or cut it off or irradiate it. And those therapies have some benefit, which I'd like to talk to you about. But they're not treating the whole body. And if your whole body is not well, if it's not encouraged back to health, if you don't create an environment where cancer cannot thrive, then you will continue to experience disease. The cancer's going to come back.

So, on that note, will you talk about the types of cancer cells – fast dividing, slow dividing, cancer stem cells, circulating tumor cells. Not the whole textbook, but just to give folks an idea or an understanding as to why a lot of treatments do not cure the disease. Why they have some benefit, but they don't cure it.

Dr. Saupe: Gotcha. So, what is the nature of the cancer cell? When does it become a disease? When does it threaten our life? What is a reasonable expectation from therapy? What is health? So, these are questions for the next seminar. Big questions. So, let me summarize it in the following way.

We all live with a few cancer cells. The number we read in modern research articles about cancer cells in a human body is that we all produce some 5,000-6,000 cancer cells every day. It belongs to the human nature. These 50 trillion cells that make our beautiful body allow a few thousand cells to come into existence every day that follow a cancerous pathway. And as long as my immune system takes care of these 5,000 cells, I stay in the balance called homeostasis. And that is health.

For these various factors that I studied and summarized in my cancer field theory – chronic inflammation, toxicity deficiencies, breathing deficiencies, oxygen deficiencies, chronic infection, mental stress, and so on, mitochondrial damage – our immune system is more and more suppressed to do this natural work every day, to control my body and to eliminate the cancer cells. So, a cancerous lump is about to grow behind the curtain. And the first years, I don't feel anything. But maybe after two or three years, I've grown a lump that causes some symptoms. So, I go and see a doctor. And the doctor says, "You have cancer. You've had it for years." And a more correct description would be, "Now the cancerous growth in your body has reached the level where you feel it. You have not felt it the last year."

And in this situation, you need to help the body to reduce the cancerous masses, the amount of cancer cells, drastically because it's not so easy to turn it around by only natural therapies or manners. It is possible, but it's not easy. And it's still a little mysterious why some patients can turn around a large tumor formation, but most can't. Difficult topic. I've seen cases, I've heard about cases where remissions were possible without surgery, without chemotherapy, without radiation. But in most cases, when the lump is bigger than three to five centimeters, it's not so easy to turn it around by changing your diet.

So, in these situations, I encourage patients to cut the tumor out, as long as it has not metastasized. Breast cancer is a good example. If there is a lump 1-3 centimeters, my first recommendation to most patients is to get a lumpectomy, to cut it out, and then start the rejuvenation program and to rebuild the self-healing capacity of the body. I have a few courageous patients who chose different road, and who managed to get a lump into remission even at that size. But that requires quite some focus and mental power and strength and courage. So, in most cases, I recommend patients to see a surgeon and cut it out.

In metastasized situations, the importance of a surgical treatment is not that high. It reduces the symptoms, but it can't provide you with a cure. And even chemotherapy cannot provide the patient with a cure, in most cases. The exceptions are some types of leukemia, testicular cancer, early childhood brain blastomas can be cured with chemotherapy. Sometimes. At least we have numbers of 10-year survivals in those cases. But those are not the types of cancer that matter in modern society.

The most common types of cancer, like breast cancer, prostate, colon, and lung cancer cannot be cured with chemotherapy. Every oncologist knows it. Why? Because chemotherapy reduces the number of cancer cells that are receptive to this particular drug. And that can be 80% reduction, 90% reduction, 95% reduction. And there will ever be remaining cancer cells after chemotherapy, if it's not leukemia. And that means that somebody has to control the remaining cancer cells. But if the therapy that you just got to reduce the amount of cancer cells to, let's say, by 90% down to 10% or maybe down to 1% (if you're very, very lucky), somebody has to take care of the remaining 1%. And if the therapy just killed your immune system, you are in a bad spot.

Chris: And those remaining cancer cells, whether it's 20% or 1%, are usually the most important cells, right?

Dr. Saupé: Yes.

Chris: Why is that?

Dr. Saupe: Because the majority of these cells represent the subgroup of cancer cells called cancer stem cells. And current oncology research focuses on cancer stem cells. And we know some aspects of these cells, but we're far away from knowing everything that controls what happens with cancer stem cells. But what we know is that cancer stem cells are resistant against most chemotherapy drugs that are available today. So, we cannot poison the cancer stem cells.

There's some naturopathic components, naturopathic drugs, known to have the capacity to reduce the amount of cancer stem cells. Cabbage extract is one of those. Indole-3-carbinol and sulforaphane have the capacity to reduce the amount of circulating cancer stem cells. Cruciferous vegetables, broccoli, Brussels sprouts, cabbage, green cabbage. It's published by the University Clinic of Heidelberg in Germany. Professor Ingrid's study was on the effect of these cabbage extracts on the number of circulating stem cells. And she could prove that it reduces the number of stem cells. Chemotherapy does not. So, my question is always, who takes care of the remaining cancer cells, if you just killed the army that is supposed to control it? That's the paradox of chemotherapy.

Chris: Right. And if you're tracking this, what he's saying is that you are killing a bunch of cancer cells with chemo. But you're also destroying your immune system. And the cancer cells that are leftover, which are the stem cells, usually become more aggressive after treatment. And they're the ones that started the whole problem in the first place. And so, now you've got more angry, aggressive stem cells and a depleted immune system.

Dr. Saupe: Yeah. I read a very interesting article two years ago in a German research magazine. And the headline of this article was a little sharp. It's said, "Why we should not strive to destroy cancer totally," because that causes too many mutations and it causes too much collateral damage. So, the new strategy of some research groups is to treat cancer more softly, more gently, and make it a controllable chronic disease.

And this was based on three university groups from the United States. So, it's an interesting new approach to treat metastasized breast cancer, colon cancer, prostate cancer, lung cancer – the big cancers in modern societies – less aggressively. And make them a controllable chronic disease. And that's what we do with our naturopathic, holistic approach too. I don't believe that it is possible to eliminate 100% of cancer cells in the patient's body. And that is not my goal either.

Let's compare it with a herpes infection and shingles. Most of us – 95-98% of the population in Western world societies – are infected with herpes viruses. There is no way to get rid of herpes viruses. But we don't need to suffer from the symptoms, as long as we have a powerful immune system, as long as we have a powerful vitality. In general,

vitality is the flow of energy through our body – mitochondrial health, healthy metabolism, the flow of electrons in our cells. As long as this happens, we can control our herpes viruses that hide in our ganglia and our spine. But if we get exhausted, if we eat the wrong food, if we sleep too little and stress too much and worry too much, we develop shingles. And that is not a new infection. It's the old infection growing and showing symptoms.

And I see many similarities between these chronic infections that we all have and cancer that we all have on a cellular level. So, the goal is not to destroy all the cancer cells in the human body. That is much too dangerous and causes far too much collateral damage. Let's turn cancer into a manageable controllable disease, so that my body's ability to live in balance with a few cancer cells grows and I live a long and happy life with a few cancer cells somewhere.

Chris: That's a great point. It makes a lot of sense to me. Because like you said, we all have cancer cells and the difference between someone with tumors and someone with no tumors is, in large part, their immune system. And strengthening the immune system, detoxifying the body, optimizing nutrition, dealing with external factors and internal factors that can be destroying your health, stressors, all of these things work together. This is a comprehensive, synergistic, holistic approach to health. And I love that so much.

So, Henning, thank you so much for your time. This was such a pleasure.

Dr. Saupe: Thank you, Chris, for bringing this up. And thank you for sharing it.

Chris: How can people find you? What's your website?

Dr. Saupe: My website is in English and in German. So, Arcadia Clinic is the name of my clinic in Germany: www.arcadia-praxisklinik.de. It's a German website. You can watch my videos on YouTube where I explain the therapies and where I give you a summary of the 12 factors that cause cancer. It's called the Cancer Field Theory. So, if you look up my name on YouTube or if you look up "Arcadia Practices Dr. Saupe" on Google, you'll find me immediately. You can send us an email at info@Arcadia-Praxis.de. And my secretary, Tonya, or Nina will get back to you and send you a questionnaire. Please fill out the questionnaire, send it back to me, and then I will get back to you with a free Skype or telephone consultation where we find out whether we are the perfect match for you or not.

Chris: That's great. Thank you so much, again, everybody. Thanks for watching. Please share this video with people you care about. And I'll see you on the next one. Bye-bye.

Copyright © 2019 | 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.