



DR. LUCAS TIMS INTERVIEW Integrative Oncology Expert

By Chris Wark

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DR. LUCAS TIMS INTERVIEW

Integrative Oncology Expert

Hey everybody. It's Chris. And I've got another interview for you today with Dr. Lucas Tims. Dr. Tims is a fellow of the American Board of Naturopathic Oncology. He spent eight years at Cancer Treatment Centers of America – focusing on all areas of patient care, as well as clinical research. He served as the medical director of Integrative Oncology at Western Regional Medical Center. In 2018, he left Cancer Treatment Centers of America and joined the Riordan Clinic in Kansas City. In addition to patient care, Dr. Tims enjoys doing research, teaching, and writing for medical journals. He's a longstanding member of both The Oncology Association of Naturopathic Physicians and The Society for Integrative Oncology. So, he knows a lot about integrative cancer treatments and naturopathic oncology – targeting cancer cells with natural compounds. So, I'm looking forward to this interview.

Chris: I'm a fan of the Riordan Clinic, anyway. Some of you who've been following me for years might remember my interview that I did with Dr. Ron Hunninghake, who is the medical director of the Riordan Center in Wichita. And so, I had a great chat with Dr. Tims recently and thought it would be a really fun interview, very informative. Especially if you're wanting to understand integrative cancer treatments, what options you have, what else is out there besides conventional standard of care and that can be used in conjunction with standard of care, if you choose. So, Dr. Tims, thanks for taking the time to talk.

Dr. Tims: Thank you, Chris, for having me. Excited to be here.

Chris: Good. Well, how did you get involved? How did you discover naturopathy – naturopathic medicine?

Dr. Tims: Yeah, I think it was a bit of a winding road, if you will. I was always kind of interested in medicine and science. I grew up in Arkansas, as you said, and came from a family that was very into natural health and nutrition. My parents were kind of those crunchy hippie-type people that were very into like the macrobiotic movement of the seventies.

Chris: Nice.

Dr. Tims: I kind of came out of that. And kind of had that as a foundation. And when I looked at going to medical schools, I looked at all the different types of programs – MD, DO. And I stumbled upon, even at that time (which was the early 2000s)... It wasn't easy to find information on naturopathic medical schools. But I did stumble upon it, and went out and visited some of the universities. And it was like a switch went off

when I realized that naturopathy was much more about how we blend modern science with kind of ancient wisdom and healing and natural medicine. It wasn't just all or none.

And that's really what I, what I became interested in and went through my training there in Arizona at Southwest College. And now, I'm seeing that play out in my career. And I really feel like with that foundation of naturopathy, I've been able to parlay that with my experience in a hospital-based system – like CTCA and some of the other experience I've been able to get in my first 10 years of practice – that have helped me even bridge that gap even more. Particularly when it comes to integrative oncology. To really understand both sides of the fence. Because as I tell my patients all the time, I really do think, with cancer care, your best option is the best of both worlds.

Chris: You spent eight years at Cancer Treatment Centers of America. I'd love for you to talk about what you saw happening there. And not that what they're doing is different than any other clinic. But being in the eye of the storm, so to speak, and sort of the good, the bad, and the ugly of conventional cancer treatment. Would you mind talking about some of those things? Because I know there are people watching that have never gone through cancer, or they may be about to undergo treatment, or they just want to understand it. So, talk about that.

Dr. Tims: Yeah. First of all, I think Cancer Treatment Centers of America is a great place. And I think that the culture and the model, when it comes to a total cancer center, as far as these big places like MD Anderson and Memorial Sloan Kettering, a place where you go just for all the components of cancer care... I think that the model that CTCA stands for is awesome. And I hope that we eventually get to where that's the mainstream. The problem was, in the tenure I was there, is that the pillars and the pieces of that culture and that model began to slowly erode. And some of that was due to the changes in the healthcare landscape, in the health insurance landscape, obviously. In the 2012 and 2015 time period, Obamacare kind of settled in, and that changed a lot of reimbursement issues.

Chris: Talk about specifics. What was their vision and their model, sort of, in the early days? And then, how did that change?

Dr. Tims: Well, when I first got to CTCA in 2010, there was a lot of... Of course, they do all the conventional treatments – surgery, radiation, chemo. But a big piece of that model was the so-called integrative or supportive services – nutrition, naturopathic medicine, chiropractic, massage, spiritual, mental/emotional support. I mean, really rounding out that whole kind of holistic cancer approach. And I was all in. I loved that. Like I said, that's what I believe is the real, true, best answer for cancer, to bring all that together. Financially, back then, I think they were able to justify having all these services on board because these aren't things that

patients were paying for. So, it was kind of, "Hey, we're making enough money doing all the conventional therapies and approaches that we can differentiate ourselves by having all these other supportive, integrative services on board."

Chris: Like what?

Dr. Tims: Like naturopathic medicine and nutrition and all those things I just went through. So, I would say that amongst the naturopathic medicine umbrella, there weren't as many therapies offered as most naturopathic clinics that are geared towards cancer care typically offer. Things like IV vitamin C, mistletoe therapy, more direct anti-cancer type therapies. As opposed to things that help mitigate side effects and so forth. So, even then, I feel like it was a little bit more watered down, as far as the integrative services go. But it was still nice because there was an emphasis there. There was this emphasis on this holistic approach. But like I said, as time went on and things changed and reimbursement went down, all of a sudden you started seeing all these services drop off. And lots of layoffs. And the model started shrinking back closer to what you see at an MD Anderson or a Memorial Sloan Kettering, where all that stuff is there, but it's kind of like an afterthought.

Chris: Well, I talk about this in my book. There were some significant changes that were made to oncology billing. With regulations. And basically, the federal government realized that, at one time, private practice oncologists were making up to two thirds of their income from the profit off of chemotherapy drugs. And large institutions were also making large profits off of chemotherapy drugs. Well, there was a conflict of interest, financially. And a lot of folks don't realize this, but the cancer industry is the only segment of the medical industry where doctors are making a profit off of the drugs they prescribe. If you go to your primary care physician and they prescribe antibiotics, they don't get a cut of that. They make no money from the antibiotic. You go to Walgreens. You buy it. Walgreens makes a little profit. And that's it. Of course, the drug companies are wining and dining the doctors, and constantly delivering meals to their offices and doing all of this indirect compensation to get them to prescribe drugs.

Chris: But the point is, in the cancer industry, the chemo drugs are marked up by the clinic. And there's a big profit. But these regulations were passed, which sort of clamped down on the profitability of chemo drugs. And so, I think that's what you're referring to. Right? So, all of a sudden, with CTCA and all these other places, their margins got kind of squashed. And then, that hurt their bottom line and their ability to offer a lot of the integrative services they were offering. Right?

Dr. Tims: Yeah. Exactly correct. At the end of the day, CTCA and a lot of these big cancer centers are for profit organizations. And they're answering to shareholders. And they have boards of directors. And all that other stuff

is nice. But at the end of the day, if they're not making money, it's not justifiable for them.

Chris: Yeah. And obviously, everybody's got to make money. No one should work for free. But there is definitely a problem when an organization gets so big, it just becomes this giant alligator that eats money, and you have to keep feeding the beast. And I think that's when patient care really suffers. When you've got all these people in positions of management and whatever that are trying to increase the bottom line. And all they're thinking about is the dollars. And the doctors are thinking about the patients, but the doctors are sort of answering to the administrators who are just thinking about the bottom line. And yeah. That's where medical care really starts to break down, in terms of the quality that patients get.

Dr. Tims: Yeah. We got to the point, shortly before I left CTCA, where it seemed like there was just as many administrators as there were people actually delivering care. And so, that balance alone kind of tells you where the shift of the focus goes.

Chris: It got bloated. My criticism of CTCA over the years... And I don't want this to turn into a CTCA bash session. But it's just from my perspective, and also the feedback that I've heard from a lot of patients... And I'm asked about that organization often. Is that they tend to sort of use the complimentary and alternative as a bait to get people in the door. They use it in advertisements and things. And people think, "Oh, they do alternative therapies there. And complementary and natural medicine." And they get in the door. And then, they say, "Oh, well, yeah. We do those things. But you're going to need chemo." And that is the reality. That's what happens every time. Pretty much.

Chris: Okay. But moving on. So, obviously, things changed. It started off pretty good. And over time, you decided to leave. And now, you're at Riordan and you're doing different things. I'd love for you to talk about the types of therapies that you are doing, and why you're doing them, and how you're seeing them help people.

Dr. Tims: Yeah. And just to back up a quick second, I do want to say that I think CTCA is world-class when it comes to diagnostics and world-class when it comes to coordinating care. I mean, they're really good at the conventional stuff, too. Let's not leave that out of it. Okay. And so, again, I didn't want it into a "let's bash CTCA" kind of interview. But I was honest with the upfront stuff, and I want to be also honest that they do deliver really good care still. And I still send patients there, and I still have a great relationship with a lot of the doctors that work there. So, I just wanted to say that.

But as far as my transition to the Riordan Clinic, I just couldn't really ask for a better second chapter to my career, so far. Of course, you know, having interviewed Dr. Ron Hunninghake before, it's just a world class

institution. Riordan Clinic's been around since the seventies, when Dr. Hugh Riordan started this clinic – sort of the godfather of orthomolecular medicine, and most notably his research on IV vitamin C. So, I've learned a lot. I brought a lot of my expertise that I learned in the hospital setting here, which I think they were lacking a little bit of that, as well.

So, I think it's been a really good relationship where Dr. Ron and some of the other people that have been here doing their thing have helped me move myself forward. And I've helped them, sort of, see how we can continue to bridge these gaps that patients are finding when they are diagnosed with cancer. Because there's so much information out there. And it's, "Do I do conventional medicine? Do I just do alternative medicine? How do I bridge the two together?"

IV vitamin C is really, I think, just a great sort of entree for patients to really discover the power of how you can synergistically use both sides of the cancer model. Because IV vitamin C is not something that you get from an herbalist or a nutritionist. You have to have medical training to do IV vitamin C. Okay? And so, it's a way in which we know we can utilize this highly active compound that can help cancer patients, not only with their side effects, but also to fight their cancer. And oh by the way, it's very, very safe. So, I think IV vitamin C is one of those therapies that, outside of a few types of chemotherapies or a few issues with kidney function, you can always make a case that you're bettering a cancer patient's overall state by giving them IV vitamin C

Chris: Explain why. What is it doing in the body that's beneficial?

Dr. Tims: Well, we're still actually learning new mechanisms of action from IV vitamin C. It's great. The old justification, from a mechanistic standpoint, was that if you reach a certain millimolar concentration of vitamin C in the blood (which you can only do intravenously, you can't do orally), then you get this rapid generation of hydrogen peroxide in the bloodstream, which, again, acts almost like a selective chemotherapy towards cancer cells. Because they lack the enzyme catalyst that breaks it down. Whereas our healthy cells, the hydrogen peroxide, even in a large amount, doesn't bother them because they have the enzyme and the machinery to deal with it. So, that was the first reason IVC was advocated for by Linus Pauling and Ewan Cameron and all these forefathers of it. And even Dr. Riordan.

But what we've also learned, with continued research (some of which the Riordan Clinic has contributed to), is that there's even further benefit. We're blocking angiogenesis. You might've heard that term before, where cancer cells are able to put out signals to develop new blood vessels, which of course allows them to grow and continue to get stronger and larger. That's a mechanism by which IV vitamin C has been shown to work. We know that decreasing inflammation in the body is also another

mechanism by which IV vitamin C works. And then, one of the really cool mechanisms that we've learned is that....

You and your audience are probably aware that we've got different types of cancer cells. We've got sort of cancer stem cells, and we've got more like the offspring cells. Right? And we know that chemotherapy's great at mopping up the offspring cells, because they're usually only being driven by a certain mutation. The cancer stem cells are where chemotherapy tends to fall short. And this is why a lot of advanced stage cancer tends to recur. If you don't get those cancer stem cells addressed – either through a surgery or through other therapies – they tend to become resistant and resilient and come back. And oh, by the way, they've mutated and they no longer respond to the treatment you hit them with the first time. So, some researchers in Japan found out that some of the DNA mutations that allow these stem cells to become cancerous...we don't necessarily have to kill these cells. We can actually rehabilitate them. We can actually help them to become healthy adult cells again. Which really kind of shifts the whole frame of how we look at cancer, I think.

Chris: Yeah. Reverting them back to a normal cell.

Dr. Tims: Yeah. At one point, these were your normal, healthy cells. They went awry. They went rogue at some point, because of too much oxidative stress, too much toxic build-up, too many DNA mutations, too much mitochondrial dysfunction. And they found the only way they can survive is by converting their machinery to this cancerous state. So, it's kinda like the bad teenager that ran away and joined the cult. Right? It's like, we want to bring them back. We want to try to bring them back, rehab them, and turn them into healthy adults again. So, this research out of Japan tells us that we can actually influence and impact these underlying DNA mutations to rehab these cancer stem cells.

Chris: Yeah. So, something that I encourage cancer patients to do, that sounds very woo woo, is talking to your body. And so, this kind of goes along those lines of talking to your body and talking to your organs and talking to the cancer cells, and just telling them to be well. Like, "Be well. I love you. You're my cells. You're part of me. Be well." So, it is. It's like you're talking them back off a cliff. Right? "Come out of the cult!"

Dr. Tims: Exactly. And so, I love helping patients make that connection, too. And I think that also helps them with the mental/emotional aspect of things. Because it's not always a war. It's not always, "Hey, we've got to come out guns blazing and kill everything." There's a rehabilitation process to it, as well.

Chris: Well, I completely agree. And I've never liked the... I mean, the battle and war and fight analogies are useful. But I've never liked them, because these are your cells, it's your body, it's your DNA. I mean, you can't really

fight yourself. That doesn't make sense. The goal is to heal it. It's not really to kill it. Cells die. That's part of life. That's normal. But yeah, it's not about fighting yourself. It's about healing yourself. And so, I appreciate you bringing that up. And I know there's ongoing vitamin C studies at several universities and all over the world.

Dr. Tims: Yeah. Just some really exciting stuff going on.

Chris: What's some of the latest things that you've seen and learned about it that you're most excited about?

Dr. Tims: Well, not far north of us here in Kansas City, the University of Iowa has really kind of taken up the reins as a leader with IV vitamin C research. The University of Kansas was doing a lot of that, until recently. And the University of Iowa picked up some of the grants that they had in the pipeline. And have kind of taken that and run with it. Cornell University is actually doing some interesting research with colon cancer and specific mutations, combining IV vitamin C with other novel compounds, chemotherapy agents. And again, I think that just speaks to more of this synergy that we need to have. I tell patients that IV vitamin C alone is not enough.

Chris: It's not a standalone cancer cure.

Dr. Tims: It's not a standalone. It's an adjunctive treatment. And it's best to use alongside other therapies, whether those are conventional or maybe more integrative therapies.

Chris: Well, for those that don't know my story, I had IV vitamin C treatments. I lost count. Numerous.

Dr. Tims: They add up.

Chris: Yes. They add up. And, again, it was just... That was really the only integrative treatment that I had, that was available to me. You know, I took a lot of nutraceuticals and herbal therapies and different things. And when I say integrative, like actually an IV-type therapy in a medical doctor's office. That was the only one that I did. And, like I said, had access to in Memphis, Tennessee. And I can't say that it cured me. I can't even say that it helped me. But if you look at the research, I am sure it did.

The other thing that I'd like to throw in there about vitamin C is, if you're going through chemotherapy, chemotherapy creates catastrophic levels of oxidative stress and free radicals. I mean, the point of chemo is oxidative damage. That's most chemo drugs. That's how they kill cancer cells and harm healthy cells. It's through oxidative damage. And so, your body is trying to fight the oxidative damage. Every day, your body is trying to cool down inflammation and protect itself. And it uses

antioxidants. Everybody's heard of those. Antioxidants neutralize free radicals, which are oxidants. So, I'm saying all that because a lot of advanced cancer patients or patients that have been through a lot of chemo basically have scurvy. Their vitamin C is depleted to almost zero. Right? Because their body has been using it up, trying to fight all the oxidative damage.

Dr. Tims: And we've lost our ability to make our own.

Chris: Right. You've got to get it from food. And the little tiny bit that your typical cancer patient is getting from food, if they're eating the standard American diet... I mean, it's used up like that.

Dr. Tims: It's hardly any.

Chris: Right. I mean, it's literally just not enough to help them. And so, then they end up deficient. And literally, they have all the symptoms of scurvy. They probably have scurvy. But it's so easy to turn around with vitamin C. And then, the high dose and IV, to me, that's this other really important benefit. It's just helping the body recover from the damage of chemo. But it also, like you said, there's some synergy there. It's not like it makes the chemo ineffective.

Dr. Tims: No. I try to tell patients that you've got sort of two things going on with cancer, even though it's all inside the same body. But you've got the cancer, then you've also got the human that has the cancer. And the nice thing about vitamin C is it does things to kind of bring the cancer down. But it also, at the same time, strengthens the human that has the cancer. And so, whether that's strengthening the immune system or repleting needed nutrients and resources (like antioxidants), or decreasing the inflammation and the other burden of what's going on. Because while I do see cancer patients where they're completely healthy otherwise, usually there's other things going on in the body, as well. Whether they've got a chronic infection or they've got snips that aren't allowing their body to detox well. Or they've got an auto immune condition. The nice thing about IV vitamin C is it's a little more agnostic, when it comes to the ways... Yes, it has specific mechanisms that it helps to block cancer cell growth, and rehab those cancer stem cells. But it's almost like it's an extinguisher for any sort of fire in the body, too.

Chris: That's awesome. You mentioned snips. And so, that makes me want to ask you... I'm assuming that you are doing DNA testing on patients to figure out where they have mutations, deficiencies, individualized issues that need to be addressed.

Dr. Tims: Yeah. 100%. You know, I think a lot of the talk around genomics and genetics with cancer, at least on the conventional side, is more about like, "What are the genetics and genomics of the tumor?" Which is almost a completely different cell line, at this point.

Chris: Because they're trying to figure out how to exploit them.

Dr. Tims: Sure. And to find a druggable target. Exactly. And that works, when you've got those offspring cells that are being driven maybe by one mutation. But we're trying to get more to the root of why these cancerous stem cells, the original problem, what caused that? So, the genetics and the genomics and the epigenetics of each patient, that's that breadcrumb trail that helps us understand why you got cancer in the first place. And was it a problem with detox pathways? Do you have a malfunctioning p53 gene? Is your MTHFR involved? Most people's is, to some extent. We see that a little more closely with some types of cancer, particularly breast and ovarian. And then, just as importantly, how do we mitigate that? How do we support? Because everybody has snips. Just through the process of evolution and our bodies being exposed to the environment, you're going to have mutations. Those mutations aren't always set in stone. We can influence our genes and our genome through our diet and our lifestyle and our environment. But people need someone to help them walk through that and figure out how to do it in a real strategic way.

Chris: I think it's so important to... It's kind of like, you need to know what your problem is. If you don't know what your problem is, you can't solve it. Like there's no way to know. And I love the genetic research component, because it really... Everybody wants to know why they got cancer. And there are reasons. There are explanations. You know, we know generally almost every cancer causer on earth. I talk about most of them in my book. But we know what's causing cancer. But on a unique specific person to person level, that's where genetics can come in and even paint a more detailed picture. And so, what you mentioned before, detoxification pathways, MTHFR, p53. Are those the most common you see? Or are there any others that are common?

Dr. Tims: Those are the most common. I mean, there's some more on the genetic side. Of course, the BRCA gene and things like that play in. But I would say, as far as things that I'm looking at more as, "Hey, how do we influence this with our diet, our lifestyle strategies, our supplements, our therapies?" those are probably the top three. But I really, honestly think we're just scratching the surface with that.

Chris: Yeah. I know. I know it. I'm excited about the future. About future epigenetic research and unlocking the mysteries of the human genome.

Dr. Tims: You know, these aren't conversations that are happening in an oncology office.

Chris: No, no. And the tragedy is that most patients say, "Why did I get cancer?" And the doctor says, "Oh, well, it's probably just bad luck. Or it might be genetic." But that's as far as it goes. Right? Like, "Oh, we did the test. Do you have the BRCA gene." And it turns them into a powerless victim.

They become a victim. "It's nothing you did. It's not your fault. And you have no power to help yourself. You just need to show up for treatment and cross your fingers and say your prayers." And this is why I love what you're doing, and other integrative holistic minded doctors, because you're looking at the big picture of the whole person and trying to peel the layers and get to the root causes of their diseased body. Their sick body.

Dr. Tims: I make it a point to ask all my patients, "Why do you think you got cancer?" And the look on their face is 9 times out of 10, it's like they just got hit with a stun gun. No one's ever asked them that. They may have thought about it, but not in a setting with a doctor. And it's very interesting to hear some of the responses.

Chris: Well, I know stress is a common response.

Dr. Tims: Stress comes up a ton. Of course, a lot of talk with diet. But sometimes there's more talk about emotional toxicities – loss of loved ones, grieving, and things that weren't worked through on that side of things as well. And so, there's even literature on this where there's a high probability of within 18 months of a cancer diagnosis that there was some sort of emotional or physical trauma to people. And so, that's part of my initial interview with my patients, trying to understand that piece of it too.

Chris: I call it the cancer trigger. It's that traumatic event loss of a loved one, a death, a breakup, or even losing your job, losing a business, losing a home. It could be death of a pet. I mean, as trivial as that sounds, it can be really, really traumatic for folks. So, I'd like to ask you, this is really getting kind of granular, but if someone has an MTHFR mutation, how do you address that? What's your recommendation for them?

Dr. Tims: Well, they need methylation support. That's our methylation cycle.

Chris: What does that look like?

Dr. Tims: So, there's dietary approaches, obviously. Eating more green leafy vegetables, which usually that's one of the things you're getting them to do anyways. But you overemphasize that. Because you're like, "Hey, you got this MTHFR gene. You really need to be pushing the green leafy vegetables."

Chris: Lots of folate?

Dr. Tims: Yeah, exactly. And then, there's specific products that we use that have kind of a nice blend of all the methyl factors – whether it's B vitamins, trimethylglycine, cocuten, SAME. All those types of things that can help with methylation support. So, yeah, it gives us a little bit of a blueprint there. And then, we also know that it's not something that's set in stone. Like I said earlier. I've seen MTHFRs completely switch. When patients

start to adapt/adopt some of these diet lifestyle changes and nutrients that their body's lacking, their enzyme activity can change. I've seen it change 40% within a six-month period. So, that's another great illustration that these things are not set in stone.

Chris: Yeah. That is fantastic. So, can we talk about some of the other therapies that you do? Like mistletoe, things like that?

Dr. Tims: Sure. Yeah. I've had kind of a love affair with mistletoe. No pun intended. I know most people think about the ceremonial plant – the kissing plant. But I came across mistletoe probably six or seven years ago through a patient encounter. Basically, an advanced stage pancreatic cancer patient was doing really well. And through the history taken, I think the mistletoe is really what kept him going. But I traveled to Germany, which is kind of where mistletoe started, and learned from some of the clinics over there, and have been doing it ever since. And it's kind of like vitamin C.

I think you could always make a case for using mistletoe with active cancer. It's truly an immune therapy. There's lots of these immunotherapy drugs that are out now. But mistletoe was kind of the old school immune therapy. And it just increases the body's immune system's capacity to deal with cancer on its own. And it does that through increasing, of course, specific types of white blood cells. Inducing fevers. But that's oftentimes, for some people, their biggest challenge not only during treatment, but long term: "How do I get my immune system back on board?" Because either that was the original problem with why they got cancer, or as a byproduct of going through chemo and radiation, now they're left with an immune system that's suppressed.

Chris: Yeah. I think it's both because I feel like a person's immune system is really the difference between tumors and no tumors. And there's a lot of things that suppress your immune system. Toxicity, like you said. It can be genetic issues. Stress is a major immunosuppressant. Pharmaceuticals. I mean, tons of people are taking multiple pharmaceutical drugs prescribed by their doctors for other chronic conditions. And those drugs are immunosuppressants. And probably one of the biggest and least understood contributors to cancer is obesity. When I say least understood, I mean, least understood by the public.

Obesity is the second leading cause of cancer behind smoking. And a recent revelation that really blew my mind. I think this research came out last year. Which was that when a person is obese, their immune cells are also obese. The immune cells take up those excess fatty acids and become bloated and slow and sluggish. And you do not want a slow sluggish immune system. This is an army, right? So, it's like an army... Not fat shaming here, but nobody wants an army of fat people. Right? They're not going to be very good fighters. So, you want them to be lean

and strong and healthy. And so, again, this is one of the ways that obesity contributes to cancer. Like I said, it's the number two cause. This immunosuppression.

Dr. Tims: Correct. Yeah. And I wish I could say, "Hey, do these mistletoe injections and your immune system will be 1000%." But that's usually one of my therapies that really is a go-to for getting the immune system going. But there's so many other pieces, like you said. It doesn't replace exercise and weight management and eating a healthy diet. But it does give the immune system that nudge to get moving in the right direction. And particularly, during and in that 6 to 12 months after any sort of chemo, mistletoe is huge. It's a must, in my opinion. I think we're seeing now... You talked about some of the IV vitamin C research, but there's some exciting trials with mistletoe going on at Johns Hopkins right now. And I think we're just maybe a year or two away from this thing really getting some momentum behind it.

Chris: My friend, Ivelisse Page, who you also know, is largely responsible for these mistletoe trials. She's a Stage IV colon cancer survivor. Mistletoe was a big part of her therapy and the reason that she believes that she is alive today. And she has spent, I don't know how many years now, but many years – five years, eight years. She created an organization called Believe Big. They've been fundraising to fund clinical trials on mistletoe. Now those trials are getting going. Yeah, it's exciting.

Dr. Tims: Yeah. So, doctors like me and clinicians that have been doing this for years, it's like, "Okay, we're finally going to get that science done." And this is the way natural medicine always works. Right? There's like this long period of clinical experience with medicines. And then, it's almost like backwards in the way they do drug development, where they start in the lab and then move towards clinical use.

Chris: Natural medicine uses people.

Dr. Tims: With natural medicine, we start with the clinical use and we realize it's safe and people get experience using it. And then, we go back and we fill in all the scientific gaps.

Chris: Right. Well that's like the history of natural medicine since Hippocrates. Right? Hippocrates and everyone since have known that nutrition and certain natural compounds and things are beneficial, but not known exactly why or how. They just knew they are. And so, right, science is catching up to the real-world experience of practitioners.

Dr. Tims: Yeah. And the science is nice. And it's always great to understand, on a cellular biochemical level, what's going on in the body. But from the mainstream side, it's almost like unless there's a randomized control trial showing that green leafy vegetables are beneficial or exercise is helpful, they won't put our stamp on that yet. So, that's frustrating sometimes.

But nonetheless, the studies are happening and we're moving forward. We're persevering. So, mistletoe's a great therapy. We do a lot of other things here at the Riordan Clinic. Of course, like you said earlier, we're always trying to find those root causes and address those. But other more direct therapies that we do here, things like ozone.

Chris: Why ozone?

Dr. Tims: I like Dr. Frank Shallenberger's take on it. Anytime you have disease, you have a lack of oxygen. Okay? Ozone is a super oxygenator. It oxygenates tissues. If you can get it into the right tissue where there's a lack of oxygen, you can change that whole landscape.

Chris: Ozone is three oxygen molecules bound together. O₃. Right?

Dr. Tims: Exactly. Exactly. And so, along with that oxygenation factor, it also kills a bunch of stuff. It also kills a bunch of pathogens. They use it to sterilize equipment. And a lot of dentists use it during their procedures. And so, oftentimes, if we find cancer patients that have an underlying stealth infection – like Lyme or chronic EBV or mold or something like that – the ozone is a great complement to whatever other treatments they're doing, because you're almost getting this sterilizing or purifying effect of any pathogen as well.

Chris: I'm glad you brought that up because chronic infections like you mentioned – bacterial, viral, parasitic – also suppress the immune system.

Dr. Tims: It all comes back to the immune system.

Chris: It all comes back to the immune system. And so, yeah, sometimes the only way to fix the problem is to kill off a viral infection to get that under control. Now, how do you administer ozone?

Dr. Tims: We administer ozone pretty much every way it can be. There's lots of applications for ozone. There are injections into the joints or small spaces. A lot of people are familiar with major autohemotherapy, which is basically diluting the patient's own blood with ozone in a saline bag, and then delivering that back into the patient. I don't like to use the analogy of a vaccine, but you can kind of think of it that same way where you're exposing some of the patient's blood to ozone in this confined environment, which has kind of an effect. But then, the results of that effect are being sent back as a signal into the body. And so, whether that inoculates the immune system a little bit, or you get oxygen obviously into there as well, the blood is further oxygenated. But there's a multitude of effects that happens. It's very safe. And it's another great adjunct that can be added to most other therapies that patients are going through.

Chris: Do you do ozone saunas?

Dr. Tims: We advocate for them. We don't have them on site. But I'm a big fan of sauna, in general. And if you can add ozone into the sauna, why not? Because sauna or any sort of hyperthermia is going to also increase circulation, it's going to open things up, it's going to put pressure on cancer cells. And then, if you're able to get ozone in through that same process, it's almost like this entourage effect.

Chris: Yeah. That makes sense. What other therapies do you like and see benefit in?

Dr. Tims: Well, another area that I've gotten into is this idea of a metabolic approach to cancer. And there's lots of pieces to that. But a piece that maybe we could talk about would be these repurposed drugs. There's a book called *How to Starve Cancer* by Jane McLelland.

Chris: Yeah, I've interviewed her.

Dr. Tims: And it's not always with medications, but utilizing certain herbs or drugs that can block metabolic pathways by which cancer cells uses to grow. And so, I've kind of adopted a strategy of utilizing certain off-label drugs with certain tumor types. I definitely go what matches up. It's very individualized. But I've seen a lot of my patients that really have just gotten over a hump by adding that piece into their overall treatment plan. And also, I've had patients that have not had a lot of side effects from those drugs. I think there's an artful way to do it and a safe way to do it. You've got to be mindful of drug interactions and things like that. But that's another piece that really excites me. And I think there's way more to learn in that role as well.

Chris: Yeah. So, which drugs? Metformin? Lovastatin?

Dr. Tims: Yeah. Again, it really depends on the tumor type. There's like a base package of four drugs with metformin, a statin medication, doxycycline, and mebendazole (which is an anti-parasitic). And there's an outfit called COC, or Care Oncology, that has some research around that four-drug protocol. But the list, I mean, you've talked to Jane so you know. But the list for potential repurposed drugs or nutrients is 20-30 long.

Chris: Dozens. There are dozens of drugs. There could probably be hundreds. I know. There's an effort to now go back and revisit every drug ever to see if they have some kind of anti-cancer mechanism. And how that would fit into a puzzle. It is challenging with drug research, because you've got drug interactions. You've got access to drugs as a challenge. Doctors have to be on board to be able to prescribe them in the right doses. And it's a very complicated approach. But when you compare that to the standard of care now, which is chemotherapy, the risks are an order of magnitude lower, at least, in terms of risk of death or serious side effects

and immune system destruction and things like that. So, yeah, I interviewed Jane because I've been following this for years actually – her and that research. And I was very leery of it because I'm like, "Ah, pharmaceuticals. I don't know if I want to get tangled up in the pharmaceutical world." But I think there's some value to it. And there's definitely some wonderful testimonials, including Jane's, of folks that have been able to get their cancers under control and get into remission and carry on.

Dr. Tims: Yeah. There's still a lot to learn. But I'm learning new tricks and new hacks every day with my patients. And luckily for me, a lot of my patients come to me and they're willing to try these things. They're willing to think outside the box.

Chris: And it's low risk.

Dr. Tims: And it's low risk. I'm not a big risk taker, obviously. When it comes to my patients and their health, the last thing I want to do is add more insult to their system. But when you go back and you read about Warburg effect and you read about these underlying cellular machinery issues... And whether it's an herb or nutrient or drug, to me, it doesn't matter. It's all about, is this going to put pressure on your cancer cells so that whatever else we're doing is going to make them more susceptible and weaker?

Chris: Yeah. Makes sense. So, we've got a few more minutes here. I'd love to know what you tell a cancer patient. What do you tell every cancer patient right upfront? What are the most important things they need to know, assuming they don't know anything?

Dr. Tims: Yeah. And a lot of my patients are already well read and well researched and know a lot about this. But some of them are very much just sort of deer in the headlights. For me, it's all about the relationship and making a connection with my patients. I hope that my patients look at me as someone they can trust, that doesn't really have any skin in the game or any bias towards natural medicine versus conventional medicine versus whatever. I've seen both sides. Okay? And I realize that there's benefits on both sides. And so, I think that approach just really comforts patients. They know that I know what their oncologist is doing. I know what I'm doing. I know how they work together. And so, that gives them a lot of trust and confidence in me, hopefully.

And I also tell them that my ultimate goal is to get to where your body can take care of itself. Again, just because you have cancer does not mean that you can't get back to that point where your body can take care of itself. I mean, you're a shiny example, obviously. And I've had lots of patients that have had those results, as well. And so, it's just about instilling hope. Patients don't get enough hope. And it's not false hope. It's, "Hey, look, we're going to put together a plan. We're going to learn as much as we can about your cancer. We're going to do whatever tests

need to be done. And we're going to get a game plan together. And at the end of the day, we'll give it our best shot and see where it goes." And I think patients just really enjoy having that transparency. Because they don't get that transparency on the other side.

Chris: No, they don't most. Most patients, unfortunately, just feel like a head in a giant herd of cattle. I mean, you go in the clinics and there's just hundreds and hundreds of people coming in and out every day. And as my friend Dr. Pam Wible says, I'll paraphrase her, it's conveyor belt medicine. That's what it is. And it's hard to get individualized care. And my sympathy is for the doctors, as well, because they're trapped in a very difficult system. I mean, it really stinks to be a doctor working for a giant medical corporation, because they only have a few minutes with each patient. They're working super long hours. There's tons of stress. There's tons of liability. They don't have the freedom to do what you do and what Dr. Ron does and what so many other integrative doctors are able to do.

And I just want to applaud you. Thank you for stepping out, for being courageous, and really caring about do no harm medicine. There are not enough doctors that do. But it's growing. That's good. And for taking the time to really get down and dirty with your patients and understand their health challenges, the root causes, and to walk them through that. That means a lot to me, as a former patient. I had some practitioners and a medical doctor that cared about me in that way. And it meant a lot to me. So, it's been a thrill to do this interview. Thank you so much for your time.

Dr. Tims: Thank you, Chris.

Chris: Where can people find you?

Dr. Tims: So, yeah, I have a full-time practice at the Riordan Clinic – riordanclinic.org. So, you can find me, and all that I do and all that we do at the Riordan Clinic on our website. And then, we also have a YouTube channel. So, we have lots of presentations and educational materials on our YouTube channel as well.

Chris: That's good. We'll link to those things in the show notes for everybody watching on YouTube or listening to the podcast. Just click through the show notes for links to Dr. Tims. Now, there's multiple Riordan locations. There's Wichita. You're Kansas City. And there's a third one?

Dr. Tims: Yeah. Out in Hayes, in the Western part of Kansas, Dr. Dustin Moffitt runs that clinic out there for us. And so, yeah, we've kind of franchised.

Chris: There you go. Midwesterners, you've got some options.

Dr. Tims: We're looking to continue the Midwest domination.

Chris: Well, bring one down to Memphis, man. It's a black hole down here.

Dr. Tims: We talked about Memphis. I love Memphis. I'd love to come back there. So, the other spot to maybe catch me at is on Instagram @drlucas.

Chris: Cool. We'll link to it, for sure. Thank you so much, Dr. Lucas Tims. It's been a pleasure. Thanks for watching everybody. Please share this interview with people you care about. Repost it on Facebook, social media, wherever. People need to understand that they have more options than they realize. That there's a whole world of nutrition and holistic medicine – natural, non-toxic, do no harm treatments – out there that are powerful. And we just need to spread the word. I need your help. We need your help spreading the word, so that the world knows that they have options. So, again, thanks for watching everybody. Thank you, again, Dr. Tims. We'll see you on the next one.

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