



DR. PATRICK QUILLIN INTERVIEW

Nutrition and Cancer Expert, Author, and Physician

By Chris Wark

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Hey everybody. It's Chris. Today I am hanging out with Dr. Patrick Quillin. He's an internationally recognized expert in the area of nutrition and cancer. He has 30 years of experience as a clinical nutritionist, 10 of which were spent as the Vice-President of Nutrition for Cancer Treatment Centers of America, where he worked with thousands of cancer patients in a hospital setting. Dr. Quillin earned his bachelor's, master's, and doctorate degrees in Nutrition, is a Registered and Licensed Dietician, and is a Certified Nutrition Specialist with the American College of Nutrition. His 17 books have sold over 2 million copies, including *Beating Cancer with Nutrition* and *12 keys to a Healthier Cancer Patient*. He also edited the textbook, *Adjuvant Nutrition in Cancer Treatment* and organized the first, second, and third International Symposia on Adjuvant Nutrition in Cancer Treatment. His website is GettingHealthier.com. GettingHealthier.com. Easy to remember. I first stumbled across Dr. Patrick Quillin a few years ago. Somehow, I came across his book. It might've been on Amazon or somewhere, *Beating Cancer with Nutrition*. I was like, "Who is this guy?" And I bought the book, and I was like, "Wow, this guy is great." We ended up meeting in person at a live event a few years later, and I've been a fan ever since. We've spoken at multiple events together. Dr. Quillin, it's great to see you and great to have you on.

Dr. Quillin: Thank you. Thank you for sharing your viewers and listeners. Chris, you've done an incredible job, a voice of sanity in a sea of insanity. 12 or 14 million cancer patients in the pipeline in America today. And less than 1% are getting, what I would call, true, comprehensive cancer treatments, such as you advocate in your book and in my book. So let's see if we can share some rational approaches to cancer treatment and prevention in your show.

Chris: Yes, sir. I'm excited to hear what you have to say. We're both on the same team trying to move the needle forward, trying to reach and empower patients with actionable information that they can use to help themselves. There's a lot of places we could start. What spark happened in your life where you realized there's something wrong with cancer treatment? Something's missing. Obviously, you had studied nutrition, maybe, before you got into cancer. But what was going on in your life around that time?

Dr. Quillin: Well, I'll make it very brief, Chris, less than 30 seconds. As a child, I was always interested in, "What makes it tick? What's under the hood? How does this thing work?" Four years in a row, my parents gave me a watch, and I took them apart, wanting to see what was inside. Couldn't get them back together, but I did take them apart. One year, when I was about 10, I went out on a rainy day. Nothing malicious, but I took my father's razor and cut open an earthworm to say, "What's inside here? How does this tick?" And from that, I went to Notre Dame

for two years, studied pre-med, and realized that drugs and surgery, while they are useful in emergency rooms, do not change the underlying cause of the disease. So I transferred, ended up with a bachelor's degree at San Diego State in Nutrition. And nutrition makes sense.

And so I marched on. I taught college nutrition. I worked at LaCosta, the Scripps Clinic, and worked with the USDA. I found, probably, the most disenfranchised, the most neglected group of patients in America, are cancer patients. When you talk about heart disease, some of the most noteworthy physicians who advocate nutrition were cardiologists. Mehmet Oz. Dean Ornish. I could go on. Many of them were cardiologists. He realized open-heart surgery doesn't cure anything. I need to get into this patient's lifestyle and diet. However, cancer is a whole different story. What you have is about 20,000 board-certified oncologists in America, and they're basically trained in maximum sub-lethal chemo and radiation. We're going to kill the cancer and hopefully not you. They ignore nutrition with the attitude of, "At best, nutrition is useless. And at worst, it's neutralizing the benefits of chemo and radiation."

So the 14 million cancer patients in this country suffer greatly. And 40% of them actually die of malnutrition. So in 1989, I moved in with Cancer Treatment Centers and realized that I could do a great deal of good there. The patients were eager for knowledge. It's fascinating, Chris, that you tell somebody who is 30 years old that, maybe, having 6 Cokes a day and being 50 pounds overweight isn't good for them. And they say, "Call me later." They think they're invincible, immortal. But you get someone who is 60, with a diagnosis of Stage IV cancer, and they've got, maybe, a year to live, suddenly they're very attentive. They're good people. And I've found it a very receptive audience. And I've helped a lot of them with my books. And so have you. So it's been a very rewarding past 30 years in focusing on nutrition and cancer.

Chris:

It's really interesting to me that you had that revelation so young, as a pre-med student. I feel like that is something that pre-med students might have a revelation of today, with the widespread knowledge of healthy eating, organic food, and plant-based eating. This is not a knock on your age, but this was a long time ago, when you were in pre-med. How did you arrive at this conclusion? What was the turn off? Because, as you know, most people in college are told something. And they're like, "Okay, this is how it is. I'm just going to keep trying to memorize as much as they tell me and just get to the next course."

Dr. Quillin:

Well, it's a revelation and epiphany. For me, it was always basic logic. Drugs will palliate symptoms, and that's wonderful. Many people need them, but they don't change the underlying cause of the disease. And a strange example, let's say, you're driving. You're in your car, and the red light comes on in your dashboard. And it's annoying. And you're saying, "Well, I'm going to put some tape over it." Now you don't have to see the red light, but the problem is still there. And most medication does exactly that. It will palliate the symptoms. It's not annoying right now, but the problem escalates. Basically, what you put into

the equipment... What we are is what we have consumed over a course of a lifetime. I had the benefit of having many mentors.

Jeff Bland for instance, is a very good guy, a bright PhD in functional medicine, one of the co-founders. And Jeff told me he was in medical school, actually on an MD/PhD program. And they said, "You know, you asked too many questions. I don't think medicine is for you." So he finished his PhD and has made a big impact, more so than many medical doctors. The point is, I'm not against medicine. I am in favor of using the right tool at the right time. So for instance, think of a toolkit. You're bringing it throughout your house, trying to fix things. If the only thing you had was a hammer, you can't fix a lot of things. And so, nutrition is one of those important tools in your toolkit. Unfortunately, many patients in America are severely malnourished. And the main tool that people should use, frontline therapy, is nutrition.

We're talking about excess deficiency or imbalance of any given nutrient can lead to an assortment of diseases. And what they used to look at is frank, clinical deficiencies. Nutrition was built on the back of scurvy. Basically, in the 1700s, sailors would sail the world, and they'd eat nothing but dried meat, dried bread. And half of them would die from scurvy, which is a Vitamin C deficiency. And from that, the nutritionist said, "Well, unless we can see a blatant, immediate, life-threatening disease, there is no malnutrition." Not true. Now, what we know is, in your case, for instance, you develop cancer in your 20s. It was probably 10 years of bad eating that developed the cancer, not a day or a month. Smoking. It takes 30 years to develop lung cancer. Malnutrition. It probably takes 10 or 20 years of bad eating before you develop a disease. So the old paradigm was, we have to see an immediate, blatant, frank, and life-threatening disease before we call it malnutrition. Not true. There are subtle and many stages before you get to that life-threatening disease. Cancer is one of them. Many people with cancer are actually suffering from a variety of nutritional problems. And I am all on board with you. Plant-based diet is where we start. We can discuss any or all of it. You're the conductor here.

Chris: I would like to discuss all of it, as much as we can cram in. But before we do, I would love to know. You were at Cancer Treatment Centers of America for 10 years. And I would love to know. You're on the frontlines. You're seeing patients every day. You're learning a lot. And I'd love to know what some of the biggest takeaways, the revelations, and the eye-opening stuff that you learned being on the frontlines of a major cancer center. I mean, it doesn't matter that it was Cancer Treatment Centers. It could have been anywhere.

Dr. Quillin: Let me start with the propaganda, brainwashing, or mindset that is put forth in the American public. 330 million Americans right now are dealing with this COVID pandemic. In fact, what they have found, of the 200,000 deaths, 90% of them were old and very sick. They had an average of 3 co-morbidities. And what they found is that using Zinc, Vitamin C, Vitamin D, and Iodine could rescue many of these people, even though they were very sick and very old. So now they come back to the business of nutrition and the American public. What we

are taught is, "Eat whatever you want." Which is immediate gratification. And much of us are like a moth to a flame. You get down an entire aisle in the grocery store and it's nothing but sugary breakfast cereals. You go down another entire aisle, and it's nothing but soft drinks.

Another aisle is nothing but chips. This is all death on a stick, but we're brainwashed into thinking, "Eat whatever tastes good." And when you get sick, you go to the doctor and do exactly what they tell you. So we have this immediate gratification from food, drugs, alcohol, tobacco, and then, when you get sick, you take these medications. Let me give you some numbers. Junk food. Alcohol. Tobacco is about a \$1 trillion a year business in America, alone. Drugs are about a \$440 billion a year industry. So the bizarre paradigm that's used about government is, "What if we paid people to put up this building with windows in it? And then we pay another group of people to throw rocks and break the windows. And we pay another group of people to repair the windows." Does that sound like an economy to you? And what we do, in this country, we spend a trillion dollars.

The biggest advertisers on TV are drugs, junk food, and diet, weight loss programs. So do you think the TV is ever going to have a program like what you and I are talking about, in which we can say preemptive, proactive preventive? You don't have to get that stage IV something. So we have a mindset among the American public that says, "Do what you're told. Eat what you like. Go to the doctor. Take the drugs, and everything's going to be fine." And it isn't. Now I'm going to answer your question. When you said, "What were your experiences frontline?" Many of these patients that I worked with were end-stage, poor prognosis, refractory. They had already failed several therapies. And they're looking at me saying, "Why didn't somebody tell me this stuff years ago?" There was a disbelief.

Sometimes they got angry, sometimes depressed. Many of them got motivated, and like you, they got well. So my whole message is one of empowerment. What I want to do is educate, empower, enlighten people. Right now, we have an 18 Wheeler, a giant semi-truck going down the Cajone pass with the brake shot and the lights out. And that's American healthcare. Healthcare in America is \$3.7 trillion a year. And instead of asking, "How can we lower that budget by improving our health through preventive measures?" They're all saying, "Who's going to pay for it?" Because it keeps going up about 10 to 15% per year. Bernie Sanders says, "Well, it should all be free. You should be able to be 100 pounds overweight. We'll take care of your diabetic care." We need to be a little bit more involved, self-reliant, and personally responsible.

So my revelations in the cancer hospital work, number one: the oncologists. And we had good ones. These were open-minded, as good as it gets. But you've got 20,000 board-certified oncologists, and they are trained or brainwashed with the theory that you take the patient to the therapeutic brink of death. And then you rescue them. And the hope is that we're not going to have too much collateral damage. But you look at the list of side effects from chemotherapy.

It's nausea, vomiting, diarrhea, and hair loss. You're going to lose all of your 3 major cells in the blood. You've got red cells, white cells, and platelets. All of those are depressed to the point where you won't clot. You're anemic. Those are the known side effects of chemo. And the oncologist who distribute that, have the audacity to say, "Don't take any nutrition, or it might reduce the effectiveness of my chemotherapy," which is some sort of sardonic humor, at this point.

But my message is, "We can do something about this." My book, *Beating Cancer with Nutrition* has sold a half million copies. I have had so many people come up to me when I speak at conferences with their dog eared copy of the book and say, "Thank you, thank you. You saved my life." I am very humble about this. The good Lord put some knowledge and some logic into my brain. I've had the ability to write books and spread a good message. But, at this point, I think I'm running at 680 reviews on Amazon and 4.5 stars. And you've got a half a million followers, and I am so supportive of what you're doing. But there is this reality orientation that goes on in a cancer hospital where you realize the 20,000 board-certified oncologists basically scare their patients.

Just saying, "If you don't do what I tell you, you're going to die soon." And so there's this, almost a bullying that goes on. And then most of those oncologists tell the patient, "Nutrition has nothing to do with it. And don't take any nutrition supplements." I could tell you endless stories of patients who I did phone consultations with. I would say, "Do this." They're oncologist said "Don't." And they're dead right on the prescribed 18 months after diagnosis, or something. I'm all about empowerment, optimism, and upbeat. And I think we can make this thing move in the right direction, Chris.

Chris: What do you say the differences are between the patients that listened to your advice, that follow your advice, and those who don't? Because there's a clear difference, right?

Dr. Quillin: Right. Yeah, definitely. There is a fantasy about those who don't listen. There is this fantasy that, "I can eat whatever I want. I'll do what the doctor tells me, and they will cure me." And it is surrealistic. There's a difference between optimism and an inability to accept realism. So for instance, in the oncology literature, there is a book called *The SEER Data. S E E R: Surveillance, Epidemiology, and End Result*. And what it is, is millions of cancer patients have gone before you, Stage I, II, III, and IV. We can look into the book and say, "You've got Stage III B bladder cancer, and the odds are 50/50. You're going to make it to 2 years." And that's what they'll tell the patient. And a lot of these patients have this naive assumption that they're going to be the exception to the rule.

You think about it. You go into a Quick Trip, one of these gas stations, and you buy a case of beer, a carton of cigarettes, and 10 lottery tickets. Now, think about the odds there. The odds are pretty good the cigarettes are going to kill you. The odds are very bad you're going to win the lottery. And these people have a fantasy about statistics and odds. So the patients who did not listen, I

found, had sort of this naive reliance on medicine. The obvious logic is, the doc just told you, you got a 20% chance of living 5 years. You better listen to me. And the ones who do have this more proactive, self-reliant stance, they're going to take care of themselves. They say, "I want to be involved in this." And what I find, Chris, is that Cancer Treatment of America is not unlike going through a carwash.

You sit in the car, and everything's done to you. You don't do anything. And that's what cancer patients think. "Somebody is going to do this to me. And I'll end up at the other end of the carwash, healthy. Too often, that's not the case. A 5-year survival for cancer patients is not much different than it was 50 years ago when we started the war on cancer. So that naive reliance on medicine leads to many of the downfalls. The other is the people who become empowered and say, "I want to be a part of my recovery. I like the sense of being proactive." Those are the ones who do better. And I don't say that nutrition cures cancer by itself. What I do say is that a well-nourished cancer patient can better manage the disease and the therapies. And you can improve quality and quantity of life and chances for a complete remission. The evidence is overwhelmingly in favor of those statements.

Chris:

Absolutely. I agree with that. Thank you for sharing that because it's so important. This is something I talk about in my first book. In many years of introspection and talking with survivors, I realized, there is a mindset that survivors have. And I call it the, "Beat Cancer Mindset." And those are the ones, like you described, who are willing to take full responsibility for their health. They're willing to do whatever it takes. Whatever it takes doesn't mean the strongest chemo drug. It means they're willing to change their life. They're willing to change, and they don't want to be a passenger. They want to be a driver in their healing journey. That's critically important. Did you ever find yourself at odds with oncologists over patient care? For example, a patient would come to you and say, "Well, my doctor says I can eat whatever I want."

Dr. Quillin:

Definitely. Again, the best oncologist will say, "Go see Quillin, and don't tell me what he said to you." The worst would say, "I don't want you to follow that advice. Here's the dogma. Here is the gospel, according to oncology, which is that nutrients will interfere with chemo or radiation." And that is, so far, wrong. There have been a number of reviews of the literature. Chuck Simone MD, master's degree. Keith Block. There's been several reviews of the literature that say that nutrition augments conventional cancer treatment. But back to the oncologists. I'd rather not spend too much of our time picking on the oncologist. Because think about this. They are following what they were taught. Imagine if you completed the priesthood. And then someone came up to you and said, "None of that's right. You need to be an atheist."

And that's almost the paradigm shift that oncologists have to go through in order to embrace nutrition. For instance, Andy Weil, he is an MD, Harvard undergrad, Harvard Med. When he finished med school, he said, "I wouldn't want to be treated by the doctor they trained me to be." So he started

wandering around driving here and there. Ended up with a broken down car and had to get some parts in Tucson, Arizona. And they said, "What are you doing?" "Driving to Mexico?" "What's your background?" "I'm an MD." "Where?" "Harvard." "And you're doing this?" He said, "I can't stand traditional medicine". So it's difficult for someone to go through 12 years of training and then turn their back on it. And that's where your standard oncologist is. However, what we need is a partnership. What I'm looking for in America is the ability for docs to recognize their areas of expertise and their limitations. "Stay in your lane," is the latest phrase. So the medical doctor can treat all sorts of side effects from the cancer: the pain, the nausea, the sleeplessness. They can give targeted therapies. They can use fractionated chemo. They can use intensity-modulated radiation, which is more targeted. It's using a rifle instead of a hand grenade. And I that's fine, but let me help change the underlying cause of the disease. Nobody with cancer is suffering from a deficiency of Adriamycin. That's not their problem.

Chris:

True. That's very true. I appreciate that. I think it's good for folks to understand that there is a large information gap between medical education and the nutritional science literature. In other words, it's not covered at all in med school. And you mentioned 12 years of training plus all those years of practice before a doctor actually establishes themselves in a lucrative career. So you've got all this training, and then they start actually going to work. And so you have 15 to 20 years of a medical doctor's life invested to really become a successful doctor. And at that point, man, they're trapped in a system that pays them really well. And it doesn't matter what the results are.

Dr. Quillin:

One of the first physicians who started using nutrition as part of cancer treatment was Max Gerson. He used a plant-based diet, some supplements, and a whole variety of therapies. But Max Gerson was told, "Get out of this country. Nutrition has nothing to do with preventing or treating cancer." And he said, "But look at all these patients that get well. They said, "Freak occurrence." And working at Cancer Treatment Centers, they said, "Prove it. Show our oncologists that this works." So I organized 3 international symposia. We brought in an average of 40 of the world's best experts to teach us and an average of 400 students, many of them were just as bright as the teachers that were on the stage. So 400 docs in the audience, 40 docs on the stage.

And what they did is, they went through these elegant explanations of how nutrition changes the way the body works. So this is not random. This is not a folklore, folk medicine. You can talk about apoptosis or programmed cell death. There are nutrients, ellagic acid in dark berries, for example, induces programmed cell death in cancer. You can talk about fish oil, eicosapentaenoic acid. It influences prostaglandins and changes the immune system. it changes the stickiness of cells so cancer cannot go out and metastasize by sticking to the lining of blood vessels. You can talk about DNA repair, DNA polymerase. These docs were brilliant and explaining how nutrition works. We know the molecular mechanisms. We know what works. But one of the problems right now, Chris, is

we've got this \$3.7 trillion a year, medical, industrial boondoggle. And it's built for illness and patching people up.

It has very little to do with healthcare or insurance. So getting that thing derailed, or in a more favorable direction, will be difficult. But I have every confidence that we're going to do it. And it's going to start at the grass level, grassroots. You and I are doing it. You're not going to get it from the American Medical Association, from the Food and Drug Association, or from the American Dietetic. They're not going to do it. It's going to be people like you and I who have enough people who have recovered from cancer, who then start having their own little blogs and chats and groups in their house. And people started awakening to the fact that there are serious limitations to traditional oncology.

Chris: Well, we've been dangling the carrot long enough. Let's get granular here. Let's talk about details of anti-cancer nutrition. What are the best foods to eat and why?

Dr. Quillin: If I may give us a 30,000 foot overview. What we have is there's genetics, and then there's epigenetics. And this is a very important distinction. You look something like your ancestors, that's genetics. That's great. Epigenetics is above genetics. And what we have proven, beyond argument, is that there's epigenetic factors that change the way your body works. There have been many studies looking at this. One of them was Dean Ornish. He took 30 prostate cancer patients. They did needle biopsies of the prostate gland. So they looked at the DNA that was in prostate cancer. And then he gave them his lifestyle program: 3 months on a plant-based diet, meditation, social involvement, exercise, and yoga. And within 3 months, there were 500 changes in the DNA of these cancer cells. So the prostate gland was already re-regulating itself back to normal, just based upon lifestyle.

So what are those 6 factors? That's in my book, *12 Keys to a Healthier Cancer Patient*. Those 6 factors are attitude, nutrition, toxins, energy alignment, exercise, and the microbiome and the gut. So those 6 factors make up epigenetics. Now from those, let's dive into nutrition, plant-based diet. Is vegan necessary? No. As a matter of fact, there are some nutrients and small amounts of animal food that I encourage. We could talk about carnitine that is in some meats: coenzyme Q10, B12. There's a number of nutrients. So what I recommend is a quasi-vegetarian diet based upon the Mediterranean lifestyle. So what we're looking at is the 9 food groups that make up the bulk of your plate is fruits, vegetables, whole grains, legumes, nuts, seeds, mushrooms, seaweed, and medicinal herbs. These are things like turmeric, garlic, onion, and cayenne. Those 9 food groups make up the bulk of your diet. Plant-based with small amounts of grass-fed beef, free-range chicken eggs, some yogurt, and small amounts of animal-based food is what I recommend. And many people have recovered with this program.

Chris: Now, when you say small amounts, what percentage of calories are you talking about?

Dr. Quillin: I'm talking about 10%. So a large percentage of your diet, the vast majority is plant-based. But if you look at, for instance, the Mediterranean diet, which is the best studied diet on the planet Earth, there was a study done in Europe where they looked at, I think it was 12,000 people and found that following this diet, led to a 50% overall reduction in mortality. As I mentioned, there are some nutrients and some animal food that I feel are probably essential. I mentioned those and don't want to be redundant. But plant-based is crucial. What's in plants? Let's talk about bioflavonoids, carotenoids, sodium potassium ratio, and fiber. Let's just stop there for a second. One of those 6 factors, the vectors that I mentioned that's part of epigenetics, is the microbiome.

That's the 100 trillion cells in our gut. And they are fed by what's left over from our diet. So fiber. The nutrition scientists back in the 40's and 50's said, "Since you cannot digest it, absorb it, we're going to take it out of your diet. You're welcome." And from that came a plethora of diseases of civilization, starting with constipation, heart disease, obesity, and diabetes. That fiber feeds the 100 trillion cells in our gut, and they are largely responsible for our immune system. The whole business of the microbiome almost defies the imagination. There's crosstalk between these microorganisms. They're generating vitamins. They're stimulating the immune system. They're repairing the lining of the intestine. So the magic there starts with a plant-based diet.

Chris: What you're saying is right in line with what I talk about all the time, and even in my book too, is that, the healthiest populations around the world, with the lowest rates of cancer, eat a plant-based diet, on average about 95% plant-based. Some eating a little more and some eating less than 5% of calories from animal foods, but the majority of food that they're eating is from the plant kingdom. We have all these wonderful nutrients in plant food. What are some of your favorite anti-cancer plant foods? What are the ones that you feel are the staples? These are the ones you just want to get in your body in copious amounts.

Dr. Quillin: Well, there's so many of them, and I've outlined them in my books, *12 Keys to a Healthier Cancer Patient* and *Beating Cancer with Nutrition*. But let's get specific. Dark green leafys. Get as much of that into you as you can. And it's not just from the folate. The word folate comes from foliage, as in dark green leafys. Mother nature's methyl folate is different than the folic acid that's artificially added into grains. That's a very different substance, dark green leafys. Colorful fruits. I'm talking about dark purple. The berries are very rich in anti-cancer nutrients. It's fall. It's autumn. It's October. Beautiful time of the year. You live in a part of the country where fall foliage is abundant. What's happening in green trees, you have chlorophyll, which is green.

And as the angle of the sun changes. It's starting into winter. It's time to go into hibernation. The chlorophyll is no longer regenerated. And so it dies back, and it reveals the colors of the bioflavonoids and carotenoids that were there all of the time. So those orange, red, and yellows that make up a beautiful fall day were there all the time, except it was masked by the green chlorophyll. So when you

look at, there's thousands of bioflavonoids, thousands of carotenoids. For instance, there was one study from Gladys Block at UC Berkeley. She said, there's over 300 studies showing that a diet rich in fruits and vegetables lowers your risk for cancer. Period. Beyond argument. And yet, from that, the doctor said, "Well, let's just pick one of those carotenoids." They pick beta carotene. And from that, they said, "We're going to make an artificial form of it. All-trans beta carotene. And we're going to wrap it into a pill that has coal tar as a color, so that you can't tell the difference between the placebo and the active agent." They gave it to people who've been smoking for 40 years, and it didn't help. And from that, they said, "Beta carotene must be harmful."

Chris: I think the people in that study actually got a little worse when given that synthetic beta carotene. Right?

Dr. Quillin: Right. And this is where we get misinformation, fake news. A good friend of mine, Alan Gaby is an MD. Has a master's degree in nutrition, brilliant guy. He's got a book, Nutritional Medicine. It's about 1500 pages. He's got 13,000 references in it. And it's rich in nutrient information from peer reviewed literature. Do you ever see anything like that on the news? No. But if a study comes out saying that beta carotene actually made smokers worse, it's all around the news. And so they, very selectively, take anything that's makes nutrition look counter-productive and broadcast it. And the net effect in the public is, "The experts can't make up their mind. Just pour me another beer, honey." And that's how people.... They're reluctant.

Chris: Yeah. Talking about fake news. I know there've been a few blurbs from that study in a handful of others that circulated around the globe and were sort of distilled down into this bad advice that doctors and the media are repeating and saying, "Antioxidants make cancer spread." This kind of thing. I know there was a similar study done with vitamin E, a synthetic vitamin E. I get this question all the time because people will stumble across some article that's saying, "Beta-carotene and vitamin E are bad for cancer patients." And without the context and understanding the study that they didn't feed them a bunch of carrots...

Dr. Quillin: Mother nature never puts one antioxidant in the food. It puts this entire army of antioxidants, and when they go into the body, they're playing teamwork. It's a full court press. What they're doing is playing hot potato with the free radicals until the energy is dissipated. So there's a reason why there's thousands of carotenoids and thousands of bioflavonoids because that's how we're supposed to eat whole food.

Chris: What are some of the favorite, maybe favorite's the wrong word, but we'll just go with it. What are some of your favorite discoveries at the molecular level on how certain compounds, like green tea, beta-Carotene, or ellagic acid, are interacting in the body or with cancer cells?

Dr. Quillin:

It is dazzling, Chris, when you start looking at how mother nature works. I'm not here to preach anybody. I'm teaching. But when you look at how the whole system was built, we are built to be able to prevent and reverse cancer. And that comes from a whole food diet. I mentioned fiber in the gut, and what that is doing is upregulating cytokines that are on the intestinal lumen. Now, what you have is immune augmentation coming from something as useless as fiber. The immune system, basically about 60 to 70% of the immune system, is surrounding the gut because we literally have a septic tank within us. And so mother nature said, "We're going to have to protect ourselves. We're going to have to have an army surrounding that septic tank." And that is an important part of our immune system.

Where do I start? Garlic... Turmeric! Let's do that one. A yellow pigment that's found in mustard and curry. And the data on how turmeric affects the cells at a molecular level, downregulating cancer at the DNA level, as an antioxidant, as an anti-inflammatory. One of the more fascinating ways is how nutrition affects the ends of our DNA, literally changing the aging process of the human body. I just have to stand back sometimes and say, "This is magical." But it's 2 million years' time tested. We are built for health. We're supposed to be lasting 80, 100 years, maybe more if we follow the paradigm. "Eat mother nature. Eat God's food, and you'll be surprised at the miracles that occur."

Green tea, garlic, turmeric, and ellagic acid. You mentioned vitamin E. Let's stop there. Vitamin E, there are at least 4 different tocopherols, and that's vitamin E alpha, beta, gamma, delta, tocopherols. But then, there's four cousin tocopherols, and those are tocotrienols. "Toco" means fertility. So what happened is, the biochemists looked at vitamin E. And the first studies that they did on animals, they found that if they took vitamin E out of a rat's diet, it would not breed. Nope. There's no offspring, so they put it back in the diet. And they would have some offspring. Fertility, "toco." And then they said, "Well, we're going to take vitamin E out of a human diet." And they took students, healthy students, and took vitamin D out of their diet for a year. They noticed no difference. And what happens is, long-term deficiencies of a whole assortment of nutrients leads to this cascade event that eventually results into diabetes, heart disease, cancer, Alzheimer's, chronic kidney disease, and non-alcoholic fatty liver disease.

But back to vitamin E. There's at least four different types of vitamin E, and at least 4 kissing cousins that are tocopherols. And then they took one of those and turned it into a racemer, which is a mirror image, because it was cheaper to make. And they fed those to people who said, "That didn't help at all." You're right. You're not feeding mother nature's approach. Because what happens is, you have inhibitors. So when you feed a synthetic version of vitamin E to someone at the expense of these other seven cousins, what you've done is inhibited the absorption and metabolism of those other natural compounds. And that's where whole grains are a good source of vitamin E. White flour has none. This is where I just stand back, and my eyes light up and think, "This is brilliant." The design, the orchestration is magnificent.

We're built for health, Chris. Up until 1900, cancer was rarely mentioned in the medical literature. People had it, a rare lump or bump, but now 24% of deaths are from cancer. It was 1% in the year 1900. We are built to be able to prevent, recognize, and destroy cancer. Bruce Ames PhD at UC Berkeley. Bruce did work where he looked at DNA damage. And what they could do is, they collect the by-products of DNA damage in the urine. Now, there's about 37 trillion cells in an adult body. And they said, "Based upon our studies, every cell in your body takes about 5,000 DNA hits per day." What you've got is imagine an F5 hurricane. You're standing on the roof, and you have to nail the shingles back on as they're being ripped off. And the body knows how to do that. So there's DNA polymerase. There's a correction device. The methylating nutrients of B12 and folate are among the nutrients that help correct the damage to the DNA to make sure it doesn't become cancer. We're built for health, and nutrition is an important part of that.

Chris: And without the right nutrition, with nutritional deficiencies, that inhibits or limits your body's ability to repair, regenerate, detoxify, and heal. And this is what we've got. We've got an epidemic of malnutrition. And when people think of malnutrition, they think about back in the 80s and the ads of starving children in Ethiopia, but that's not the kind of malnutrition that we are dealing with in the Western world. We're dealing with a population of people on multiple continents now that are overfed. They're overweight and obese, but they are chronically malnourished. And because they're eating a diet that's really high in empty calories.

Dr. Quillin: And that's why we are so far off base with the standard American diet, or the SAD. If you look at the most commonly eaten food in America, it's white bread. Most common beverage is coffee. Two out of three Americans are overweight. One-third of Americans are medically obese. And all the politicians are saying is, "Who's going to pay for this?" I'm going to give you an analogy. What happens if I go into the office, and I slammed my thumb in a filing cabinet. First thing Monday morning, slam my thumb. "Boy, that hurts." Tuesday, Wednesday, Thursday, Friday, I keep doing the same thing. And now my thumb is black and blue and swollen and bloody and painful. And I go to Dr. A, who says, "I'm going to give you pain medication, so you can better tolerate it."

And I go to Dr. B, who says, "We're going to give you anti-inflammatories and corticosteroids to reduce the swelling." And Dr. C says, "I think we should cut it off because it looks defective." And of course you say, "Well, that's ridiculous. The answer is stop slamming your thumb in the desk drawer." Most Americans are slamming their thumb in the desk drawer, euphemistically, every day, all day with their lifestyle. So those six factors that I mentioned, we haven't even touched on attitude. The Center for Disease Control or the National Institutes of Health agree that at least 90% of all illness is related to stress, mental illness of some sort. But we look at attitude, nutrition, toxins, energy alignment, exercise, and microbiome. Most Americans get an F minus on their report card. And that's why I'm so admirable of what you're doing here. More people listen to you, and they get well.

And they tell their neighbor. And the neighbor says, "Well, maybe I can get rid of these six prescription drugs." The average American is on one prescription drug per decade of life. Now we talked about nutrition. We haven't even mentioned intermittent fasting. Let me give you some numbers on diabetes. 30 million Americans are diabetic. 60 million more, that makes 90 million total are pre-diabetic. Diabetes is an awful, insipid disease that eventually ends up eroding the vision, the kidneys, and the blood vessels. These people die of gangrene, blindness, kidney failure, et cetera. It's an awful disease. And it's pernicious. It's incessant, keeps relentlessly moving through the body unless you correct it. There's a very bright Dr. Jason Fung, who was a diabetologist, and he found it very frustrating working with these obese patients, trying to figure out how to schedule a kidney transplant for all these people.

He found intermittent fasting. All you've got to do is stop eating for a while. And what's happening in Americans, Chris, is we eat too much and too often and the wrong food. Strike three. And in doing so, here's what's happening. This cell keeps getting hit, continuously, with sugar and insulin. And eventually, the cell membrane becomes insulin resistant. And that's the beginning of diabetes, heart disease, syndrome X, et cetera. What's the cure? First, you have to eat the right foods and less of it, but a big part of that is fasting. We're built to fast. Most major religions in the world have fasting as part of their celebrations. Dr. Fung and many others have proven, beyond argument, you can reverse almost all Type 2 diabetes and almost all obesity with intermittent fasting. What I do... Today's my fasting day. I try to narrow the window of what I'm eating.

Eight hours a day I can eat. 16 hours a day I don't eat. So that's narrowing the window of feeding. And then one day a week, 24 hours, no food. Nothing but water, tea, something like that. It's simple. I'm lean, healthy. I follow my own advice. My fasting blood glucose was running high 95, 100. I did a lot of things to try and eliminate including vegan, including some expensive supplements. None of it worked. I did intermittent fasting. Within 3 weeks, my fasting blood glucose is down to 67. It's an A plus. And so what we find is, eating and fasting are like the notes on a sound score. I want you to think about when you're looking at Beethoven, Brahms, or Bach's sound score. There's notes, and there's spaces between the notes. And it's not just what you eat, how much, and when. It's the space between the notes that will generate health. Now, think about this. I mentioned earlier in our discussion junk food and all of these toxic things are about a trillion dollar a year industry. Weight loss is another \$300 billion a year industry. Drugs is another \$450 billion a year industry. Do you think you're going to see anything on the fake news that says, "Stop eating one day a week. Watch what it does for your health." Because that would crush all of those industries, and you know what it costs you? Nothing.

Chris:

Costs you nothing. Some of the most powerful therapies you can do for yourself cost you nothing, most of them, in fact. Your mindset doesn't cost you anything. Eating healthy doesn't cost you anything, and you stop wasting money on junk food. Fasting doesn't cost you anything. Exercise is free. This is a very empowering message. And I appreciate you so much because neither you or I

are trying to beat people up or make them feel bad about their choices. The old expression, "The truth hurts." The truth is, "Hey, maybe you've been contributing to your disease." And if you're willing to accept that as a possibility, then that unlocks this whole different process of thinking. "If I contributed to this, maybe I can contribute to the solution."

Dr. Quillin: It's about empowerment. If you drove the car into the ditch, and now you realize, "I'm in charge. I'm driving. I'm not going to do that again." There's a great quote. Robert Lewis Taylor said, "Eventually, we all sit down to a banquet of consequences."

Chris: I love that quote. That's right. And the banquet is all the food that you've grown. You've either sewn seeds of disease or seeds of health. And you're going to have a harvest.

Dr. Quillin: I grow my own food. I am a blessed to have a third of an acre in Southern California. The weather's good enough that I can grow food almost 12 months of the year. Right now, I've got golden nugget loquats, cherry tomatoes, spinach, and lots of good food that I can eat. Purple potatoes. So I encourage people. Plant-based diet. Support your local farmer group. If you have a farmer's market, there are a lot of people that have these cooperatives where the farmers in the nearby area put together their produce, and they'll sell it. You get sort of this mixture, a basket of mystery produce. And you pay \$40 a month, and you get something every week. Support those people. You'd be surprised by the changes in your health. I'm telling you, Chris, my mind is sharper than when I was in college, and I was not doing this stuff when I was in college. You can prevent cancer, Alzheimer's, heart disease, and diabetes. All of these things are primarily self-inflicted through lifestyle. There is a genetic component there. I'm sharing with your people the same message you have. Take control of your life. Would you rather be sick? Eventually, you can pay me now, or pay me later. Which would you rather do?

Chris: Well, you mentioned genetics and epigenetics earlier. Reminds me of this quote that I repeat often, and I know you've heard it and probably repeat it. "Your genetics may load the gun, but diet and lifestyle pull the trigger." And lifestyle doesn't just mean drinking, drugs, lack of exercise, and smoking. Also your stress. Lifestyle and stress are intertwined. So these are things that we've got to get a handle on in order to change our life. So let me ask you. We've got a few minutes left. I'd love to know what you say to a cancer patient when you were working in the clinical setting, or even now. When you first meet with a cancer patient, what is your pitch to them for nutrition? What does that sound like?

Dr. Quillin: Yeah. Most of the cancer patients have had a diagnosis of cancer and a prognosis of how long they're going to live. Something like that. Stage I, II, III, IV, A, B whatever. Most of them come to me and say, "Well, my doctor said I've got a mesothelioma. I have got cancer from asbestos exposure. And they said I've got two years to live. And if I don't do what they say, I'm going to die." And I tell them that the doctor is right if you keep doing what you've been doing. So in

other words, that SEER Data, surveillance, epidemiology, end results. What they're saying is if you keep doing the same lifestyle that got you into this mess, then you will die right on time. What if we can change those numbers? What if we can improve the odds? And inevitably, these people come back saying, "My doctor says, 'I don't know what you're doing, but keep doing it.' "

So the people who wake up and say, "I'm on a fork in the road. I can follow what the doctor said, and I will get the exact outcome or prognosis that the doctor said." An example, David Servan-Schreiber was an MD-PhD who was inadvertently diagnosed with brain cancer. And being an MD, he thought, "Well, I better do the medical stuff." He was told, "You've got two years to live, at best." So he did his own research and found nutrition played an important part of this. He ended up writing his own book, *An Anti-cancer Lifestyle*. And he said, "The American diet is fertilizer for cancer." So I'm back to your question. "What do I tell patients?" If you keep doing what you've been doing, you will get the outcome that your doctor said. What if we can change the course? What if we can change the way your body works internally, and your body can recognize and destroy the cancer.

Chris: And yet, some people still do not want to change.

Dr. Quillin: Well, that's that fantasy. That's the whole naive reliance on modern medicine, that somehow there is this Tinkerbell that's going to touch you with a magic wand. And even though you were told to get your affairs in order, something's going to happen. Something magical that you can continue with your old lifestyle. I don't criticize any of those people. I don't berate them. We all make choices in life. What I do is, if you'd like to listen to me, fine. If not, I bless you on your way. But more and more people... We're 50 years into the war on cancer, Chris, and many cancers have increased. The five-year survival for a stage IV cancer has not changed one bit in 50 years. And by some estimates, we spend about \$200 billion at the National Cancer Institute of Research and about \$2 trillion in the last 50 years on therapies.

For instance, if you have just 30 seconds, I spoke at a conference in Atlanta. A beautiful lady came up to me, 70 years of age. She had my first version of *Beating Cancer with Nutrition* clutched in her arm. It was dog-eared. And she said, "Would you sign this for me?" "I'd be glad to." She said, "25 years ago, I was diagnosed with late-stage breast cancer. I got your book. I followed it. I'm in complete remission. I feel great." And I said, "That's wonderful." We took a photo, wished her on her way. I have a friend who is an MD, PhD, an oncologist, both from Harvard. He's been an oncologist for 40 years, and I told him the story. And I said, "But you've had a lot of anecdotes. I'm sure you've had a lot of patients who have had the same outcome." He said, "None." None. You tell people, "You can follow that exact course, and things may not work out well. What do you have to lose?" I'm not taking political sides, but President Trump has said to people in various cities and states, "What do you have to lose? Things are pretty bad where you're at. So let's do something to improve things."

Chris:

Yeah. I love that. You have nothing to lose and everything to gain. Yes. You're already losing. You're already losing your life. If you have an advanced cancer diagnosis, it is slipping away. So why not pull out all the stops? Why not radically change your life in every way possible, and do everything that you can do to support your body's ability to heal. That is your message. It's also my message. If we're doing it right, it's a message of hope and empowerment. And it is really remarkable. And like you, I get the same type of feedback from folks that have read my book and followed me who say, "Thank you. You saved my life." And I'm like, "Hey, look. I'm just trying to shine a light in the dark." Been down that road. I've been through the dark. Been through the jungle, and I'm just trying to shine a light for folks.

I've never cured anyone. I can't cure anyone, but I can show people the way and show them how to change. And I'm just so thankful to you because researchers like you helped educate me on the value of nutrition. And the fact that it's real. I didn't talk about this in our interview, but when I was diagnosed, when I decided to go hardcore, plant-based all raw, just overdose on fruits and vegetables, change my life, I didn't have any studies. I had zero studies. I had a couple books written by people who had survived cancer or some alternative health and natural type medicine doctor type people. Paul Bragg. George Malkmus. Dr. Lorraine Day. I had books from some of these folks, and that was all I had. And I got well, and in the back of my mind, I was like, "I don't know. Am I just lucky? Was it a fluke? I don't really understand."

I believed that the nutrition and everything I was doing was going to help me. I had no doubts about it. Of course, fear and doubt will creep in, but I believed it would help me. But then, all of a sudden, years after my diagnosis and recovery, I started to dig into the science. And I'm like, "Whoa, there's so much incredible science on turmeric, on green tea, on blue berries, on cruciferous vegetables, onions, garlic, almost every vegetable, every fruit, every herb and spice. They all have unique anti-cancer effects in the body. It's just so cool. So all that to say, thank you so much for the incredible work you've done, all the books you've published. You've reached countless people. You've influenced my life in a big way. And you know, I'm paying it forward to the world. And it's just been a pleasure to know you. And thanks for taking the time to do this interview.

Dr. Quillin:

Well, it's been a real pleasure. It's teamwork, Chris. People like you and I who are making a difference. And I think people need to know we can explain it now. Back in Max Gerson's day, it was folklore, folk remedies. "We can't explain why it works." For almost 300 years, white willow bark was used to treat pain. Nobody knew why. "How does it work? We don't know, but it works." Now we can explain why nutrition and this epigenetic program can reverse cancer in people, even with advanced cancer. So keep up the good work. We understand how it works. We're in an age of enlightenment.

Chris:

Science is enlightening nutrition and natural therapies. It's wonderful.

Dr. Quillin:

It's a good era. Keep up the good work, Chris.

Chris: You too, sir. Thanks everybody for watching. Again, Dr. Patrick Quillin. You can find him at GettingHealthier.com. Are you on any social media?

Dr. Quillin: Yeah. All of them. Facebook, Twitter. All of them.

Chris: They can search for you, Dr. Patrick Quillin. Easy to find. I hope you will. Again, another plug for two of his books that I'm familiar with, which is *Beating Cancer with Nutrition*, incredible volume of information, and then *12 Keys to a Healthier Cancer Patient* is your latest, correct? On Amazon.

Dr. Quillin: Yes. But the evidence is overwhelming, Chris. A well-nourished cancer patient can better manage and beat the disease.

Chris: Perfect. Thanks everybody. Please share this video with people you care about. This is important stuff. You can heal your body and your life if you're willing to change. That's it. Signing off. Thanks Dr. Patrick Quillin. See you soon.

Dr. Quillin: Thank you, Chris. A pleasure.

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