But then finally I had something in the acute abdomen in the middle of the night. So I went, had to go to the hospital and I wanted to be the operator so they would first look and the local anesthesia and it was clear. I was the whole belly and they just showed us the lungs and so it was full metastasis with what we now call germ cell carcinoma. So that's very aggressive. It was really end stage. And then I thought no, no chemo, no radiation. So I exclusively treated myself with Nisteltox.

Well, I'm sitting here, it's now 48 years later, so I really was actually sort of my first cancer patient.

Christopher Wark (00:41.838)
Hey gang today, my guest is Dr. Robert Gorter. He earned his medical degree at the University of Amsterdam medical school in 1973. The same year he completed specialty training in anthroposophical, tongue twister with an emphasis on oncology. Dr. Gorter was a university of California, San Francisco faculty member from 1986 to 2008, where he earned a PhD from the university of Witten.

Uh, in Germany, where he continues to serve as a faculty member in the eighties, he was a physician and researcher on AIDS at San Francisco general hospital and was a medical director of the department of AIDS, epidemiology and biostatistics. Correct. In 1993, he founded the European Institute for Oncological and Immunological Research. In 2000, he founded the medical center Cologne. It's in Germany.

dedicated to treatment of cancer using dendritic cell vaccinations and adult mesenchymal stem cells in combination with immune supportive therapies and hyperthermia. Correct. Local and total body hyperthermia. That's right. Local and total body. So Dr. Gorter has been around a long time. He's seen a lot and I'm so excited to talk to him. He's brilliant and uh...

We're going to talk about mistletoe. We're going to talk about dendritic cells. We're going to talk about cannabinoids and we're going to talk about hyperthermia and maybe a lot more. So Dr. Gorter, it's an honor to spend this time with you. Thanks for taking the time to do it. It's my pleasure also. So why don't we start with your journey as a physician because you started out conventionally trained. What happened in your career to...

to send you down sort of the alternate path of healing? Or did you start out that way? I'm assuming. Yeah. Well, it is so that, of course, I studied regular medicine, so Western academic medicine, but already during my clinical rotations, I was very disappointed with, especially the chemotherapy, as patients, in my opinion, dying because of the chemotherapy. So I thought...

Christopher Wark (02:53.742)
So I studied also acupunctures, I'm also licensed acupunctures. I studied homeopathy and also applied that as a medical student. And yeah, I was looking for more. How can I do it better? So this was very early on then, as an early - I was student actually, of clinical rotations that I saw

with my own eyes. And then what happened in, so in 1977, 1976,

I was diagnosed myself with cancer. At that time also, end -state cancer. For half a year I was tired and playing here, playing there, but I loved to work. So I set up restaurants to give cooking classes to patients and the beloved ones and did and that, so and so. But then finally I had something in the acute abdomen in the middle of the night, so I had to go to the hospital and I wanted to be...

the operators how they were first looked and the local anesthesia and it was clear. It was the whole belly and later showed also lungs and so full metastasis with what we now call germ cell carcinoma. At that time it was still called tereotocarcinoma. And yeah, so that's very aggressive. It was really end stage. So my colleague said, well, I'm sorry, you take four, six weeks, maybe a little vacation, but that is it.

And then I thought, no, no chemo, no radiation. So I exclusively treated myself with mistletoe. And well, I'm sitting here, it's now 48 years later. And so I really was actually sort of my first cancer patient and also felt we must do it differently than I'm not a gay, I'm also a regular medical doctor, I'm a regular trained professor here, professor there. But I felt that there's much more.

to a specials in cancer to cancer therapy, which is essentially non -toxic, because anyway, so we can that a little bit later. But so I treated myself with mistletoe, not really with hypothermia, because I was not prepared for that. But yeah, then cancer more and more disappeared. And yeah, now it's like 48 years later, and I'm fine and

Christopher Wark (05:20.046)
can assure you without cancer, but it was a very aggressive form of cancer, joint saccatenoma, poorly differentiated. So it was a matter of counting the days or the weeks. And so that I got also interested to search more because then suddenly, of course, as people smelled the patients, smelled it, I got a lot of cancer patients in my practice. And so we, so more and more I was, and also,

and also it was sort of was a proof and that's what I did, especially the mistletoe and certain things also vitamin D3, that even if patients were far advanced in the cancer, they still made a big turnaround. But the big thing which happened, that was already when I had my own cancer research institute at the university in Berlin. That was in the 1990s. We also

started to research with dendritic cells. And for dendritic cells, the Nobel Prize of Medicine was awarded in 2011. So we did it in the 90s and the early 2000s and so, and we could develop a way to make dendritic cells, because that was already 15 years before the scribes.

the stymine and it was described but nobody really knew exactly what the function was and how you maybe could make them, create them. So we discovered and we developed that and we as

a university in Göttingen in Germany and Vienna in Austria and our group and we developed a way to make from a simple blood roll we would isolate the monocytes and the monocytes

but 15 % of all your white blood cells in your peripheral bloodstream are monocytes. So we isolated the monocytes, the sort of halfway stem cells, and we could make from them, then once at a time, tens of millions of dendritic cells, and they were very fit and ready to go. And I always like to compare dendritic cells with policemen, because what you can see in the...

Christopher Wark (07:43.918)
What the function is, they look a bit like an octopus. They have tens of hundreds of little tentacles and at the end of each tentacle, that is amazingly like a little mouth or a machine to take biopsies. And now these tentative cells, also while you are sitting there, they crawl throughout your body, looking from your brain to your prostate to your lungs to your colon, looking for abnormal cells. And once they have found them,

cancerous cell or a cancer cell, then they take a little biopsy of the tumor -specific antigen and then they go quickly to the next lymph node and you can compare the lymph node as a military base. Because if you are healthy, then your lymph node is also full with natural killer cells. And they are like marines, so to speak. But the killer cells, they will only kill cells.

if they are instructed for that. So these dendritic cells, they instruct killer cells. And it's amazing, one dendritic cell can instruct three to 5 ,000 killer cells by all giving them a piece of these biopsies. So then they're very well informed. And then within two to five hours, they leave as a little army, they leave the lymph nodes, and they also know the direction.

and that is still not completely understood. So it's okay. And then they attack each cancer cell, each cell with this specific antigen. And then usually depends a lot on the studies you read, but between 24 and 28 hours, that cancer cell is killed. Yeah, so therefore, because even when you're healthy, you don't smoke, don't drink alcohol and so you will make several million cancer cells per day.

because of mutations that take place, especially nowadays where exposed to a lot of radiation and electromagnetic fields. So we make really per day millions of cells of cancer cells. You can also find them, also measure them, see them in the bloodstream, but also in tissue. But if your immune system is functioning correctly, then you never get clinical cancer.

Christopher Wark (10:09.582)
We also have almost a little bit of cancer non -stop and as part of life. And we don't want to talk about that. Now, also, so therefore, dendritic cells are very powerful, but we can enhance the function, for instance, so what we always do on the day that we give the patient back its own dendritic cells, so autologous tissue, then we also...

If possible, we combine that with a fever range, total water hypothermia. That means we go one

and a half, maximum two degrees up in the temperature and then relieve the patients, so alone. And then the immune system, and that's important, the immune system is very much activated, so it's woken up. If it goes through a fever period, it doesn't have to be high fever, but so one degree up.

then you mute. So what you also have when you get the flu or cold and then you will activate the immune system. That's also the function. Unfortunately, I notice even colleagues of mine, but also young medical doctors, they always think fever is the cause of disease. But it's the opposite. Fever is within limits. It is a natural response to trauma, to stress. Yeah.

And therefore, you have to activate, you can activate the immune system by just increasing the core body temperature one to one and a half degree. And I've also looked at circadian rhythm, but that would be another topic. So we have fairly good results and we have, for instance, example glial blastoma multiforme, that is the most aggressive cancer, brain cancer we know, and the...

Actually nobody in the world lives after three years after diagnosis. And we have quite a few now between 12 and 18 years completely cancer free. And so therefore I always like to say we do cancer, you know, immune restoration because, with one exception, all the people who went to complete remission, they never got the cancer back. It was up to 18 years later.

Christopher Wark (12:33.102)
because we can restore the immune system. And if you do chemotherapy or radiation, and maybe YIPPY, it's smaller or it disappears on the scan. But you keep getting follow -ups because usually it comes back half a year or a year later. But we have, in all the patients who had good response, it never came back with one exception. And that was a high -powered attorney from New York.

She had breast cancer, actually dying, she could hardly make the flight across the Atlantic. And so her husband had already another girlfriend, already got the baby there and so on. But when she came back and she was actually fine and cured, there was of course, she found out and then she got depressed, started drinking and so on. And then she had a reoccurrence. But otherwise, because we keep in contact with all our patients.

And we also have a lot of documentaries, video documentaries, when they start five years later, 10 years later and so on. So we have also good documentation. And I must say in all humbleness, especially the combination of dendritic cells and the mistletoe and some fever -range total body, we have very good results in almost any form of cancer. So I want to ask you a few questions about, you just said a lot of things and I know people are very, very...

curious and have questions. And so I'm going to try to anticipate those questions. Um, so one point you made, I think that's so important is that the fever, a fever is your, is a healing response in the body. This is your natural response. This is your body's way of fighting infection and

fighting chronic disease, fighting cancer cells. And so with hyperthermia, you said you're only raising their core body temperature one to two degrees, correct?

Yeah, one and a half degrees. And how was that achieved? What equipment do you use to facilitate that? You can see it's also of course, have a website and that they can also in a few documentaries that also some patients are interviewed while they undergo the total body hypothermia. And that is we do that to increase the core body temperature with infrared. So patients lay themselves in a tent, but the head is free. And then,

Christopher Wark (14:55.309)
Yeah. And then the temp and now the infrared. So it's like an infrared sauna type situation. Yeah, like an infrared sauna. But in a sauna, the way you do it, then you start shredding and your body is a little bit resisting. And therefore you do not really in a regular sauna, infrared sauna, you can increase the core body temperature high enough to also have this kind of effect. So therefore,

especially in Germany, how they make them these beds and yeah, there's no risk. It's infrared, but you could say it is a little bit in the direction of also infrared sauna, but it works so that within two hours, usually the core body temperature has been one and a half to two degrees. And then we say, okay, that's enough. Do the patients not sweat while they're doing? No, they sweat. They sweat. So each patient has a nerve there and...

So at the forehead and so, yeah, but they sweat afterwards, they're done and the temperature came more or less back to the normal stage. Then they're always a shower and have green tea or whatever they want, so on and so. And then they get the injection with dendritic cells. And dendritic cells, they're extremely well tolerated. You see sometimes a few hours after the vaccination that a patient might have a few hours.

flu -like symptoms. And that's a sign, we're always very happy with that because the immune system wants more response. So when patients know that, or they go to a hotel or an apartment or they're back home and then we always call them later in the evening, how you're doing and so, but we always know, yeah, I'm fine. But some say, yeah, I have a little bit still flu -like symptoms. I didn't take my dessert or so, but otherwise I'm fine. And they knew then the chances that they have full response increase.

You're inducing a fever with hypothermia and then you're giving patients dendritic cells, which can also induce a fever. Is the dendritic cell therapy, are these their own cells that have been cultured? Yeah. Explain that process. From the patient, we take five tablespoons of blood, six tablespoons of blood. We isolate from the patient's blood the mucous sites and then in the next week, we can...

Christopher Wark (17:20.365)
So a little bit mimic, but otherwise it takes place in the organism. And then after a week we

have, so a little amount, slightly milky because they're only white cells, we have done between 10 and 25 million of these dendritic cells. And they are then given back in part in the skin, and part intravenously, and so, well somehow we do that for a certain reason. Are B cells technically dendritic cells? Say it again? Are B cells...

No, not that. Dendritic cells are part for T cells. T stands for thymus dependent. So all these cells, they have to be for a while also in the thymus to ripen, to mature. So you can also call them T, when people say T cells, those are dendritic cells. Yeah. And then also we have local hypothermia. Yes. We have also helped to develop that. So already,

in 1998 or so, we treated our first patient with local hypothermia. And that was developed by Siemens, what is a well -known, we helped in our third generation of this equipment. And what happens there, and it was almost too nice to be true, a patient, we built three straight through the patient, through an organ, whether metastasis or whether it's cancer. And we, we...

We built up like a high frequency field. So it's not like a microwave, but a little bit in that direction, but completely safe. Nobody has to disappear. It takes an hour per session. And then what happens is it gets straight through you. Also nowhere, health issue is not affected.

But cancer cells, they always also have abnormal metabolism, abnormal proteins, and which you can use, and also as a tumor marker. What everybody knows is PSA, by many with prostate cancer, and if you have more abnormal cells, then the PSA increases. But it's never zero. Why? All the tumor markers are never zero, because we always make cancer cells. But that should be...

Christopher Wark (19:45.837)
in control and recognized right away with dendritic cells. But we can done, I had patients, we'll never forget one, it was an end stage breast cancer patient. She was in a wheelchair, but she had two crutches and she could maybe walk 10 yards or so, but that was a lot of pain and effort. We treated her first time, also for bone metastasis and the brain and a couple of hours, different locations. And then what happened,

I wasn't there when she dressed up again, but she forgot her crutches, yeah, because she had so much improvement, less pain, that she used the wheelchair, but she forgot the crutches, yeah. So, and then when she was in the hotel, she called, said, oh, I forgot my crutches, but she already felt I'm doing better. Just after one session, it was a local hypothermia, because what happens, the...

cancer cells always have a higher resistance in these fields and then you get friction. But it's so specific that when you have brain cancer, primary brain cancer or metastasis in your brain, your brain cells are not affected at all. But the cancer cell is quickly increased within half an hour to cell system in the fatherhood of 106 or so.

and then cancer cells always have an abnormal metabolism, so they make very rapidly lactic acid. And after about half an hour, there's so much accumulation in exclusively cancer cells with lactic acid that the pH goes very much down and the cancer cell sort of suffocates in its own lactic acid production. And that's all. Are you saying that this is the result of the localized hyperthermia that it's causing?

The way a cancer cell reacts to it is by producing a lot of excess lactic acid that it ends up sort of choking on, suffocating it. Yeah. So that's correct. So they die, these cells, because not all of them at once, but many, many die during the treatment. That's why with this patient with breast cancer, because bone metastasis are also so painful because of cancer cells and the periostin.

Christopher Wark (22:09.197)
and suddenly you have 30 % less, she felt much better and forgot than her crutches and so on. And so we have many patients who rapidly, after a couple of sessions of this local hypothermia, developed, we helped them, but Siemens, I don't want to make an advertisement of course, but Siemens is the only company really, and I'm working with a company in China, but to have developed that and then you have a direct response.

and that is not radiation, so that's important. So nobody has to disappear and that is very effective. So I highly recommend also colleagues and so to do that. But yeah, in the United States, they are not approved or this or that, but it is so absolutely safe. And there are also studies, several universities also like ours, does that in Germany, but then also what they do if you combine local hypothermia with...

chemotherapy, then you have to give much less chemotherapy because already the cancer cells are halfway died because of the local hypothermia and then still chemotherapy on top of it, all these synthetic antibodies that is done. So then you have to give less chemotherapy and you have less toxicity. That's really fascinating. And so Siemens has this local hypothermia device that you were talking about that's

It's like radiation, but it does not burn you. It does not use that much high powered radioactive ionizing radiation. It's more using an electromagnetic frequency or infrared sort of in that spectrum that's creating local targeted heat like around a tumor. Right? Exactly. And that is normal. It is absolutely safe. The only risk that if what we don't do is somebody has a pacemaker because a pacemaker, if you put also an electromagnetic field,

in the body, the pacemaker might go off, running or so. So that's the only contraindication. So we have never, that it happens done once every other year, but then we have to have other methods. But to therefore I say it isn't very, also in my clinic we have so like seven of these apparatus and they run parallel and we can treat many, many patients and they come maybe sometimes.

Christopher Wark (24:31.277)

two locations, so one treatment takes one hour, but if you have brain metastasis and you're liver and so, and it takes two hours. Yeah. And then you get up and have a cup of tea or this and that, and they go home until two days later and we treat them once more. I'd like to revisit your story. So how old were you when you were diagnosed? Were you in your late twenties? I was 26. Same age as me. I was 26. And how did you...

I know Mistletoe has been around for a very long time in Germany. Was it pretty well known even at that time? How did you discover it? Yes, because I also did my anthroposophical medical education, training, clinical training. I did it in Basel in Switzerland. There's also a hospital specialized in oncology. That was also Mistletoe. That was given to all the patients. I knew about Mistletoe.

And when it happened to me, I only want the mistletoe. No chemo, no radiation. And so I knew I had much better chances if I don't harm my body. Because each oncologist, also when they give chemo and this and that, they will always agree that the cause of cancer is always rooted in a malfunctioning immune system. That's another big point that you made earlier, which is that...

chemotherapy, radiation and surgery, those treatments will certainly eliminate cancers for some period of time, sometimes permanently, but rarely it's just temporary because they're not restoring the patient's immune system. And the strong immune system is the key to healing and to staying tumor free. Yeah. And then you get the chemo radiation, collateral damage. So you can often see that the treatment,

the standard treatment by itself causes cancer again, but maybe not the next day, might be half a year to three, four years down the road. And then of course we have had many patients who had breast cancer, were operated, their radiation, that's always the standard. And then two, three years later, they had lung cancer in that area where they had the radiation. Yeah, so therefore, but why? We can say we have so many good results.

Christopher Wark (26:54.965)
without chemo, but let me say one more thing. 96 % of all our patients were hospice patients. They came to us when they had no options anymore. I wish people would come more and I'm glad we can talk that people also maybe should have or have cancer. I should first start natural therapies, especially this and the dendritic cells for which you know, belpies will scare for now. That doesn't mean something you do in your kitchen table and...

So, but 96 % of all our patients, they came to us because, yeah, they told that that's it. Yeah, we can give you some pain medications or, but essentially now that's it. You have to say goodbye. And yeah, and then often the family members start surging, especially then also not just 40 years ago, at that time also it was less known. But still it's remarkable that...

Dendritic cells are still not used in the United States. Yeah, but yeah, I know why but I'm not sure otherwise you have to take this out. But it is all this patient's own cells, which only change

into dendritic cells and there's nothing you can patent. So it is not, you cannot make big money out of making dendritic cells. You can't patent it and therefore, yeah, I'm sorry to say you can't make money. So that is important.

And also the other thing with chemotherapy, look in your own history books, read about hypothermia, Professor Coley, he invented that or he noticed that. Yeah, William Coley. But till the end of the Second World War, hypothermia also in the United States was still maybe the only but a common treatment. And then after Second World War, they had these huge stockpiles of mustard gas.

That was a toxic gas where you could kill people there with gas. There's only a risk with the gas that if the wind changed, you might shoot in your own foot. So the first eight chemotherapy agents were all used, were made from mustard gas. So they had another purpose to still get rid of the mustard gas. So it must end with the chemotherapy. If you see that,

Christopher Wark (29:20.397)
It is all linked because, yeah, what do we do with the mustard gas? And then they found another way to use it. First seven or first eight were all made out of mustard gas. One of those is mustergen. Yeah. Yeah. So something else you said that I wanted to comment on was...

You know, we already kind of talked about the problems with chemotherapy and the fact that they're in radiation causing cancer down the road and also being short -term solutions. Uh, and it's fascinating to me, uh, dendritic cell therapy that, you know, you're, you're basically amplifying a patient's number of T cells that are cancer scavengers and then putting them back in their body so they can circulate and find cancer cells.

and then train that patient's own immune cells, activate their natural killer cells to go out and find the cancer cells and kill them. And I would like to use the word restoration. What we do, we do immune restoration. And now the internet thing, two people in Germany got a PhD with me for studies we did that we could prove what we did. We tested when patients came to us with active cancer, the natural killer cell.

not the number, but how active are they. Now I must say 99 % of all the patients with active cancer had a fairly low natural killer cell activity. What we could show that more than 80 % had a complete restored natural killer cell function after eight weeks of mistletoe. So we know now mistletoe has many components, some of them are proven in the 1970s at different universities.

all the benefits of mistletoe. What is mistletoe doing in the body? Now the mistletoe, Ruder Steiner came with that as an anti -cancer medication. And what it does, it has several functions. But if I, I also published a lot on that, but if you can say in the shortcut mistletoe improves first of all, the cellular immunity. So it improves.

Christopher Wark (31:38.923)

Also the function of your present dendritic cells, but if dendritic cells allow cancer cells to maybe, or they don't notice, I always say to patients, because dendritic cells need a pair of reading glasses, they cannot be able to see well. So that's how we can make a whole new generation of dendritic cells or policemen. But also you see, and we didn't talk about that yet, but it's all the current vaccinations with messenger RNA, that you see that...

If I have one cell and that cell must divide and become two cells, mitosis, then the cell, the daughter cell must be identical. So the mother cell, everything has 46 chromosomes, each chromosome tens of thousands of genes, each gene is millions of DNA molecules and that can take place within two, three hours. So it's amazing and therefore, once in a while, a little mystic is made.

a wrong amino acid is built in. Yeah, and that is already a mutation. Now it happens once in a cell from UK, but mutations take place always in the copying process. And now we have a DNA repair mechanism. So we have in the cell can of each cell also a mechanism to recognize if there's a wrong amino acid built in. And right away that is recognized.

and then taken out and replaced by the correct amino acids. So ideally we have a complete copy of the original cell. And that is all specials nowadays with all the radiation we're exposed to, electromagnetic fields, 5G and so on, that you see also there is a decreased DNA repair mechanism. And also lexical, the university of San Francisco.

So, and now the missile toll repairs the DNA repair. So if you take probably, so eight to 12 weeks, have already, and you can see that also laboratory, and significantly improved DNA repair mechanism. So, because of cancer cells can be fight, but then still it is then recognized. But first of all, in healthy cells, but when you make millions of cells per day and the more and more...

Christopher Wark (34:04.701)
mistakes made, then you get more mutations which will lead to the formation of cancer cells. So, Miscotoxin is a wonder medication and it's completely non -toxic. I've never ever seen somebody, if it is made in the right way, so it is injectable and you have to inject yourself, patients do that, use it. What a diabetic patient does two times a day, they do two times a week and preferably in the morning, got circadian rhythm and so on.

And yeah, so I only had one patient was 86, and she could not really get the fine needle in the ampule and then her neighbor did that as well. So it is never an issue and I've never seen any side effects or things like that. So I'd say it's a miracle medication.

So it could be summed up by saying that mistletoe, it's not killing cancer cells directly, but it is improving and enhancing the function of your immune cells that are critical in identifying and eliminating cancer cells. And then killing the natural killer cells. But it's not completely true because there are three groups of glycoproteins, that means a sugar protein connect, but there

are very large molecules and so on. But there are also physical toxins.

and these physical toxins are much smaller, a whole different group, which are part of the mistletoe and they can directly also kill cancer cells. The main effect is that we improve, we restore immune function. So you mentioned that 86 % of the patients that come to you are coming after, they're coming to you as a last resort. Yeah.

96, excuse me. So that's almost everybody. And this is not a surprise to me. We see this all the time is that patients, they do everything the doctor tells them to do. And they have a false hope that they will be cured. And after all the surgeries and chemo treatments and radiation therapy and all the drugs, eventually they're told there's nothing more we can do for you. Go home and die.

Christopher Wark (36:15.341)
And that's when they start looking into quote, alternative treatment, right? Holistic therapies, nutrition, and they're inquiring about going to Mexico or Germany or somewhere. And this is unfortunate and it's very common. And I think a lot of these holistic and natural practitioners, integrated practitioners and clinics get a bad rap because so many patients come to them when they are on death's door. And so.

And again, this is most of the patients that come to you, they're at death's door, it's their last resort. What percentage of patients do you feel like you've been able to get help get well or help heal of the people that come to you in that state? Well, depends, of course we didn't have, I could say that also there's malignant melanoma end -stage or there's end -stage prostate, all the end -stage patients, almost any form of cancer I can think of, we have, of course not everybody.

but many of them improve a lot for this life. They live years longer, but finally die, but that's a complete remission. And then it never comes back with this one exception. I would say it's a somewhat between 30 and 50%. That's remarkable considering how bad off these patients are when they are on the end stage. The new system has been ruined by the chemo and the radiation and whatever they don't get. And I must say also MD Anderson,

in Texas, they also did two studies, to the best of my knowledge, with dendritic cells. Because why? I'm also in India, I'm a professor in New Delhi and so on and so on, where there was once a national day or a weekend, a national seminar, a congress for oncologists in India. And there were also two people from MD Anderson, because they were from Indian descent. And they came and they taught the new studies. And I talked to them.

two studies we had done with good data, end -stage patients with dendritic cells. And they said, wow. So they did two studies, one in colon carcinoma to the best of my knowledge, were 15 years ago, and in breast cancer. And they had not as we do, but they had pretty good results. Yeah. But it was never really published, was once presented in a conference, but yeah.

Christopher Wark (38:40.141)
because you cannot patent it because it's patients own cells and that was also safe. It comes also from the AIDS epidemic and how many people got infected with HIV for blood products. So rags and shoes or whatever because if you have many viruses and maybe also now we don't know or know yet and therefore you can't screen for it and people can't always when you, it's also in docs of

box of Pandora, if you get a blood product on blood donation. Blood transfusions or you're saying a lot of AIDS patients were giving blood and it contaminated the blood supply and people were getting AIDS HIV via blood transfusions. Yeah, also, I'm from 12 years I was the director for the Department of AIDS epidemiology and by statistics at the University of California San Francisco, someone's a biostatistician.

and we had quite a few and there's also in public health and so that there were a certain percentage of people who also babies who got one reason a blood product and they got infected with HIV. I also worked in South Africa, there's another story than the United States and there were many also children who were born and were affected because the mother was infected so in the birth process of it.

they got infected. Yeah. And so, no pretty much of that. And now this is safe. You can't get it safer if it is actually your own blood donation. You give some of your monocytes, you get a week later your cells back, but they are then further trained to be delinquent cells. Yeah. And there's this notice.

Yeah, there's no money in it because they can't be patented. They're using your own cells, cultivating your own cells and then, uh, and then putting them back in your body. Um, so I think the tragedy is, and again, one of the reasons I do what I do is, is to try to reach people and educate them before they get a cancer diagnosis or catch them early in their diagnosis and encourage them to adopt a holistic approach to health, to incorporate nutrition and natural non -toxic therapies.

Christopher Wark (40:58.637)
And to really think hard and pray hard about conventional therapies because they can be incredibly brutal and destructive and cause all this long -term damage that's irreversible and wreck your immune system. And in many cases make the cancer more aggressive and not cure you. Right. And so it's much easier to get well, if you adopt a holistic approach in the beginning than it is when you adopt it.

at the end stage of your disease after you know, you've been completely brutalized. And I fully agree. And therefore also, also you can use Mislito as a prophylaxis. Yeah. Or just write them in D. That's a big study done in Germany. The German National Cancer Institute. And they did a large study in 300 ,000 people. And they found, it was published two years ago, they found that

each, each northern European would take

12 .5 microgram of vitamin D3 per day as a food supplement. There would be in Germany 30 ,000 people less dying from cancer. 30 ,000! Think of the suffering and of the economic loss and so on. That would be for the United States, then some like 120 ,000 people would less die of cancer, plus minus one of course.

But there's a high association between the significant decrease of getting cancer and die of cancer and your level of vitamin D3. But yeah, vitamin D3, if you do that per day, it costs maybe $10 cents maximum. Yeah. And that's how I saw it happening. I worked for the FDA and so on and so on. And I saw it happening over the years that medicine has become more and more a way to do business.

And that was also, I suffer a lot from under this, because also still nowadays, as far as I know, most countries it is not done. When I very much remember 1971, I had to give the pledge or the oath of Hippocrates. And that the first sentence is, I will always fight for life and do no harm. So don't do harm. And that is of course the issue of the human radiation.

Christopher Wark (43:19.437)
Yeah, and how far also do you do harm? Yeah. And of course, you can get surgery does also harm, but saves the life, you must not cut open your belly and stop bleeding, just say something. So it doesn't mean when cutting or so, but then you notice a very significant chance that the patient will therefore be safe in this life. I have been down the vitamin D3 rabbit hole.

And I take vitamin D3. I think it is one of the most important vitamin supplements you can take. The number one anti -cancer vitamin. I'm so glad you brought that up and we'll link, we'll put a link to that study. I'm going to ask you to send that study to my team and we'll link to that. So people can see that. But yeah, vitamin D3, you know, is an incredible vitamin and hormone for your immune system. Correct? Also for the final infections, for this at all.

That is, and of course as an anthroposophical doctor I also understand where it comes from. And so therefore, and that means also sunlight. Therefore in Northern Europe people have less sunlight, because yeah, something for Northern Europe, for one or two months the sun doesn't even rise, it's day and night, it's night. So then you have, the consequence, no production of vitamin D3. You need to have at least 45 minutes or one hour when you are pale like we.

to have a sun exposure for ultraviolet light. And so, anyway, so you can also do a lot of prophylaxis. And so that's also why we pay attention to our cancer patients. But of course, it is most remarkable that when we have patients really dying, well, so one patient was a professor in Vancouver, he wrote a book about his own recovery, and he was such poor condition that even Air Canada didn't want to fly him over. So he went to some kind of...

Bulgaria, so anyway. But he's also now 12 or 13 years completely free of cancer. He's now 86.

And of course nobody had ever expected he would do that. And he also wrote in a book about it, and the title is I did it my way. So first he did the chemo and the hormones and the hormones gave him a few months to respond but then it disappeared and so anyway. So I think what I like to say,

Christopher Wark (45:44.173)
to you and to patients and colleagues, we do immune restoration. Because often when you get cancer, when you're 55, your immune system did well for 50 years, so to speak. So it's not that you never get cancer over the weekend. Immune restoration, that is the key. So can we talk about cannabinoids? Yeah, yeah. Okay. Now, my first coming from Amsterdam, so maybe very briefly, in the Dutch, in the Netherlands,

cannabis was actually never forbidden or... It's never illegal. Yeah, never illegal. Maybe not legal because of the European Union, but it was... I even saw policemen once in traffic with a dick stick joint in his mouth, doing a regulate, but the traffic lights fell out. Anyway, so, but the Dutch always said, because then there was a small country, you can cross the whole country in one hour by car, but...

The statistics was at that time in the 60s that about 18 ,000 people died per year because of alcohol consumption, heart disease, liver accidents.

And they said, how many people? Cannabis was maybe not as much used as alcohol, but also a lot of people do that, or have space cake. And there was never ever documented somebody who died from cannabis. So then the logic was, well, if at any supermarket I can get beer and wine, then why can't I get my joints in the supermarket? So...

Now, there was a compromise made, so therefore all the studies we did, there's essentially no lethal dose of especially THC, but for sure not CBD. Now, there are hundreds of studies showing that CBD, that's why we'll use it since the year 2000, that special CBD, that is a COX -2 inhibitor. Now, it's a COX -2 enzyme system. When you have an inhibitor,

Christopher Wark (47:52.149)
an infection, you make maybe fever and reaction and when your immune system is able to overcome it, you heal and that's faster. But if your immune system cannot really overcome it, then you get a more chronic inflammation and that causes, on the long run, cancer. That's why you have hepatitis B virus, you can primarily live with cancer and so on. And also, when we're with cervix carcinoma, you're always with an infection.

usually infected with human papillomavirus. And 98 % of all women, they can clear it. It might take a few weeks, but they clear it. But about 2 % to 3%, their immune system cannot really eradicate it. Then you get a chronic inflammatory reaction, and then you get an abnormal pap smear. And you see sort of cells, not normal, not completely abnormal, so halfway. And also, the mist at all is remarkable.

also in prophylaxis, but also the fact that it becomes an agronic, and there's also an agronic destructive, and CB, and that is a COX2 enzyme, so the system, a vicious circle. And you can stop that with CBD. And CBD costs nothing. It's non -toxic, not addictive. So you're saying CBD as a COX2 enzyme inhibitor.

can stop this cycle of chronic infection that can be caused by... Chronic inflammation. Chronic inflammation caused by infection. Yeah, yeah, yeah. And usually by viral infection, but also even other chronic inflammatory reactions. I thought it works also, we have arthritis, chronic arthritis, or this or that. It is actually, and even the FDA, two years ago, it approved it for certain forms of epilepsy. Yeah, you have certain children with epilepsy,

And that is so horrible and so destructive for the brain that most of them don't even reach puberty or adolescence. And classical anti -epileptic medication doesn't do much. So, but CBD does miracles. Then as soon as they start taking that orally in a capsule, then actually they can live a normal life and they can normally develop the CBD.

Christopher Wark (50:09.517)
I did studies in AIDS and cancer patients in the 1980s in San Francisco and there was even a license by the Food and Drug Administration but on a prescription. For instance, in pain but also in loss of appetite and when you lose weight that is an independent risk factor for morbidity and mortality as we say, you die earlier and so on and so on. So that was really...

We only found positive things about CBD. But also, and this is a liberty issue, why do many Americans think that cannabis is bad and makes you a cuckoo and so on? Just the following. About 1 % in the West, 1 % of the whole population is schizophrenic.

And when does schizophrenia sort of really surface? When you start your puberty. But it is so you hear maybe voices, you still have a feeling somebody is standing behind you and watched or so. And then often there are two reasons and I'm also a school doctor, you must always remember. Young adolescents who sort of are fearful, they see things, hear things, firstly it's not there. And there are two...

self -medication, that is alcohol or cannabis. So they discovered, you know, alcohol, they feel much better, and with cannabis for sure, and then they take that, start taking that as a self -medication. And then they, until they're maybe in the 18th, 18 or 19 and so on, then it's not enough and then they break through. And then what happens, sometimes when a teenager was caught with a joint or so,

He had to go to the police station and maybe stay there overnight. And then he was without his self -medication. And then there was that somebody who was special two days, then they started to act funny. But it was because they didn't get their medication anymore. Now it's a hundred times proved that certain cannabinoids have a strong antipsychotic effect. But the

conclusion was in those days,

Christopher Wark (52:24.557)
We picked them up and then the next day they have the first symptoms of schizophrenia. But it was because they couldn't get the self -medication. The same with alcohol. So any teenage or teenager with alcohol problems, you must always think as a teacher, but as a school doctor, this could well be as a self -medication for the early symptoms of schizophrenia. That's really interesting. And back in the

you know, in those early days of fear mongering, reefer madness and whatnot, they were jumping to conclusions or drawing correlations that people who were suffering from some type of mild mental illness, whether it was schizophrenia or just anxiety, right? PTSD, all these, all these, uh, you know, difficult mental and emotional, um, challenges that people have, then those people were gravitating towards.

alcohol and drugs as self -medication, but the alcohol and drugs or marijuana, for example, was blamed for causing their problem. That's what you're saying. Now, nobody will claim that alcohol makes you schizophrenic because everybody drinks alcohol. But the cannabis, it was easy, but there was a whole other story. I also sort of writing a book on this. How come that for thousands of years, cannabis was the most commonly medication prescribed? Or that is...

Prince of the cannabis plant for the period of the Yellow Emperor. And so that was about 2000 years ago. And they were all in a Hildegard from Bingen, so a highlight in the Middle Ages in Europe. And they were always very positive about the cannabis, what it did. And many of our clinical studies of dysmenorrhea, so women with menstruation cramps or this or that, it is an asthma, so it works remarkably.

So therefore, and also almost all the pain clinics in German and Dutch universities, when patients come for chronic pain or pain treatment, they also get included CBD. Do you, it seems like the research is starting to, you know, really get a clear understanding of CBD, but it seems to be much more beneficial in the body than THC. Would you agree with that? Yeah, I fully agree with that. And also,

Christopher Wark (54:48.141)
We know you have an endorphin system in your body that you make morphine -like substances yourself. And the same is with cannabis. You have also endocannabinoids. They are well described. Anandamide was the first one and so on. And so also there was a professor, Mechulam, who recently died in Jerusalem. And he also was a front runner in sort of rehabilitating cannabinoids. And I think he did a great job.

And I think, yeah, you can never say he did something wrong, but he also showed the medical benefits from various cannabinoids. I did special studies to see UCSF, the CBD and THC, that was the name, the dronabinoid, the THC. And also what often is forgotten, all these studies do

on cancer patients, the quality of life.

because when you get chemotherapy you get your peripheral neuropathy and your blood transfusion and your nausea and so on. But they only say, well, you live six months longer or so, that's not the outcome. But the price you have to pay, if you give just a little bit of cannabis in addition, the people will have no nausea, they have appetite, this and that, or 90%. This is really, actually, in Europe the cannabis, especially in Holland,

was quickly recovered and recognized as many beneficial treatments. I did a study with the Department of Neurology in the University of Amsterdam, and we looked at MS patients with significant symptoms and cannabis. And they did it remarkably better and lived much longer. So the average multiple sclerosis, so MS patients in the Netherlands, 80%, 90 % takes cannabis.

even on prescription, even though the insurance company pays for it. Well, the good thing now is that in the U .S. it is very easy to get CBD. And I know there's a lot of different products and varying levels of quality. But yeah, it's not hard to get it now. Yeah, people should move to Holland. I'm not joking. Well, Dr. Gorter, we're almost up at a full hour here. This has really flown by fast.

Christopher Wark (57:14.423)
Do you want to take a minute to explain the Gorter model, what the Gorter model is that you developed? Okay, Quasar 7 website, but the Gorter model in principle is so that we always say there's a non -toxic approach. So we do use it exclusively, but it's non -toxic. Because also with the idea behind it,

when something is toxic for you, it's actually not good for you. Yeah, that's a wild idea right there. Yeah, but it's true. And I'm a professor at universities, blah, blah, blah. So I can say that, I can dare to say that. But it is so if something is toxic, especially if you have a few hours, maybe payment is okay. But when it's toxic, it's not good for you. And if you look at modern cancer therapy, which we already started as well, other issue maybe we can talk about at once.

that is from Rudolf Virchow in 1848. He made an apostolation and still modern oncology is still based on the postulation of Rudolf Virchow for 1848. So almost 200 years, we say, must kill cancer cells, must kill cancer cells. Cancer cells are normally killed in each person if the immune system functions. Anyway, so for the Gordon model, we do anything,

which is what we know, experience, but usually also because of science, the studies we do with the cells of others, which is beneficial actually for anybody, especially now today, but for sure people who have cancer of the oresis, suppressed killer cell function, not enough DNA repair, blah blah blah, and then we can show and prove, we need to read, but also other researchers independent from us,

they found exactly the same. Now, what do you want more than a modern medicine? Somebody

has well -documented efficacy and somebody else finds the same. I love that. I love the fact that taking a non -toxic approach to medicine and health and patient treatment is central to what you do, because there aren't enough doctors in the world that think that way. Although I do think things are changing.

Christopher Wark (59:33.261)
I think I'm seeing positive progress. I agree, but that's why I really appreciate them. Love to be your guest because this should be more, more known, not only to patients, but also to medical doctors. So many colleagues I meet, I have no idea. Yeah. And also, well, you should have been more awake as a medical student. So, but they, that's what I do also, but I really love them as acupuncturists. I even have done many.

big deminal operations with acupuncture anesthesia and so on. It was in 1981 also in China. But also, what I also do, these antipasophic medications which are essentially homeopathic medications, I inject them in the acupuncture spot. So what the acupuncturist would do, okay, but I give them a big extra jolt if I add to that.

and also a few drops of an antipasophic medication. And that's what I developed. And I would love that there will be more doctors, young doctors, so anybody can come and that we do more research and that they also teach it. But the patient always is wrong. And essentially, I always say, if something has side effects, then it's harmful. Where can people find you? How can they connect with you? Well, of course, we have a website, but also,

But I will update that if you want, now after our discussion, where they can ask for more information. That is an email address, info at cortemont .org. Because especially what I do, I never ask for any, maybe a cup of coffee or when I go somewhere, maybe 50 euro for my gasoline ticket or so. And I like to do that, but I always respond.

But also here, right now in San Francisco, where I do the research since 1984. Twice a year I give a very official class in all of this and much more in Anthroposophical Health Studies, since 1984 at San Francisco State University. And so that's also why I'm here again, and we do that twice a year, an official class, but we want to beef it up a little bit and make them eventually an endowed chair for them.

Christopher Wark (01:01:55.341)
And so twice a year you teach a class on many of these things at San Francisco state. Exactly. That's great. And so people will, we'll put a link to your website. People can connect with you and find out more about the class you teach and yeah, and connect with you personally. Thank you, Dr. Robert Gorter. This has been absolutely informative and fascinating. And thank you for sharing this information on mistletoe, dendritic cells, cannabinoids, hypothermia. I mean, these are treatments that are available.

They're not available in every city in the United States, but there are practitioners that do use

them and you have to ask, right? You have to ask about them. They are more readily available in clinics outside the U S there's definitely clinics in Mexico and Germany where you can get these therapies. And if folks connect with you, you, I'm sure you might have some, uh, some recommended, uh, clinics in the U S that people could inquire, uh, as well. So,

Again, thank you for your time. This has been absolutely fantastic. I hope you have a great day. You make me shy, but thank you. I will tell it to all my whole team because I don't do it alone. I have a whole team of people and so what's your, I'm one of them. Okay. Thanks for watching everybody. Thank you. Bye bye. Bye bye. bye.