A Special Interview with Dr. Nicholas Gonzalez

By Dr. Mercola

Dr. Mercola: Welcome everyone. Today we're here with Dr. Nicholas Gonzalez, who is an expert in the treatment of cancer, specifically pancreatic cancer. We've done a previous interview with Dr. Gonzalez, which is linked to this page as you can review. So we've gone into much more details about his history and some of the approaches he use for therapy.

But we're speaking today because of the tragic announcement of Steve Jobs' recent death – he's been an enormous benefactor to the human race, and his innovation, creativity, and ability to create instruments serve as such a useful tool so we can advance our efforts to improve ourselves. It's really sad that we're discussing this, but Steve is dead. It's somewhat of a challenge, because there are some things that could have been done. That's what we're going to discuss today, and hopefully this information can help those who struggle with similar diseases. There are a large number of people who can take advantage of the therapies that may have helped Steve.

So welcome, Dr. Gonzalez.

Dr. Gonzalez: It's great to be back again, although under sad circumstances.

Alternative Pancreatic Cancer Treatment

DM: So for those who haven't listened to the other interview, you have been involved in the natural treatments of cancer for over 25 years now. He offers really innovative therapies. I wonder if you can briefly summarize those. You're known pretty much internationally for your expertise on pancreatic cancer, although your therapies have wider applications.

DG: Yeah, we're known for treating pancreatic cancer. Our research studies have been involved with pancreatic cancer, which has good success and is considered one of the, if not the most, aggressive forms of cancer (among the two or three most aggressive). We have patients who have been with us for 22 years.

If you just want me to sum up my program, there are three basic components: individualized diet (diets for pure vegetarians or of meat, depending on metabolism of the patient). The second is individualized supplement programs for doses of pancreatic enzymes, vitamins, and minerals. Again, we're precisely prescribing for each patient, and doses vary from patient to patient. We don't think that vitamins and minerals have a particular anti-cancer effect, but we used to treat cancer specifically with large doses of

pancreatic enzymes, which conventional medicine are thought only to help with digestion. But there's evidence that goes back to a hundred years that those pancreatic protein digestive enzymes – the same enzymes we use every day to digest our protein foods – have an anti-cancer effect and may represent the body's main defense again cancer. My average cancer patient probably takes 10 capsules of pancreatic enzymes a day.

The third component is detoxification – there's a simple procedure to help the body mobilize, neutralize, and excrete the toxic debris that results from the repair of the damaged body and the killing of the tumor. You kill a tumor, that's wonderful. You get all the tumor debris floating around the body. It's quite poisonous. Things like coffee enemas help the liver work better. All these toxic wastes from tumor destruction are processed for the liver, and it enhances the ability of the body to get rid of this debris. So that's the program.

Steve Jobs and Cancer

DG: In terms of pancreatic cancer, you know, Jobs had violent cell carcinoma. There are two basic types of pancreatic cancer. The most aggressive form, which is the one we tend to think about, is adrenal carcinoma, which develops actually in the cells that produce pancreatic enzymes – ironically. About 95 percent of pancreatic cancers develop in those cells, in the enzyme-producing cells are the toxin-carrying enzymes of the intestinal tract. About five percent are developed in the endocrine component of the pancreas. The pancreas not only produces enzymes, but also produces hormones like insulin and glucagon. Cancer can develop in the insulin-producing cells, but it's much less common. They tend to be a little less aggressive – the average survival for carcinoma of the enzyme-producing cells is probably three to six months. I saw the patients from the last couple of years, and invariably, they progress and eventually the patients die. There was a Sloan-Kettering series some years ago where they had some patients that lived as long as four years. But very rarely do they live longer.

DM: Is it the type that Steve had?

DG: Yeah, he had [islet 04:51] cell carcinoma. He didn't have the most aggressive form, although I don't want to downplay the fact that [04:57]. Although patients can live longer as he has (certainly he's lived longer that Patrick Swayze or Michael Landon who had a more aggressive adenocarcinoma of the enzyme-producing cells). But they tend to live longer; he's had it for many years. He had a liver transplant in Memphis about two years ago. Again, he's been very secretive about what's going on. He takes a leave of absence because he's got the flu, but everyone knows it's not because he's got the flu or he's got work. It's because he's fighting cancer and he ends up in Memphis to get a liver transplant. And it must have meant he has a metastasis in the liver.

First then he had to be on immunosuppressants. Whenever you have to transplant an organ, the body would tend to reject it, so you have to suppress the immune system.

That's not good when you have a history of cancer, because immunosuppression can stimulate cancer growth because you're suppressing your own immune ability to fight cancer.

So it seems like he did everything he could, and he certainly had unlimited resources to do whatever he needed to do. Getting liver transplant – that's pretty expensive stuff.

DM: Well, it's relative if you're a billionaire. But why would he require a liver transplant with this disease?

DG: I don't know his medical history other than what I've read in the press. I have some details, and maybe they have been in the press through word-of-mouth. The only reason I know he had to do that is he had metastasis in the liver. He had to take the liver out. You can't get a liver transplant if you have hepatitis-C and you end up with cirrhosis. If you have the primary liver cancer, they sometimes do a liver transplant. It's possible he had liver failure from some of the drugs they gave him when they initially treated his pancreatic cancer. But I don't know; they never released the details why he had a liver transplant. But with some of that history and those resources, I would suspect that he had a metastasis in the liver, and some doctor-genius got the idea that they should do a liver transplant.

DM: This can only accelerate his disease, because as you mentioned, the use of immunosuppressants is certainly not good for the long-term prognosis of the cancer.

DG: Liver transplants, when they are successful… They've been most successful for primary liver cancer, which is cancer that starts in the liver. In the US, that's mostly associated with chronic hepatitis-C, chronic hepatitis-B that can lead to primary hepatoma or primary liver cancer. And if it's limited to the liver, a liver transplant can be curative. Liver cancer tends to be pretty aggressive – oftentimes it's not limited to the liver, and oftentimes it recurs. But some patients have actually agreed to give conventional doctors… Primary liver cancer -- liver transplant can be curative.

Now when you have metastatic pancreatic cancer in your liver – whether it's islet cell carcinoma or the enzyme-producing cells – you assume it's gone somewhere else, even if you think all the visible cancer has recurred only in the liver. If it's in the pancreas and the liver, it's also in the lymph nodes, the abdominal lymphatic tissues. It's not going to be limited to the liver. So taking out the liver or transplant – if indeed it was because of liver metastasis– would be an unproductive course of events. I mean, it might buy us some time. If you're a billionaire, I guess money doesn't matter, so you'll go ahead and do it.

A procedure like that can run several hundred thousand dollars, at least. So my assumption, having treated pancreatic cancer for over two decades, he probably had metastasis in the liver, and it was some desperate attempt to try to keep it under control, although it would be ultimately futile. There's always the possibility of some kind of liver

failure, maybe from medication, hepatitis-C from transfusion or something. But again, it's never released, so we don't know. But most likely, he had metastasis in the liver.

DM: There were some comments that he was leading up to his death, and people would post comments on Facebook and are asking why I couldn't get in touch with him and offer him some therapy. I'm not a cancer expert like you are, of course, but I believe someone like you could have really made a difference. My understanding is that your therapy was offered to him, but could you go to that process of why he chose not to undertake a natural or alternative approach to cancer?

DG: He wanted to see an alternative. In fact when he was first diagnosed, he got some dietary program – again, he was very secretive of that – So I don't exactly know what he did at that point. But through his acupuncturist, there was communication. He was getting acupuncture, and he was doing some alternative things as far as I know. This acupuncturist actually talked to me, discussing the situation. She was really anxious for him to come and see me. But he chose not to do that.

You know, I always respect the patients' right to choose the therapy they want to choose, so I would never dispute that. The patients have to make the decisions based on what they want to do. But she was very adamant; in fact, she knew about all my works in the alternative world. He had seen alternative-type practitioners. She really wanted for him to come and see me. He chose not to do that. From my perspective, it was unfortunate, because he was such a gift to the world in terms of his inventions and genius in the past 30 years.

DM: You've been doing this for over two decades, and you have patients with less aggressive forms of the type of cancer that have lived for over two decades.

DG: One of my great patients is a fellow from Michigan who had islet cell carcinoma that at the time of diagnosis in 1995, he already had metastasized to the liver. And he showed up at the Mayo clinic, where everything was confirmed and he had CAT scans and biopsies. The biopsy was originally done at his local hospital, and he ended up at a Mayo clinic in Rochester, Minnesota. They confirmed that it was islet cell carcinoma. And to the Mayo clinic's credit… you know, I really respect the Mayo clinic. Not that they're good at what they do in conventional medicine. But if they know that a therapy isn't going to be useful, they don't promote it, whereas a lot of oncologists will promote therapies that are worthless to patients knowing that it's not going to do something.

The Mayo clinic told them chemo won't do anything for him, that if he got really symptomatic, they might use a palliative, but they have no illusions about it. And I told the patient – I actually discouraged him from getting chemo. I've seen this happen at the Mayo clinic a number of times… they discourage the use of chemo. There was really nothing they can do.

He started with me in 1995, shortly after his diagnosis. He's alive and well now, 16 years later. CAT scans beginning around 2000 showed total resolution of his big tumors. He had a huge tumor in the pancreas -- it must have been around 6 centimeters. And then he had a big tumor, right where [11:46] under the liver. All these are gone; there's been excellent help. He's enjoying his life, running his business, and just having a wonderful time. He's been well for 16 years now. He's gone remarkably, remarkably well.

Celebrity Patients and 'Star' Oncologists

DM: I wonder if you can give a comment on the social structure and the sort of pragmatic realities that exist that predispose these celebrities to not take advantage of your approach. There's been other celebrities whom you could have helped in the past, too, like Steve McQueen and Michael Landon.

DG: Michael Landon actually did consult with me, but he never did the therapy. His press agent, Harry Flynn, became a very good friend. Harry and I remain friends to this day, and this goes back to 20 years ago.

As soon as a successful celebrity gets cancer, the conventional predators come out of the woodwork, and they say that alternative doctors are sitting there like predators, trying to lure unsuspecting cancer patients into their lairs. You know, I've been in the alternative world for a long time, and I've come out of this very conventional research. But I don't see a whole of that in the alternative. What I do see is conventional doctors do exactly what they criticize in alternative doctors.

Landon was treated by an eminent oncologist (quote, end quote) from Cedars-Sinai, who held a press conference. The first thing conventional doctors do when they get a celebrity is to hold a press conference. To me it's almost like narcissism, just to show how important they are with all these celebrities coming to them. This is even though they know they couldn't do anything. He gave them an experimental chemo, but he was dead in three months. If I had a patient who died in three months, I'd walk in front of a bus.

DM: That may sound like a boast, but you have two decades of experience that shows that when patients with pancreatic cancer come to see you, they don't die in three months.

DG: Not everyone, of course, gets well. But even the ones who have failed, live a lot longer than they should have. One of the limitations of pancreatic cancer is – since the pancreas is a major digestive organ – their digestion is often compromised, and often they've had crazy surgery that interferes with their ability to eat or take supplements. So sometimes there could be management problems, and sometimes they can't do the full program – they need to do half of it. They just look well beyond expected.

He was gone in three months. Then his oncologist held a press conference, and Landon's wife was so impressed at how these doctors worked so hard and mobilized to treat her dying celebrity husband. When he died he left an estate of 450 thousand dollars.

DM: Four hundred fifty million, probably.

DG: Ah yeah, I'm sorry, 450 million dollars. And his wife gave the oncologists who treated him unsuccessfully 38 million dollars as a gift for trying so hard. You see, when a conventional oncologist loses a celebrity patient, they portray him as a hero fighting this terrible disease against the enormous odds and working late into the night trying to keep the celebrity alive. When an alternative practitioner might lose a patient, they consider him a sleazy quack getting money from unsuspecting cancer victims.

So he was lauded as a hero and got a 38 million dollar check, I have been told. I'd never really checked, but he's done so well and so successful. The same thing was true, more recently, with Patrick Swayze. He had a very aggressive pancreatic cancer. Stanford oncologists doing his treatment held press conferences routinely. I don't understand the logic of holding press conferences when you know you can't help the guy. The press conferences were filled with this kind of joyful optimism, that they're going to help. He's gone in 18 months. He died like a dog and he looked terrible. Friends of his are actually patients of mine, but he absolutely had no interest in alternative medicine. He was very conventional – the best doctors (quote, end quote) from Stanford.

When celebrities get cancer, the best of the best in the medical world come out of the woodwork. They hold press conferences, they see these potential donations. It's interesting. When I was a medical student at Cornell University, one of the reason I went to Cornell is [15:55] is one of their teaching hospitals, and they took part in my medical rotation third year. Every room has a plaque next to it: "In honor of…" and the resident laughed and "Yeah, they call us the grateful dead." All these "experts" are getting money from people they've been unable to help.

Every single room there (and there are 600 or 800 beds), had a plaque, and the more money you gave, the bigger and the more elaborate is the plaque "In memory of," "In loving memory of." They're all dead – why are you awarding the doctors that couldn't help? They have such an aura about them.

Conventional doctors can fail and still be considered heroes. Alternative doctors succeed, and they're considered slop. Conventional doctors fail, and they're awarded with money gifts, articles in the press.

There's a very eminent oncologist at the Memorial Sloan-Kettering Cancer Center who treated Linda McCartney, Paul McCartney's wife, who had metastatic breast cancer. He gave her bone marrow transplant. There's no evidence in the history of the world that bone marrow transplant helps metastatic breast cancer. None whatsoever, and it's a deadly procedure – 10 to 30 percent of women who get it would die from the procedure.

He gave it to her, and she died. Then he treated [17:15], who used to be editor of… She had metastatic ovarian cancer. He gave her a chemo; it didn't work. He gave her a bone marrow transplant. It didn't work; she died!

What did the *New York Times* do? They have a second-page major article about this hero oncologist who's been working day and night against such odds to keep these wonderful gifts to the world alive. But they're dead. They didn't succeed. He gave them therapies that could not, in a thousand years, be of cancer significance.

DM: Are there any ethics or panels that need to approve those procedures before they're implemented?

DG: There are ethics panels for the likes of you and me. When you're a celebrity oncology star, you make the rules as you go along.

Around 2000-2001, the NCI, which was actually supportive of bone marrow transplant in breast and ovarian cancer patients, finally admitted that it didn't work, so they stopped doing it. And then they went on to some other miracle, like antigeogenesis against cancer, but it doesn't work either.It's amazing having been in that world. As you know, my mentor was president of Sloan-Kettering when I started my research career. These oncologists can pretty much do whatever they want, and they're lauded for doing it. They're considered heroes. They're considered heroes by using this desperate, expensive, terribly toxic therapy. In fact the more toxic, the more heroic the doctor is perceived. The press loves them.

My mentor, Kelley, treated Steve McQueen. McQueen ultimately died, although he lasted almost a year. He was terminal when he came to Kelley. He had failed radiation, failed immunotherapy. He had been diagnosed for a year. The reason he ended up with Stage 4 mesothelioma is because he was misdiagnosed by his fancy conventional doctors in Southern California. Then they gave him radiation – there's not a study in the history of the world that radiation helps in mesothelioma; they gave it anyway. Then they gave him immunotherapy. There's not a study in the history of the world saying that immunotherapy helps in mesothelioma. They did it anyway.

Then he was dying and he went to see Kelley. He died, and Kelley got all the blame, not the doctors who misdiagnosed him. In fact when you read the newspaper articles, there are still articles about how Kelley killed McQueen.

Cancer killed McQueen.

You see, an oncologist at Sloan-Kettering can do bone marrow transplant on celebrity patients. They die, and he's written off like a hero. I still have that article – it's extraordinary, lauding him like a hero.

Kelley tries after conventional doctors failed miserably and misdiagnosed him (which is malpractice), and he lives longer than he should. He was a half-compliant patient – he continues to smoke, drink, and eat ice cream. I told Kelley when I first met him, "The

biggest mistake you've made with McQueen is you took him as a patient. You should have told him to hit the trail."

Kelley's dead. Thirty years later, he still gets blamed. About two or three years ago, there was an Op-Ed piece in the *Wall Street Journal* (of all places) attacking unconventional cancer therapy. They talk about McQueen, how Kelley killed him. Nonsense. First of all, cancer killed McQueen. If you stand outside of the back door of Sloan-Kettering, you see the bodies coming out every day. Conventional oncologists lose patients every day, and no one says they're murdering anybody. They're considered heroes for trying so hard.

As for Michael Landon, they got doctors 38 million dollars' worth of reward for his doctors, even though they didn't do anything to help Landon. Patrick Swayze's doctors have been lauded as heroes; no one came out and said that the Stanford oncology team are sleazy quacks making money and taking advantage of their victims. No one said that – they were lauded as heroes. It's not even a double standard; it's like being in an alternative universe. If you're a conventional oncologist, you can pretty much do anything you want and you're lauded as a hero and making lots of money doing it. If you're an alternative practitioner and succeed, you're still considered a sleazy quack. So it's a very interesting dynamic that absolutely has absolutely nothing to do with scientific validity, objectivity, or evaluation of data – it has nothing to do with that at all. Some are just religious fervor.

Conventional Medicine as a Religion

DM: Thank you for that, for sharing your insight and perspective, because many of us don't realize that these plaques exist in major medical institutions. Really, this sets commentary on the reality that is present. You've been in this world for more two decades. I'm wondering if you have any perspectives or beliefs as to what led to this current situation that you just described. Why does this situation exist when it's so illogical and it just doesn't make sense?

DG: That's why you have to look at this as a religious phenomenon rather than scientific issue. Conventional academic medicine is the last religion left in America. We've become an irreligious society. The media would never trust a politician, a religious leader, or anyone in the position of the government. But when it comes to academic medicine, if some guy in white coat says, "Boo," everyone would say, "Oh my God he said 'boo,' let's go right an article."

Conventional academic medicine is like religion. Of course, they have their temple – if you look at Sloan-Kettering, it looks like the Mormon tabernacle. It looks like a temple. The priests – the doctors – they wear their own robes, like the ancient Hebrew priests. They have strict regulations about their dress or robe. These guys were robes, too, and they have the priesthood as the status quo. You know, the white code. They're very distinguished-looking, always impeccably dressed and with shiny shoes and all. And they have their own language – the priesthood or whatever religion always has its own specific spiritual religious language that the rest of the mortals don't understand. Of

course, doctors have this scientific gibberish that the media don't understand. The most cynical journalist who wouldn't trust anything a politician says, when Sloan-Kettering sends out a press release, reprints it as literally the word from God.

So the way you have to look at medicine is not as a scientific profession, but rather a religious profession. It's the last reigning religion in America. The NIH, NCI, or American Cancer Society has its temples, priesthood. It has its irrational beliefs. It has its own special language. It has its tools, it has its rituals. The doctor known for making rounds is a ritual. You learn very little making rounds as a doctor. It's all ritual for the patient – it's a religious ritual that doesn't have much of a value to the patient. So they have rituals and all these things that are equivalent to kind of a priesthood class of religion, rather than an objective thing. Once you realize it, you'll go, "Oh, that makes perfect sense."

The reason Linda McCartney went for a bone marrow transplant is not because she read the data and realized it would work for her. It's because she believed in it – it was a faith issue. She was going to this priesthood kept in a temple in New York City. They had resources, and she could pay for them. So it was religion to her. Patrick Swayze to the best of the best – Stanford is the West Coast mecca. It's a religious temple. When he went there, it was faith, even though there's not a single piece of evidence they gave him that chemo would cure him and would lead to substantial results. He did it because of faith – irrational faith, because it's the belief that academicians really have these special secrets that none of us have and none of the lay people (we mortals) know. Their special knowledge, wisdom, or rituals would make us better.

The fact that they don't make us better – Landon died, Patrick Swayze died, Linda McCartney died; I could list 20 celebrities that consulted or called me, never did my program, and are dead because they went to the conventional route.

Why didn't they do mine?

I don't have a temple. I don't even own a white coat. I can wear a white coat – a good one – but I don't have one on purpose. I'm not part of the academic priesthood, so I don't wear a white coat. Yes, I have a stethoscope and a medical office like any because I need that, but I'm not part of the academic priesthood.

Michael Landon picked that up right away. In fact, his press agent, Harry Flynn, wanted him to come and see me. Harry and I remained close friends. He was really upset, and one of Landon's comments about me is that I wasn't fancy enough. I wasn't fancy enough, so he went to the priesthood. He went to Cedars-Sinai.

DM: It does tend to lead to this aspect of healing, which is epigenetics, the power or influence of your emotions on the expression of your genetic code. So if this power of belief can help facilitate the healing process and if a patient doesn't believe that you're going to help…

DG: You know, Swayze did last for 18 months. Initially it was localized, and then it went up to Stage 4. But he lasted a little bit longer. And I must say that it was nothing that the

team gave him. It was that he believed so much, and I think that kept him going longer. In Landon's case, he had such bad cancer by the time he was diagnosed. I don't know if he believed that Cedars-Sinai would help him; he just believed that I wasn't fancy enough. Landon was the kind of guy who, based on my conversation with him, would rather die in a fancy hospital than get well under my care, because I wasn't fancy enough.

Celebrities are often particularly susceptible to this kind of superior academic knowledge that they think these doctors have. There's a lot of these guys. I don't think Landon went to college but briefly; a lot of them are successful actors but not so educated. They're really taken very easily by the aura of these academicians; they really seem so smart.

DM: They may be academically bright, but…

DG: They have the priesthood knowledge, but that doesn't easily translate to getting patients well.

DM: Not in a practical or pragmatic way.

DG: We have patients of pancreatic cancer that, from the time of Landon, are still with me and doing fine. My oldest survivor started in 1988.

DM: They have the same type of cancer?

DG: Yes, pancreatic cancer. We have multiple patients with metastatic pancreatic cancer who have done well.

DM: It was interesting, your comment on Steve McQueen. I mean, you didn't have the opportunity to work with him because you weren't trained at that time, and he sort of pre-dated you. But even if you were and he came to you today -- someone similar or even a non-celebrity – that if he has the same position and he wasn't going to change his diet, you wouldn't accept him as a patient.

DG: I wouldn't take that much patients at all; I don't care how much money you make. That's Kelley's mistake. Kelley knew he was a smoker – he was known in Hollywood as the rebel who smoked, drank, and lived a wild life. He wasn't a suitable one. You thought he's going to have a religious conversion and society's going to change his life, but he didn't do that. He continued to have ice cream smuggled into his hospital. He wasn't really following the program that he needed to.

It's interesting: I do have very world-renowned celebrities as patients. No one knows who they are; no one knows they have cancer. The reason is they didn't die; we don't hold press conferences. They're doing their program and doing well with their lives. We still tell our patients: don't make cancer your life. Move on with your life. So they're back acting in movies, doing talk shows and that kind of stuff. No one knows they even had cancer. And that's fine with me. Some of them keep it secret because of the career thing, and they don't want the publicity. I understand that. So my successful patients

who are celebrities, nobody knows who they are because they got well and they're just doing their job.

DM: That is a very interesting comment. And, of course, because of the circumstances, people aren't aware of that. But it's a really important point to bring out.

DG: Yeah, that's right. That's why I don't understand. Swayze goes to Stanford, and the first thing they do is hold a press conference. Michael Landon goes to Cedars-Sinai, they hold a press conference. Linda McCartney – he lost two patients and he's being interviewed by the press as if it's something to be proud of. I look at my failures – we have patients that don't get well. I always look at them as a learning experience. I have to look at what didn't happen. Fortunately, most of our patients do get well, but not everybody. You have to figure out what happened in that particular patient. Sometimes it can be something as crazy as they live near a cellphone tower and that was interfering with the healing, although I don't have much of that recently. I've got the patient to move – she didn't die, and she's doing well. So you look at your failures, and you have to figure out what you can learn from that situation. I would never think about holding a press conference over any patient, particularly a celebrity.

The Role of Diet and Nutrition

DM: Well, for those people who are listening today to this – and there are many, I'm sure, who either have cancer or have a close friend or relative that has cancer – the basic approaches would seem to be following a healthy lifestyle that we've been promoting on this site for a long time. Many people are familiar with it, but after that, of course we're going to need an expert or coach who can really guide them through the process. But, of course, they have to be committed. Everyone has freedom of choice – if they want to take to take this Steve McQueen approach, that is clearly their choice. They don't have to make any changes, but they're going to reap the consequences of that.

But if they're committed and are seeking an expert like you, I'm wondering if you can just provide some broad recommendations – not specifics on cancer, but just the process that they might go through with respect to identifying many resources or clinicians that they would feel comfortable making a commitment to in addressing their health challenge.

DG: Yeah. My friend's Suzanne Somer's books always have resources at the end. She wrote the book *Knockout (*we have a chapter), in there which is about cancer and came out about a year and a half ago. At the back of that is a big resource section on doctors who use nutritional and alternative approaches to treat cancer. So her book *Knockout* would be a good place with a resource section at the back.

Our website has resources. Your website is one of the best in the world! You have a lot of resources in terms of health and nutrition. I say proudly that I go to your website all the time. You have the latest information, and it's all up there in your site. Your website is a terrific place to start, because of your readers and listeners…

For cancer, specifically, I think Suzanne did a good job. She really worked hard to put together resources that she thought legitimate and would be helpful resources for patients. There are clinics and doctors all over the country that she thought were respectable and would want investigation in case the patient has a question. So that's a good place to start in terms of general recommendations. As I've discussed, I believe everybody should have organic – that's the first step. You know, different people need different types.

DM: We both promote the same approach to diet, which is Metabolic Typing. In our case, we rephrased it to Nutritional Typing just to make it more palatable from a word perspective.

DG: I understand Metabolic Typing doesn't really mean anything to the average person. We have different diets for different people, but as I've always said, even though we have complicated, sophisticated tests to help us determine the diet that the patient needs, your proclivity to the food you like tend to tell you a lot. They love meat, they love pot roast – we've discussed this before. Vegetarians love to hate meat; they love fruits and vegetables.

Balanced people always want a lot of different foods: fruits, vegetables, read meat, fish, poultry. But not as much red meat as a meat eater would want, most of which are fatty red meat – that's all they want to eat. That's what they're designed to eat. So you can tell by the foods you like. If you like fatty red meat with the fat and you salivate over it, you're probably a meat eater – that's almost guaranteed. If that makes you gag and what you really want is a piece of fruit and salad, you're on the vegetarian side. You can get by doing that; it works the whole day if you're on the vegetarian side. You can tell by your own proclivities.

But whether you're a meat eater, vegetarian, or balanced, you need to eat the cleanest food possible. No one should be on pesticides. Pesticides have neurotoxins –that's how they kill insects. You don't want to be taking that stuff with you three times a day. Every time you get an apple, you get a load of neurotoxins. Not smart. The cleaner the food, the better. Even conventional scientists are now starting to accept that organic food is more nutritious and probably healthier. So start eating clean food. You can go by your own preferences.

DM: It's more expensive, but you have to look at the long term. It's an investment, and it's probably going to be less expensive in the long run. More people buying will ultimately drive down the prices of organic.

DG: It used to be much more expensive when I first got interested 30 years ago. It was very hard to find, but now you can get it. Any corner in New York is going to have a health food store of whole foods. A supermarket in New York is loaded with organic now. It's getting cheaper and easier to find. But I always hear people say, "Good health is expensive." No, no, no. Getting sick is expensive. With being sick, you're not able to achieve as much in your life, like progressing in your career the way you want to.

DM: And we have the classic example why we have these calls: Steve Jobs dying at least 40 to 50 years prematurely.

DG: Yeah, and he's so smart. He could have been productive for decades. To die in your early fifties – what a waste. Einstein died, I think, at 74. But he was working to the day he died. Jobs had a minimal 20 more years.

DM: And it's a total loss to the world. Who knows what he would have come up with in another 20 to 30 years.

DG: That's what's scary, because a guy that's smart, anything they do, they do well. And who knows what discoveries will never be discovered now because he's gone.

DM: And he literally turned Apple around in the late 90s, which is a little over 10 years ago. And he could in another 20 to 30 years.

DG: That's right. So if you think about that loss, poor health is not cheap. And good health is really... Finding organic is cheap, compared to the value of this. There are studies now that show that children who eating organic do better in school. They don't have all these nerve toxins in their brain. No preservatives or additives poison their brain. Of course, they do better in school. They don't have ADHD or whatever. They do better in school and they can achieve better, and they're going to be more motivated. They're going to earn more money. They're not going to drop out of high school because they're depressed. They're going to function better.

There's nothing better than good health – you can't put a price on good health. It is the greatest gift. And organic costs 10 or 20 cents more for carrots or whatever. But the value in terms of your life is something you can't just put a price on.

My patients come to me and they think their life is over. But once they get well, they go on and get back to their lives. I've seen what it can do – believe me it isn't cheap.

Good Health is 'A Long-Term Miracle'

DM: And I think the challenge many people fail to appreciate is that they don't notice an immediate difference. So they purchase a conventional bunch of celery versus an organic one, and they're not going to see anything immediately. It's a long-term consequence. It's an understanding the the side effects of using these on a long-term basis is the central issue.

DG: Good health is not an instant miracle; it's a long-term miracle. It's something you do over time. It's a gradual process of repairing and rebuilding every cell in your body. You know, I grew up on junk food. When I met Kelley in 1981, it changed my life. I started taking supplements and coffee enemas. I've been eating organic ever since. And I see year by year as I get older that I get stronger. I can work hard now as much as I can 10 years ago. And it's not because of some mystical process that's happening; it's because of good nutrition. The foundation and materials for my body are such high-quality. My body is healthy now, and it was when I was 20. Good nutrition can do that – it can slow

aging, improve the aging process, and make us productive. I have patients since the mid-90s and they've been with me for 15 to 20 years, and they were as productive as they were 20 years ago. They think clearly, they don't have Alzheimer's and heart disease. I have one patient who's 95, and two of her doctors have died and she keeps going on. It's a tragic story because two of her doctors now are dead. She had breast cancer, and she does a program. She had no intention to die – she's now 95, 96 years old. So good health is a long-term investment.

DM: It's interesting to have that observation, and there's a brief comment here, which is the physicians that have been promoting this approach -- this isn't a conspiracy; they have bought this approach hook, line, and sinker – they not only do it for their patients, they do it for themselves, their friends, and their family. It's because they fully believe that it's the right way to do it.

DG: You're talking about the conventional, right?

DM: Yeah, the physicians. And they suffer the consequences just like their patients.

DG: They do. That's very, very true. This fanatical religious belief that defy fact and reason, and often the objective truth… as I said earlier, giving a woman with breast cancer a bone marrow transplant is defying objective truth. There's no evidence that it works, and there's no evidence that it's not dangerous. They did it anyway. It's religious, almost irrational, belief. They grow up with the bias that drugs are the way to go. It's how they're trained; it's imprinted in their brain in medical school. It's like brain and mind control – it's what they believe. They just can't believe anything else. Then they believe it for themselves and go to their graves believing it – often to their discredit, unfortunately.

And their own health could be better. We get calls from doctors now, asking us about nutrition and what supplements should they take. There's been a big change it the last few years. Fifteen years ago it didn't happen, and now it's starting to happen.

DM: It's difficult to break out of it, but if they're really objective and sincerely seeking the truth, it's really hard to understand that they can come to any other conclusion.

DG: Yeah, that's right. Oncologists tend to make a lot of money, and I'm not against that – it's fine. I'm a believer in free market principles rather than the government telling us how to live. That's fine with me, but it doesn't work very well. It's one thing to be rewarded when you're very successful; it's another to be rewarded when your patients are dying like dogs.

It's a toxic therapy, and it doesn't make the patients feel better. It makes them sick as dogs, and they die most of the time. Yes, there are few cancers that respond to chemo, but there are very few. For a hundred different types of cancer, maybe four or five respond well to any kind of chemo. The vast majority doesn't respond well. And believe me: after 23 years of doing this, they don't know how much money they make.

You know, when they start out, there's at least some idealism. Even in the most cynical doctor, there was some idealism when went into medicine. And it's very difficult. I love coming to work – I don't care what the AMA, the NCI think – and I love coming to work to see the patients getting well. There's nothing better than that.

DM: It's a very powerful motivation. Ultimately, the physicians – when they're truthful and they see their patients failing on a regular basis – they have to question the validity of the approach they have chosen. But some of them don't.

DG: Some of them do question, but most of them go their grave believing in it. Again, it's a religious belief.

DM: Here's the other component to that as well: if there's a social peer pressure, if they go out of that and start stepping out, they're going to be ostracized by their peers. That's another powerful motivation to stay within the confines of the accepted realms of therapy.

DG: They know what happens when you take the divergent course as I did. You're under public scrutiny, with the medical boards and all kinds of things.

Books by Dr. Gonzalez

DM: That's a fascinating story, and I believe from our last conversation, you were actually in the process of writing a book.

DG: That's correct. Our much-lauded clinical study that was funded by the NCI-NIH was really sabotaged – that's probably the general word I would use. It's a ten-year study, and we fought like hell to try to get that study. The book will actually show what happened, using the facts to make the point, not my opinion. It was managed almost from day one by the esteemed academic physicians that were in charge of it. It's ironic – my colleague Dr. , one of the physicians, tried to see that everybody filed [42:24] the appropriate tenets of proper scientific clinical trial management. Whether it was subconscious or conscious I don't know, but there was an agenda to just get this thing done and prove chemo works better than me to get rid of me. I almost believe that was the underlying motivation, as much as it's hard for me to accept that.

DM: Yeah for those who are interested, certainly keep your eyes up for that. But you've written other books, too, that really detail the history of what you're doing. What are the names of those?

DG: First is *The Trophoblast and the Origins of Cancer*. That sounds like a weird word to a non-scientific person, but trophoblast is just early placenta, and that refers to Dr. John Beard's work from a hundred years ago. He was a student of embryology and neogenesis. He first proposed that the pancreatic enzymes have an anti-cancer effect. As a result of this long, convoluted research into the placenta and how it develops, he found that pancreatic enzymes have an anti-cancer effect. *The Trophoblast and the Origins of Cancer* discusses Dr. Beard's work from a hundred years ago from the perspective of modern, contemporary molecular biology. So we bring it here to the 21st

century and show how correct he was, why he was writing, how he, along the way, discovered stem cells, although he doesn't get credit for it. It will show how brilliant he was.

The second book is *One Man Alone*, which is actually an updated version of my investigation of Kelley. I spent five years going through Kelley's records under Dr. Good's direction, who was my research mentor. We put that together in monograph form back in 1986, 1987, but we couldn't get it published because in those days, no one believed that a nutritional therapy can possibly be used against cancer.

Those few editors that did believe said it was so controversial their careers would be ruined if they published it. We finally published it about a year ago, with an introduction by me from the perspective of 2010. But it's basically 50 cases of Kelley with the medical records and a case report I wrote. His success specifically with pancreatic cancer is the third section of the book. The first section is the history of his work, the second section is the 50 cases, and the third section is success with pancreatic cancer.

We actually have reprinted Dr. Beard's 1911 book, the *Enzyme Treatment of Cancer*, which was out of print and never was reprinted. There are only 18 copies known to be in existence. We're able to get one from a secondhand book dealer in Texas through of my patients who knew a book dealer in London. My patient lives in Texas; the book dealer was in London. We got an original copy that was in perfect, pristine shape and with modern technology – the people that did this are experts. We took it apart and using computers, we created and have available an exact facsimile of photographs of people with their tumors gone away a hundred years ago. It was published in 1911 originally.

DM: Anything before 1923 doesn't have a copy, right?

DG: That's right. So we're able to do that. In fact, we did approach a publisher, but they couldn't care less. You're sitting on a book that gives you the answer to cancer, and their attitude is "We don't care."

He was a very sophisticated scientist, and he was a professor at the University of Edinburgh for years. And it's a beautifully done book. There's an introduction in that by me putting Beard again in the context of 2011. So that's the third book, which is actually Beard's book. The fourth book would be an investigation of clinical study, which is sort of an investigative journalism type of thing. We're putting the final touches on that right now.

The fifth book, which I'm about two-thirds finish, is a book of 100 of our cases of patients with advanced cancer who did well under our care. We'll protect their privacy in this case report as I did with the Kelley book and then select medical records to prove their cancer is gone now.

DM: Well, it's a good segue to my next question. I don't think it's going to happen because I take darn good care of myself, but if I ever came down with pancreatic cancer, more likely someone in my family or someone I care for, I would (in a heartbeat)

give them your name and number to contact as a consultant. If someone listening to this is in a similar circumstance, how would he get in touch with you or your office?

DG: We're in Manhattan, New York City. Our phone is 212 213 3337. We have a website that really goes into some detail about what we do – it's www.dr-gonzalez.com. There's a section on how to become a patient and everything a patient needs to know.

DM: That's terrific. I highly recommend it. And I really thank you for all the work you've done over the years and really providing an amazing resource to help those who struggle with this challenge.

DG: Well, I appreciate you giving me the opportunity to talk about the work we do. Som I appreciate your good work. Keep it up.