
Dave: Hi folks, this is Dave Bernstein. Welcome to **Story of Survival**. Today, we're speaking with Dr. Rashid Buttar, from North Carolina. He'll be telling us about his own personal experience with his patients' stories of survival, how they not only survived cancer, but thrived in its aftermath. Without further ado, let's go ahead and welcome Dr. Buttar. Dr. Buttar, how are you, today?

Dr. Buttar: I'm doing great, thank you.

Dave: Thanks so much for joining us. I really appreciate it. I would like you to tell our listeners a little bit about yourself, your background, and bio.

Dr. Buttar: I am a physician who has been practicing now for nineteen years. I've been blessed that I've been able to take care of patients from 34 different countries. We've gotten a lot of accolades for our accomplishments in medicine. My background is in general surgery. That's what I did, general surgery and trauma medicine. For whatever reason, there is a whole story and I know we don't have time to go into it, but I was compelled to start looking at cancer.

I've never had any personal history nor has anybody personally close to me died from cancer. I don't have any kind of exotic story. It's been the one thing in my career as a doctor that I've had some very strong feelings towards, for whatever reason.

When I was an intern, a resident, a medical student, there were experiences that I had with patients and cancer that I just did not want to deal with. I knew I did not want to deal with oncology, with internal medicine. My reason for wanting to go into surgery was to be able to see the tumor, cut it out, look at it, spit on it, throw it on the ground, stomp on it, and be done with it.

After a number of years of doing that while in training, I realized that it's not the answer. Many of these patients that we would take the tumors out and throw it on the ground, stomp on it, and think everything was fine and have no evidence of it being in the body anymore, six months or a year later it would recur. There's been a personal interest. Why it started, how it started, I can't tell you but we have made our name in the medical realm in cancer and in autism. Those are the two areas that we're known in.

Dave: I know you opened the Advanced Medicine and Clinical Research in 1996. You've got a mission statement that I want to read. "It's not only to extend your patients' lives, but to improve the quality of that extended life." What does that mean to you? What are some of the things that you've seen that people have been able to accomplish after being at your clinic?

Dr. Buttar: The philosophy that we have in a nutshell is 1) detoxification and 2) immune modulation. In cancer specifically, there are five steps that we go through. If you

do those five steps, which are essentially physiological optimization, detoxification, immune modulation, target acquisition, and then maintenance, these five steps, if we can do that, which all are specific that go through those first two things I said, detoxification and immune modulation, if you can do that, not only are you going to extend life, but you're going to improve the quality of that extended life and in all areas of chronic disease, not just in cancer but in anything that you're dealing with.

That statement is a slogan that we came up with a long time ago. We have a very specific mission statement that is on the walls of our clinic, which is "To make the change the world is waiting for." By extending life, not only the length of the life but the quality of that extended life, we believe that we are making the change the world's waiting for.

Dave: Have patients already been diagnosed by the time they get to you, or do you assist in diagnosis as well?

Dr. Buttar: Absolutely not, we do not diagnose cancer. We are not in the business of diagnosing cancer. In fact, if somebody comes to us primarily with the concern that they may have cancer, we'll do our stuff but we send them to a standard, conventional oncologist and let them make their diagnosis. Then they can come back to us if that's what they choose.

There are a number of reasons for that. I believe that many times, in fact one of the most prominent people in the field of alternative medicine, Burton Goldberg, and I've been given the liberty of using his name, he is the guy who put out *The Guide to Alternative Medicine*, the big phone book looking silver book you've probably seen.

Burton himself was diagnosed with cancer and he went to Germany for treatment. The German doctor he went to see plus two other people, doctors who were close to him, they all said the same thing, "Before you do anything, go talk to Buttar." He came to North Carolina and he became my seventh person with a diagnosis of cancer who did not have cancer.

This opens up another can of worms. Many time people are diagnosed with cancer that didn't really have cancer. They go through the treatment and then they end up dying from the chemotherapy. The statistics are very clear. In fact, 42% to 46% of the patients that die of cancer die of malnutrition. The remaining 54% or so of the patients - what's the cause of death? Some people say it's the treatment of the chemo and radiation. How many people actually die of cancer?

Cancer is a wasting away type of disease so when people truly just die of cancer, if they've never had any type of treatment; they're not going to die from the

cancer itself. They usually die from renal failure, or liver failure, a common cold or pneumonia or something like that. The cancer basically eats away at their body.

When we're talking about what caused the person to actually die, what is the actual cause of death in cancer patients? We have to start looking at not only the nutritional aspect and all these other components that we're dealing with. These components of nutrition versus some of these side effects of the treatments versus the body wasting away; these are the issues that we have to look at.

When we start talking about who made the diagnosis, what was their motivation when they made the diagnosis? Cancer is a very big business so we don't make the diagnosis of cancer at all. In fact, probably the first dozen patients or so that we had successes with cancer, when they went back to their oncologists, their oncologists said, "Well, we're not really sure if you had cancer."

That was a very frustrating thing so now I will not even see a person; we won't even start the treatment until we have an independent, third-party pathology report that confirms the patient had cancer. Once we have that, then we will go ahead and start treating them. This way, I have something tangible that says this person has cancer and this is what the path report shows. Otherwise, the results come back and they say, "We're not really sure this person really had cancer," when we know that they had cancer. Or, they're being treated for cancer when they didn't have cancer, as I used the example with Burton.

That's the reason, and a very long answer to your question, but that's the reason that we don't diagnose cancer. We will usually only see a person once they've been diagnosed with cancer, but if somebody does come to us and they're concerned about that, we'll do our own workup and tell them what we see but we'll tell them they need to go see a conventional oncologist before we start any kind of treatment and that we need to have that pathology report so we have something definitive to rely upon.

Dave: It absolutely sounds like a responsible thing to do here. When people get to your clinic, that education that we just discussed, are you educating them, as well, as to what they should have in hand by the time they get to you?

Dr. Buttar: That's a great question. In fact, today was a perfect example of somebody that came all the way from Wisconsin with cancer and they did not bring any of their medical records. I just had a meeting with my head of clinical staff to tell them to make sure new patients know to bring their records, because we didn't have any records for this gentleman.

We do try to educate people on what they need to bring with them but we also educate people before they ever make the decision to come here. My goal is not that the patient comes here. I don't care where the patient goes. I just want them to be aware of what the real issues are.

The real issue is what causes cancer. People say, "We don't really know what causes cancer." That's what the big picture out is, that "we really don't know what causes cancer. We're against cancer and we're going to stamp it with this chemo, radiation, and surgery."

The cause of cancer is very, very clear. You'd have to be an absolute imbecile not to know what the cause of cancer is. It's toxicity. Toxicity causes a change in the internal environment of the body and the body then compensates. It's trying to survive against it. It's a nutritional depletion. The body is run down. It's not getting what it needs, and then it's latent with all these toxic substances in the body, and in order to survive it goes into this rapid state of proliferation. I'm going to come back and explain a little bit more in detail and give you an analogy that will hopefully make it clearer.

To answer your original question, the goal is to educate the individual, worldwide, to make the people aware, and to allow people to become empowered with knowledge. With knowledge comes power. They understand that what they're experiencing when they get cancer or when one of their loved ones get cancer, they understand what's truly going on. Then it gives them the options of what they can do.

When I said options, I'm not talking about coming to us; because the options are which way do they really want to go. Which way do they really want to proceed? There are many doctors that can help patients using different methods than we're using but the same type of philosophy. The goal is to educate and empower the masses of what's happening to the fields of chronic disease, specifically cancer and heart disease, the way we're going about it.

In fact, if you look at all chronic disease, the way we're going about it with chronic disease is we're regressing and becoming more and more primitive. In fact, I believe that right now in history, history will remember us as being one of the most primitive periods in the evolution of medicine and the healing arts. We're trying to cover up symptoms.

Cancer is kind of like a dashboard on a car that starts blinking with a red light. That red light tells us something and in many cases, the red light is warning us that damage has already started and is going to continue to worsen unless something is done about it.

Our modern, conventional, traditional method of treating that red light, that cancer, that warning of pain or whatever the difficulty the person is experiencing, whatever the symptom is, is to go in and take the fuse out rather than fixing the problem or looking at the engine and trying to figure out what is causing that light to flash and taking care of the problem at the source.

Our solution in modern medicine is to take the fuse out. There is no more blinking light. As soon as there is no more blinking light, the illusion is this problem has been covered and is taken care of. It's been solved. Now you don't see a blinking light so everything is fine, until the engine blows.

That is the problem. We have to start looking at the source of the problem and the source of cancer, where did it all start? It started from a level of toxicity on board a physiology that didn't have sufficient nutrient basis to protect itself.

Dave: That dashboard analogy was amazing. In fact, to our listeners out there, you might want to rewind this and listen to that again. I can't tell you how many times I've been in a car and the light comes on and you just ignore the light, ignore the light, and then you wonder why something's not going right there.

Dr. Buttar: Here's a little component to this. I want you to think about this part because this really is a frustration for me as a physician and seeing how doctors deal with patients. If you were to take your car with that flashing light to a mechanic and the mechanic told you that the way we're going to deal with this is we're going to take the fuse out. If they take the fuse out and the light is not flashing, what would you say to that mechanic? What would your response be to that mechanic?

Dave: I might have an attitude about it, I can promise you that. Sometimes you think you know more than the mechanic does.

Dr. Buttar: You know that, yourself, as little as you may know about car engines, that the solution is not to take the warning light out, but rather to look at the engine and figure out what the problem is. Am I correct?

Dave: Yes, absolutely

Dr. Buttar: If your doctor is going to go in and take that flashing warning out and not look at the engine and try to figure out what the problem is, that's the same thing as a mechanic ignoring the problem with the engine and trying to take the fuse out. When a doctor gives you a drug and says, "I'm not sure what's going on here, let's try this drug," do you know what the number one, most prescribed medication in the entire northern hemisphere and possibly in the world is? Prozac. It is the most widely prescribed drug, in know in the United States, and I

think it's North America. It may be in the entire world - the most prescribed drug. Why is that?

When patients come to the doctor and they're not feeling well, not feeling healthy, their systems aren't working right and the doctor does all the blood work and there is nothing wrong chemistry wise, and the labs are fine. They say, "I think you're depressed. Here, take this medicine."

Of course the person is depressed if they're not feeling well. The blood work won't show if their bodies are toxic with certain types of substances and if their systems aren't working right. You look at the blood work; the blood work doesn't show anything. They say, "Okay, you're depressed." Yes, of course they're depressed, but the depression was caused by a physiological imbalance.

I've had patients come to me that were told by multiple doctors that they should be on antidepressants and when the patient refused or the antidepressants didn't work and their symptoms got worse, the doctors tried to put them on neuroleptics, on antipsychotic medication. This is how ridiculous our system has become.

Dave: I totally agree. Briefly we talked about attitude here. Based on your experience, how important is the role of attitude during and after cancer treatment? Do people need to go in with a great attitude, right from the get-go?

Dr. Buttar: We have a philosophy of treating based upon the seven toxicities. Please remind me to give the resource we have that's free for everybody that will help a lot of people regarding this. The fifth of those seven toxicities is called "emotional/psychological toxicity." I believe that is the number one defining factor between success and failure of a patient that's suffering from cancer, whether they survive or they fail. Surviving meaning that they're continuing and failing meaning that they transition to the next phase of whatever we believe, whether we believe there's life after death or whatever a person believes. They're no longer on the planet, or what we would conventionally call death.

I don't believe in death. I believe there is something that happens afterwards and everybody else may have their own different belief. If we were defining success as continuing on this planet and failure as moving onto the next realm, the number one defining factor there is that fifth toxicity, the emotional/psychological component. That has everything to do with attitude.

Attitude is a huge component of that, your mindset, what you believe, what you're willing to do, the action you take, where your attention is going, are you focusing on the cancer and giving it more energy or are you focusing on you being better? What are you visualizing? What do you want in life? What has been the past

history of your life, meaning the emotional, psychological balance that you've had? Are there people that have created issues for you or have you created issues, the issues of forgiveness and so much emotional baggage that these people have?

Every single person that I have treated that has cancer, there has been an amazing amount of emotional trauma that these people have experienced. In fact, it's amazing to me that anybody has dealt with that type of emotional trauma and most of the people when you talk to them look like normal people, every day people; you'd never think that they had experience or gone through such a horrifying experience some time in their life.

For example, probably half a dozen patients that I've treated with cancer had lost a child early on in their life. They had a three-year old child that died, or a four-year old child, or a sixteen-year old. They lost a loved one, their own offspring. That is a tremendous emotional trauma for somebody to have to deal with.

The issue of forgiveness - people having trauma they've experienced. When I say trauma, it doesn't necessarily mean physical trauma. In fact, generally it's not a physical trauma but they've been scarred somehow emotionally. They've held onto that baggage.

When somebody has something that eats away at them for weeks, months, or years, eventually that stress is contributing to that change in the physiology that allows for the propagation of oncogenesis or the cancer formation.

Dave: We were talking about that mind/body connection here. Do you honestly believe that cancer is not only a disease of the body but indeed the mind can help accelerate its progress?

Dr. Buttar: I want you to understand one thing about me and this is important for the people who are listening. I don't have opinions. Many, many times, I have actually caused my own peer group to become alienated. They don't like what I've said. I have a tremendous ego but when it comes to patient response or patient result, I have zero ego. I don't express my opinions. I only state what I have seen on a consistent, repetitive basis, observation.

Five years ago, eight years ago if you'd asked me this, I would have said maybe the mind has something to do with it. Ten years ago if you'd asked me I would have said the mind has nothing to do with it. Today, I will tell you that the mind has everything to do with it. Why? Because in my observation, the more patients I've seen, I've seen that component.

We haven't been successful with all of our patients. Obviously, many of the patients we get are already stage four cancer. They've already gone through

chemo, radiation, and they're so far gone that there is very little we can do. We have been successful in helping even some of those patients, but the longer the person waits and the more problems they have, when person comes in and cancer isn't their primary issue anymore but their kidneys are failing, their lungs or liver are failing, then it becomes even more difficult.

The reason I brought that up is because obviously we've had patients that we haven't been successful in keeping alive. We had two patients that ended up passing on. Most of the time that this happens, you assume that it was the cancer. But the families agreed to do an autopsy. For me personally, it didn't make sense why these patients died because from our assessment, they had a complete, clean bill of health. There was no cancer left in their body yet they still died and nobody knew why they died.

Two families agreed to do autopsies because there is a cost incurred and most families don't want to incur that cost. These two families agreed. They got the autopsies. For both patients, no trace of cancer anywhere in their body, none, but they died exactly when their oncologists said they would die. That's what their mind believed.

I've had four patients, and we talk about this in our cancer DVD, the "Cancer: The Untold Truth". We've had four patients that have gone through our treatment. Again, we believe they had no trace of cancer. We did our assessments showing no trace of cancer. They were doing fantastic, and yet they still died. They didn't die from the cancer. One died in a car wreck. One died from a heart attack. One died of a pulmonary emboli.

The point I'm making there is that no matter how good the doctor is, or how good the will of the patient is, or how much the patient or the family of the patient wants them to live and do the right thing - I tell all my patients this. If God wants you, if your mission on this planet has been done, if you have completed what you were meant to when you came into this realm, there is nothing that anybody is going to be able to do to prevent that.

However, my goal as a doctor is that if God wants you, there must be a different exit strategy. It won't be the cancer. That's the best that I can offer. We have been able to see that. That person's life, whatever they were supposed to have done was done and they went. They didn't go from the cancer. I could look at myself in the mirror and say I did 110% what I was supposed to and what I could and that's the best that I can offer anybody.

Dave: That's absolutely fascinating. I'm glad you shared that with us. In the past, it's well known that chemotherapy not only destroys cancer cells but also healthy cells. This has probably been a concern for a lot of patients.

I had an opportunity to watch a video on your website. I want you to talk about that if you feel comfortable doing so. The female patient that you were working with went through some amazing results over a three to four-year period. She mentioned that her cells felt better than ever before. Would you talk about that for a little bit?

Dr. Buttar: It's kind of strange how things happen in life. That patient is actually an oncological nurse. She spent forty years as an oncological nurse, a nurse that just dealt with cancer patients. She ended up getting cancer herself.

She was talking specifically about the response - as you recall I mentioned our parameters that we use to assess improvement, and whether a person has cancer or not. We look at certain types of immune responses the person is having. We look at natural killer cells, at the lymphocyte population which is the population of specific types of white blood cells. We look at apoptosis, which is programmed cellular suicide. I can explain that for your listeners if you don't think they may know that. We go into a lot of detail in our DVD, the "Know Your Options" medical series. It explains a lot of these things and how the blood work is assessed, and what the numbers mean.

Specifically, there are four things we look at and that's cell cycle, apoptosis, lymphocyte population, and natural killer cells. Without going into too much detail, these are basic direct or indirect measurements of the immune system.

In a conventional oncological approach, nobody looks at that. In fact, I've even had patients tell me that when they talked to their doctor about the natural killer cells, the doctors look at them and say, "What role does that have to do with your cancer?" To me, that's like being hit in the head with a baseball bat. When a doctor that specializes in cancer says what role does your natural killer cells have in your cancer, that's your immune system. You can't get cancer unless your immune system is damaged.

What she was talking about in those videos was that her parameters that we were monitoring, she started seeing those changes. As we would do the testing, we would show it to her and she started seeing those changes herself. Did you notice when you were watching the video the difference in her face?

Dave: Absolutely, her whole body was changing, her whole disposition.

Dr. Buttar: Exactly, but the color of her face - she looked like death warmed over when she first came in 2003 or 2004. A year and a half later - she was given six months to live. You understand that in that video she had already had cancer, had chemo, had radiation, and it had gone into remission. Then the cancer came back and that was when she was given six months to live.

The first segment you see in there, that is after the second bout of cancer hit her and there was nothing more left. You can see how far she had gone. She was given six months to live at that point and the second part of the video you see is a year and a half after that initial point, after the point where she'd been given six months to live.

That physical transformation that you're talking about shows the system is being enhanced to a point where it's now able to live again. It is no longer in a mode of survival. It is actually now thriving. Those blood parameters you asked me about that she mentions in the video - what you were able to see visually is a manifestation of the change in that blood work. Does that make sense?

Dave: Absolutely, and we'll be sure to give that website address to our listeners at the end of the interview. We want to make sure you have a chance to see that as well, too.

We've had many of our listeners asking about alternative methods. What are your beliefs on meditation, stress management, self hypnosis during and after treatment? What are your thoughts about that?

Dr. Buttar: That goes into the fifth toxicity and the seventh toxicity. I will give you a website that will have videos that people can watch, twenty minutes each, nine different videos. It doesn't cost anybody a single dime. The only thing we ask is if you find it to be powerful, for you to pass it on to other people who may benefit from it.

I could talk about that question, literally, for hours upon hours and probably days upon days. That fifth toxicity, the emotional/psychological component and the seventh toxicity, which is the spiritual component - all these seven toxicities must be addressed in order for a person to be able to reverse a chronic disease, especially cancer.

Meditation has a component in there that helps not only with the fifth toxicity, that emotional/psychological and the seventh toxicity, the spiritual, but also deals with certain components of the physiological responses the body needs. It means a down regulation. Think of a car again with the engine. It's down regulating that idle. It's letting the engine rev at a lower speed. It helps to allow the physiology to become conducive to the innate healing abilities within the body.

What I mean by that is somebody may be listening to that and saying, "What the heck does me mean by that?" If you're in a state of stress, your peripheral vascular system, your blood supply system, the vessels are constricted and you're hypertensive. Your body's blood pressure is going up. You're not in a

mode that allows for profusion, meaning the blood flow to go into the tissues and get to work and do its job.

Remember, blood is taking nutrients to the cell and carrying waste products away from the cells. If you're tensed up and you're tight, think of the blood vessel as a highway and the highway is narrower. It takes more effort of the heart to push that blood through that highway and through that vascular system that is constricted, into the tissue, in order for it to do its job.

Now, if you're meditating and you're relaxing, those highways open up. The vessels open up. There is vasodilation. The muscles are no longer constricted and constrained and contracted. They're relaxed and open so the blood can profuse through that tissue better and supply the nutrients better and pick up the waste product better and more efficiently.

When people say, "Meditation has nothing to do with this," and I've heard many doctors give lip service to that mind/body connection. Meditation is crucial. It is crucial to help down regulate the system and to allow the system to start operating from a basis of actually doing what the system was designed to do, as opposed to creating an issue, creating more barriers, creating more blocks to prevent the body from healing itself.

Dave: When the patients are done with treatments at the clinic, do you have a follow up process with them? Do they come back every few months? Are you on the phone with them? What do you usually do once they've left the clinic?

Dr. Buttar: The process of healing is a continuous process. Once we've got them to a certain point, the blood work shows, and our assessments show that they're in control and the cancer is no longer in control of the system, then we downgrade the frequency of the treatments they're getting. Most of these treatments are all around the detoxification process and the immune enhancement process.

What's important to remember is that some of these toxicities took literally ten, twenty, thirty years to accumulate so there is an ongoing process. They'll go from the initial part, which is five days a week for so many weeks, depending on whether they've had chemo and radiation. Then they'll go down to three days a week, and then down to two days a week, then once a week, then once every two weeks. Eventually, we get to the point where they're coming once every three months, then once every six months, and then once a year. That's usually just for a follow up.

The maintenance treatments they can do at other places. We have doctors we've trained all over the world and we've got doctors who have come through our training programs. We find the right doctor for them to continue maintaining

their “oil changes.” Think of it as an oil change on a car. It’s kind of like saying, “I had an oil change once in my car, and then 25,000 miles later my engine blew.” That’s how people think of treating cancer.

It doesn’t work that way. You need to do certain thing to prevent the accumulation of those toxins, like removal of heavy metals, removal of persistent organic pollutants. That should be done on a regular, consistent basis.

I’m forty-three years old. I’ve never had cancer, thank God. I don’t ever plan on having cancer, but I’ve been doing the same treatments in myself since the age of thirty two. For eleven years I’ve been doing these treatments on myself, as a preventative. Some of those components that we start off initially, with the cancer, to treat the patient that is suffering from cancer, those components will continue long after the cancer is no longer an issue. Does that make sense?

Dave: Absolutely, with all the doctors and clinicians that people will be going to throughout their treatments, certainly there has to be some kind of rapport. What do you think are the most important qualities of an oncologist and other experts that cancer patients are seeking?

Dr. Buttar: That’s a very powerful question. I’ve never been asked that before and it’s an excellent question. This is how I would answer that question. No matter who you’re talking to, every one of us on this planet has what I call a “BS meter.” That BS meter is very sensitive. Some of us tend to ignore it more than others but we all have it. We all know what the truth is because it resonates with us and we all know what something false is.

I would say that if you’re going to talk to somebody as an expert, no matter what their credentials are, pay attention to that BS meter. If that BS meter never fluctuates even an iota, but it’s perfectly still, then you know that what you’re hearing is the truth. If it is all over the place, and you have any sense that what the person is saying doesn’t resonate with you, you need to go out and find a different person to guide you, a different doctor.

I really believe this because even when I have new patients coming to me, I tell them, “Whatever you choose is the right decision for you. If you never see me again, that is the right decision. Never question that. Whatever your heart tells you, listen to your heart. That’s God speaking to us. That’s the universal consciousness.” That’s what I believe.

I think a person really needs to pay attention to how their response is to what they’re hearing, and if it makes sense, if it resonates, if the truth syncs to their heart, that is the person you need to go with. There is no better way. I could

give you many different criteria. That's all BS. It all comes down to what you feel. What feels right?

Dave: Absolutely, there is no perfect solution. There is no perfect treatment. There is only the right treatment for you. Everybody is different and when you know in your gut, when you know that there is a factor of trust, when there is a factor of care, then you know you're at the right place.

Dr. Buttar: Absolutely, and here is the thing, too; one of the things for me as a physician and I think this is a concern that has become very prominent in my mind a number of years ago is you have to understand that when a patient comes to a doctor there are certain obligations that a doctor has, a fiduciary relationship to the patient. Unfortunately, that's where the medical ethics program comes in, the informed consent aspect.

I think the entire medical profession has lost their gourd because they're talking about informed consent and how important that is from an ethics consideration, yet they don't tell patients that they need to get the detoxification. They don't talk about heavy metal toxicity. They don't talk about persistent organic pollutants. Yet, they think that by telling a person that you have this option, this option, this option, the three different types of surgical options, and the two different types of medical therapeutics options, but they don't talk about all the detoxification. They've failed in that informed consent, first of all. I wanted to kind of throw that out there because it's a terrible thing that we, as a medical profession, have done.

When a patient comes and the patient hasn't made the decision yet, they're coming to me for a second opinion, I don't want to tell that patient "This is the only answer." If the patient doesn't go through my treatment - let's just use heart disease as an example.

I say, "You need to do heavy metal detoxification. You need to get chelation therapy," and the patient decides that they don't want to go through that route but they're going to go through the bypass, right before the anesthesiologist induces them and puts them to sleep before the cardiovascular surgeon opens up their chest and does their work on their heart, what do you think the last thing that person is going to be conscious of before the anesthesiologist puts them to sleep?

If I, as a doctor told the patient "You need to get chelation" and the patient choose to go to get the bypass, the last thing he's going to think before the anesthesiologist puts them to sleep is "That other doctor told me I should get chelation. Maybe that was the right choice." I never want to put that doubt in a person's mind.

I never tell a patient what to do. I answer all their questions that they have when they come to me. Once the patient has told me, "This is what I want," and I make it tough on the patient to make sure before they decide. I want them to really be sure. They're coming to me; I'm the general that's going to lead this battle. They're coming to me saying they have a battle and they want me to win the fight.

I need to make sure; is that army that I'm going to lead into battle willing to do what is going to be necessary to win? I don't want to go into a losing battle. Once the patient has convinced me that they're the right patient and they feel I'm the right general to lead them into this battle, then I will tell them what they should do. I'm very adamant and I'll help them because they have now decided this is the route they want to go.

Until the patient has made that decision, I can't ethically - and I don't mean medical ethics. I mean just looking at myself in the mirror ethics - can't tell them to do this treatment versus that treatment because they haven't made that decision. I don't want to have that burden that in their mind they may think, "Maybe the choice that I didn't make, maybe that was the right choice." This goes back to what you just said; every person, every treatment, whatever a person chooses to do is the right treatment for them and it's important for them to realize that.

I don't want to be the one who's guiding them into making the wrong decision or right decision. For that person, maybe they'll have the bypass and never have another problem. Generally speaking, that's not the case, but the point is; it could be the right answer for them.

It's very important for a patient to realize that the number one person who is responsible for your health is you. You have to be proactive and doing the right things in order to get yourself and keep yourself healthy. No matter how good the doctor is, it's not the doctor's responsibility.

I tell patients "What are you willing to put forth to get better?" If a patient says 70% and the doctor responds with "Hey, I'll give you 70%," the patient is not going to want that. The patient will say, "Wait a second; I want 100%." You have to give 100% first. If you give 100%, your doctor will give you 100%. You, as a patient, you give 100% and your mindset is right, and you make whatever decision you have made and you're sure that's the way you want to go, that is the right decision. Go forward and don't hesitate. Don't hem and haw. It's like passing an eighteen wheeler. You don't hesitate once you start passing it. Once you make the decision to pass, you push on the accelerator and go all the way. That's what I think people need to remember.

With cancer, you're dealing with that type of a situation. You're passing an eighteen wheeler. You need to make the decision and be committed to that decision and go full forward. Always listen to your heart because that is the guide that gives you the truth, guiding you on the right path versus keeping you on the wrong path.

Dave: You made a couple of great analogies there. I like when you were talking about going into battle. You've got the army, the navy, and all the armed forces overseas right now, and they're making decisions; they've got someone leading them. The last thing you want it mutiny amongst your own patients, where you're trying to lead them to victory and they're not sure which direction to turn. They have to be ready when they get to you and they have to be willing to act and not react. Too many people react. Very few people know how to act and take full control over their own treatments. Do you agree?

Dr. Buttar: Absolutely without a doubt, in fact, it's not just in dealing with disease; it's in everything in life. We look at success versus failure in every component of life, whether it's personal, financial, family, spiritual/social circles, your health, everything. Very, very few people are proactive. Most people, as you said, are reactive. That's the problem. When you're in a reactive mode, you're not making any progress. I couldn't agree with what you said more.

Dave: One philosophy I've always had in my life is "never, ever worry about something for longer than it actually takes to do it."

Dr. Buttar: [Laughs] Isn't that true?

Dave: That's the problem. Here it is; a lot of people are afraid of needles when they need to go to the doctor and get a shot. The shot could have been over in five seconds and they put themselves in this psychological mess, fearing the doctor or fearing going to the dentist; that's another thing that a lot of people are afraid of.

Dr. Buttar: You have no idea how important what you've just said is to the overall picture of people getting better. That is the essence of pathology, I believe, in our society today. It is that we throw ourselves into a conundrum when there is no need to be in that conundrum. It comes down to, as you said; we are either worrying about what's going to happen in the future, or we're worrying about what happened in the past. We need to remember to live in the now.

When you live in the now, something remarkable happens. In fact, two of my favorite quotes come from very high levels of wisdom. One is from *Spiderman* and one is from *Kung Fu Panda*. You can tell I have some younger kids. I have a four-year old, a ten-year old, and a sixteen-year old.

The best movies I've seen, and I don't know if you've ever watched *Kung Fu Panda* or *Spiderman* but let me give you this quote from *Kung Fu Panda*. This brings the essence of what we've been discussing in this last part to the forefront. "Yesterday is history. Tomorrow is a mystery. Today is a gift. That's why we call it the 'present'."

Dave: That's amazing and I have seen the movie and it's still amazing to hear that. It's a perfectly elegant way to come to the end of our interview here. We've got just a few moments left, and I want to ask you; you had a couple of free videos, four free videos, where you educate people on toxins, and chronic diseases. Where can people see that with their very own eyes?

Dr. Buttar: Actually, it's nine videos that are free. They're about twenty minutes long, each. The site is going to be up and ready to go on August 15th of this year, in another two weeks. You can go and watch the first three videos now, if you like, but it's www.factsontoxicity.com.

The goal behind this project was to create something that can rapidly be disseminated throughout the world so that people are empowered with knowledge. This brings me up to the second quote, from *Spiderman*, "With great power comes great responsibility." I believe that as we become empowered, and as we learn the truth, we have a responsibility to pass that information on to those we care about, to those we love, to those we value.

The videos we've created to explain these seven toxicities and their relationship to chronic disease, and they're completely for free. There is no charge for this at all. Our only request is that if people find them to be of value, that they take the time to refer their friends, family, and loved ones to the site.

The first three videos, people find everywhere, but to continue watching past the first three videos, the rest of them are on that site, www.factsontoxicity.com. The first three videos people go through and are just blown away because they start seeing the truth and they understand what this is all about. That's where they get them, there is no cost to them, and they're all online.

Dave: That's fantastic and what was that URL one more time?

Dr. Buttar: www.factsontoxicity.com

Dave: Dr. Buttar, I have to tell you that it's been a pleasure speaking with you and I want to ask you; did you have any final thoughts, words of hope, and encouragement that you could give to our listeners?

Dr. Buttar: I want you to all remember that, at least from my perspective, the first patient that I lost when I went into private practice - when I say lost I mean that died - was a

lady that had breast cancer. She was told that she would never see Thanksgiving again. She was in hospice and she was referred to hospice. When she came to us, it was some time in August. I believe this was in 1997. She was told that she would never see Thanksgiving again.

I said to her, "What do you want?" She said, "I want to see Thanksgiving." I said, "That's all you want to see, Thanksgiving?" She said, "I will be happy if I see Thanksgiving." I said, "Alright, then that's our goal. If that's what your goal is, that's what our goal is."

Thanksgiving came and went and she did very well. She was now at a point where she felt even better. She said, "I know I'm going to be here until Easter. We went through Christmas, through Easter; everything she wanted to do we did. She was doing better and better. She went on a vacation in Mexico in May of the following year. She came back from Mexico and she got a cough. From the time that she developed this cough to the time, got into the hospital, was put on a respirator, and then she passed was about 48 hours.

I got to the hospital when she was on a respirator and she looked at me with this look of panic because she couldn't breathe. I was holding her hand and I told her, "It's going to be okay. Everything's going to be fine." She completely relaxed and the only sentiment I can express is she had love in her eyes. When I told her everything is going to be okay, she gave me this look like everything is going to be okay, like she knew everything is going to be okay. She relaxed.

About 8 hours later she died. When I found out she died, it was early in the morning, and I came back to the hospital. I saw her husband in the hallway. He approached me and he hugged me. I hugged him back and I remember saying to him that I was sorry. I just felt like such a failure. I must have said I was sorry three times. He kind of pulled himself away from me and he looked at me with a quizzical look. He said, "What the hell are you talking about, you're sorry?"

I said, "I'm sorry I wasn't able to save her." He said, "You gave her 9 more months of life that nobody else even thought she could have. More importantly than that; those were the best 9 months of my life with my wife. We travelled, we enjoyed. She was able to love and laugh. Don't you ever say you're sorry to me, again."

Up to that point in my life, I used to think that life was success and death was failure. Then I realized, after what this man said to me, and it was a personal point of growth for me when I realized that what I had been thinking of as success and failure wasn't really what success and failure is about.

The question is; when we're alive and we're talking about cancer, many of us go through our life not even realizing what life is about. One of the things that this man said to me was, "I would rather have 9 months of my life with my wife like I've just had, then have an eternity with her like we had before. In the last 9 months, we really lived."

I would want people to remember to live your life like you only have one day left or one week left or one month left. When you live your life like that, whenever the time comes for us to pass onto the next realm - everybody dies. I have a great comment from a dentist who sent me an email. He said, "Don't take life too seriously. Nobody gets out alive." We're all going to die. The question is; have we lived while we're here?

I would like to point out to the people who may be listening to this; when you hear about cancer, we get this impression that we've got this death sentence. It is not a death sentence. Maybe it's an awakening, or an alert. Maybe God is tapping you on the shoulder and saying, "Get up, wake up, open your eyes, and live your life."

Many patients that have gone through our treatment, that today are doing very well; they've told me that it's transformed their life completely. It has given them an appreciation for life and they are now truly living their life. Some of them have said that they don't even remember what their purpose was before, but now they know what their purpose is.

I would encourage you to live your life, those that are listening, to live your life the way you would live it were you to be given some type of end, that you have only a month left or something. You will find that when you live your life like that, live in the moment. Live now because today we have; tomorrow we don't know what's going to happen. That's what life is about. That's what I believe the Creator wants. If we do everything to always do right by what feels right in our heart, you can't go wrong.

Cancer is only a symptom. Cancer is only a symptom of a toxic system that doesn't have the nutrient base that it needs. When a tree dies, the last thing it does before it dies is it goes into a rapid state of pollination. It spreads its seed everywhere. It's the last thing it does before it dies.

I believe that when somebody gets cancer, at the point where it starts, I believe the cells are so toxic and there is so much of a depletion of the nutrients that are necessary to keep those cells functional, that it's about to die. It's not natural for that area to just shut down. It goes into a rapid survival phase. Just as a tree rapidly proliferates and spreads its seed, that is what happens in that area.

Rapid, uncontrolled cellular proliferation, meaning the spreading of cells, is the same thing as a tree. That's the definition of cancer, uncontrolled, cellular proliferation. If your body, at a certain point, is proliferating to that point of rapid growth, all it's trying to do is to survive. That's a symptom and we think this is some bad heinous monster that comes into our body spontaneously. It doesn't.

I believe it is in response to toxicity and the inability of the system to keep up with the nutrient demands and not getting enough nutrients. If you provide the body with the right balance, that should negate.

We do certain things to go after the cancer, but that's actually the secondary mode. Our first mode is to detoxify and to improve the immune system, and to give the body the nutrients that it needs. Then, whatever is left over that doesn't stop and doesn't go back to its normal state, then we'll try to go after that.

I used to go after cancer directly. I don't do that anymore. I actually have taken on this other philosophy and it's working even better. Many times, the tumor break down from what we were breaking down was so rapid, the person couldn't deal with it.

I didn't mention that and I kind of wanted to bring that story full-circle home; when you're dealing with cancer, and we have this impression we get from the doctors that it's doom and gloom. Remember, it's just a symptom. It's a wakeup call. Live your life the right way and many people have beaten the cancer and many people will continue to beat it. This is where they go into the spontaneous healing. When you ask doctors, "How did this person get better? You gave them 6 months to live and they're mountain climbing and doing all this stuff." The doctor says, "It is a miracle. We don't know how." It wasn't from the chemo. It wasn't from the radiation. They never got the chemo and radiation and they may not have gotten the type of treatments that we do; they just got better.

What was the shift? We don't know. The last unknown is not outer space. It's within the body. We are incredible being capable of incredible things. The perfect piece of machinery is the human body. If we were a car and we put the kind of crap we put into our system and we were a car, we'd only run for 2 weeks. Remember that. Take care of your body, do the right thing, and everything else will fall into place.

Dave: That is wonderfully said; focus on the quality of life, not so much the quantity of how much time you have left, but the quality of what you're going through right now. You're absolutely right about that.

Dr. Buttar: The strange thing, when you emphasize the quality aspect, the quantity will increase by itself. There is a great story about an industrialist that lived at the

turn of the century. The story is in a great book called *Beating Cancer by Nutrition*, by a friend of mine, Dr. Patrick Quillin. He talks about this guy who was told he had just a few months left to live because he had tuberculosis.

Since he knew he was going to die, he decided he was going to go live out in the west because he loved the west. He loved nature and thought, "I'm going to go and spend the last couple of years of my life in Yellowstone." He went there and the first thing he did was carve his own gravestone because he didn't know whether there would be anybody around to bury him since he was out there in the middle of nowhere by himself.

He came to terms with the end of his own life, and then he had to survive for the couple of more months that he had. He started hunting, gathering berries, and living off the land. That couple of months turned into 6 months, and the 6 months turned into a year and the year into two years, and the two years into five, and five into ten, and ten turned into twenty. He ended up living out there for another forty years, with this terminal condition. You never know what happens because when you focus on that quality of life, and you start living life the right way, strange things happens with the quantity; it just comes.

Dave: I have to tell you, Dr. Buttar, you've been fantastic! You've been a wealth of information, the true source of expertise. You've absolutely over delivered during this interview and I sincerely want to thank you for spending some time today with my listeners me.

Dr. Buttar: I appreciate you asking me to do so.

Dave: It's been my pleasure. We've been speaking with Dr. Rashid Buttar from North Carolina. He's been giving us a candid look at his own story of survival with his patients. This is Dave Bernstein. I'd like to thank you for joining us, today, and we'll talk to you soon.