

Innovative Cancer Therapies

Dr. Kent Holtorf interviewing
Dr. Leigh Erin Connealy, M.D.



Dr. Kent Holtorf:

Hello, it's Dr. Kent Holtorf with another episode of the Peptide Summit 2.0 and today we have a treat for you. We have Dr. Leigh Erin Connealy and she's going to be talking about peptides and adjunctive treatment for cancer. Thank you so much for being on, I know you're so busy and got so much stuff going on down there in Irvine, I appreciate you taking the time.

Dr. Leigh Erin Connealy:

Great. It's great to be here.

Dr. Kent Holtorf:

Great, great. And a little bit about Dr. Connealy, she's a prominent leader in the integrative and functional medicine field with over 30 years, but I don't know if I believe her on that because she looks a little too young to me. Taking the best of all science, including homeopathic and conventional treatments for cancer, chronic illness, nutrition, lifestyle approach. She's a medical director of a combination of two clinics in Irvine, the Center For New Medicine and the Center for Healing. She created the Cancer Center for Healing because of the epidemic spreading of cancer, which is just getting worse. Patients receive scientifically based treatments and receive integrated protocols.

Dr. Kent Holtorf:

She's created an acute awareness for the need to focus on cancer prevention, providing unique testing to determine the early stages of cancer years before a scan reveals or recognizes it. And I just think standard oncology is just so barbaric right now. Through RGCC, which is really interesting and we'll talk about, it's a genetic test which you can also find basically will say oh, you're cured of cancer, you can find these cells that are roaming around and also as a treatment. And they basically create personalized treatment plans for early to late stage cancer patients, which is just everyone gets cookie cutter now as a standard. People go, "Oh, I'm going to Cedars, I'm going to the Mayo Clinic." It's just like, okay, this is what you get.

Dr. Kent Holtorf:

And then maybe we've talked about it too, it's like you have patients they get post chemo brain, they don't do anything about it they get depressed, they don't know why. So again, treating the whole system. She discovered that many factors contribute to the disease process therefore, many modalities must be used to reverse it and spending the proper time with each patient to allow reversal of the disease. That's so true and again, going from the standard model of one drug does one thing, to looking at the overall picture it's just so much more powerful. And so really you have to be multi discipline, know essentially every system in the body to do it appropriately and that's why people Dr. Connealy are hard to come by.

Dr. Kent Holtorf:

She's the author of a number of books, Be Perfectly Healthy in 2009, The Cancer Revolution in 2017. We'll ask her about this, she's on a TV series The doctor detective TV, that's interesting. And she writes for many publications, Townsend Letters, and a bunch of others. She serves on the board for Dr. Joss Axe, ACAM, AICM, she also parts her wisdom in educating medical practitioners from all over the world, which is nice that she's willing to take her time and train other physicians. Which I think it's ingrained in what physicians do, but very few physicians are willing to do it or give up their secrets. So she's very generous with her knowledge and her time.

Dr. Kent Holtorf:

Lots of speaking engagements, she's a sought after speaker around the world with webinars and podcasts. And she's down in Irvine and just basically been a hallmark of where to go if you have cancer and well I'll say if you're not getting proper treatment, but really it's probably better to be the first place to stop rather than the last.

Dr. Leigh Erin Connealy:

That is correct.

Dr. Kent Holtorf:

So again, yes doing some amazing stuff down there and we have some mutual patients and they've all been very impressed and say a lot of good things about you and you're doing some cool things. So how'd you get into this?

Dr. Leigh Erin Connealy:

Wow, that's a loaded question. Well, a couple of things. One, I'm number three of six children and I was born in the '50s and my mother started bleeding and she went to her doctor and the doctor said, "Okay, you're pregnant, but we don't want you to lose your baby and we got to stop the bleeding so we have this great drug called DES, diethylstilbestrol." And so lo and behold I'm fast forward 16 years of age, come home from school and my parents had received a letter saying that

I needed to go get a very thorough cancer workup, because these off springs, male and female off springs, children who took DES as a result of their mother being administered were developing cancer and hormone problems and anatomical problems and infertility et cetera, et cetera.

Dr. Leigh Erin Connealy:

So I was living in Houston, Texas and where do I go? Is MD Anderson. So I go to MD Anderson and of course, lots of things happened from then to now. And so the DES it was a very strong tipping point for me one to become a doctor and two, to understand what really DES does and did to not only me, but others. But the biggest thing it became for me after I went to medical school, and I went to conventional school did conventional medicine for a short while, but really it was not helping me. And I met this Russian pathologist internist and he started teaching me about other ways of looking at the body. So that really from hormones, all kinds of different things.

Dr. Leigh Erin Connealy:

And so with the help of that guidance and my own personal issues, I just started to look at medicine completely differently. And what happened to me big time is it dawned on me, I've got to make sure I don't get cancer. And so sure enough, I just started researching everything, I met this guy at an A4M conference who was not a doctor, but he was a sarcoma survivor specialist. I mean, surviving of the sarcoma which is a tumor of the muscle, which is really not a good cancer because it only responds to surgical removal and not chemotherapy or radiation, even though they administer chemotherapy and radiation, but anyway.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

So that guy opened my eyes because he was diagnosed with sarcoma at 22 years of age, they said, "Okay, we're going to do amputation." So he remembers he asked the doctor, "Do what my name is?" When he was going to have the surgery and the doctor didn't know his name. He says, "I'm out of here." So he signs out AMA spends the next 11 years, not months, 11 years figuring out how to get rid of the sarcoma and get rid of cancer and traveled everywhere and that's what he did.

Dr. Leigh Erin Connealy:

So I met him at A4M conference and I listened to his whole life story, I tell him my whole life story and now years later I'm doing so much of what this guy taught me. Anyway, but he was 22 when he was diagnosed, lived till he was 69. So for a sarcoma patient to live that long is unheard of. He didn't die from his sarcoma, he died from he was in Cuba and the Volkswagen clutch got stuck and he got a raging infection and he didn't want to go to the doctor because he didn't like doctors and waited to the 11th hour and goes into sepsis and dies.

Dr. Kent Holtorf:

Wow.

Dr. Leigh Erin Connealy:

But anyway, so that really, really transformed and I've had my own personal challenges over the last 40 years. I had infertility, I never had two periods in a row in my life so of course, I had to learn everything about hormones and the lack there of. And 26 and a half years ago I delivered twins and I suffered Sheehan's syndrome because so then it made hormones like a really, really, really big issue.

Dr. Kent Holtorf:

Oh man.

Dr. Leigh Erin Connealy:

And I went to doctor after doctor, after doctor.

Dr. Kent Holtorf:

[crosstalk 00:09:20].

Dr. Leigh Erin Connealy:

Yeah and none of them could help me. And literally they'd go "Okay, let's try this. Okay, let's try this." And I'm like, "No, did you read the Safe Uses of Cortisol? Have you read this?" And I bring him stuff?

Dr. Kent Holtorf:

Oh yes, Safe Uses of Cortisol. Jefferies, McK. Jefferies, right?

Dr. Leigh Erin Connealy:

Yes. And so anyway, as a result I have been my own guinea pig, I actually interestingly enough went to Mexico and got a pituitary transplant and it changed my life-

Dr. Kent Holtorf:

What?

Dr. Leigh Erin Connealy:

Yeah, and it changed my forever and it was the best thing I ever did-

Dr. Kent Holtorf:

I'd never heard they were doing those.

Dr. Leigh Erin Connealy:

Oh, yeah. There's a whole school of gerontology in Carretero, Mexico which is not too far from Mexico City. So last year I had-

Dr. Kent Holtorf:

Are you kidding me?

Dr. Leigh Erin Connealy:

No, last year I had 18 hours of back surgery for scoliosis, I went to Germany for that and scoliosis is one of the side effects of DES. So I could tell you story after story from not just a medical doctor... It's easy to read a book, to experience pathology and experience a diagnosis is a whole nother story.

Dr. Kent Holtorf:

I think the majority of doctors that are really into this so called I don't know what we do, alternative, integrative, functional, I just think it's better medicine, right?

Dr. Leigh Erin Connealy:

Yes. The new modern medicine I call it.

Dr. Kent Holtorf:

Yeah, the what?

Dr. Leigh Erin Connealy:

The new modern medicine.

Dr. Kent Holtorf:

Yeah. But work is there, "Oh, you guys non-evidence based." Are you kidding me? Because I was very evidence based, I still am, I would never have thought to go to an alternative conference because you're told that there's no evidence. And then you go, and you're like, "Oh my god, there's more evidence base than the crap they're teaching me which is 40 years old.

Dr. Leigh Erin Connealy:

Right, exactly.

Dr. Kent Holtorf:

Wow. So you've really turned a negative into a huge positive.

Dr. Leigh Erin Connealy:

That's right.

Dr. Kent Holtorf:

And really used it to help so many people.

Dr. Leigh Erin Connealy:

Right. And so my whole focus now, I guess I do lots of cancer because like you said earlier people come to me after the fact, but they say the pain of just doing things early is way, way smaller than finding out something later. And I love it so for me people go, "God, how do you do cancer all day long?" And I say, "No, it's challenging, it's like stimulating my brain and when you're seeing a cancer patient you have to be a psychologist, a psychiatrist, an immunologist, gastroenterologist, endocrinologist, everything because you have to know how all the systems are working." So it really challenges you to really think and look outside the box and these patients they're looking for answers some way, somehow.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

And luckily, our team we're just constantly studying and researching and trying new things that don't, the key thing in Hippocratic Oath is first do no harm.

Dr. Kent Holtorf:

Which I have an issue with that though, there's nothing that does no harm. Giving less of water, or coming to your office can do harm because you can get hit by a bus so anything you do can do harm if it's going to do anything.

Dr. Leigh Erin Connealy:

That's true, but life is all about reducing risk please.

Dr. Kent Holtorf:

Yeah and it's a risk benefit for everything. And that's just amazing that you've taken that and turned it around and used it because with all these multi system illnesses, you do have to know more I'm telling you, than the gastroenterologist, the neurologists. And I'm telling you is that you could probably do, unless it's surgery or something, study for two months and look at old studies, look at old studies and new studies and be better than that specialist because they've been doing the same thing and they don't change in general, okay there's some exceptions, and the system makes it that way and that's the thing.

Dr. Kent Holtorf:

So it is a big burnout where it's like you got so many things that go over where standard is you go to your HMO, especially or even PPO now the doctor goes okay, cardiologists, gastroenterologist, neurologist ta, da, da, da and all these people just looking at their little parts and patient is just left with nothing. And then they go, "Oh your cash, you're just in it for the money." No, if you're in it for the money there's a lot easier ways to make money I'll tell you that.

Dr. Leigh Erin Connealy:

That is true. This is a very much a job you sacrifice, there's no question.

Dr. Kent Holtorf:

But once you take the red pill and go down that rabbit hole, you can't go back.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

You could not go back and do standard medicine you would be-

Dr. Leigh Erin Connealy:

Oh god, no, no.

Dr. Kent Holtorf:

So frustrated, just the barbarism.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

And just the lack of common sense.

Dr. Leigh Erin Connealy:

Yes, exactly. And just simple little things, just really, really simple things. I had a patient stage four colon cancer and so I'm reviewing, she'd already had surgery, she'd already had chemo it all of course it came back in her lungs and in her pelvic gutter. And so her doctor says, "Oh, well, we can do some radiation." The patient doesn't want to do radiation and so I said, "Okay, well, I'm going to go over your PET scan." And I go over her PET scan I go, "You know you have fatty liver?" And she goes, "What?" And I'm like, "Yeah, you have fatty liver." And she goes, "Well what does that mean?" So I explained to her what that meant and so I said the reason why a doctor doesn't tell you because there's not a drug for fatty liver and so-

Dr. Kent Holtorf:

So it's why the gastroenterologist has never mentioned. It's kind of-

Dr. Leigh Erin Connealy:

No doctor has ever mentioned it, no one doctor has.

Dr. Kent Holtorf:

Well, because that's normal now.

Dr. Leigh Erin Connealy:

Yeah, that is normal now, 50% of the population. So then I said okay well I'm going over your blood work and I said your blood sugar is 173. And I said there's no hemoglobin in A1C, cancer cells love sugar so they have a lot more receptor sites for sugar than a normal cell. So I said there's no way that we're going to get rid of cancer if your sugars are still high. So anyway, no vitamin D was done, no C-reactive protein-

Dr. Kent Holtorf:

And with fatty liver, they never checked her hemoglobin A1C?

Dr. Leigh Erin Connealy:

No.

Dr. Kent Holtorf:

And by the way, BPC-157 great at reducing, reversing fatty liver.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

It is, it just blows my mind.

Dr. Leigh Erin Connealy:

Right. So simple things and just simple things because even the World Health Organization, which is not somebody everybody's touting these days, but they did say that 80 to 90% of illnesses are due to what? Lifestyle. But the doctors don't have time to talk about patients with their lifestyle. So we have to change the whole paradigm of medicine in teaching self care, because if we teach self care, then we won't have so much people coming in with dire illnesses that they are now. And the illness is 60% of the population now is chronically ill and-

Dr. Kent Holtorf:

Everyone's sick.

Dr. Leigh Erin Connealy:

Everyone's sick and nobody can think, and nobody can function, right? And now they're finding Alzheimer's in 25 year olds, we should be so concerned all right.

Dr. Kent Holtorf:

Well, but you don't hear that, it doesn't make the news. It's scary.

Dr. Leigh Erin Connealy:

Yeah, it doesn't. And health has to be your number one value because that affects you, it affects your loved ones, it affects your work, there isn't anything. So if we could just all of us collectively

teach patients how to restore health, and that's what I do in our clinic, that's what we do as a group. And of course we have good team around it to do that, but unless you do that we're just not going to make inroads in people being healthy.

Dr. Kent Holtorf:

Yeah. And until you I think are really sick, you don't realize it's always you think of having more money, that when you're really sick the money doesn't matter.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

You have all the money in the world.

Dr. Leigh Erin Connealy:

Right. I always tell this CEOs guys, I go, "You guys have these dashboards and you're checking this, this every single hour, but you don't even know the dashboard of your health." And so then when that happens, when they have a crash in their existence and then they're like, "Oh, my God!" That becomes the focal point, but all the money in the world can't turn around a lot of stage heart cancers.

Dr. Kent Holtorf:

Yeah. And then people are like, "Oh, I don't want to pay because..." Especially some of the older generation maybe, they don't want to pay you for healthcare.

Dr. Leigh Erin Connealy:

Right, and my insurance should pay for everything.

Dr. Kent Holtorf:

Yeah, that's gone. If you want the minimal care where if you break an arm okay, you can be seen da, da, da, but if you want really decent care I think... I can't believe the care that is given at these HMOs and standard doctors, I'm just appalled. How could they not be getting sued so much? Well, that's now the standard and they get paid bonuses for doing nothing.

Dr. Leigh Erin Connealy:

That's right.

Dr. Kent Holtorf:

And not checking for anything.

Dr. Leigh Erin Connealy:

Right. I've interviewed Kaiser doctors to work here and they get punished if they order too many blood tests, if they do anything too much.

Dr. Kent Holtorf:

And what they'll do is eliminate the lowest 20% of the least cost effective doctors, which means the ones that are order the most tests, that do the most treatments, that find the most benefits for the patient. Nope, we don't want that. And the end up doing like you want to get five tests. We love getting, I'm sure you'd like 35, 40 tests and paint a picture.

Dr. Leigh Erin Connealy:

Right, exactly.

Dr. Kent Holtorf:

They're like, "Oh, I can do three."

Dr. Leigh Erin Connealy:

Right, exactly. No, I know that. We-

Dr. Kent Holtorf:

"My doctor says I don't need these." Well, what does needed mean?

Dr. Leigh Erin Connealy:

Well, that means you don't need four wheels on a car either.

Dr. Kent Holtorf:

Yeah. It's nuts. So you've been around the all the different areas and you've combined them now in the two separate clinics?

Dr. Leigh Erin Connealy:

Yeah two clinics, they're together. And one is a Center for New Medicine and that's everything from human optimization to chronic disease, and then the other side is the Cancer Center For

Healing because they're here sometimes for a couple hours, a half a day, a day depending on the severity of their illness. But the cancer patients it's open, so they all can commune together and talk to one another because they like sharing stories.

Dr. Kent Holtorf:
Well, that's cool.

Dr. Leigh Erin Connealy:
Yeah. So it's really cool. So we create this real warm environment so the patients feel like they're in a healing situation.

Dr. Kent Holtorf:
And you have a number of other doctors that work there?

Dr. Leigh Erin Connealy:
Right, we have a big team. We have a lot of MDs, we have a PA, we have a naturopath, we have a nutritionist, we have someone who does emotional work, we have lymphatic drainage specialists, massage therapist, body workers and then all the support staff.

Dr. Kent Holtorf:
My God I'm just thinking, managing all those people. And-

Dr. Leigh Erin Connealy:
Yeah that's a big babysitting job.

Dr. Kent Holtorf:
They what?

Dr. Leigh Erin Connealy:
It's a big babysitting job.

Dr. Kent Holtorf:
Yes, yes, yes, that's just the doctors. But let's say I have pancreatic cancer, I call you, "I got pancreatic cancer, they said they can't do anything can I come see you?"

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

Tell me what you do.

Dr. Leigh Erin Connealy:

Well, first and foremost I get the history and that's a good one you brought up because pancreatic cancer literally has no warning signs. Most cancers don't have warning signs and this is what I always tell people just like heart disease and 50% of cases of sudden death. But cancers the same way because cancer just doesn't have symptoms, because it has to become impactfully anatomically large for it to be an intrusion in your day to day life. And so pancreatic cancer though has a very, very poor survival. They say three months to a year and so that's one cancer for example, 71% of cancers do not have any tests you can do. Think about it, 71%. Pap, mammogram, colonoscopy, and maybe a PSA are all the screening tests.

Dr. Leigh Erin Connealy:

There's no screening test, but your best screening test for a doctor out there, any doctor ordering would be doing like you said, you're ordering 30 to 40 tests. But I always tell some top three tests C-reactive protein, if it's over one you know you better go looking for something, okay? Sure, I'll give people omegas and repeat it in 68 weeks and then I tell them if it's not high, I go on a hunt and every doctor should be doing that. Hemoglobin A1C, if you have high hemoglobin A1C your much higher risk for cancer, so you got to get that hemoglobin A1C down to I like it around five-ish, five.

Dr. Kent Holtorf:

What percent of the population is that?

Dr. Leigh Erin Connealy:

Yeah I know, but I'm just telling you because I've been studying hemoglobin A1C for like 25 years. And then vitamin D, your vitamin D influences thousands of genes in your body and it's a hormone and a vitamin and then look at the DHEA sulfate because the DHEA sulfate the hormone, it's the hormone of stress, immune and longevity. You know when you're 25 that number should be three to 400. Well, if it's drastically low you know that person doesn't have that adrenal health that they need to fight illness.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

So obviously all the other hormones, thyroid function, we do that on everybody, okay. And then there is a blood test called the cancer profile, I know we're getting off a little bit, but there's a blood test called the cancer PROFILE-

Dr. Kent Holtorf:

No, that's what we're talking about.

Dr. Leigh Erin Connealy:

The cancer profile is a blood test I used to do a lot of about 12 years ago. It checks quantitative HCG in your urine and blood, and then it will check DHEA sulfate, a GGT to check your liver, a PHI, PHI shows anaerobic metabolism. Otto Warburg in 1931 got a Nobel prize said it's an anaerobic, sugary, lactic acid environment. So if you have elevated PHI which is a marker of hypoxia, then you know cancer's going to thrive, okay? Either you have the environment for cancer or cancer is going to become worse. So for example, I had a little girl come in 19 years old, she's Kaiser patient, her dad's an orthopedic surgeon at Kaiser, they bring her to me because they don't want to do the treatment at Kaiser.

Dr. Kent Holtorf:

He knows.

Dr. Leigh Erin Connealy:

Anyways, so that should tell you something. But anyway, her PHI was like 100, it should be around 25. Well, all the treatment that I'm going to do is not going to help if I don't get that PHI down. So that's why I'm big on hyperbaric, I have other oxygen therapies, ozone, nano oxygen baths and stuff like that. But these are things, these are markers any a doctor can do. I teach it, I write about it-

Dr. Kent Holtorf:

How about the other, there's like four basic markers, they're not specific.

Dr. Leigh Erin Connealy:

Oh, yeah. Those aren't totally nonspecific. You can do C 15-3, 27-29, CA 99, CEA, PSA, yes you can, but I will tell you I have stage four cancer patients their markers are completely normal. So I

always tell people never go by that, please do never go by that because that will not tell you if you have cancer-

Dr. Kent Holtorf:

Let me ask you with the breast cancer, do you think mammograms work or thermography or what do you think of the whole thing?

Dr. Leigh Erin Connealy:

So I tell people, every imaging gives you a picture. So mammography will tell you some calcifications although it is radiation. The studies from Denmark at the Cochrane Collaboration Group that's for every 10,000 mammograms you do you save one life. And if you get routine mammograms you increase your risk of cancer.

Dr. Kent Holtorf:

But it makes you feel [crosstalk 00:25:37]

Dr. Leigh Erin Connealy:

You could increase your risk of cancer. So thermography I do do in my clinic, I have a very specific camera though that is incredible. It shells me vascularity, breast are not vascular and believe it or not, thermography has been around for like 70 years, it's not a new thing. If you look at the whole history of thermography.

Dr. Kent Holtorf:

It's like peptides, they've been around.

Dr. Leigh Erin Connealy:

Correct, exactly. So anyway, thermography you can tell if breast start having thermography like for example, I just had a lady come in today for her follow up. Her thermography was a little abnormal, she has breast implants, she had already had her breast implants redone about a year and a half ago. Of course, before any doctor who does a plastic surgery to re-implant they always do a thorough workup before, like they do mammogram all that testing to make sure there's nothing abnormal. So anyway, I said, "Look, I just want to check for circulating tumor cells. I'll feel better, let me do an ultrasound." I did an ultrasound ordered an MRI, the MRI hasn't come back yet, but she already had circulating tumor cells so I know and it showed.

Dr. Leigh Erin Connealy:

I ordered a panel, an RGCC called uncle trail and it tells me what cancer it was. It was breast

cancer so I know what it was because it has the mut-1 protein elevate. So anyway, now I know. Now she wasn't panicking because she knows that I'm all into prevention and she's been my patient for a while, so she knows how I work this and so-

Dr. Kent Holtorf:

And you've caught it so much earlier than anyone.

Dr. Leigh Erin Connealy:

Exactly. Just so you know Kent, you can have a patient who has cancer and every scan and every marker in the blood is perfect. But if you go and see those circulating tumor cells, then you know something is brewing because there's a great book out called *The First Cell* and it's written by an oncologist who really does not like her profession now because-

Dr. Kent Holtorf:

I respect her for that.

Dr. Leigh Erin Connealy:

Yeah, I do too because I was like, finally. She's from Colombia and I'm like, "Finally someone is talking about this." She said, "Everything that's been researched and used in the last 20 years has extended life three months."

Dr. Kent Holtorf:

You know what? I get... That's probably very politically incorrect, but it's like the pink ribbon, and that and I'm like, "They're doing shit. They're not doing anything, but it makes you feel good." Yeah, of course I want to rid the world of breast cancer, but they're just political and doing the same crap.

Dr. Leigh Erin Connealy:

Right, exactly.

Dr. Kent Holtorf:

It's in maybe finding people like yourself and doing research like that, rather than-

Dr. Leigh Erin Connealy:

Well, I actually sent her my book, I said I know-

Dr. Kent Holtorf:

Looking for a new drug.

Dr. Leigh Erin Connealy:

I listened to one of her YouTubes and she said, "We as physicians need to be collaborating and cooperating with other doctors to really eliminate the suffering for patients." So I sent her a letter with my books and I said, "Look, I would love to collaborate and cooperate with you." Her specialty is MDS, which is myelodysplastic syndrome and so anyway, I haven't heard from her yet, but I'm going to bug her because it's like no, we need to band together and change the landscape of medicine to eliminate the terrible suffering.

Dr. Kent Holtorf:

Oh, it's true. I think when you first start you're kind of like competitors, but no you their competitor.

Dr. Leigh Erin Connealy:

No.

Dr. Kent Holtorf:

It's like-

Dr. Leigh Erin Connealy:

There's a lot of people.

Dr. Kent Holtorf:

I love collaborating and there's so many sick people, it's not a competition and we need to band together. Bad stuff is coming down the pike in terms of lack of medical availability of treatments that we're going to be able to do.

Dr. Leigh Erin Connealy:

Mm-hmm (affirmative).

Dr. Kent Holtorf:

And basically Google is now the arbitrator of basically medical truth, Google and Facebook.

Dr. Leigh Erin Connealy:

Yeah, exactly. There automatically, right? It's interesting how they all went to medical school.

Dr. Kent Holtorf:

Right. Are you kidding me?

Dr. Leigh Erin Connealy:

Yeah, it's very scary. Right, Very scary.

Dr. Kent Holtorf:

Because especially you in the cancer world, the oncologists are so protective of their turf. God forbid you cure someone, that's when they're going to come after you. How dare you cure someone not doing our barbaric, toxic cocktail?

Dr. Leigh Erin Connealy:

Right, exactly. Well, they know they have limitations and they know that there has to be proper care of the patient. I mean, honestly, so I do recommend patients to have surgery, okay? I do recommend patients to have conventional chemo or low dose chemo because you that's just the case [crosstalk 00:30:34]-

Dr. Kent Holtorf:

There's a time that it's needed, yeah.

Dr. Leigh Erin Connealy:

Yeah. And the thing is though, is let's try to make it the best experience for the patient.

Dr. Kent Holtorf:

And I think that's probably lacking so much too. I haven't been a cancer patient, but just you feel like a number and we see that with when we treat a lot of the chronic illness patients, same thing. Lyme patients [inaudible 00:31:02] all those are just treated horrible and I'm ashamed to say I'm a doctor with the way these doctors treat patients.

Dr. Leigh Erin Connealy:

Yeah.

Dr. Kent Holtorf:

And if a doctor can't treat it, it's the patient's fault, it doesn't exist.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

There's exceptions, thank God.

Dr. Leigh Erin Connealy:

Yeah.

Dr. Kent Holtorf:

But in general the less a doctor knows the more adamant they're right.

Dr. Leigh Erin Connealy:

Right. I think that's-

Dr. Kent Holtorf:

That's true too. So you have a lot of modalities and I'm sure we can go on for a long time going through all of them, which is very cool. And what peptides do you like?

Dr. Leigh Erin Connealy:

Well, I would say the number one peptide that we use is the thymosin Alpha 1. So like you were saying earlier, these peptides have been around for quite some time, but as we age your thymus degenerates and at the age of 80 you have really no good T cell functionality.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

So the thymosin alpha sublingual an injection. On the cancer patients, I always like to use the injection because I need all the help we can get. So that is a very, very good because they're not only fighting cancer, but a lot of cancer patients have viruses. So thymosin alpha really, really helps the immune system and a lot of people have what as you know leukopenia, low white blood cell and that doctors always go, "Oh, that's normal, that's normal."

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

And I go, "No, it is not normal. It is not normal."

Dr. Kent Holtorf:

In heart disease it's normal and actually the CDC said that people over... What was it? 55... I forget the exact percentage, I'm going to get it wrong, but it was like 60 to 80% have at least one chronic condition due to the involution of the thymus.

Dr. Leigh Erin Connealy:

Right, exactly.

Dr. Kent Holtorf:

So you essentially lowers your good immunity and raises the inflammation. So it's like really why not just give everyone thymic peptides, thymosin beta 4, thymosin [inaudible 00:33:11], thymulin, thymugin, thymosin Alpha 1 and all those things and you'll anti-age dramatically.

Dr. Leigh Erin Connealy:

Right, exactly. So I'm sure you probably might use it yourself, I use it myself and a lot of people with this virus coming out I gave patients that are 60+, 50+ that to protect them because it's very helpful.

Dr. Kent Holtorf:

Here comes the black helicopters to get you for talking about COVID.

Dr. Leigh Erin Connealy:

That's why I said the virus.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

So anyway, so thymosin is a very good, wonderful, and it's [crosstalk 00:33:55]-

Dr. Kent Holtorf:

And it's approved for cancer in a number of countries and tons of studies on it.

Dr. Leigh Erin Connealy:

Yeah.

Dr. Kent Holtorf:

It's actually approved as an orphan drug here. And the nice thing is like side effects are so rare.

Dr. Leigh Erin Connealy:

Right, exactly. Well I rarely, rarely have a side effect. The other one that is helpful when we use low dose chemo, we use something called iRGD. And iRGD is a 9-amino acid cyclic peptide and it acts like an escort to bring the chemo into this cancer cell. So we'll administer them with our low dose chemo, so when we do low dose chemo we only use 10%. We use lab testing in Greece called RGCC, the RGCC gives me a panoramic view of everything that could possibly work on the cancer cell. Whether it's chemo, whether it's natural-

Dr. Kent Holtorf:

It's like why isn't everyone doing that? It gives you natural and gives you meds and yeah.

Dr. Leigh Erin Connealy:

Meds and everything. And so if you need estrogen blockade it tells you that, if you need some smart drugs it gives you that, it gives you all the chemos that work. It tells you how much drug resistance the patients have because we all know every single patient going into chemotherapy has populations that are chemo resistant and chemo sensitive. So this allows us to use this peptide and I can send it to the lab actually to see if it's going to work. So I use that as one of the agents that they test-

Dr. Kent Holtorf:

Right there it's just huge. And back to the thymosin alpha 1 real quick, looking at studies it shows people get treatment and they're told oh, you're cured da, da, da and the rate of relapse directly correlates with your natural killer cell function, right?

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

And so it's basically get your immune system up because everyone has cancer in their body all the time.

Dr. Leigh Erin Connealy:

That's right.

Dr. Kent Holtorf:

Because you're monitoring your body for cancer so if that's low of course, it's going to come back. So if you raise that and take thymosins or we boost immune system, it's like everyone should be on it if they've had cancer or really, everyone's at risk for cancer and especially nowadays.

Dr. Leigh Erin Connealy:

Today, everyone's at risk. It's about one of two people so it's not if you're going to get it, it's when you're going to get it. So that's why everybody needs-

Dr. Kent Holtorf:

We live in a toxic world.

Dr. Leigh Erin Connealy:

Toxic world, exactly. So the other peptide that we use and I will send as a specimen too, they already have it is PNC-27. So PNC-27 what it does is it blocks the membrane for the P-53 gene. So the P-53 gene is your tumor suppressor gene and over 60, 70% of cancer patients have P-53 gland suppression, suppressor gland suppression. What they do with this PNC is it pokes holes in the membranes and causes a lysis of the membranes allowing the P-53 to turn on its suppressor to suppress cancer, but also kill the cancer. So do we give that to everyone? No, we select based upon the testing that RGCC gives us.

Dr. Kent Holtorf:

And I think I was read a lymphoma paper specific for the K-562 cell where it leaves the normal lymphocytes fine, but it actually is very specific for cancer cells.

Dr. Leigh Erin Connealy:

Mm-hmm (affirmative). And the patient's just self inject themselves and so-

Dr. Kent Holtorf:

You don't see toxicity with that?

Dr. Leigh Erin Connealy:

No, I've never had anybody have an abnormal reaction to that at all, that particularly [crosstalk 00:38:02]-

Dr. Kent Holtorf:

Well that sounds like chemo.

Dr. Leigh Erin Connealy:

Well, chemo is a whole nother story.

Dr. Kent Holtorf:

No, I'm kidding.

Dr. Leigh Erin Connealy:

A whole nother story. And then we just started using recently met-enkephalin. So met-enkephalin is an opioid actually discovered long time ago, but increases your opioids, opioids are wonderful for your immune system. And so that's why people get addicted because [crosstalk 00:38:34]-

Dr. Kent Holtorf:

I'm wondering with that does like people on heroin I mean, you look at them versus like a meth person they don't age as fast, but do all opiates reduce cancer risk?

Dr. Leigh Erin Connealy:

No, unfortunately opioids are really suppressive of the immune system, super-

Dr. Kent Holtorf:

And they're inflammatory.

Dr. Leigh Erin Connealy:

- because you're overdoing it that magic balance is gone so-

Dr. Kent Holtorf:

Yeah and it sounds like they reduce pain, but actually increase inflammation.

Dr. Leigh Erin Connealy:

Yeah, and they destroy the immune system really terrible, terrible devastation. So you'll see an increased risk of people dying, that's why I don't use opioids. I tell them look, I will only use that at the 11th hour if you have so much pain that you can't handle it. So I have all these other pain IVs and natural pain things that I use. Now if people are in severe pain, I will give them because it's their stage four cancer and the pain is so stressful to the body.

Dr. Kent Holtorf:

In California I know a doctor who lost his license for treating a stage four cancer patient. They said you made her addicted. Are freaking kidding me?

Dr. Leigh Erin Connealy:

Yeah, well at City of Hope my girlfriend she's a doctor and that's all she does is give pain medicines for stage four cancer patients. So she is their palliative doctor.

Dr. Kent Holtorf:

Yeah, they'll probably come after her for being a terrible person, it's crazy.

Dr. Leigh Erin Connealy:

Yeah, exactly.

Dr. Kent Holtorf:

But I think I read a study of pancreatic cancer with three times the survival rate.

Dr. Leigh Erin Connealy:

With what now?

Dr. Kent Holtorf:

With the met-enkephalin.

Dr. Leigh Erin Connealy:

Uh-huh (Affirmative), right. So the met-enkephalin just beautifully helps the immune system. Another thing that I use-

Dr. Kent Holtorf:
It's kind of like LDN.

Dr. Leigh Erin Connealy:
I was just going to say LDN. So it's like LDN, so LDN-

Dr. Kent Holtorf:
Like Low Dose Naltrexone, yeah.

Dr. Leigh Erin Connealy:
It's a phenomenal helper so if you don't use the met-enkephalin because LDN is much easier to get than met-enkephalin. But it's very, very helpful for people. But it helps... Everything is about the immune system, I don't care what disease you're talk about, everything.

Dr. Kent Holtorf:
You're preaching to the choir, we became an immune monitoring clinic because it's everything including cancer.

Dr. Leigh Erin Connealy:
Yeah, exactly.

Dr. Kent Holtorf:
And then we were talking about GHK just kind of in general.

Dr. Leigh Erin Connealy:
Right. I've been using GHK because it's great for the skin, but it also helps in modulation and dysregulation of pathways. So GHK helps with and it's anti-inflammatory, it repairs and influences thousands of pathways in the body in re-correcting, auto correcting the dysregulated pathway. So that also is also-

Dr. Kent Holtorf:
That is the ultimate Beverly Hills cancer therapy because your skin looks better.

Dr. Leigh Erin Connealy:

Yeah, exactly.

Dr. Kent Holtorf:

And it kills the cancer.

Dr. Leigh Erin Connealy:

Exactly. And fortunately our priorities are it's form over substance as you know.

Dr. Kent Holtorf:

It doesn't matter how you feel or you got a big tumor, it's ah, you're looking good.

Dr. Leigh Erin Connealy:

Exactly.

Dr. Kent Holtorf:

That's funny.

Dr. Leigh Erin Connealy:

So those are the main ones. Yes, there's collateral ones, which I'm sure you're going to talk about with other people that help other systems of the body.

Dr. Kent Holtorf:

Yeah. And how about testing, what type of testing do you like?

Dr. Leigh Erin Connealy:

For what?

Dr. Kent Holtorf:

Just in general for cancer.

Dr. Leigh Erin Connealy:

Well, when a cancer patient comes in they always get a complete history and physical. So we have a good form that we fill out so we have a lot of answers so we don't waste time asking a lot of

questions. We do confirmatory of what they've written down, then I tell them what I see on their scan and they're always surprised because no one's told them what's really on their scan, literally.

Dr. Kent Holtorf:

Oh, that's so true. Now do you PET scans? Do you do-

Dr. Leigh Erin Connealy:

PET scans, CT, MRI, ultrasound, whatever we need, okay. You can't-

Dr. Kent Holtorf:

And do you have any issue getting those covered by insurance?

Dr. Leigh Erin Connealy:

No, no.

Dr. Kent Holtorf:

It's fine?

Dr. Leigh Erin Connealy:

No, no, of course not. I mean, if the patient needs it, they need it.

Dr. Kent Holtorf:

Yeah, tell my insurance that.

Dr. Leigh Erin Connealy:

Yeah, right. Well, I know what you're saying because we do sometimes. So I'll order a CT scan as opposed to a PET scan so it just depends. I know I kind of know what to say because I know my patient, I'm seeing the patient I know what is going on. I'm looking at the blood work, I'm looking at the steading and let's say you were diagnosed in cancer 2015 and you're here now in 2021. And all of a sudden you have back pain, this pain and then I ordered the blood and see alkaline phosphatase high, see these high [inaudible 00:43:48] you know you better order a PET scan. So that's very important because cancer comes back in a year, two years, five years, 10 years depending and so you've got to make sure that someone doesn't have a bigger problem than they think they have.

Dr. Leigh Erin Connealy:

I had a lady from Las Vegas, she was seeing doctors in Las Vegas for breast cancer, got worked up, called me getting lumpectomy and she thought it was just a simple lumpectomy. She gets done

with the surgery, she comes to see me in person and she complains of back pain and I go oh, something's not right and this was like six months after the lumpectomy. And I examined her I said "Look, we better order scans." I order a scan, sure enough stage four from cervix to lumbar.

Dr. Kent Holtorf:

That sounds like a little issue [inaudible 00:44:45].

Dr. Leigh Erin Connealy:

Yeah, exactly. So anyway, it's you don't always know the scope of your problem Kent and that's the thing you want to understand. Like today, I had a patient I hadn't seen her because of COVID for a year and reordered tests. Everything was stable a year ago, she came to see me because it was way overdue, she comes to see me, I ordered blood work, ultrasounds, all abnormal, I order a PET scan immediately. She had cryotherapy, which is freezing of a tumor back in 2017, but I think with the stress of COVID and everything-

Dr. Kent Holtorf:

Stress is a killer man.

Dr. Leigh Erin Connealy:

It's a killer.

Dr. Kent Holtorf:

How about intravenous therapy? What do you like?

Dr. Leigh Erin Connealy:

So intravenous we have probably 50 different intravenous, so we do as many things as possible in cancer patients intravenous because their gi system due to chemo or whatever, the stress they're not going to absorb it, they're going to get an IV. As you know in pharmacology, it's you absorb 10% with you do oral, transdermal is 33% and IV is 100%. So I will give IV vitamin C, I use IV mistletoe, IV artesunate, IV DCA, IV Kirkman, IV Quercetin, I do a lot of different. I have a pain IV-

Dr. Kent Holtorf:

Wait a minute, where are you getting those? I got to talk to you.

Dr. Leigh Erin Connealy:

Okay.

Dr. Kent Holtorf:

I love the artesunate, but human are like we can't find it so I got to give you a call.

Dr. Leigh Erin Connealy:

I'll help you. So anyway, so we have all different I have an IV cocktail hydrogen peroxide to do because that shows up a lot on RGCC to kill cancer. I do Endo Laser IV, Endo Laser is using a laser. So we use a photo synthesizer like ICG which is the old dye which activates the pathological tissue and then you give the laser and that basically fries the pathological tissue.

Dr. Kent Holtorf:

How does it know to go to the pathological?

Dr. Leigh Erin Connealy:

Because the light, it's activated by light. So you use the dye to-

Dr. Kent Holtorf:

Then you shine the light on the area?

Dr. Leigh Erin Connealy:

Exactly, on the area. Mm-hmm (affirmative).

Dr. Kent Holtorf:

Gotcha. [inaudible 00:47:08] that's great.

Dr. Leigh Erin Connealy:

SO they've been doing that in Europe, Germany. The doctor, Dr. Weber has been doing that for 20 years and then we just started going to courses and learning and-

Dr. Kent Holtorf:

Now is that a different version of the Weber laser?

Dr. Leigh Erin Connealy:

No, that is the Weber laser is.

Dr. Kent Holtorf:
That is the... Okay.

Dr. Leigh Erin Connealy:
Yeah. But it's wonderful, wonderful for all things.

Dr. Kent Holtorf:
That's nice.

Dr. Leigh Erin Connealy:
We use different photo synthesizers.

Dr. Kent Holtorf:
You can use different wavelengths and things like that?

Dr. Leigh Erin Connealy:
Yeah, exactly. I had a guy with squamous cell he had cut it off at Kaiser and it all came back and because he has stage four prostate cancer, he didn't want to do any more surgical treatment. We did the laser and this was all growing like spikes and peaks and everything, this guy was very large. We did the laser, it's all superficial now beautiful and just using the laser and that doesn't hurt the patient, doesn't hurt anything, it doesn't suppress the immune system. So it's a beautiful-

Dr. Kent Holtorf:
Are you putting it intravenously or?

Dr. Leigh Erin Connealy:
No on him we're doing it topically.

Dr. Kent Holtorf:
Just topically.

Dr. Leigh Erin Connealy:
Yeah.

Dr. Kent Holtorf:

And I know Novak who's kind of by you down there a little bit.

Dr. Leigh Erin Connealy:

Yeah, Novak he's in San Diego I know him.

Dr. Kent Holtorf:

My other doctor, Dr. Whiteman went down there and he's not that sick and he goes, "Oh, lets stick the Weber Laser in your tibia." Just punched a hole in his tibia and sticks laser in there. I'm like, "Dude, you're pretty bold." But it's cool stuff.

Dr. Leigh Erin Connealy:

Yeah, it's really good stuff. The good thing is it doesn't hurt patients and that's the key thing for all of us. Is-

Dr. Kent Holtorf:

And as long as you use different wavelengths for cancer, for infections, or whatever it can be.

Dr. Leigh Erin Connealy:

Right. Exactly. That's exactly right.

Dr. Kent Holtorf:

Yeah, that's great. And looks like God again, time goes by so fast with you. Let's see, any particular thing you want to just say that you found like a wow treatment? It sounds like everything really.

Dr. Leigh Erin Connealy:

Yeah, that's a good... People always like because I have so many very, very, very serious patients, okay.

Dr. Kent Holtorf:

And everything works for somebody and nothing works for everyone.

Dr. Leigh Erin Connealy:

Right. And the problem we find and I was just talking to my IPT nurse, my insulin potential and she goes, "Dr. Connealy, the patients who've never been treated do way better than the patients

who've been treated." Lots of surgery, lots of chemo, chemo for 22 months and it's just a lot. They've not been beaten down and so-

Dr. Kent Holtorf:

Yeah. Chemo it's like the worst thing, you're wrecking the immune system.

Dr. Leigh Erin Connealy:

Right. But I would tell you probably one of the best things is that Endo Laser, it has so many functions because it's not just for cancer, it's for chronic infections so it's for all kinds of chronic infections.

Dr. Kent Holtorf:

And boosts mitochondrial function.

Dr. Leigh Erin Connealy:

Exactly. Oxygenation and everything. So that is a beautiful, beautiful treatment. The other thing that I like that's pretty amazing is we use sono electric pulse, it's a big sound machine, it sounds like an MRI and it uses sound to treat and heal wounds. And it's phenomenal and so I got it from Europe and it's phenomenal for a lot of different musculoskeletal wound healing, topical-

Dr. Kent Holtorf:

It's like do you sit around it?

Dr. Leigh Erin Connealy:

No, no. You lay on the table and then the technician treats the area depending on where it is.

Dr. Kent Holtorf:

Gotcha. So it different than PEMF?

Dr. Leigh Erin Connealy:

Very different. Very, very different. One time I'll have you come down and visit.

Dr. Kent Holtorf:

Yeah, I'd love to come down and check everything out. Yeah, it's funny I expected the Weber Laser show up any day and I found out my accounting department canceled, they said you're buying too many toys.

Dr. Leigh Erin Connealy:

Yeah, I've heard that from my staff. I know the feeling.

Dr. Kent Holtorf:

And so I'm like wait a minute and so we have that coming and some other things.

Dr. Leigh Erin Connealy:

Oh good, you'll love it.

Dr. Kent Holtorf:

Awesome. Yeah, I'd love to come down and check out all the stuff you're doing. It sounds like definitely hey, if you got cancer, where do you want to be? Kaiser or Dr. Connealy?

Dr. Leigh Erin Connealy:

And if you want to prevent cancer just because it's been my whole life. And so when-

Dr. Kent Holtorf:

And just think what that is worth.

Dr. Leigh Erin Connealy:

Yeah, it is.

Dr. Kent Holtorf:

Right?

Dr. Leigh Erin Connealy:

Exactly. That's what I tell people, what is that worth? And literally, Kent for like 1500 bucks you know if cancer or not. Come on, who wouldn't want that?

Dr. Kent Holtorf:

Yeah, like what you would give up to not have it.

Dr. Leigh Erin Connealy:

Right.

Dr. Kent Holtorf:

Let's see. So your book, The Cancer Revolution, tell us about that, where can we find it?

Dr. Leigh Erin Connealy:

So my two books, this is Be Perfectly Healthy which is a compilation of a lots of stuff I've written, but for a doctor this is really good... Maybe not for you because you're already doing a lot of things. And then The Cancer Revolution this is great for any doctor, any person want to learning how to live life, but also early detection, I talk about blood testing, equipment, things I do, everything. So these are invaluable. I have eating in here, detox, emotional, everything is addressed. Everything in medicine that we should all be addressing with our patients is in here.

Dr. Kent Holtorf:

Nice. The Cancer Revolution. Can I get it on Amazon or?

Dr. Leigh Erin Connealy:

Yeah, I'll send you a copy.

Dr. Kent Holtorf:

I'd love it. Can you sign it?

Dr. Leigh Erin Connealy:

Yeah. I'll sign it of course. Of course I will.

Dr. Kent Holtorf:

Write something nice like the cutest person I've ever been interviewed by. Something like that. I'm just kidding. But no it's been a pleasure, you're a wealth of knowledge and just helping so many people and saving so many lives. I'm sure it's just a days work for you, but really I'm sure so many people are so grateful and so thank you.

Dr. Leigh Erin Connealy:

Well thank you for having me. It's great to collaborate and share this valuable knowledge to people out there that need to really know it.

Dr. Kent Holtorf:

And I think patients just don't know it's available.

Dr. Leigh Erin Connealy:

They don't, you're right. Well, things are changing as you know every day there's something new coming out literally.

Dr. Kent Holtorf:

Well, awesome. You're on the cutting edge of the cutting edge and I'm so glad or thank you for taking the time to talk with me today. And I think basically the doctors will really learn a lot from this because cancer is just, it's exploding and just like-

Dr. Leigh Erin Connealy:

It's exploding and it's a conundrum.

Dr. Kent Holtorf:

Yeah and just like all these chronic illness. Everyone's sick.

Dr. Leigh Erin Connealy:

Everyone's sick. That's right.

Dr. Kent Holtorf:

So we're trying to do our small part to keep people healthy.

Dr. Leigh Erin Connealy:

Reverse these diseases, right.

Dr. Kent Holtorf:

Yeah.

Dr. Leigh Erin Connealy:

Right, that's for sure.

Dr. Kent Holtorf:

Well, it's so nice to meet you. Again, you've been down the street for many years and I've known of you and your patience so it's so great to finally meet you via video. And they just basically opened up California a little bit so-



THE PEPTIDE SUMMIT

Dr. Leigh Erin Connealy:

I know, how exciting we are.

Dr. Kent Holtorf:

I'll come down and say hello.

Dr. Leigh Erin Connealy:

Okay.

Dr. Kent Holtorf:

So again, thank you so much. I appreciate it.

Dr. Leigh Erin Connealy:

All right, great to speak with you.

Dr. Kent Holtorf:

All right. Bye-bye.

