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Lynne McTaggart: Welcome everybody to the Cancer Tele-Seminar. I am thrilled about this experience this evening and I think it's going to be a real first for you. For us it's a great honor because we've got somebody really special for you today. His name is Dr. Patrick Kingsley and he likes to call himself a country doctor but he's far more than that.

For many decades Dr. Kingsley was basically the hope for the no-hopers. He had patients flying in from all over the world because they knew he handled things like multiple sclerosis and cancer, things that other people couldn't handle, things that had been called a death sentence. He's treated to date thousands of patients with cancer and many have lived to talk about it.

He's got something really fascinating to talk about today, not only the kinds of treatments that doctors can do but also many treatments, therapies and preventive exercises that you can do to prevent or treat cancer. The main message of today's teleconference is that cancer does not have to be a death sentence. So we've got lots of information today. I just want to say a welcome to Dr. Kingsley right now.

Patrick Kingsley: Hello. Good afternoon or good evening.

Lynne McTaggart: Great. Now, listen. Three quick announcements before we get started. First of all, there are three products in the course material with today's teleconference. The WDDTY Cancer File and The Cancer Book which contain a great deal of information about cancer and therapies proven to work and also prevention.

We've also provided you with an extract, a special extract from Dr. Kingsley's forthcoming book, *The New Medicine* and this is just a little taster of an absolutely fantastic book. So we'll be keeping in touch with you after this teleconference to let you know when that book will be available and how to get hold of it.

Now, if for any reason there's a problem downloading the material please e-mail Bryan, that's Bryan@wddty.co.uk. He'll make sure you have everything on Monday and, also, the MP3 recording should be available tomorrow, Monday, and we'll be sending details about how to download that tomorrow. For those who've reserved a transcription of this call you'll be notified in around ten day's time. Okay. That's all the announcements. Let's get started.

First of all, Dr. Kingsley, the basic question. What is cancer?

Patrick Kingsley: Well, I think the first instance people need to understand that cancer is not something that you need to die from but it is something that people do suffer from and, in fact, most of us have got cancer in our bodies but our immune systems deal with the odd cancer cells that develop and stop them developing into a tumor. It's when the immune system in particular and various other things conspire to allow the few cancer to develop into a tumor that a tumor actually develops.

Now, I think it's generally recognized that chemotherapy can kill cancer cells. There's no question about that. But if you have a tumor the size of the lead on the end of a pencil that's going to have something like a million cancer cells in it and no scan of any sort can find that or identify it. If you have a two centimeter tumor you'll have ten billion, that's ten billion cancer cells in it.

Now, your oncologist hopes that he will kill 100 percent of the cancer cells. There's no way he's going to guarantee to kill 100 percent. If he's lucky he'll kill 99.9 percent but 0.1 percent of ten billion cancer cells is an enormous number of cells and they tend to be the resistant ones, the ones that are not actually killed. So that, in itself, is a particular problem.

Now, cancer itself is described in various different ways by different people. Mainstream medicine assumes that the tissue of your body has become cancerous and the reason why mainstream medicine considers that is because a trained eye looking at a sample of a biopsy can actually see and recognize a particular tissue. If you have a breast biopsy there's clearly breast cells present and some cells have become cancerous, maybe the majority of cells have become cancerous. But because the cellular material is clearly from a breast it is assumed that the cancer has developed within the breast cell tissue itself.

Now, there's a very interesting situation in relationship to cancer cells or the trophoblast. When we, as individuals, were first created the first cellular division in our body had, of course, no form or shape in it. But the trophoblast developed very quickly because, of course, the fetus needs to be fed and if it's not fed quickly it will rapidly die. But the whole idea of a trophoblast was that it started producing a sort of a cancer-like facility. It was producing rapid cells. It was producing a blood vessel preparation and it was, literally, spreading within the womb of the woman.

In fact, the whole idea of a trophoblast is to produce nourishment for a fetus. But day 56 the maternal pancreas and the developing fetal pancreas combine forces and produce vast amounts of digestive enzymes and slow the rapid cellular development down to a normal rate and from then on which the afterbirth grows at a normal rate and nourishes the fetus within the woman.

Now interestingly enough a doctor called Dr. John Beard, who was a Scottish doctor around about the 1900's, he discovered—because he was an embryologist and not a medical person and for that reason he was not very popular with the medical profession—he identified that certain stem cells.

I don't think he called them stem cells in those days, but some of these cells of the trophoblast, which themselves were effectively stem cells because they were forming into the afterbirth. They were forming into the fetus. Various different cells of these just spread throughout the tissue of the developing fetus in little nests of stem cells. It is these stem cells that actually produce the tissue which your body wants to produce.

You can't produce a finger on the end of your knee. Your finger, if it's damaged, will reproduce fingernail and finger cells so they become absolutely normal. If you damage your skin on your knee you will produce knee skin. If you damage your kidney or your liver you will produce new cells of that part in that particular place.

Now, there is a distinct possibility that those stem cells somehow go wrong and it is now recognized that cancer is an inflammatory mechanism and that, therefore, it is distinctly probable that anything that causes overt inflammation which the body cannot cope with is likely to induce those stem cells in that particular tissue to cause them to go abnormal and to become cancer cells.

It's also possible that cancer cells themselves are actually a rather bizarre form of protective mechanism. Maybe the cancer is trying to protect your lungs from the irritating effects of asbestos or cigarette smoking. Maybe your body is trying to protect you from the human papillomavirus or the Helicobacter pyloric virus. There are many, many reasons as to why the body produces these cancerous conditions and it may not simply be for inflammatory reasons. It may well be because it's a rather bizarre form of protection. But unfortunately once the protecting mechanism has become well established it doesn't switch itself off and that is really basically the problem.

So as far as I'm concerned there are many possible causes for cancer and the cancer starts years and years and years ago in a simple way and it's something in your life that gradually causes you to develop a tumor.

Lynne McTaggart: Okay. So we all have cancer and something seems to trigger it so that you don't have those protective enzymes, the things keeping these cells in check. Give me some instances as to why individuals get cancer. You know, you've said it has to do with life events. Like what?

Patrick Kingsley: Well, I mean one of the simplest examples is estrogen dominance. In most of the hormonal cancers, like breast cancer, prostate cancer, ovarian cancer, uterine cancer, there is a distinct probability that most women who will develop those have a dominance of estrogen relative to progesterone. For

example, just about every woman I have ever come across with breast cancer has this condition. So what are the conditions?

Well, for example she may develop a pre-menstrual syndrome of some sort and she may get breast tenderness. She may develop breast cysts. She may develop fibroids. All of these things are indications of a dominance of estrogen relative to progesterone and if she develops these problems, shall we say, a week out of every four weeks, premenstrually, then she is predisposing herself to breast cancer and whatever she does she needs to do something to balance her hormones to get them back into a normal phase.

Lynne McTaggart: Now, what about some toxic substances? I've always thought of cancer as also being caused a lot by something we have too little of or too much of and in the case of too much of, toxic substances. What are the big ones that you've found over and over again?

Patrick Kingsley: Well, certainly there are plenty of chemicals in the environment that we're all exposed to and, by and large, our bodies are capable of dealing with them. But if we do not have enough of the preparations within our bodies that we get from our diet to deal with these preparations then we are going to suffer from the adverse effects.

Now, we don't always get cancer, that's the point. We may develop migraine or arthritis or irritable bowel syndrome. But of course, we are talking about cancer and to somebody who has a predisposition to cancer, then, that could be the problem.

So for example, there will be lead, there will be mercury, there will be cadmium, there will be arsenic, there will be all the pesticides, there will be all the xenoestrogens, the chemicals in our environment from petrochemicals, plasticizers, all these things that we spray on our clothes to keep the bugs away. We spray on our gardens.

There are a huge, huge number of chemicals, most of which have never existed in the natural state which our bodies have never even faced before and then have to start dealing with. So there's any number of them and, of course, it can be extremely difficult to identify what all of the individuals are. But if you take a decent history from a person you can often identify them.

For example, I had a woman with breast cancer and her daughter who was with her and she had virtually no indication of estrogen dominance that I could identify. So I went on asking her some more questions and I said, "Did you have any operations?" She said, "No, nothing terribly important."

And her daughter said, "Mom, you've had two hip replacements. Aren't they something important?" "Well, I suppose so," she said sort of laid back. "And what were they caused by?" She said, "Well, I fell off a tractor on two occasions." "What were you doing on a tractor?" "Oh, I used to farm."

“Did you use any chemicals?” “No, we didn’t use much in the way of chemicals.” “Mom,” says the daughter, “We all did sheep dipping for years.”

So you pick up these pieces of information by taking a decent history and you never know when you start a history as to what information the person is going to provide you.

Lynne McTaggart: I always find that really find that interesting, too, is that that little detective work that people like you do. If somebody is really doing their job properly as a doctor, they’re really asking, as you say, all of these lifestyle questions which give you a real way in.

Patrick Kingsley: Yes, and that’s why I’ve written a book called *The Medical Detective - Memoirs of a Most Unusual Doctor*. If people would like to have a copy of it they can just contact me or just send me a letter at 72 Main Street, Osgathorpe, Leicestershire, NE12 9TA and it costs £12.95 each. It’ll cost a little bit more from America. But if people want a copy of the book, you’ll see exactly how I used to identify people’s problems. They would be very welcome to have copy if people want that.

But before I forget, going back to prostate cancer, there’s a very interesting aspect about prostate cancer because if you look at the way mainstream medicine treats such patients they, by and large, tend to chemically castrate them, whether they literally physically remove their testes or whether they give them various different chemicals which stop the production of testosterone.

But in my point of view why does a man in his twilight years develop prostate cancer when, presumably, his levels of testosterone are diminishing? Why doesn’t your 20-year-old randy buck get prostate cancer? He doesn’t. So there’s got to be something wrong with the theory. In fact, if you take prostate cancer cells in a laboratory one of the best ways of actually killing it is using testosterone but one of the worst ways of killing it, one of the ways that makes it develop is dihydrotestosterone, the first metabolite of testosterone.

So from mainstream medicine’s point of view if you don’t have any testosterone you don’t have any dihydrotestosterone. So there’s a certain amount of justification for that. But unfortunately the feminization that men go through in the process is awful. People don’t like it and, in fact, it doesn’t last forever and the treatment seems to stop working and seems to become more likely to create more dihydrotestosterone later on as time goes on.

So you need to understand why more dihydrotestosterone is converted from testosterone in the first instance and the reason for that is nearly always too much estrogen, too much xenoestrogen. The estrogen in our environment, the petrochemicals, the plasticizers, all of those chemicals which produce too much estrogen and, of course, if the man is getting fat around his tummy he’s producing more estrogen from the fat of his body cells so he’s antagonizing

the testosterone and converting more of the testosterone into dihydrotestosterone.

Lynne McTaggart: So that's such an interesting point, Dr. Kingsley, because what you're basically saying is that medicine removes a hormone in men that probably would be helpful and wrongly identifies testosterone as the problem when it actually it is an estrogen overload from our environmental chemicals, from all of the xenoestrogens that we have in petrochemicals, et cetera, et cetera. So medicine isn't really dealing with the problem it's making it worse and this gives us a good reason why so many men are having it because we're all led to believe that it's just part of the male condition that every male is going to die with prostate cancer, if not of it, with it. So you're basically saying this is an environmentally-induced disease.

Patrick Kingsley: Yes. I mean, and if you think about it I mean women are taking hormone replacement therapy or the contraceptive pill and they pass water and if they live in London the water is recycled so you're probably drinking minute quantities of hormones that way, let alone any other way.

Lynne McTaggart: Of course, we've got it all of our food chain, et cetera. When it's not organic we're eating pesticides. We're inhaling it. It's all around us.

Patrick Kingsley: That's correct.

Lynne McTaggart: Tell me about some of the other cancers. You've given us sort of some culprits like with prostate cancer and with breast cancer. What about things like lymphomas?

Patrick Kingsley: Well, as far as I'm concerned lymphoma is, very logically, caused by an infection. After all if your lymph glands are ever swollen under your cheek or in your armpit or anything it's because you've got an infection which you are fighting. So why is it not perfectly logical to assume that if a person has a lymphoma they have an infection which their immune system has been unable to deal with adequately?

So from that point of view, to me, it's logical that they have an infection and it needs to be dealt with appropriately. Of course, I'd give them chemotherapy or radiotherapy and if they have a lymphoma at a young age, and a woman in particular, it is almost guaranteed that she will eventually develop breast cancer because nobody has done anything about all the free radical production that has been caused by the radiotherapy and/or the chemotherapy that the young person has.

Lynne McTaggart: So you're saying that the treatment causes, then, a rebound cancer, in a sense.

Patrick Kingsley: Well, it's well established that if you have radiotherapy as a younger person. I mean all these young men and women who are developing leukemia in childhood, a very high percentage of them are developing cancers later on in life because radiation is known to be cancer causing. Chemotherapy is

known to be cancer causing but nobody actually does anything to mop up the free radicals after the chemotherapy has done whatever they want it to do.

Lynne McTaggart: Let's talk about free radicals for a minute because we all bandy this word around. So what is a free radical and how does it contribute to cancer?

Patrick Kingsley: Well, a free radical is something that we are producing millions of free radicals every day. Every time we use an oxygen atom we produce a free radical. A single oxygen atom is a neutron in the middle with two electrons exactly opposite each other spinning round so amazingly fast with nothing in between, so far as we're aware, but it gives the illusion of solidity. So every cell of our body is, in fact, an illusion of solidity when it's not.

Now, when you use a unit of oxygen you lose one of those spinning electrons so it's rather like a top when it's going around nice and smoothly that's fine but when it starts to run out it starts to bump into things. Now, the bumping into things is nature's way of saying I want another electron and I'm going to steal it from somewhere. I don't care where it is I'm going to steal it.

But nature, in her eternal wisdom having produced this rather bizarre oxygen-free radical preparation, has also provided massive, massive millions of cells of chemicals called antioxidants, the vitamin C, the vitamin E, all of the antioxidants present in thousands of different types in all fruits and vegetables and berries and grapes and things of that sort. So they will automatically quench the free radicals.

Now, unfortunately most people have large numbers of free radicals in their body and it's a question as to whether their diet or their supplement regime provides the adequate levels of free radicals. Now, when you think that normal, everyday, healthy life is producing free radicals and a good healthy diet is producing adequate antioxidants to quench those free radicals, just imagine what happens if a person eats a very poor diet, a diet laden with chemicals, has mercury amalgam fillings in their teeth, is absorbing a lot of cadmium and lead and pesticides and chemicals from food and hormones and has stress from family, not enough money, et cetera, et cetera.

The body becomes, literally, overloaded and it's not surprising that it says I can't tolerate this. I can't cope with it. So it then starts to produce an abnormal result.

Lynne McTaggart: Well, I think one of the things that people don't recognize and that is really misunderstood and one of the things that I was so fascinated by with your treatments is the heavy use of vitamin C and I wanted to just talk about this for a minute because most of us still think that it's a vitamin. We all think that it's a micronutrient and we're told that we only need trace amounts of it, like 75 milligrams a day. I think that's the recommended daily intake, now, by health experts.

But I mean what was really fascinating to me was researching recently the guy who discovered vitamin C or ascorbic acid as it's called. What he discovered, and this is what's so important, is that vitamin C is an essential aspect of biological combustion, just what you were talking about, and he found that it was an essential substance for maintaining cellular communication within the body. As you said this communication occurs through this kind of rigorous electron exchange system between all the molecules of the body to maintain this constant flow of electrical and magnetic fields.

Now, according to Szent-Györgyi, who found vitamin C, the greater the amount of vitamin C the better our electron flow and the more improved the flow of communication between cells. He postulated, and it seems to be the case, that illness occurs when this electron flow is impaired and when there are too many free radicals, as you say. So seen from this perspective illness, and particularly cancer, would be a total breakdown of the body's cellular communication system and that's why you require this kind of massive stimulus to reestablish, basically, the electrical connections.

Patrick Kingsley: Well, I think you're absolutely right in that respect. But one of the problems is that the human being, all primates, the South African fruit-eating bat and, I think, one other species and I can't remember what it is, have lost the ability to make it's own vitamin C. In fact, if you take a goat and multiply its weight up to standard average human size and put it under stress, whether you stress it with heat or with temperature changes or some form of stress, it will produce 45 grams of vitamin C in 24 hours.

Now, one of the reasons why so many drug studies fail to produce the adverse effects once they are produced in human beings, is because all of the animal experiments are done on animals that can produce large doses of vitamin C. You give a mouse or some other creature a vast amount of stress or a vast amount of this so-called new drug he is capable of producing huge amounts of vitamin C for the size of his body and human beings can't do that. So surprise, surprise, when a drug comes out time and time again it's found to have very nasty adverse effects and that is because we don't produce vitamin C.

There's about four stages from sugar to vitamin C. That's why when we are under stress people say, well, have a sweet cup of tea because that sort of makes us feel that we are developing vitamin C but we're not doing so because we have lost the ability to produce it.

Now, as far as vitamin C is concerned once you get up to 50 grams of it, intravenously, then it's actually becoming an oxidant. It is producing hydrogen peroxide and hydrogen peroxide is one of the best ways of killing cancer cells. It's absolutely magnificent. So it's no longer acting as a free radical scavenging preparation. It is now basically being sort of almost pharmaceutical in its activity.

Lynne McTaggart: Well, I think what I'd like to do is start going into vitamin C in a little bit. We're going to talk about your treatment and you've treated thousands of cancer patients, including my mother-in-law who was given three months to live and told and we were told she had end-stage breast cancer.

So we're talking about vitamin C. The more severe the illness the more vitamin C needed to neutralize the free radical damage and then how it converts into something else. Before we get there let's just talk about some other causes of cancer. You have talked about infections and inflammatory processes leading to cancer. Tell us a little bit about that.

Patrick Kingsley: Well, there's a huge amount of scientific published evidence that cancer is an inflammatory mechanism and, therefore, absolutely anything that can cause inflammation in a person is likely to be capable of causing a person to develop cancer. For example, I would recommend certain dietary modifications and there's no doubt in my mind that many foods cause individual inflammatory mechanisms and sometimes they're rather bizarre. You don't even know they're causing the problems.

To change the subject very slightly, I remember seeing a lady who is what we would call—she was 19 and a half stone. Now what's that in pounds for our American listeners?

Lynne McTaggart: Very overweight.

Patrick Kingsley: Very, very overweight. Okay and she was diabetic. She was arthritic. She had every problem you could name and after explaining things very carefully to her that we needed to identify what foods she was eating because she had always put on weight when she was on a 500-calorie diet and everybody said you can't do that and I said, "Oh, yes you can do it." Because there's one thing that a person hasn't observed during a 500-calorie diet and that is how much does the person drink.

Anyway she went on a five-day fast, literally, spring water and spring water only and she felt absolutely awful to begin with by the morning of the sixth day she had lost 21 pounds and not only had she lost that she was totally symptom free. She was no longer diabetic and she had lost her headaches, she had lost her fatigue and she was raring to go but she knew that she would have to introduce foods one by one. So we organized an order of foods, hopefully, that weren't causing the problems. But she put on ten pounds overnight, literally overnight, and all her symptoms returned when she ate the seventh challenge food, carrots.

Lynne McTaggart: Wow.

Patrick Kingsley: She put on seven pounds overnight about a week later when she ate cabbage. Now, who on earth would ever expect cabbage and carrots to be the cause of a person's extremely ill nature? So what I'm saying is that until you actually look at the person's dietary intake you have got no idea what they might be

reacting to. Yes, there are certain foods which I would always say please don't eat the following foods. We'll talk about those in a minute. But people have got to be prepared, if necessary, to have a test of some sort or do some sort of personal investigation to try to identify what could be causing their problems.

There are many ways of doing this. There's the cheapest but very spare ways and there are blood tests, each of which can have very good results but each of which is not 100 percent effective. But those people have got to do things of that sort.

Lynne McTaggart: Let's talk about isolating the causes. Let's get on to tests. So what are the typical and most important tests you would want to see people take if you were seeing them as a patient, assuming they've got cancer?

Patrick Kingsley: Yes, again it depends upon—I mean I'm very I did very, very few tests on most of my patients because, basically, I didn't want to charge the money and I found that the history was quite sufficient and I would give them an intravenous infusion of nutrients and they would literally say they felt so much better from that and that really was extremely valuable. Then I would change their diet and I'd make a recommendation that they modify their diet in a very simple way.

Lynne McTaggart: Tell us a little bit about that. Well, let me just ask, so if you needed to find out and you were doing a checklist, what are the things that are most important for people to run through in terms of trying to isolate what is the problem, what are some of the problems in their lives?

Patrick Kingsley: Tests are not very good for identifying what the actual causes of a person's problems are because you might do a multitude of tests for viruses and the tests that you do may not cover a particular virus that a person is suffering from and just because a person has a blood test positive for a virus, that doesn't mean to say that that virus is actually the cause of the person's problems. So I learned this years ago.

Now, I also discovered there were certain tests that people can do, biochemical tests, to look at neurotransmitters. Neurotransmitters are chemicals that, basically, affect one cell and another cell and are responsible for breathing, for digesting, for thinking, for walking, for moving, for absolutely everything we do in our body and there's a certain range of normality.

I discovered—when they were first available I did them on some very severely affected patients where they were multiple sclerosis patients or arthritic patients or cancer patients—where they were grossly abnormal. But then I thought, well, let's just see what happens if you do them on a person who has just developed their first symptom of arthritis, just developed their first symptom of multiple sclerosis or just found a little lump of cancer and they were just as bad.

That told me that these were the indications that the body had been trying to cope with the abnormality but it failed to do so. Therefore, I didn't see any point in doing those tests because, presumably, if a person had now obvious cancer it had been developing for 10 or possibly 15 years. So you have to go back into the history and try to find out what the possible causes of a person's cancers would be.

Lynne McTaggart: Can you try to isolate, on a simple phone call like this, some of the real key questions that people have to ask?

Patrick Kingsley: Well, I would ask simple questions like have you had much in the way of antibiotics? Because I've never had an antibiotic in my life and neither has my wife. So that's pretty unusual. Most people say, "Oh, the usual amount," and I say, "What's the usual amount?" You know, how many years? If you've had the usual amount and I haven't any somebody's had an awful lot and I think that every woman knows that there's a risk that if she ever takes an antibiotic she may well develop thrush. That's well established in people's minds. So the more antibiotics people have had, the more risk there is of developing a fungus within the body.

Now, if you look at the work of Dr. Tullio Simoncini who wrote his book called Cancer is a Fungus which I think has probably gone over the top, there is a possibility that all cancers may be protecting you from a fungus. Now, I don't know whether that's true or not and I have no idea because his book came out towards the end of my practicing life.

But there's no question in my mind that fungus does cause a lot of problems and antibiotics, say, can be a cause of this, in my opinion, because people are given antibiotics willy-nilly by doctors and the government in England is desperately trying to stop the abuse and I mean the abuse of antibiotics because people go into the doctor and say, "Doctor, I've got an infection. May I have an antibiotic?" "Yes, here you are. Have this one." But it's a virus and the virus is not killed by the antibiotics at all.

Lynne McTaggart: Is it antibiotics causing fungus and that leaving the body open to cancer or do you think antibiotics have a bigger role?

Patrick Kingsley: They basically kill off the friendly organisms within your bowel, the acidophilus and the bifida bacteria, amongst others. By killing them off, the fungi which are already there but are kept under good control by the friendly organisms which outnumber them, stop them implanting on the bowel wall. If you kill off the friendly organisms the fungi develop because there's nothing to stop them developing and then they become abnormal.

A single-celled organism becomes a multiple-celled organism and spreads. It produces filament-like structures and you have this condition with some people called candidiasis. It doesn't matter what people call it. You've got a Candida infection. Don't forget there are 250 species of Candida. So

although people talk about *Candida albicans*, the white *Candida* as the main cause, there are another 249, at least, species of *Candida* that could be causing the problems.

Lynne McTaggart: Most people in America, and by the way just for our American listeners we usually call it yeast infections. So the whole body yeast infection. The yeast connection.

Patrick Kingsley: And then if you look at the amazing book of Suzanne Somers who wrote the book called *Knockout*. She herself a very, very healthy lady, talking about diets, talking about exercise, developed apparent cancer and she went into the hospital and seven oncologists confirmed Somers' scans that she had one of the widest—lot's of cancer throughout the whole of her body and they recommended that she have whole-body chemotherapy.

It was one of her daughters who came home and said, "You can't possibly have cancer." Could it be *coccidioidomycosis* which is something like Valley Fever and in the end, of course, she turned out to be right.

So she was completely misdiagnosed by seven oncologists as having whole-body cancer when it wasn't cancer it was a fungal infection. How many people worldwide are diagnosed as having cancer when all they have is a fungal infection? I don't know the answer to that but it's an interesting point to consider.

Lynne McTaggart: Well, that's very scary, too. Did you find that in your practice, Dr. Kingsley, that you had people coming to you who were diagnosed ordinarily as cancer and then when you looked a little further it was pretty evident it wasn't cancer?

Patrick Kingsley: No, I think to be perfectly fair I wasn't in the position to say it wasn't cancer but I was in a position to say that I think the cause of your cancer is probably a fungus and that if we deal with the fungus you don't need the cancer.

I gave a lecture in 2004 in Ireland and in Germany and I actually made the statement if you can identify the cause of the person's cancer and remove the cause of the cancer you don't need cancer and the audience was absolutely astonished but it's a true fact.

I used to identify people's problems because they'd had their dose of antibiotics or many doses. They'd had thrush. Many, many women I saw had *Candida*, thrush, and it was the bane of the obstetricians' lives. They couldn't get rid of it because they were only looking at the local area, the vaginal area. They were not looking at the obvious part of the body.

I wrote a book in 1987 entitled *Conquering Cystitis* and I go into this in great detail and the book is still relevant to this day and age plus even more so than ever before. So as I say once again, if anybody wants a copy of the book it's £7.95. They can have a copy with pleasure by writing to me at 72 Maine

Street, Osgathorpe, Leicestershire, NE12 9TA and we'll be happy to send them a copy.

Lynne McTaggart: We'll make sure that everybody has that address, by the way, on our course notes and this demonstrates to you this is a country doctor whose door is open.

I just wanted to talk to you a little bit more about the whole idea about cancer as protection because I find that a very interesting prospect. I was very interested and have been very interested in the work of Ryke Geerd Hamer who is a German doctor who has theorized that cancer is, in a sense, a signature in the body of a trauma.

He has said, basically, that if you have some sort of trauma or super stress in your life, the cancer will develop in a part of the body related to it. For instance, he began this whole theory when his son got killed, he got shot to death and Hamer himself, soon after, developed testicular cancer. Now, to him that was kind of illness as metaphor because he developed cancer in just the place where his son was conceived, in a sense.

So he started thinking from there, well, maybe this is what happens. Cancer develops as a signature, almost a protective thing in the body and that instead of being the dangerous bit the tumor in some way is a statement and you have to deal with the trauma and then the cancer goes away.

So his work is all about just dealing with psychological trauma. I mean, the New Medicine as it's practiced in Germany is one of the most successful forms of treatment just dealing, as I say, they don't deal physically with the tumor they deal with it psychologically.

So talk to me a little bit about your thoughts about cancer being possibly protective.

Patrick Kingsley: Well, I don't think there's any doubt in my mind that cancer is an abnormal reaction to something in the person's lifestyle. I mean there was a lady doctor, a German doctor, Dr. Fryda, and she was completely convinced that all cancers were the result of chronic adrenalin, or epinephrine in America, deficiency.

Now, adrenalin is produced in the adrenal medulla which is the center of adrenal gland, the adrenal cortex around the outside producing corticosteroids. Now, if she's right and if Dr. Hamer is right then maybe it's slightly more simple than he states because the stress produces the steroids and the steroids themselves become worn out and the steroid itself, raised levels of steroids, affect the immune system.

So there are physiological reasons as to why stress of any sort could cause cancer to develop. Don't forget, as soon as there's any stress the body becomes instantly more or, shall we say, less alkaline than it should be and

moves towards an acidic state and that's something we need to talk about in a minute.

So there's no question again, in my mind, that patients with cancer time and time and time again have sort of some sort of problem. Sometimes they're not even sure what they're all about but they've had this feeling that there's been something going on in their lives and they've not been able to identify what it was all about.

Now, I would recommend a book called *The Journey* by Brandon Bays. I didn't know how to deal with these problems myself. Because I'm not a trained psychologist, although I've had plenty of experience about helping people different ways. I went on one of her courses and the second day I was paired up with a lady who knew she'd got some problems and she had no idea what they were about and she came up with the most amazing story.

She was Argentinean and she had gone out onto the pampas with some gauchos when she was young and they caught a sheep and they were hungry so they said, here you are, you kill it and take its bowels out and let's eat some meat. She said, "I was only a kid, for God's sake. I'd completely forgotten this," and she actually, during this process, she brought it out. She brought it out. She had the most cathartic experience and I rang her the next day and she said, "I feel totally better. I feel like a completely different person." We all have problems of these sorts and every single person I've ever come across has a problem of their own.

There was a lady who I saw with cancer of her esophagus, her throat and when I said to her at some stage after going through her history, "Have you any idea what the cause of the cancer is?" that's when her husband broke in and said, "Oh, I know what the cause is. She's had tea straight out of the kettle. I don't know how she's ever been able to have it so strong and she burns herself." I said, "Okay that's probably caused a target, but I don't believe it will have caused the cancer." Although to be perfectly fair it could have caused inflammation and caused a burn and that might predispose.

I then changed the subject and said, "Have you had any stresses?" That was when the tears started, so I got a hold of a box of tissues and let her have a little cry and the story was quite simple. Her mother had developed severe Alzheimer's. So severe that nobody locally could cope with her so she took on the responsibility and she'd had the responsibility for two or three years basically looking after her mother 24 hours a day.

But she was also a bad diabetic, so bad that she developed gangrene in both legs and because her mother couldn't answer and sign for herself she herself signed the paper for the hospital to amputate both legs and, basically, her mother never recovered from both operations and died. She was blaming herself for killing her mother. It didn't matter how much I said to her, "But you probably did the right thing for her."

If you were to read this book, *The Journey* by Brandon Bays, you would probably find there were many opportunities of finding out and finding out from her mother that her mother actually said you did the right thing. But, no, I don't suppose she ever did because I never saw her again. She couldn't, presumably, tolerate what I had suggested, that she try to find an explanation for her problems.

But time and time again, as I say, patients did suffer from all sorts of problems, all sorts of stresses, arguments with the neighbors, family and friends. So it was extremely common and I would certainly agree with Dr. Hamer that there's a huge amount of harm done to the physiology and the psyche and the biochemistry of the body and exactly what it is that causes the problems, I don't know. But in my book I give lots of methods to help people resolve various different forms of problems and that's something that they can try and so for themselves.

Lynne McTaggart: Let me ask you a couple of those, too, because we will get to them but I wanted to just ask you and talk a little bit about the role of emotion. You know, a lot of people talk about the cancer personality, the martyr personality. Did you find that, at all, with the patients that you had? Were they people who were uncomplaining, helping other people all the time? Did you find that kind of character a lot?

Patrick Kingsley: I did. I found it in a number of occasions, nearly always in women, women who had looked after absolutely everybody and everything, were organizing local WI, et cetera, et cetera, and were basically doing everything for everybody else and people would talk about them in hushed whispers. It's not fair that she's got cancer because she's looked after so many people for so long. Why on earth has she developed cancer? The answer is because she's probably not looked after herself. She's eaten and drunk not very sensibly and she's just, generally speaking, worried herself to death. Then, of course, when she develops a problem, she hides it from everybody else. She doesn't want people to look after her. She's the one that looks after everybody else.

So yes, that was something that I came across on a number of occasions but it wasn't the most common I saw at all. Everybody had their own problems and there's so many stories of individual sufferers that some of the stories would make your hair stand on end.

The other thing is that time and time again people didn't develop cancer. That was the extraordinary thing. They developed other medical problems or became drunkards and just wanted to drink themselves to death. But they didn't develop cancer and I can't explain why some people do develop cancer and why some people just don't.

Lynne McTaggart: Let's move on. I want to get back to the mind medicine when we talk about what you can do for yourself. Let's move on to your preferred treatments where you treated your thousands of patients and let's talk a little bit about it

and exactly what you put in there. I know with my mother-in-law, Edie, and many of your patients, you preferred a high-dose intravenous cocktail of nutrients plus hydrogen peroxide. Let's talk about why and exactly what you were doing.

Patrick Kingsley: Well, in the first instance just about every patient whatever their condition, whether it was multiple sclerosis or arthritis, I can guarantee that they were nutritionally deficient. The body goes wrong in a nutritionally deficient condition. There's no question in my mind. Whether a person develops cancer or not is a separate issue.

So I would always recommend to people that they consider having an intravenous infusion after they had finished the hour-and-a-half or two-hour consultation and I'd send them information before they came to me. So they were primed. They knew that that was going to be our offer and time and time again patients said, "Yes, please. I'd love to have that," and they felt so much better as a direct result. It improved their nutritional status.

Basically, I would give them all the B vitamins, decent dose of B12, folic acid, vitamin C, magnesium, chromium, selenium, manganese and molybdenum, sometimes one or two other bits and pieces but that was basically the majority of what I gave them and that alone really just made people feel phenomenally better and they would come back, once a week or thereabouts or as often as was practical, to have another infusion.

The hydrogen peroxide there's no question about it, it is producing oxygen effectively and one of the ways that cancer cells are killed is with the use of oxygen. So increasing the oxygen content of the body is an extremely valuable way of doing it, of helping to cure the body. So exercise and if you can do exercise with oxygen that's even better still.

If you can get a doctor to prescribe an oxygen cylinder and you can step up and step down, step up, step down breathing in oxygen or do something to make you slightly short of breath or use a cycle and do it at home but have some oxygen. Because if you don't have oxygen at 100 percent you're not going to get it, anything more than 21 percent if you're lucky.

Of course, in many cities the level of oxygen in the environment is well below the 21 percent that I was taught was the normal level of oxygen in the environment when I was a medical student. It can go down to 12 percent in some cities in the United Kingdom when there's the smog around.

Lynne McTaggart: So what levels did you give of vitamin C?

Patrick Kingsley: I went up to 75 grams of vitamin C, either 50 grams of vitamin C. It depends, basically, how often patients were able to come to see me. If they could come three times a week I would probably stick to 50 grams of vitamin C but if it was only once a week I'd go up to 75, occasionally 100 grams. It would take two to three hours to give them and that was usually sufficient.

Of course, I had got them on to big doses of vitamin C in between. I have a very good formulation of vitamin C in powder form which most people can take a lot of. I mean I take at least four grams every day, personally, because I think it's that useful.

Lynne McTaggart: Well, I know that the discoverer of vitamin C, Szent-Györgyi, and many of the great vitamin C practitioners, Linus Pauling, Robert Cathcart, many of these people, Klenner who used it even to treat polio successfully all said the more severe the illness the more vitamin C is needed to neutralize the free radical damage and the greater the amount of vitamin C tolerated by the body. Was that something that you saw, too?

Patrick Kingsley: Yes. But I never went as high as they did. I mean with some viral infections you go up to 200 grams a day but I never had patients coming in with acute viral infections. But you can treat them with massive, massive doses of vitamin C. You've obviously got to be able to find an adequate vein to find it and, of course, some people who have had chemotherapy, they've virtually got no veins left which makes life very hard indeed.

Lynne McTaggart: Did you find that with your treatment, you were treating people who had gone through conventional treatment and people who had not gone through. Did you find it worked equally well if people had gone through the whole chemo? Were they too damaged?

Patrick Kingsley: Well, I mean obviously if they'd had a lot of chemotherapy their blood vessels could be very severely damaged and that would really present me with a major problem of finding a source of a vein or a blood vessel sufficient to give it to them. But I nearly always found one somewhere, maybe on their ankle or the soles of their feet. I was very good at finding odd little places to give it. But I found that it was very, very helpful.

I never told a person not to have chemotherapy. That was entirely up to them and I would help them, if they were having chemotherapy, with various different ways of minimizing the adverse effects. Because your standard oncologist will tell a patient not to have any antioxidants during chemotherapy and/or radiotherapy on the assumption that it would stop them working. But I can assure you that it would not stop. The free radical production and the cancer cell killing effect and the healthy cell killing effect of the chemotherapy and the radiotherapy is so strong that nothing you can do can actually stop them working.

What you can do is you can protect the good cells from destruction far more and I had a number of patients who had intravenous vitamin C and nutrients before the chemotherapy and immediately afterwards and they had no doubt in their minds whatsoever it helped the whole treatment to work properly. In fact, there are about 150 or more proper, published studies to show that antioxidants around chemotherapy not only does not stop it working but makes it work more effectively and protects the body from the adverse effects.

Lynne McTaggart: Now, why did you include vitamin B12 in your cocktail that you gave people intravenously?

Patrick Kingsley: Just basically because I feel that so many people have a great need for vitamin B12 and I just used to find it extremely beneficial. So many of the patients I used to see were tired. Yes, they may have anemia if they've got severe cancer. They may have a thyroid deficiency and, in fact, Dr. Gerson used to give every cancer patient whole thyroid support because he was convinced they all had a thyroid insufficiency. But I never gave thyroid without supporting the adrenal glands because I felt all the glands needed support.

I find vitamin B12 deficiency is extremely common and the levels of vitamin B12 that put a person correct are far greater than the so-called normal level. I mean, blood tests on people have distinct disadvantages. I mean, you take vitamin D, for example. You test levels of vitamin D in the majority of people in the United Kingdom. They're bound to be deficient, bound to be because you don't get into the sunshine. If the sun does come out you're either indoors or you're in clothes. So as far as I'm concerned the levels of vitamin D should be based upon Californian lifeguards or something like that.

Lynne McTaggart: Absolutely. And glutathione, you put that in your cocktail, too. Tell us a little bit about that.

Patrick Kingsley: Yes, I didn't put it in all the time. I would certainly put it in because I mean, again it's the cost, because if I put it in I have to charge the patients more and I was trying to keep the costs down. It is very important chemical that helps to regenerate vitamin C and vitamin E. It's part and parcel of a whole congregation of nutrients that work in concert and that's what mainstream medicine totally fails to understand. They do tests on vitamin A or B1 or vitamin D and they've got no idea when the studies don't show what they want but they've not added the other bits and pieces that work together with them.

Lynne McTaggart: Yes, and it's this whole thing, Dr. Kingsley, of thinking about these vitamins as just little micronutrients which help out a little bit whereas, from my understanding, glutathione is a little bit like vitamin C in terms of helping cell communication but whereas vitamin C does this between cells, glutathione does the same function inside the cell and it seems to help maintain electron flow within the cell by, again, providing an adequate number of electrons, mopping up free radicals and it seems these two substances, vitamin C and glutathione, work together in a really brilliantly synergistic fashion.

I've always been told that glutathione operates a little bit like a battery recharger for vitamin C, helping it to maintain electron flow throughout the body and then vitamin C works inside cells donating back electrons to increase levels of glutathione. So it's a real interesting kind of mix. To date,

glutathione has really been underappreciated as being something really valuable to the body.

Patrick Kingsley: Don't be too complex. Don't be too scientific. Cancer doesn't need to be too scientific. Yes, it's nice to understand why things work but don't get too scientific, please.

Lynne McTaggart: Very good. Well said, thank you. Tell me a bit, now, about some of the people who offer this in the U.K. Who are some of the practitioners doing this? We have to say, tragically, Dr. Kingsley is retired now but that's after many, many years of 16-hour days. So he needs a bit of a rest. But there are still doctors that are following in your footsteps a bit in the U.K. so tell us who they are.

Patrick Kingsley: I don't know all the current doctors who are doing intravenous infusions but there's Dr. Shelaporia (sp) in Banford, in Surrey. There's Dr. Wendy Denning in London. Dr. (inaudible) in Central London. I believe Dr. Matthew Jack in (inaudible) is doing it. There's one other person in York, Damon Downing's doing it and then they'll be somebody down in Bristol and I can't remember what her name is. So we'll make sure we get them on the information you send out to people, the few I know.

Lynne McTaggart: Okay.

Patrick Kingsley: But it is certainly my desire to set up centers of excellence in vitamin and mineral infusions all over the country in England and Scotland and Wales and Ireland if at all possible because I think it's just such a wonderful treatment and there's so many people who know that it works and that makes people feel better.

Lynne McTaggart: Now, what about in the U.S. because we're going to have some U.S. listeners, too, on our phone call today? I know Dr. Hugh Reardon. He's the founder of the Center for Improvement in Human Functioning in Wichita, Kansas. He's known for using high doses of vitamin C against cancer.

Patrick Kingsley: Well, I would suggest that people contact a couple of groups of people. There's ACAM and I haven't got the details in front of me and AAEM, the American Academy of Environmental Medicine. Those are two Pan-American organizations that will have lists of people in individual areas, many of whom will do the intravenous vitamins and minerals.

Lynne McTaggart: Okay. Good and we know People Against Cancer which is PeopleAgainstCancer.com. Frank Wiewel is a highly knowledgeable person about who is treating what with cancer and he's always a wonderful resource. Hugh Reardon is at www.DoctorYourself.com. Frank Wiewel is at www.PeopleAgainstCancer.com and the other organizations Dr. Kingsley has mentioned you can Google. There is ACAM and there is the other organization was what again?

Patrick Kingsley: AAEM, American Academy of Environmental Medicine.

Lynne McTaggart: Okay. And ACAM is integrative medicine.

Patrick Kingsley: That's the American College for Advancement in Medicine.

Lynne McTaggart: Yes, okay.

Patrick Kingsley: (Inaudible) in California somewhere, the headquarters. But we can make sure you have that information.

Lynne McTaggart: It's www.ACAM.org. So that's www.ACAM.org. Okay. Let's move on to self-help now. What are the most important dietary changes to make? I know you mentioned getting rid of sugar.

Patrick Kingsley: Well, because cancer feeds on sugar and so do fungi which is quite interesting. There is a distinct commonality between fungi and cancer cells and it's quite interesting. I went on a course and learned a method of dealing with cancer therapy and that is you set up an intravenous infusion and you give the patient sufficient insulin to lower their blood sugar and then once they've got the obvious features of low blood sugar, sweating, hunger, yawning, et cetera, et cetera, you then turn that insulin off and you switch on another formulation which has got a tenth or twentieth of the specific dose of chemo therapy for that cancer but in ten percent dextrose. The cancer cell is very greedy for sugar, absolutely suck it in and they suck the cancer chemotherapy in directly. Very, very effective but it requires somebody experienced to know how to deal with it.

So what I'm saying is that sugar, in all forms, is an absolute no-no for a cancer patient. That applies to white refined flour products. It applies to potato cooked in an oven too hot. It's fair enough if you boil it but if you cook it too high you convert more of the potato into sugar.

Lynne McTaggart: I mean, that was really, yeah, that whole idea that you had was really interesting to me because I was wondering whether or not you want to also eliminate other kinds of foods that are high on the glycemic index list because that's potatoes. They're up there as one of the highest foods that are fast converters into sugar. Would you suggest other ones, too, all the other white stuff like white rice and things like that, white breads?

Patrick Kingsley: Well, yes, certainly all the white things. But the body's quite interesting about that. In the book—I've actually finished a book on diabetes and certain people are totally unaware that they have an individual hyperglycemic food when it's not considered to be so. In fact, my secretary's husband became a late-onset diabetic at one particular stage and he went through a testing process and he discovered that whole meal bread produced a higher blood sugar rise than sugar itself or white bread.

So you get these strange idiosyncratic reactions and, therefore, yes if you can identify the food causes that are high glycemetic to you that is important to stop. That could be achieved probably by identifying the same foods that are causing an inflammatory reaction in your body. So that could be done using an ALCAT test.

Lynne McTaggart: What test is that? ALCAT?

Patrick Kingsley: That's an ALCAT test. That's a blood test that is done on your blood and the food. The blood is incubated for an hour with extracts of food and chemicals and then a reaction on your white blood cells is identified as to what could be done.

Lynne McTaggart: And this is a test—okay, we'll put that in the information.

Patrick Kingsley: We'll put that information in on how to get hold of the test and the telephone numbers, et cetera, and if you give a certain reference number you'll get a five percent discount off and all sorts of things of that sort will be helpful.

Lynne McTaggart: Now, tell me about ALCAT is available in America and in the U.K.?

Patrick Kingsley: It's available in the whole of Europe, yes, and North and South America, the Caribbean.

Lynne McTaggart: Okay.

Patrick Kingsley: So it's all over so it's very widely available, yes.

Lynne McTaggart: Okay. Great.

Patrick Kingsley: Now, coming back to foods I will always recommend that people avoid dairy products. There's a vague possibility that organic butter may be okay for its fat soluble vitamins but in the first case I would say no dairy products whatsoever and if you read the book *Your Life in Your Hands* by Professor Jane Plant, she's absolutely adamant that all breast cancer and prostate cancer patients should avoid dairy products and she gives very good scientific reasons.

She herself had chemotherapy and all sorts of problems and she was off to China time and time again and whenever she went to China her secondaries just disappeared. She came back to England and her problems started all over again. She and her husband, who's also a very high-powered scientist, they said what on earth is the difference between the two and they tweaked.

In China they do not have any dairy products at all. She then went on and worked out how important dairy products are as a cause to cancer patients. So all chemicals out. No chemicals. Certainly not a aspartame or anything of that sort and organic food wherever possible.

Again, this comes to the question as to whether you should really work out the biological mechanisms because Dr. Kelley, a dentist in the Bahamas years ago, he identified different types of personality according to the different types of cancer and he maintained that people who have what he would call the solid tumors, the prostate, the bowel, the liver, breast cancers, tended to be sympathetic types of people. They're the go getters, the people who are positive, they do things, they're more active. Whereas the ones who had the blood cancers, the lymphomas, the multiple myelomas, the leukemias, tended to be parasympathetic. They were calmer. Their heads were below the parapet. They never wanted to be captain of teams and things of that sort.

Now, there are various different grades for all of these things, as always, and he maintained that if a person was an out and out sympathetic type they should be on a totally vegan diet. A vegan diet. Whereas if they were a totally parasympathetic type they should have a certain amount of meat and things of that sort.

Now, I've not gone into this in great detail myself and there's a possibility that the reason for the meat was due to vitamin B12 which is high on the list of ingredients in meat so that's the reason why I used to give vitamin B12 to cancer patients because I felt they were often so short of vitamin B12.

So that's a personality and a body typing which can become very complex and Kr. Kelley actually identified ten different types and he worked out what was right for them. He also worked out as to whether magnesium was good for a sympathetic type, was bad for a parasympathetic type and I haven't got all the details of them in my mind but he worked out what was good for certain types and not good for other types. It's absolutely fascinating if it's true.

Lynne McTaggart: Well, I know William Walcott, who has been—I mean, certainly you've spoken at some of our conferences. We've had William Walcott speak there, too. He was a disciple and employee of Dr. Kelly and he pretty much carries the torch for metabolic typing and, in fact, you can find out more information at www.MetabolicTyping.com and that is all about what Dr. Kingsley has said about the whole idea of certain people having—basically what they're saying is one man's meat is another man's poison, that if you are a parasympathetic type, foods that are sympathetic type does well on will be terrible for you. You'll have the absolute opposite reaction.

He has a basic and very simple online test to see whether or not you're one or another and he asks questions about how hungry you get a few hours after you eat, whether you feel better or worse on meat and all kinds of personality type questions. There's a lot of people who swear by this, including Frank Wiewel. He basically says a lot of people get very much better on metabolic typing and, in fact, Dr. Kelly's wife was so ill and nearly died and he gave her everything, fruits and juices and all kinds of vegetables and went through the usual thing of a vegetarian and finally, in frustration, gave her some meat and she immediately got better. So that's where their theory started from.

So if you're interested in that kind of thing you can look further on that MetabolicTyping.com.

Patrick Kingsley: Then there's the ABO diet

Lynne McTaggart: Tell us about that.

Patrick Kingsley: Well, the ABO diet was invented by Dr. Peter D'Adamo's father and he basically makes out that as human beings moved around the globe we all gradually changed our blood types. There was A, AB, O or whatever it is and he maintains that certain blood groups should only eat certain foods and not others. Now, I have tried that on a number of patients and, of course, it does apply to some but, as always, it doesn't apply to them all.

So basically what I'm really saying is you've got to find out what suits you as an individual. You've got to work out what makes you feel well and work out if you are actually improving and if you start doing something and you start to improve you're doing the right thing. It's as simple as that.

Lynne McTaggart: What about Gerson? Gerson Diet? What's your view on that?

Patrick Kingsley: Well, Gerson is, of course, it's very, very extreme. I mean, if you go to the Gerson Clinic you will be taught a most amazing system of coffee enemas, five or so coffee enemas a day and maybe 12 or 13 juices a day. That's fine. But most of us are not capable of keeping it up as long as they want you to do.

I had a couple who were Jehovah Witnesses and they'd just come back from Mexico and they wanted to talk to me. They wanted the infusions. They wanted various different things. But they had 40 friends, any three of whom were permanently in their house preparing, washing, cleaning up the mess that it makes. Most haven't got that sort of help. But if you can do it, and there's always support groups to help you, it's very, very good but it's extremely strenuous. So I never personally recommended it to anybody but I supported a person if they wanted to.

Lynne McTaggart: You didn't find it, for your patients who were getting better, you didn't find it necessary to do anything that extreme?

Patrick Kingsley: I never tried to get a person to do anything that was too extreme. If it was too extreme they wouldn't do it so what's the point?

Lynne McTaggart: Right.

Patrick Kingsley: I mean, I've heard many of my colleagues say, "If you don't do what I tell you to do don't bother to come back." That's not fair because some people may just want to feel a little bit better. They know they're going to die. They're perfectly content to die.

I mean, I had a number of older people brought by their younger family members to see me and I would ask them the simple question. "Do you want to get better?" "No. No, I don't want to get better." "Why not?" "Well, I mean, I've had a good life. I'm going to die." "Why are you here?" "The family," they said, "They keep taking me places." Nobody's asked the patient whether they want to get better so that would immediately say to me, "Okay. What is your main symptom?" "I feel tired." "Would you like to feel a bit better?" "Yes, please." So you just work on that only. You see them a month later, "Are you feeling better?" "Yes, I am." "Would you like to do a bit more?" "Yes, I think I would do."

So you listen to people all the time and find out what they want and don't push people. Not everybody wants to have chemotherapy. Not everybody doesn't want to have chemotherapy. You've got to work out what they want themselves and then play it by ear because I've got no idea whether the chemotherapy's going to work. We all know people who have had chemotherapy and it has worked. There's no doubt about it. But it doesn't work for the majority of people but it might work for the next person.

Lynne McTaggart: How important is that person's belief in their therapy in whatever they choose?

Patrick Kingsley: That's very important. Yes, because I always say to a person if you're going to have chemotherapy you must then go through a process of relaxation, exercises, visualizing and visualize the chemotherapy dealing with the cancer cells and put up a block, some sort of a fence around your friendly cells and stop it attacking your friendly cells. So do something positive and believe in it's the right thing for you. It's very important, belief is extremely valuable.

Lynne McTaggart: We haven't talked much about acidity and alkalinity in the body, the body's acid/alkaline balance and how we should deal with that in terms of cleaning up our own bodies if they're too acidic. Can you address that a bit?

Patrick Kingsley: Yes. Well, just about everything in life conspires to make our body more acidic than it needs to be. I mean, life is, generally speaking, an acidic producing problem. So if you eat an alkaline diet with most of the fruits and the vegetables and the berries and things of that sort then there's a good chance that you will modify your alkaline acid status.

That's why I still recommend to a number of patients that they consider taking the juice-plus preparations because if they take a lot that's 26 fruits and vegetables, berries and grapes in a day that you could never eat that in a day. It's just impossible to although you don't eat a whole lot, it's all the water, the sugar, the salt and the fiber taken out. So I find them particularly helpful. But it's not an inexpensive preparation. So people have got to work out what is right for them and what is not right for them.

So the minute a person starts to improve their diet they start to improve the acidity/alkalinity status. The body should be, roughly, 7.36, thereabouts. If it

goes down to 7.30 you'll probably die. So it's a very, very fine level and remember the pH is a logarithmic scale so it's times 100 so from 7.36 down to 7.30 is a very, very large change in the acidity status. So when we're talking about acidity we don't actually mean acidity we mean less alkaline than will be the case.

Lynne McTaggart: ` How do you clean up water and make it less acidic?

Patrick Kingsley: Well, basically you need to find out what is the acid nature of your own water and there are many systems which will simply acidify so it will alkalize the water and just taking small doses of sodium bicarbonate every so often is probably helpful because most people with medical problems have probably got poor digestion and poor digestive function and they're not producing the right amount of sodium bicarbonate. After meals they're not taking digestive enzymes in sufficient amounts.

Because going back to my original idea of the trophoblast the fact that the pancreatic enzyme production of the mother and the child combine forces and produce a huge outpouring could suggest that patients with cancer are actually enzyme deficient and that they need extra enzymes and that's why I would normally always put patients on large doses of enzymes.

Lynne McTaggart: Okay. So those are pancreatic enzymes?

Patrick Kingsley: ` Pancreatic enzymes, yes.

Lynne McTaggart: Pancreatic enzymes. Okay. Let's talk a bit about, well, first of all before we get on to supplements I wanted to just ask you, you had in your paper download that we're giving to people, that you want drinking water high in redox potential. Can you explain what that is?

Patrick Kingsley: ` Basically redox potential is the ability to scavenge free radicals and there are various different pieces of equipment on the web that's available if you look for them. But they're not cheap and it's basically if you tidy up your diet, you take certain supplements, you identify the cause of your problems and eliminate them then you're really doing an enormous amount of good for yourself but it requires that you identify the cause of your particular problems.

Redox potential, I've got a piece of equipment in my own surgery which I haven't used for a long time now and I'm not aware that it actually did any good to patients because, of course, they drank it when they were with me but they didn't drink it when they were at home. So I think it's a question mark in some people's minds as to the value as to whether it is something. Of course, if a person wants to spend a lot of money then they can, by all means, do that but most people haven't got much money to spend anyway.

Lynne McTaggart: Tell us about the best supplements to take orally. So we've talked about going to a therapist if you can find one or a doctor who does the intravenous

vitamin C and hydrogen peroxide. But what can people take in their own lives?

Patrick Kingsley: Well, I would suggest that patients take vitamin D. If they've got cancer the chances are that they're significantly deficient in vitamin D. Yes, they could have a blood test done but do not, under any circumstances, accept the so-called laboratory's reference ranges, certainly not in the United Kingdom where we never get into the sunshine.

Because how do laboratories actually identify their so-called reference ranges? They take and they do an analysis of the samples they receive plus, possibly, the odd survey that they do but that's not many people. The samples that they receive are from people who either are genuinely ill or who doctors think are ill. So how can you possibly get a normal range from such a group of people? So there's a huge amount of scientific evidence that people's blood levels of vitamin D₃, should be at least between 40 and 65 nanograms per liter. Now, we'll put that information we send out.

Lynne McTaggart: How much do you want them to take, then? How much should they be taking every day?

Patrick Kingsley: 10,000 international units a day for at least the first three months. No harm will come from taking 10,000 unless, of course, they're in the sunshine.

Lynne McTaggart: So now this is just by way of comparison we're told to not take any more than 400 IUs.

Patrick Kingsley: That's absolute nonsense. Absolute nonsense. It really is.

Lynne McTaggart: Interesting. Really interesting. Okay. So we've got vitamin D. What about your own oral doses of vitamin C. How much should they be taking of that?

Patrick Kingsley: If they can get up to 16 to 20 grams in 24 hours by mouth that would be excellent and the preparation I use is by Longevity Plus in America. It's an excellent product and really you can take large doses of it four times a day and that will be very helpful indeed.

Lynne McTaggart: That's probably a buffered preparation so—

Patrick Kingsley: It's possible. It's got large—

Lynne McTaggart: —you can tolerate large doses.

Patrick Kingsley: It's got large—it's got many other preparations in it, lutein and asparagine that's been worked out to kind of help the absorption mechanisms and also minimize the adverse bowel effects that can occasionally occur. But if a person can find any formulation and get on to 16 to 20 grams a day that could be really excellent.

Lynne McTaggart: Anything else? What else is really important? General multivitamins.

Patrick Kingsley: Multivitamin, multimineral, yes, just that you've got a reasonable level of each one. Selenium, I would suggest that in the majority of cancers and certainly in the initial stages, 800 micrograms per day.

Lynne McTaggart: Okay. What about zinc at all?

Patrick Kingsley: Sorry?

Lynne McTaggart: Zinc at all?

Patrick Kingsley: Well, that would come I mean, yes, certainly zinc is important but then how do you pick on one particular element? I mean, if you're taking a whole range, yes, you'll get adequate additional levels of zinc. If a person's got a particular problem and they need extra zinc, yes, give them 45 milligrams of elemental zinc. If they've got mercury fillings in their teeth they'll need selenium, zinc and vitamin C. So each person has to work out what they need for themselves and that, again, will be available in the book when it's out.

Lynne McTaggart: Digestive enzymes, we mentioned that before. Any other kind of digestive formulas that you think they should take?

Patrick Kingsley: Well, it's up to them as to which particular formulation they use but the one that I always use is one called Wobenzyme. It's basically a German product but it's been reformulated in some way and it now hasn't got the sugar coating that the German formulation has on it. So normally you would have to soak that off with water and take it and I'm talking about taking 36 tablets a day.

Lynne McTaggart: My goodness.

Patrick Kingsley: That's a huge number. Yes, for a person who's got genuine cancer because these are anti-inflammatory and you take them away from food, you take them two hours after one meal and one hour before the next so you're taking 12 three times a day. You can take 12 before you go to bed and you don't need to eat after that. So you can take it three times a day. That was always very important as far as my patients were concerned.

Lynne McTaggart: Why are high doses of iron deleterious to cancer patients?

Patrick Kingsley: Because cancer cells love iron. They really do. They like iron almost as much as they like sugar. But sugar is the number one and iron really promotes cancer. So it's very difficult, if a person is anemic, to get their iron status up normal because if you give them iron half the time, unfortunately, it doesn't actually work because the cancer cells have stolen as much iron as possible and that can be quite a difficult problem.

If you give them intravenous infusions of (inaudible) blood transfusions then they won't have too much free iron. They would have the hemoglobin and that's very valuable but you don't want to give them free iron supplements beyond a certain level. Maybe it's important to give them a little bit to feed their body but unfortunately the cancer cells are likely to steal it and the rest of the body not have the iron. So it may be better to be slightly anemic and not give cancer cells the free iron.

Lynne McTaggart: Tell us quickly, certain people shouldn't be taking intravenous vitamin C. Who are those people?

Patrick Kingsley: They only people as far as I'm concerned are people with brain tumors because big, big doses of vitamin C can actually cause the brain to swell slightly and if you've already got an inflammatory mechanism than it can cause that. But apart from that there's nobody, as far as I'm concerned, who should avoid vitamin C intravenously.

Lynne McTaggart: Okay. Let's chat for a moment about things like spontaneous healing and mind healing. I've been really interested in the whole idea of spontaneous healing which is how a giant mass can be there one day and virtually melts away the next and I've been looking at the spontaneous remission database from the Institute of Noetic Sciences and I've been fascinated to see that, although it's considered rare in conventional medical circles, it's far from rare. I think one in eight skin cancers spontaneously heals. One in five genitourinary cancers. I mean, they're quite amazing statistics.

Patrick Kingsley: Oh, yes. Yes.

Lynne McTaggart: I was trying to find the common thread, emotionally, in patients who heal like this and it looks like, in the studies that have been done so far, that they are people who have faced a big roadblock of stress in their lives like people up against some sort of unremitting stress or an unresolved trauma or prolonged hostility or some sort of marked isolation or big dissatisfaction or some kind of quiet despair in their lives, that kind of thing.

The common thread I could come up with was something like them losing the central meaning in their lives and that the spontaneous remission seemed to take place after the patient has made some sort of major psychological shift to recreate a life that's engaging and purposeful. Did you find anything like that with your patents?

Patrick Kingsley: Oh, most definitely. And in fact, there are many, many neurotransmitters that are produced that are good ones and bad ones and if a person is having a very bad time, a very stressful time, they produce very bad neurochemicals which can be extremely damaging to the body. Whereas if they are able to resolve their problem in one way or another and that, of course, is not always easy, if they suddenly find they're able to lift up their spirits, if they walk down the street with their head held high, they look in the mirror, they smile, they

laugh at things, they are able to force their bodies to become positive it does an enormous amount of good. It really does.

There's no question in my mind that the good neurochemicals can be extremely effective. That's why affirmations are so valuable. You actually make this positive statement. I am whole. I am healthy. I am free of cancer. Not I do not have cancer, I am free of cancer. I can run. I can walk. All these positives things you keep saying it and you say it and you say it and you smile as you're saying it. So you really can convince your body to do these things and if you do do this, it's amazing how natural things can work in your body.

Lynne McTaggart: That's what I found so fascinating, Dr. Kingsley. I was interested in seeing that the people who could make the shift to doing the kind of thing that they got ill, in a sense, because they've lost all hope of life ever being good and once they started to say, yeah, I'm going to do what I always wanted to do what is going to be—what's the path I'm going to take back to my *joie de vivre*?

Maybe it's playing the piano or trekking in Tibet if that's what they meant to do before they got derailed in their lives, as many of us do. So that really comes down to the idea of having cancer partly because of thoughts, the thoughts you think about in your lives.

One of those big thoughts that I want to really finally address is hope. I tell you what was probably the most moving thing I ever saw in your work and we've known each other for many years, as you know. I was sitting there in your office years ago and you were treating my mother-in-law. My mother-in-law was given three months to live by her ordinary general practitioner and she had nursed her cancer privately.

She had breast cancer and she was very quiet. She was one of those kind of very sweet types who was always doing for other people and she told nobody about her cancer until it had basically eaten away most of her breast. I mean, her regular doctor had recoiled looking at this and I brought her to you, essentially, because she had, by nursing this privately, she was too late for any of the so-called ordinary treatments. So in a way we were in that sense kind of lucky.

We brought her to you and I remember sitting there just to give her a little Dutch courage while you examined her and I heard from the other corner of the room when you looked at this raw meat that was her breast you very nonchalantly said and very hopefully said, "Ah, we can handle that," and it was at that moment that I said to myself, this woman is going to live. You gave her such hope and that's been kind of your real medicine.

Tell us a little bit about that because so many doctors are into leveling with the patient and telling them how it is and deciding how long they're going to live. You don't do that.

Patrick Kingsley: No, I don't do that because I know perfectly well that every single patient has the ability within themselves to heal themselves. I don't heal anybody I merely gave them the ability to heal themselves. I put them in the right direction. I helped them work out what the cause of their problems were so that they can take charge of their whole life, change things around if they wanted to. If they didn't want to it wasn't going to work. I would still not put them down because I had no idea as to what's going to change. I had no idea whether the person was going to go home and then start talking about what I'd said and say, you know, "I think I will have a go," whereas when they'd left me they were all negative about every possibility.

So I used to abhor the time when the oncologist would say to a person, "I'm sorry, you've only got three months to live," and the patient would die in three-month's time because they've been told to die and I thought that's ridiculous. I used to get into a lot of trouble with colleagues for giving people what they called false hope. I never understood the word false hope. You give hope and if it works, fine. If it doesn't, well, at least you tried. So I didn't understand this word false hope and yet I was accused of it time and time again.

So I always wanted people to believe that they could get better and the minute they believed that they could get better things started to improve. The psychological and then the effect on the psychology, what affected the physiology of the body and things start to improve.

Lynne McTaggart: Well, I remember talking to you over and over again when you were practicing and you had these thousands of patients and I said, "How many do you lose?" And you said, "Well, not too many." And I don't know of too many cancer doctors who can say that or, indeed, doctors who treat multiple sclerosis which you've treated as well, too, among all the no-hopers, so to speak, who used to flood to your practice in rural England.

I think coming to see you I remember taking taxis to your office and I'm saying, "We're going to Dr. Patrick Kingsley," and the taxi drivers would always say, "Oh, yeah. He's the miracle worker." Because the people who everybody else had given up on you never did.

Is there anything else that we haven't covered that you feel that you really want to address? I know we talked about little things like coffee not being very good for you.

Patrick Kingsley: Yes, well I mean that's part and parcel of the overall dietary recommendations that I make because I think alcohol, tea and coffee are to be avoided. Coffee, because there's a process called apoptosis which is pre-programmed cellular death and every cell is endowed with this ability to know when it's supposed to die and the p53 gene comes along. It's the timekeeper in the cells to die.

Unfortunately coffee, whilst it probably doesn't cause cancer itself, it actually prevents the apoptotic mechanism from functioning normally so it's worthwhile avoiding coffee which also can cause inflammation in a number of people. But there are many things of that sort that one can do.

But what I'd like to do is I'd like to sort of in a simple summary just suggest the possible causes of a person's cancer, some otherwise innocent damage to the area where you now have cancer. I've had a number of patients with breast cancer who have clearly damaged the breast in a fall and that seems to become a target. So what you consume as foods and drinks and what you miss from the (inaudible) from you.

Stress in all its forms, both recently and possibly hidden deep in your soul. Toxic substances such as heavy metals especially mercury, aluminum, cadmium and arsenic but also the myriad chemicals we're all exposed to in our daily lives.

The more easily identified poisons such as cigarette smoke, root canal fillings on acupuncture (inaudible) of your cancer. Infections, especially viruses and fungi. Your bowel ecology because if your bowel's not working properly there's a good chance that the rest of your body will not function properly. So what else have we got?

Lynne McTaggart: Emotional problems.

Patrick Kingsley: Yes, emotional problems, hormonal imbalances, nutrient deficiencies, including vitamin D if you live in a comparatively poor sun area. Your antioxidant levels to quench all those free radicals. Your pH and biological terrain. An inefficient immune system, terribly important. The effect of any drugs you've ever been prescribed either before or for your cancer and remember that drugs' adverse effects are nearly always caused by the nutritional deficiencies they create. People are not aware of that and especially nutrient draining effects of any drugs.

Don't forget, finally, geopathic stress. Very, very important. Very strange problem but you may be living in a bad area and I've got no end of examples of geopathic stress causing people's cancer to become a problem.

Lynne McTaggart: Now, by geopathic stress you mean people who are living above underground streams?

Patrick Kingsley: Yeah, something of that sort, yes.

Lynne McTaggart: There's a great deal of information. I mean, we certainly have it from *What Doctors Don't Tell You*. We've covered it numerous times where there's been some growing evidence that that kind of problem happens, basically, from geomagnetic stress on the body, reflected from streams and things like this, creates cancer hotspots. So if nothing else ticks the box, it's probably worth looking into.

Patrick Kingsley: I had a young man who came with his wife. He got lymphoma. He didn't want the orthodox treatment and I got a fascinating history. He was still sleeping where he had been as a baby and when he was a baby in his cot every single night he would appear to be sleeping at the bottom. He was trying to get away from something and every single night his mother would plunk him back in exactly the right place which was full of geopathic stress and his bed was still there and the minute she discovered the geopathic stress line and moved his bed, things started to improve. He couldn't believe he would sleep properly and so many times I've had all sorts of examples of that sort.

Lynne McTaggart: Wonderful. So that list, that wonderful list you've just given is a very good checklist, I think, for people to look in their own lives and to say what is it that might be causing my cancer and then just start addressing it.

Patrick Kingsley: There's just one more thing I'd just like to mention and it's worthwhile for some people to be thinking about. The antioxidant levels within your body are things that you can actually measure. Now, there is a piece of equipment called the Pharmanex BioPhotonic Scanner which is not inexpensive. It's about £2,000 for person to buy.

But if you actually measure your antioxidant status, your bioflavonoid status, they spent a billion dollars on the science of it, you could actually identify whether you are low in your antioxidant status or whether you're reasonable or whether you're high.

Because if you're below a certain level there's no question about it you will have cancer and if you are at a reasonable level, then you might be sufficient but you want to be high. So there are methods of identifying the possibility of whether a person's antioxidant status is adequate from the supplements that they take.

Lynne McTaggart: I mean all the more argument for making sure that you have lots of organic fruits and vegetables because I know you mentioned in the handouts that we're giving out about the role of silvestrols which is a kind of—it's on the outside of organic fruits and vegetables but not present in foods that have been chemically sprayed and that is something that's protective against cancer, right?

Patrick Kingsley: Absolutely, because natural fruits and vegetables produce their own silvestrols. If you spray a food with an antifungal it won't produce it and, therefore, you won't have the natural silvestrols that are present on the natural fruits and vegetables.

There are so many things that can predispose a person to cancer and it's just a matter of identifying what is relevant to a particular person. They're just going through a simple process. In the information I provide there's a lot

there that can help a person identify what's right and what's wrong for themselves.

Lynne McTaggart: So this leads me to my final, final question. Your—at least the material I'm getting from you, the sense I'm getting from you is that cancer is not necessarily something to be feared. We all feel that cancer is a death sentence. We all feel that the moment that we're given that diagnosis we've got to hurry and do something really, really quickly. What's your view?

Patrick Kingsley: Oh, absolutely not. I would always recommend that anybody who is given the diagnosis they sit back and they think, what do I want to do? What can I do for myself? Just go into a church and you don't have to be religious to go in and sit and talk, perhaps to a vicar or anybody, just think to yourself what do I want to do?

Slow down and take your time because, otherwise, you will be pushed onto a conveyor belt system to do something because that is the natural, understandable way. Most people want to get on and do something about their cancer, want to get rid of it and if it doesn't get rid of it they get onto a treadmill of treatment, biopsy and treatment.

Lynne McTaggart: And is there time for everybody? Is there time to stop and take stock and to try to work out the best treatment for yourself?

Patrick Kingsley: There is always time. If there's not time then you're going to die within 24 hours if it's that extreme but it never is. Yes, it may be for a particular person who has developed and they've not done anything or their treatment does not work. They may have come to me in an extreme state, yes.

But I'm talking about the average person who is diagnosed with cancer who can make a decision for themselves as to what approach they want to follow, whether they want to have chemotherapy or whether they want not to have chemotherapy and whether they want to find other methods of dealing with things.

I used to see a number of patients say, "I'm fighting my cancer." I say, "What are you doing? What are you fighting with?" "I'm fighting it." "What are you doing?" "I'm fighting it." And I'd say, "But you're not doing anything specific."

If you fight something you have a knife in your hand, you have a gun in your hand and you're going to shoot somebody or stab somebody. To be fighting your cancer you've got to do something. You've got to change your lifestyle. You've got to change your environment and you've got to take charge of your whole environment.

Lynne McTaggart: That's a wonderful way to sum up, in a sense, that Albert Einstein said you can't solve a problem with the same mindset that created it. I'm getting the sense from you that you can't, in a sense, tackle cancer with the same

lifestyle that you contracted it with. So what you're really saying it's a totality. You've really got to look at everything.

Patrick Kingsley: Yes, you have.

Lynne McTaggart: I guess the final statement is, really, there is nothing to fear.

Patrick Kingsley: It's if you have a heart attack and you die you've gone. Nobody dies that day from cancer and if they've just been diagnosed. You may still have three months, you have six months, two years. You can do something for yourself. You can reverse the harmful effects on your body and you can start doing something for yourself. If you have a heart attack and you die you've gone. That's far more frightening than cancer.

Lynne McTaggart: Thank you, Dr. Kingsley. I think that, as I say, the most wonderful message I think you've got for patients and I've seen it in my own life, is hope and I think you've given many people hope today.

As you mentioned and as I've mentioned we'll have those three downloads for you on the WDDTY Cancer File and *The Cancer Book* and that extract from Dr. Kingsley's new book, *The New Medicine* and we'll certainly be letting you know about when the full book will be available so you'll be receiving that. Once again, if you don't receive it, if you have a problem downloading it for Monday just email Bryan@wddty.co.uk and also the mp3 recording will be available tomorrow or Monday, as we said before. Your transcription will be available in about ten day's time and you'll be notified.

We've also made a note of some of the things that we've talked about in this discussion today, some email addresses, some other information and we'll make sure you have that, too.

I want to extend from everybody an enormous thank you, Dr. Kingsley, for an extraordinary 90-plus minutes today. It's just been my great pleasure and honor, as always, to speak with you.

Patrick Kingsley: It's been my pleasure giving you the information. Thanks very much, Lynne.

Lynne McTaggart: Wonderful. Take care, now.

Patrick Kingsley: Bye-bye.

Lynne McTaggart: Bye-bye everybody. Good luck and good health. Thanks so much.