Practice Philosophy

My approach to people who fall under my care is always to regard each of them as a "person with cancer" rather than as a "cancer patient." By doing so I believe I place the humanity and dignity of the person in higher regard than the cancer itself. This is a very important first step in overcoming cancer: becoming empowered as a whole person.

I believe that each individual with cancer should be treated as a person first, and a patient second. This allows me to initially investigate the essence of each person in attempt to determine ways in which cancer may have developed in that individual. Furthermore, such an approach allows for the formation of a therapeutic doctor-patient relationship and, subsequently, the best treatment approach. Once the person and I (and friends or family members) become familiar with one another, a treatment plan can be developed. A stepwise system such as presented above is important because I believe there is a difference between the development of cancer, the development of a cancer cell, and subsequently, the establishment of a tumor. The dictionary describes cancer in the following ways: 1) an abnormal bodily state marked by such [cancerous] tumors and 2) something evil or malignant that spreads destructively. In this former sense, I have found that there is almost always some type of event (a noxious influence) that either immediately preceded, somewhat preceded or occurred over a long period of a person's life prior to the development of the cancer. In the latter sense, that noxious influence, once established, unless removed, will continue to be exploited. Thus, when I speak of cancer, I am not always referring to the tumor itself. Rather, I may referring to cancer as the situation that allowed the development of a tumor, wherein the tumor is a symptom of the cancer rather than the primary problem. This is similar to a runny nose as a symptom of an allergy. By approaching each person this way, the underlying cause can be revealed. Only with close attention to such precepts will true and durable healing occur—a type of healing that transcends any type of physical or molecular mechanistical medicine.

A good treatment plan always begins with the education of both the person undergoing the treatment and the caregivers. I believe that when the basis of a treatment plan, as well as the basis of cancer is well understood, one will be in a better position to decide if such a treatment is truly appropriate for them. I also believe that such understanding and acceptance can improve the efficacy of the treatment. The purpose of this writing is to generate understanding though education of my general approach to the development of a treatment plan for a person with cancer. Rote delineation of various supplements, IV mixtures or medicines is boring and inappropriate here since I believe that cancer is not a rote disease.

When deriving a plan, I attend to three major component: 1) an integrative component in cases where the person is being treated by a physician besides myself; 2) the individualized component which appreciates the unique aspects

of each person's life such as genetics, toxicity, nutritional and lifestyle choices; and 3) molecular and immunological oncology. This also includes education about the entity which is cancer, as I believe that before one can begin to heal, one needs to understand the fundamentals of the situation.

It is this type of approach that will deliver the practice of oncology from a treatment-centered/cytotoxic paradigm to a patient-centered/physiological paradigm with constant reverence for the beauty and mystery of the human body.