

Heather Paulson:	00:00	I'll see if he's here,
Speaker 2:	00:02	so
Speaker 3:	00:05	he said keep blogging on in three minutes.
Heather Paulson:	00:07	OK.
Speaker 3:	00:09	Do you want to write down this number system?
Heather Paulson:	00:13	Hi there, this is Dr Heather Paulson and thanks so much for joining us at the connecting health summit, breaking the link between cancer and auto-immunity today. I have with me Dr Paul Anderson and he's going to be talking about this very interesting bridge between autoimmunity and cancer and exactly what you can do about it. So thanks Dr Anderson for joining us today. Thank you so much for having me. Absolutely. Um, so I just want to get started with where do you think this auto immune response is coming from? What is it, what does it mean to you have an autoimmune response?
Speaker 2:	00:55	Yeah, I think that's the best place to start. And um, I think it's important to remember that a auto-immunity has probably been around as long as people have, um, but even if you really look at incidents of auto immunity and it really, the severity of auto immunity that, that we have now is more of a modern phenomenon. And I think that if you go to the basis of auto immunity, it's just what it's name says, it's your own body attacking you somehow. Normally it starts with your immune system getting confused and attacking a part of yourself. It can attack entire cells, but sometimes it starts with just. And so if you pair that with the idea of forgive our sirens here in the big city, if, if you pair that with the idea that we have more aggressive and more half of logic autoimmunity now what I've been doing the last few decades is looking at this progression.
Speaker 2:	02:03	Even in the 30, 40 years I've been looking at it with patients. People are sicker now than they were 20 years ago. And so, and there have more auto immune markers and all of these things. So where does that really come from? Well, a lot of it I think is what makes the immune system, uh, get off course is usually something about the cell that concerns the immune system. So then the immune system goes and tries to clean it up. That's a normal thing. If it keeps doing that. And either it doesn't get regulated or it keeps seeing something in the solid doesn't like, it'll just keep beating it up. And then the true autoimmune phenomenon is now I have antibodies and other things that

always beat up my cells. So that could be my thyroid, it could be my joints, it could be on my whole body, really depending.

Speaker 2: [02:56](#)

So, so autoimmunity is really you trying to have an immune response against you, which is not terribly appropriate if it goes on too long. And then I think the deeper thing, and it kind of relates to our bigger topic is why would your immune system be so confused? And I think that's, um, there's a lot of reasons for that. You can have toxins that get in your cells that the immune system wants to clean out. And in doing so, you know, uh, makes memory against yourself. You can have infections once, get your, you're selling the same thing, uh, you can just have cells that don't form right? And it'll do the same thing. So, so auto-immunity really is just our body trying to do the right thing and going too far and beating us up.

Heather Paulson: [03:44](#)

How does this link to cancer stem cells in all of this do? Is there a link between cancer stem cells and autoimmunity?

Speaker 2: [03:57](#)

Yeah, I think, um, you know, this is one of those things that's really grown a lot in the last probably 10, 15 years is this idea of cancer, stem cell biology and um, in, in our book that we wrote about cancer and causes and treatments and all that stuff, uh, I was really happy I got to write that chapter about, you know, cancer genesis, where's cancer come from because what we try to do is bring together these ideas about, you know, our immune system's not separate. There's not a cancer immune system and, and auto immune one and an immune one. Um, but the cancer stem side is really a, it's a forward progression of about a 90 year old idea about cancer that I, I think nine years ago they did the best they could with the technology they had and what they really probably seeing our cancer stem cells.

Speaker 2: [04:50](#)

The bottom line is, is that you can kind of say, and this is really big in the research now, is you know, you can cut, let's think of the cancer stem cell as literally the parent cell and then the cancer cells that are really hurting you are all of the child's cells. And so when you see a tumor or you see a blood cancer with abnormal cells or something, those are the, the children's cells and they're the ones that are actively trying to hurt you, take your resources, et cetera. The problem that we're seeing now is that's one problem deal with the tumor or the circulating cells. The stem cells though, hang back and like all like our normal stem cells, they are there to. Then when we run it out of child cells, they're there to repopulate. And so the cancer stem cells, it turns out, are extremely sensitive to, um, immune imbalance.

Speaker 2: [05:47](#)

And so one of the goals in your practice and my practice and all that and in prevention or keeping people well is normally whether we knew it or not, was trying to keep the cancer stem cells calm and not wanting to reactivate because we all probably have some hanging out. And so someone who's already had cancer, we know they have them. Um, so one of the many, many things that can trigger a cancer stem cell to become active again is the, keep the biology as simple as I can. Um, if we go back to auto immunity being your immune system wants to beat you up, right? Well, the way that it really does that is these little signaling chemicals. And when, you know, back when I was in medical school, I think we knew about like 10, now there's like 300 or something and they're just getting bigger.

Speaker 2: [06:45](#)

But this is how we talk to a sell to sell with our immune system. Will those get off base? And when we're autoimmune, what happens is they get way out of balance and it turns out that that out of balance, if it stays going along, time will go in and sort of knock on the door of the cancer stem cells and they will become more active. So in a good example, I say, I believe a good example is when we have patients who come and they say, well, you know, I was treated successfully for say a breast cancer or something, and now I have no evidence of disease, but I really don't want to get it again. Where do we go? Of the many things that we do, most of them really circle around. We need to make sure you don't have some brewing auto immunity or something hanging out. Because if you do that as quiet as possible, we also want to make sure there's not other immune, um, uh, immune irregularity is like chronic infections or maybe toxic things for other stuff. And so the immune cancer stem cell connection is really the crosstalk that creates autoimmunity, can aggravate a stem cell cancer stem cell. And so then you have a cancer that either recurs or becomes treatment resistant or you know, all the things we don't want a cancer to do

Heather Paulson: [08:07](#)

know. I was really struck by this connection between autoimmunity and cancer, um, because my husband had juvenile rheumatoid arthritis and then later on developed lymphoma and I remember as a medical student looking at the immune chart and being blown away, I, um, that the cancer is the same imbalance in the immune chart as autoimmunity. And that really it did set him up for this, this risk of getting cancer down the road, whether that was in his early twenties, which is what, when it happened, or even further down the road as most people don't develop cancer until their later years. But when you say that people are sicker now than they were when maybe

you first started your practice, what do you think are some of these causes of, of them being sicker now than they were then?

Speaker 2: [09:12](#)

I'm, I'm, I'm, I'm doing a lot of editing because that's been a really long answer.

Heather Paulson: [09:18](#)

Yeah. Do you

Speaker 2: [09:23](#)

think it. It does what it does in my mind, and of course there's actually, this is not just my observation, there's, there's research about this too, but if you read most of the research, which I find fascinating because having watched it happen, it's like a slow kind of car wreck. I'm now, you know, the researchers write about it and they use all these highly technical things and they're trying to say, well, it's maybe this and maybe that, and then you know, it, it really winds back to the usual suspects. I believe that in, which is true, if you go back, say in the last 15 years, the number of chemicals and toxins and the quantity of toxins that we have available to us to bother our bodies are exponentially higher than they were. We have, um, a progressive weakening of immunity. And um, by that I mean healthy people we can exclude from this conversation, but there's a subsection of people who maybe 20, 30 years ago would, it would have gotten sick and maybe been a little chronically ill but wouldn't have stayed there forever.

Speaker 2: [10:33](#)

And ever. Now that population is getting bigger and there's a lot of conjecture about why that is, but the bottom line is whether you have those chronically ill people and it's because there's some autoimmunity that's brewing, keeping it going or chronic infectious things or whatever. Um, what happens is, is that their, their body gets this new normal which is kind of sick as now the new normal for them. And so they never really kind of climb out of the hole. And another thing that I believe, and we see this in oncology, but we see it also with the chronically ill and the autoimmune folks, we have extremely good and effective treatments that can keep people symptom free longer than we ever have. One of the troubles with those treatments though is that while they keep you symptom free, what you don't see us under the surface, you have no symptoms but you actually still have all the same pathology going on.

Speaker 2: [11:35](#)

And so what you then do is you get 10 years of that Nice, wonderful treatment where you don't feel sick and then all of a sudden you know you've got all these. Probably while they were there the whole time. So I think our, you know, almost our ability to keep people feeling good and healthy or fit, feeling healthy way longer has actually made a sicker population. Um,

and, and just to be fair, you know, probably most people don't know what my practice is, like. My practice is only these sorts of people. They either have cancer or bad auto immunity or something like that. So I, my sample is skewed a little bit, but, but this is what I see in common with these folks and it's harder to get them past these problems because the, either they're sicker, more toxic or the drugs that we use to keep them under control are hiding all of their troubles real well.

Heather Paulson: [12:31](#)

And one of the things I hear a lot in my practice, which I'm sure you do too, is when people understand that there's this immune system dysregulation happening, they come in and ask, how can I boost my immune system? What is your response to that?

Speaker 2: [12:52](#)

Yeah, I'm excellent idea. And, and it's, I think that's a, that's a good normal human nature. A thought is, well, if, if I have cancer, I've got this other problem and it's an immune problem, or partly if I just make my immune system work harder, maybe it'll kick it out or something like that. And there's certainly a time and place for that. Um, but what you see is if there's a lot of natural things that, uh, will modulator immunity or upregulated immunity. But one of the things that we as clinicians, we're always thinking about and careful about is we might want to upregulate immunity and immune function for a little bit, but really what we want to do long term is modulating and kind of bring it back to a balance. And most patients, because they're not immunologists, don't, you know, they don't realize that, that just like going back to this idea of autoimmunity and cancer, stem cells, what, what, how do they aggravate each other?

Speaker 2: [13:55](#)

It's the imbalance that aggravates them. So yes, if you're, if you have an infection or you have a really active cancer process, we might want to really push your immune system to do some work. But long-term, what we really want to do is go back to modulating it, modulating it, goes back to some basics and while the immune chart a gets bigger, every time they write it and there's more players and all that. If you look at any research, even on the new players, it's the same things that bring us back to balance. So once we're done eating an immune stimulating treatment, if that indeed is what we need long-term to prevent things coming back, whether it's an auto immunity or cancer stem cell activation or whatever, um, what we want our modulators. And so what they do is they bring all of these actors in the, in the men a chemistry crosstalk system, and they let them do just the amount of work they're supposed to do so that they talk equally to their neighbors, not too much.

- Speaker 2: [15:00](#) And then so the neighbors get excited and go cause trouble or not too little so that these neighbors and kind of go out of balance. Um, so we're, we're, we're very careful to kind of talk to patients through time and see there's a time for stimulation. There's a time for modulation, occasionally there's a time to suppress your immune system, but that's kind of a rare. It's a special thing, uh, but mostly you want modulation of note. Um, all of the things that even dietarily the stuff that your grandma or great grandma probably would've thought were good for you. It turns out those things tend to be more modulating than anything. Um, all of the dark heavy colored vegetables that have a lot of flab, noise and other cool chemistry in them are generally kind of modulating, and again, whether you have autoimmune, infectious, cancer, whatever, um, most mushrooms, although we think of medicinal mushrooms more as like immune stimulating, the majority of them long-term or more modulating.
- Speaker 2: [16:04](#) There's a few that are stimulating but more or modulating. And that's probably why they do so well. Um, there's some, uh, uh, there are some Chinese herbs such as the warm wood family. We've done a lot of research with orangewood family with cancer. And what's interesting with that is if you look at the, the immuno biology of, of the wormwood plant, it is famous for, well, it's famous for killing malaria. Actually, but it's famous for having this sort of immune stimulating burst, but actually what the plant does, whether it's this synthetic drug made from it or the plant is it has a real short immune burst and then what it really does is it has this downstream action where it levels the rest of the immune system out and we've theorized that with our breast cancer patients where they live longer, if there were doing that particular urban protocol, probably has more to do with the fact that the leveling that lasts longer is what slows down the cancer stem cells and the metastases, et cetera. So, um, so we're just, uh, we're always sort of careful to language that with patients that you don't want to stimulate your immune system all the time. Yeah. If it's been asleep, maybe we need to wake it up. But what keeps us healthy as his balance?
- Heather Paulson: [17:26](#) Definitely. And I can kind of hear somebody at home as I have autoimmunity say, or I have Hashimoto's and there's this connection to cancer stem cells as our mean I'm going to get cancer. And I think it was a danger of having this conversation.
- Speaker 2: [17:48](#) So this is one thing that I would say on look, uh, look at, uh, if you take the mass of humanity that has auto immunity right now and then look at the percentage where there's a crossover where they get cancer. It's, it's a smaller percentage, especially

some of the more common localized things like Hashimoto's, one of the most common autoimmune conditions anywhere. And it is much less correlated to tumors and tumor biology being stimulated than the more global types of things like lupus. You mentioned rheumatoid arthritis where juvenile or adult, um, the, the more body wide ones are really the ones that are more of an issue. So I think while we certainly don't want to scare people that have auto immunity, I think that the, the real take home point is number one, if you have a very organ specific auto immunity, it's less likely that that's going to be a problem body wide.

Speaker 2: [18:49](#)

Maybe more. But the more important thing is it's all the more reason to the degree possible to take an active role in your auto immunity. And do things that, um, support the rest of your system to, like we were talking about, kind of keep the crosstalk is as level as possible, you know, so a really good dietary practices, antioxidants are very helpful. Um, the good fats and you know, a whole number of things that are things that we can have total control over. Um, even things, it's that we're finding out now such as a physical exercise and getting your skeletal muscles working changes your chemistry in a direction that takes away some of that trigger too. So there's many things people can do just, uh, just to stay healthy generally that actually have a spillover effect. So if you, if you have automatic, you're not guaranteed to get cancer.

Heather Paulson: [19:47](#)

Yeah. Yeah. Very good. And so we've talked about how cancer stem cells in auto immunity can interact with each other. One of the things that's really interesting about this as some of the newer therapies that are on the market and how that's affecting auto immunity, um, will you share some of that with our audience?

Speaker 2: [20:14](#)

Yeah. Um, so there's, um, and, and just to give some context because my practice has always been up a large portion of just two things, either advanced cancer or advanced chronic illness, which usually has an autoimmune component of what we started to see over time was we would have people on the say some of the newer the column biologic drugs. But really if you think about what a biologic drug is, it's trying to mimic part of that giant immune network and it's either trying to go in and take little pieces of the network and shut them off or turn them on. Now this works out great on paper. Um, and uh, it, it is one of the strategies, some of these drugs are reasons why people with body wide, very bad, painful auto immunity will have no more symptoms when they take the drug because it's shutting off pieces of their immune system.

Speaker 2:	21:19	On the cancer side, there are cancer therapies that are also biologically based. They're going in and punching on little pieces of the, of the tumor biome. Um, and so what we started to see actually was we would have autoimmune patients who had been successfully treated with some of these drugs and then they would, uh, develop a cancer and they wouldn't know that it was developing because there were so symptom free a. But then what happens is their auto-immune doctor will say, well, if you develop cancer, we take you off of that drug. And so then they come to us for help. Um, well the reason that's, it's sort of a, it's not a fuzzy line, it's a pretty clear line is some of the things that the drug that lowers my auto immunity will do, are similar to what tumors do to hide. So it's sort of like if there were some cancer stem cells and they would have a free day to do what they need to what we see on the other side, which makes complete sense if you consider the way that drugs were.
Speaker 2:	22:27	Some of the new tumor drugs that do this where they go and they just shut off a certain thing. Again, makes total sense for the cancer part. But then the immune system says, well, I don't have this part going on anymore. Um, so maybe the tumor starts to decrease in its activity, but then the immune system will go and be imbalance so it will start to beat up by normal cells. So we actually see now, and we never saw that before with older drugs, well really a, but with these very targeted drugs, sometimes now you see the person, if, if we can get them to live longer, they'll develop an autoimmune condition as a side effect of it. So it's um, you know, they're, you know, there's no, in my mind, most, most of the new drugs are, they all have a place and they have a use and there's no, you know, super bad drugs are good drugs or any of that. It's just, you have to understand that the more specific we get and the more we play in the biology of the immune system, the more these things happen because we're, you know, we're shutting off of balance or you know, tipping the balance to treat one problem. And if the other problems lurking in the background, it may get worse.
Speaker 2:	23:45	We can create
Heather Paulson:	23:46	imbalance as we're trying to also just address one little corner of the system,
Speaker 2:	23:54	you know, it's, um, in the last couple of years, uh, because I teach doctors a lot, this topic has just exploded in a people wanting it talked about and what I've found is, um, they'll give, you know, they'll give me an hour to talk about the topic and so you can just barely wet the appetite of even for physicians

because you start to get to a couple of things. But I want to paint the rosy are part of the story if there's a rosier part that don't want to leave with all negative. One of the things that I've seen and that we've worked with because of this patient population that we've had and you know, we, uh, because we were getting some of the maybe worst cases, we start to see some of these things earlier than other people got to see them. And so that caused a lot of digging.

Speaker 2: [24:48](#)

Well, one of the things I've noticed is lift. Let's say a positive example, you don't have cancer, you have an autoimmune condition that's being treated pretty well by a biologic and new type drug, or you have cancer and you've got one of these new biologic drugs and it's actually extending your life. OK? So the thing that you can do without harming the effect of either of those drugs is there's a lot of natural therapies that will go in. They will level the rest of the immune players without shutting off the drug, which is always a concern, you know, and so, um, the more we look into w, which natural therapies would do this and what would feed into it and the more that we see that, uh, you know, doctors who do both things and try and meld them together, we can work with people who are having good effects from these drugs, help the immune system not go so far off a base and um, and, and keep, you know, kind of get the best of both worlds. Keep the person as healthy as possible. Keep the drug working without the, as many side effects. And I think that's an important positive to throw in there. It's not all, you know, g, every new drug and I was going to give us worse and worse things. We have to be, you have to think ahead of them.

Heather Paulson: [26:11](#)

Absolutely. And that's what I seen in my practice, just like you've seen in your practice. And also, um, with my husband when he was treated for lymphoma, the rituximab completely put both lymphoma and rheumatoid arthritis into remission and he stayed there with the help of natural medicine for a greater than a decade. I mean, we're coming around 15 years now. So yeah, it's pretty awesome to think because he, Jerry, since he was two years old, three years old. And that was the first time that he, this is the first time he's experienced a long-term remission. So based on his case study, I always tell people you can, you can accept this process much healthier than when you entered it.

Speaker 2: [27:02](#)

Yeah. And I do think if, if people have the option, you can start anytime, but like you did with him, um, this, the sooner you start it, let's say you're, you have a biologic medicine for cancer, autoimmunity, whatever, um, the sooner you start with the other therapies to balance the system out, the better, you

know, as opposed to sometimes we get people who've been on just like rituximab or something for a number of years and now they're playing catch-up with the side effects. So, uh, if you're listening and you're doing those therapies that work with somebody who can do natural therapies to help balance the rest of you out sooner, sooner is better, but anytime is good.

Heather Paulson: [27:45](#)

And so you've mentioned wormwood and diet plans. I'm eating healthy fats, eating bioflavonoids. Are there other things in our control that we can do to help with this interaction between stem cells and auto immunity?

Speaker 2: [28:02](#)

Yeah, I think, you know, um, there's, there's a lot of. I'm not really elaborate, but the, you know, in the world of natural medicines, there's, there's real specific things and you know, some expensive things and all that stuff. What I would say is, um, what we try to do with people is really let them know that they need to build from the inside out. And so how, how you live is the first thing which occur, which includes eating and drinking and sleeping and you know, all those good things. And I think because we do those things every day and because people say, Oh yeah, I need to eat better, or whatever, they, they don't realize the power of that. Um, and so what we, what we counseled people is, you know, you, you're going to be, you're the captain of your ship every day. You see us periodically, how you eat, how you hydrate yourself, how you exercise, how you're thinking.

Speaker 2: [28:58](#)

Um, you know, all of these, what might have been called hygienic practices in the olden days, you know, these are more powerful because you're doing them all the time every day. You know, maybe, maybe you don't need all the time, but you're, you know, you're eating every day pretty much. So. So those are really important for people to remember. They, the starting there is more powerful than any pill they'll take. Then on top of that, um, and I do believe with autoimmunity, cancer, et Cetera, if we're looking at keeping the stem cells quiet, we can eat things that support antioxidant status, we can, you know, move our bodies and move the blood and get it cleaned up every day and all that. But I do think in the, in these cases we need a little support for antioxidant system. So if people are prioritizing the after diet, exercise, mental work and all that stuff, then a basic antioxidant nutrient support.

Speaker 2: [29:54](#)

Again, not crazy, too much of anything but balance. Um, and the reason for that is it turns out that the cancer stem cells overall, they can be triggered, but if there's enough background antioxidant activity, the trigger will just shut off. And so it's, it's

kind of like with an auto immune process, if you have, um, somebody, um, and, and they get triggered, but they have a really good base and a good background. It'll just sort of be a little blip and go back down. It doesn't have to spiral out into out of control, so anti-oxidants and you mentioned good fats, which kind of balance them out, super important. And then there's a, there's a plethora of things beyond that, so you know, what else to tell people is do the basics, get up there with basic, sort of keep the ship calm supplements. Then what you're gonna do is you're going to use things like curcumin is a really good kind of broad spectrum level or et cetera.

Speaker 2: [31:02](#)

There's a number of herbs that really do that. <Unk> is the easiest one because everyone knows about it and it's pretty effective. Um, and then, um, you really need something specific beyond there. You know, there's a lot of other things that can be done. I do like some of the, uh, we mentioned mushrooms earlier there, there's certain groupings of mushrooms that are more on the leveling side. We'll use those, maybe cycling with people. Uh, also eating mushrooms is a wonderful way to get most of that good stuff. Um, and then, uh, the change would be if you go with cancer stem cells from prevention, which is going to be how we live, eat act, antioxidants, flavanoids, all those goodies, maybe some curcumin, et Cetera, and then you go into a thing where maybe there's a blip on the radar and maybe there is some tumor activity starting. That's the time. Where were you? It'd be a little more aggressive on a, an immune, um, uh, on a, uh, what I call push and immune stimulation and then modulation. And sometimes that will actually shut them back off as well, you know, so it's, it's, it's, it can get complex, but the real goal is once things are quiet, whether you've got auto immunity or cancer, which are two sides of the same coin, um, we want to keep them quiet

Heather Paulson: [32:31](#)

and you have some ways that our listeners can connect with you and learn more about this if they want to dive. Can you share that with us?

Speaker 2: [32:42](#)

Sure. I have a new book it, you may not be able to see it, but it's called outside the box. Cancer therapies, square orange to get your eye, a hay house published it and it's just coming out right now. I'm a colleague of mine. We went to school together a thousand years ago. Mark Spangler and I wrote this and um, we very specifically wrote it. We wrote it for patients and families. So the language, you don't need to have a phd to understand it, but we referenced it for those patients and families, doctors. So it has about 1100. Yes. 1,100 references reference like a textbook which the publisher didn't realize we were going to do,

which was a little exciting for them. But the reason we did that, we go through w and we do talk. We actually have a sections on this cancer stem cell theory and the genesis of cancer because there's different reasons for cancer.

Speaker 2: [33:45](#)

We talk about, um, the things you can do, you know, like we were talking about with Diet and exercise and all that to prevent cancer. We talked about oral supplements in which ways they work with cancer. We talk about some of the research I've done with IV therapies in cancer. And then we talk a lot about prevention and secondary prevention, so how to, you know, OK, I've had cancer, can't undo that. What do I do now? You know, so we go through and it's um, it's written, we had really good editors too that helped us with is it's written. So any patient can, you know, grass, anything that we're talking about. And if, you know, if they go to their doctor and their doctor says, well, I don't think there's any research about this particular thing, they can find it here because it's just very well referenced. So, uh, our, you know, our friends that Amazon can get you outside the box. Cancer therapy, uh, there's a website called Dr. a books just d, r a, b o, o k s that uh, you can find it and other information. And then there's a website. I have four physicians and it has some other resources, like a podcast to consult Dr [inaudible] just the word console, d, r a dot. And that's, uh, that's probably the best way to find most of what I'm doing.

Heather Paulson: [35:07](#)

That's awesome. And we'll be sure to put links right below this video where you're watching right now or listening to make sure you go to the right spot in Amazon and connect with Dr Anderson and his podcasts or radio show and his website's too, so you can stay connected to this amazing wealth of information. So before I go, uh, we have a couple of questions that we've been asking. All of our speakers are based on what we've talked about today, what would be your number one recommendation for the audience?

Speaker 2: [35:45](#)

You know, honestly my number one recommendation because I, I'm the same way and it's human nature, is to really take an inventory of the things that, that you have complete control over and make sure that you're doing as much as you can with those. And like I say, it's easy to sort of blow them off or think, oh, you know, how could my diet mean? Or how much could my mental practices mean? Or how much can exercise mean and all that. But, or how much can living as nontoxic lifestyle is. I can mean, well they mean a lot. And if you think about it, those things affect every cell every day and because the cells are what do this talking and get out of balance there, they'd make the immune system out of balance. That's really the, that's ground

zero. And then everything else is a helpful in icing on the cake from there.

Heather Paulson: [36:41](#)

And for you personally, what is your number one health habit, but you deal

Speaker 2: [36:48](#)

know I'm honestly, it's a two to be completely true. So I'll make it one thing. It's actually trying everyday to address each one of those areas and being mindful about what I'm eating, what I'm exposed to, how my brain is thinking about things and working, uh, and then, you know, exercise so the, you know, try and do something with those things every day. And um, uh, because I, I know better and I know you know, what I ought to be doing. So that's really where I start.

Heather Paulson: [37:23](#)

Any last words of encouragement for those at home that are currently dealing with autoimmunity or cancer or have a loved one going through these conditions?

Speaker 2: [37:36](#)

No, I think that uh, we talked about a lot of stuff that's, you know, scientifically cool and it's also a scary. And so I think that the important thing to keep in mind is that, um, none of it is final and there's nothing that's too far gone to do something about. So where we talked about, you know, it's best if you can start these drugs, so natural therapies together, whatever. So if you haven't done that you can still do it. You can start any time. And so I think work work with someone who knows what they're doing, educate yourself as best you can. There's a, you know, this information on this and know that you can start anywhere to help yourself.

Heather Paulson: [38:22](#)

Great last words, thank you Dr Anderson for joining us and really highlighting this connection between autoimmunity, cancer, stem cells and exactly some steps that we can take in our daily life to address these things from a prevention perspective as well as if we currently have these health issues, what we can do about it. Really appreciate it. And like I said, we will have the links right below this conversation and we want to hear from you about your Aha moments from this conversation with Dr Paul Anderson. I know that you have lots of questions, um, maybe some new information has been showing some light onto it. So if you have some questions you can comment right below and we look forward to continuing this conversation with you. Thanks for joining.