

Scott Peters: You're an expert in nutrition, Doctor. Can you talk about sugars role in cancer?

Dr. Patrick Quillin: Cancer is an obligate glucose metabolizer, which means cancer is a sugar feeder. This has been known for about seventy years. Otto Warburg won a Nobel Prize. He was an MD PHD in Europe, who found that clearly cancer cells are fermentative. They prefer burning sugar; glucose. They have roughly four to ten times the number of glucose receptors on the cell membranes. Therefore what we find is, diabetics because they have elevated blood glucose have a higher incidence of cancer. Elevated intake of white sugar, elevated blood glucose levels, even if you're not diabetic, increases the risk for cancer. Animal studies have been shown, where they give the animals a diet that will induce low, or normal, or high levels of blood glucose with cancer. They find it's a dose dependent response. If you got lower blood glucose, the animals stay alive longer.

Sugar and cancer are definitely linked in. The PET scan, Positron Emission Tomography. It's a multimillion dollar hospital implement, in which they inject radioactively labeled glucose into their cancer patients veins, and then they use a Geiger counter like device to track where the sugar went, because that's where the cancer is, because cancer is a sugar feeder. Then they walk away from this procedure and say, "Eat whatever you want". That doesn't make any sense at all. Cancer's a sugar feeder, and we can use that as one of the tools to help beat cancer. For instance, intravenous vitamin C; ascorbic acid, or vitamin C, and glucose are nearly identical in the molecular structure, and so cells share receptor sites for vitamin C and glucose. When the cancer cell thinks it's sucking in glucose, it's taking in intravenous vitamin C, which can then become a pro-oxidant, cause hydrogen peroxide.

Cancer cells do not have an enzyme that allows that to be neutralized, and essentially, you can give a selective anti-neo plastic agent, intravenous vitamin C, that does zero harm and can help many cancer patients.

Scott Peters: The big question would be why isn't that used more often? Why don't we hear more about that?

Dr. Patrick Quillin: What we have is time delays; time lags. For instance, around 1860 Ignaz Semmelweis was a physician in Vienna Austria. At that time purple fever, or maternal fever, was up to ninety percent of all mothers. What would happen is, doctor delivers a horse in a stable, wipes his hands off, and goes in, and delivers a baby in the hospital bed, doesn't wash his hands thoroughly. Of course, you have fecal contamination, and all that. The incidence of fever and death in delivering a baby in a hospital was very high. Doctor Semmelweis said, "What if we wash our hands?" You wash your hands in a dilute solution of chlorine, which is a very good cleanser, and he found he could reduce purple fever to almost zero.

His colleagues, now think about this, it cost nothing, there was zero side effects; no toxicity, but he couldn't explain why it happened. His colleagues said, "What are we to expect is this coming from Doctor Semmelweis? Is it spooks?" They laughed him out of the medical profession. About two or three decades later, Louis Pasteur came forth, and said, "We have found Doctor Semmelweis's spooks". There's a time lag going on right now. We know this stuff works, we just can't get people to use it yet, but it will come.