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*\* \* \* Intro Music \* \* \**

Hello, and welcome to Supplementing Health, a podcast presented by Advanced Orthomolecular Research. I'm your host, Dr. Paul Hrkal. This show is all about applying evidenced-based and effective dietary lifestyle and natural health product strategies for your optimal health. We are going to feature some very engaging clinicians and experts from the world of functional and naturopathic medicine to help achieve our mission to empower people to lead their best lives naturally.

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[1:44] *Dr. Paul Hrkal:* Hello, and welcome back to Supplementing Health. I'm your host, Dr. Paul Hrkal. Today, I'm really excited to be here with a friend, a colleague, and somebody that really is going to give us a lot of insight into the world of complementary and integrative cancer care. So, I'm here with Dr. Mark Fontes.

[2:03] Before I throw it over to him, you should know that I went to school with Dr. Fontes. We were classmates, so I know him quite well, and he's been somebody that has done a phenomenal job for our profession as naturopathic doctors and with his caring attitude with patients. So, Dr. Fontes, thank you so much for being on Supplementing Health.

[2:26] *Dr. Mark Fontes:* Thank you for having me. I'm looking forward to this conversation.

[2:31] *Dr. Paul Hrkal:* Just by way of introduction, why don't you tell us a little bit about yourself because you're really involved with not just your patients, but also, you are part of the faculty at the Canadian College of Naturopathic Medicine, which is the accredited and naturopathic college here in Toronto, as well as you are part of the Canadian National Naturopathic Association, the CAND. So, why don't you tell us about how you balance all these different things which you're doing.

[2:59] *Dr. Mark Fontes:* Yeah, thank you, Paul. I think all of it really comes from a place of passion to do all that work. Primarily, my work is in Clinic as a naturopathic doctor where our clinical focus is in supportive cancer care, and that includes seeing people from prevention through to supporting them through treatment and afterward into prevention.

[3:22] I love supporting the profession and growing the professions, so as of last year, I slipped into the role as Chair of our National Association, and I'm really enjoying that work. Also, I'm in contact with students at the Naturopathic College and supervise a shift there once per week.

[3:40] *Dr. Paul Hrkal*: That's great, Mark. Again, a big thank you from us, definitely from AOR and from myself. You're very impressive. We need dedicated caring clinicians, such as yourself, and I think there couldn't be a better area that you are focused in when it comes to cancer. So, let's dive into the topic.

[4:02] *Dr. Mark Fontes*: All right.

[4:03] *Dr. Paul Hrkal*: The first place to start, and I've done some work in complementary cancer care myself, but even in the last two minutes we started talking, I referred to the natural approach to cancer care as *integrative, complementary*. You could throw *alternative* in there; you can throw in *natural, naturopathic*. What do all these terms mean? Are they meaning all the same thing because I think there's confusion on both, definitely the patient's side of things, but also on our conventional colleagues, oncologists? They sometimes don't know what to make of it when we actually use different words.

[4:43] *Dr. Mark Fontes*: Absolutely, and I'm glad you brought that up. You'll see all these terms utilized online. At the end of the day, it is a source of confusion amongst patients and oncologists and other medical doctors. We really strive for the terms as naturopathic doctors in this area with *complementary, supportive, and integrative care*.

[5:05] When we look at the term, *alternative*, it does mean that the patient is seeking out some type of treatment in replacement of what their doctor might have recommended. We definitely push for *complementary or supportive care*. That is, attempting to augment what the patient has chosen to do from a conventional perspective with their medical team in order to allow the medications to work better, to reduce side effects, and later on to aid in the prevention of recurrence.

[5:34] The term *integrative* then gets thrown around, but the way I perceive that terminology is – the naturopathic side of things and the conventional side of things are provided by the same person or in the same center, let's say. That's still an area that I think we need to work toward is providing these two cares in the same place, ultimately for patients and to make it easier and more accessible.

[5:59] As you know, in our private practices, myself and yourself included, patients are seeing doctors in the hospital, and then they come to see us in our private practices. So that's more of the *complementary or supportive care versus integrated*, meaning it's a more streamlined coordinated approach for care for patients.

[6:17] *Dr. Paul Hrkal*: It gives the people the perspective, or perception at least, that we're truly working together, where when you're under that same roof, you could be *integrative*, but not necessarily. I find that is probably, especially in cancer, one of the most confusing things for patients.

[6:39] If you think of how a person that just had a diagnosis, that is quite shocking. This is not the diagnosis of pneumonia. It's a diagnosis of something that typically is associate with a lot of negative emotion. Then, they're now trying to figure out what the best course of action is. I see patients all the time, just being like, "Should I do this along with what my oncologist is saying?" So, maybe just speak to that a little bit about how you're finding working together and what the best type of setup that way is.

[7:11] *Dr. Mark Fontes:* Absolutely, and at the end of the day, it's those types of things that leave more work for the patient to do. It leaves them more stressed to figure this part out. I think as naturopathic doctors in this area to take that work and not allow the patient to be stuck in the middle to figure this out.

When patients ask that question, I feel it is our duty to reach out to the medical team, to the oncologists, radiation and oncologists and discuss: how can we work together here? This is, obviously, an interest for the patient. There's evidence behind the things that we can do, and here's our specific role in the care of the patient. Acknowledging that we're here working together – that there is no alternative treatment, but we're here working together in the best interests of the patient.

[7:59] It comes back down to communication. That information needs to be shared both ways. Definitely, in my experience, as you start repeating that, then the relationship starts to build, and confidence starts to build amongst the MD and the ND to coordinate a targeted streamlined and feasible approach for patients for their care.

[8:21] *Dr. Paul Hrkal:* Yeah. I think you've touched on a lot of great points there that are worth unpacking even more. Like, if you're talking to just the general person about what you do, and you have a very strong focus in cancer, there is something important to understand, which is that you've actually gone well above and beyond to get trained in treating and managing cancer from a natural perspective.

There's this certification with the FABNO. Maybe you can say a little bit about that because that, I think, gives someone like yourself a lot more credibility to be sitting at the table working hand-in-hand with some of these oncologists.

[9:08] *Dr. Mark Fontes:* Yeah. Thanks for mentioning that. It comes from an organization in the U.S. They're called the OncANP, Oncology Association of Naturopathic Physicians. They have since created a fellowship, a fellow of the American Board of Naturopathic Oncology where you can apply to receive that designation after a certain number of years in practice, after seeing a certain number of patients in cancer care, and then writing an examination to achieve that standard.

[9:40] Yes, thankfully, I have achieved that designation. We do see more patients looking for that designation and inquiring what that is all about. Ultimately, what it does show is that extra training in supportive cancer care treatments.

[9:59] *Dr. Paul Hrkal*: That makes a big difference in terms of creating that further rapport in relationships. You, obviously, see a lot of cancer patients in all walks of life in terms of prevention, in terms of Stage IV cancer, and they've been told that they don't have anywhere else to go or do, and then ones that have recently diagnosed. Mark, what do you find the most commonly asked questions that people will ask you in the first couple of visits when you're seeing them?

[10:35] *Dr. Mark Fontes*: The most common questions, I'd say, would be, as we touched upon already, can we integrate what we're talking about with what we are doing in the hospital. That's, by far, I'd say one of the most common questions. In that bulk of the work that we do in the first few visits is building that relationship from their doctor-side of things that we can start sharing information and research and building a plan together.

[11:00] Another common question we hear is – even though we're seeing – patients are coming in for the first visit, and they've sort of bought into that, but still, what is the role of us as naturopathic doctors and naturopathic medicine in their care? I think patients come with an idea of what to expect around supporting them, maybe look at bloodwork, supporting their energy and their immune system, but there's so much more that we can provide. So, I think there's a general question around what can you do for me and my health in our time together?

[11:34] *Dr. Paul Hrkal*: Yeah, for sure. You've talked about that relationship with oncologists. Speaking to that relationship, how are you finding the reception of the conventional side of things to natural treatments? Because the facts are that almost 70-80% of people, in general, are on a natural health product of some sort.

[11:58] *Dr. Mark Fontes*: Right.

[11:59] *Dr. Paul Hrkal*: We know how powerful diets are, whether they're fat or not, is a different story; whether they're effective or not is a different story, but people are being very receptive to natural therapies, in general, and natural remedies. And, it's just a matter of time. So, it's a matter of necessity that an oncologist or family doctor or anybody who is dealing with a health issue has to understand that this is part of the patient's life. How are you finding that your reception is with some of those oncologists now?

[12:34] *Dr. Mark Fontes*: Over time, I would say it's generally becoming more positive, but it's that piece around when we're able to effectively communicate. A lot of times, it's sending over a FAX, a letter describing, "I met with your patient today. Here's what we discussed, and here are our goals," and, hopefully, hearing back.

[12:56] But when I've been able to have a face-to-face conversation or even over the phone, that by far has been a lot more successful, and just having that time and breaking down misconceptions, I think, of who naturopathic doctors are and the care we provide. Again, that comes back to the terminology we discussed in the beginning around alternative, complementary, natural, and where do we fit in?

[13:20] A lot of times, it is misconceptions around who the doctors think that the patient is seeing. So, when possible, it's striving for that face-to-face or over the phone few-minutes of

conversation, and then sharing research behind everything that we're doing to state that there's literature behind what we're recommending. Let's just make it work the best way possible for our patients. There are still roadblocks, for sure, just from the inherent nature of the difficulty in communicating amongst practitioners.

[13:51] *Dr. Paul Hrkal*: And the fact that we're not actually in the same system. Like, we are in the same province, we have similar regulations, but we're not actually in the same hospital. I think that there is a standard of care, and that standard of care does not include natural medicine or naturopathic medicine. Ideally, there are places around the world that do include that. Would you not agree that would be the best-case scenario?

[14:19] *Dr. Mark Fontes*: Absolutely, if we get to that place where it makes that roadblock of communication easier in some way. I always stress to patients that everyone on your team here has your health at the top of mind as their goal. How we can achieve better health and overall, it comes, again, back down to achieving better communication and sharing information.

[14:46] But, definitely, if there was a place to aim of allowing MDs, NDs, nurses, etc. working in some kind of collaborative system where communication can be shared more easily, I think that would greatly help this whole process along.

[15:02] I remember speaking with an oncologist at one of the hospitals here in Toronto and saying that – it also follows in our profession, too, where we'd commonly send out a release of records to medical doctors and oncologists, "Can you send me the last bloodwork the patient did so we can take a look at it and update our medical records?"

[15:21] Her feedback was, a lot of times, they don't hear back from the naturopathic doctor. I thought that was really interesting feedback there that we're requesting all this information, but a lot of times, we don't share it back. In this case, she wanted to know the information. "What are you doing? What additional bloodwork did you run?" And not from a place of judgment, but from a place of understanding and learning more and seeing how it fits into the patient's plan. Whenever I'm speaking with colleagues, it's got to be both ways, and we have to share just as much as we're asking for information.

[15:51] *Dr. Paul Hrkal*: Yeah, that's an excellent point. There definitely is a bit of a, "What was the mentality in the naturopathic profession when it comes to the relationship that you just talked about with conventional medicine. But then, when there are the few that are maybe openminded, which now are becoming more and more, and sometimes doesn't follow-up to actually foster that relationship, I guess that the idea of like when you hit five roadblocks, the sixth one, you're just going to assume the same thing. But that's not always the case, and that's what you're talking about as changing. Right?"

[16:25] *Dr. Mark Fontes*: Exactly.

[16:26] *Dr. Paul Hrkal*: You mentioned the combination, so the complementary cancer care or the integrative cancer care. Let's speak to a common question that a lot of patients have asked me in the past: "So, you're saying that there are things you can do with chemotherapy and radiation, but my oncologist or my pharmacists says, 'Don't do anything natural.'" How do you

respond to that because those seem to be two polar opposites, and unfortunately, the patient often gets caught in the middle in that?

[16:59] *Dr. Mark Fontes:* Absolutely. It's a very common topic, especially when a patient is about to start treatment or is in the middle of chemotherapy treatment. In those cases is where I'll immediately attempt to communicate with the pharmacist. Most typically, a pharmacist is checking a lot of times for these interactions. I'll look into that interaction, as well as to see what came up on their side of things and what's the evidence there behind it?

[17:28] Ultimately, it's also seeing the patient around, if it is a study perhaps that was in a self-study or an animal study that when we've used it clinically with patients, we've never seen any negative side effects. Our role as naturopathic doctors is understanding, why are we prescribing, and how are we going to monitor it?

[17:48] So, if we're giving vitamin D to help with the immune side of things and also increase their blood levels, well, we should be checking their blood levels of vitamin D and their blood counts to make sure it's doing what we're expecting it to do. That's one way that we can start to monitor safety and efficacy of the things that we're doing.

[18:07] In those conversations, I'll speak about that. "Sure, this study may have shown this negative impact or maybe no impact, but here is how I used it clinically, and here's how we're monitoring it to see if it works for the patient that way that we'd like it to.

[18:22] *Dr. Paul Hrkal:* That's so important to be able to prove something that you're recommending and prescribing. I find sometimes the naturopathic or natural approach has to be even more rigorous in some of the research behind it because they've had to prove it so many times, or they've had to explain it so many times. I'm finding that more and more pharmacists and oncologists are getting at least a little bit more openminded. But there are still some that will say, "Absolutely not."

[18:54] I think fundamentally, especially when it comes to chemotherapy and radiation, there's this idea that chemotherapy – and it's a bit of an outdated idea, but since chemotherapy has its anti-cancer effect by destroying cells or having a pro-oxidant effect, the obviously intuitive opposite is anything with an antioxidant effect will have a detrimental or a chemo-blocking idea. Maybe speak to that because I hear that all the time.

[19:25] *Dr. Mark Fontes:* Yeah, and it's still such an area of debate. A couple of weeks ago, there were some studies showing common antioxidants may have an interaction with chemotherapy; others showing a positive association between the two. But, it's still, I think, coming back to – we're not approaching this as like population medicine; not vitamin C for all or Coenzyme Q10 for all, but if we are thinking about it for a patient case during treatment, why are we prescribing it? What are the benefits? What are the possible risks? Does the benefit outweigh any theoretical risks, and how do we monitor this for patients when we are prescribing something for them?

[20:08] For example, if the patient is undergoing a certain chemotherapy medication that could be impacting their heart function, and the doctors might be thinking about reducing the dose or

extending the time between treatments, is there a role for, let's say, an antioxidant like Coenzyme Q10 to help start supporting their heart function in order to receive the treatment that they're getting in the hospital.

[20:28] *Dr. Paul Hrkal*: Yeah, exactly.

[20:29] *Dr. Mark Fontes*: And then, of course, as you know, we'll always then start to look into the half-lives of things. So, with the treatment, we can also keep certain recommendations we're thinking about a certain timeline away from the chemotherapy medication to really minimize the risk of any interaction. A lot of times we do that for people where let's say there's treatment every three weeks, we can give certain supplements at a specific timeline in-between treatment, thereby negating any theoretical interaction that there might be.

[21:00] *Dr. Paul Hrkal*: Yeah. Again, I think that's an amazing point that you brought up, Mark because it's not just about we are trying to do the same thing chemo and radiation are doing. I think there are many times that we're considering maybe other things that may be a side effect of the chemo and radiation, and we're minimizing those things.

[21:19] Like, after radiation, one of the common side effects is fatigue, and that often happens even weeks after the radiation has been completed. So there are a number of herbs that have been studied to help improve that and reduce some of those feelings, even though that's not being directly anti-cancer, it's just helping the person's quality of life.

[21:40] *Dr. Mark Fontes*: That's right, which is so important.

[21:43] *Dr. Paul Hrkal*: Yeah. It is, and unfortunately, often overlooked in the conventional side of things where it's like, "Here's the treatment". Everyone gets more or less the same thing provided it can handle the toxicity, and hopefully, you tolerate it.

[21:58] *Dr. Mark Fontes*: Right.

[21:58] *Dr. Paul Hrkal*: Okay. Another common question and we're kind of rapid-firing through some of these because I think it's so important that we highlight some of the questions that people have. You hear a lot of these miracle cures like miracle diets, the Gerson protocol, the Gerson diet, the Budwig diet, these clinics from around the world. Mexico is famous for them because there isn't a lot of regulatory oversight in Mexico.

[22:32] What has been your experience with some of these destination treatments or these kinds of more hardcore natural treatments in general, because I'm sure you've probably come across a lot of patients that have tried some of these. And there was that documentary truth about cancer a couple of years ago that really highlighted a lot of these. We can talk about that documentary itself, but I found it definitely painted them in a very positive light, and that it was a cure-all in some senses. At least, that's the sense patients get.

[23:05] *Dr. Mark Fontes*: Yeah. Of course, in that situation when some people presented with these chemotherapy treatment options and start to look at what else is out there that might not be with as many side effects that I could experience – that's another role for us is to look at that

individual case and patient around what is their diagnosis? What have studies shown to be the benefit in doing chemotherapy and in preventing recurrence and in five-year overall survival rates, and certainly some types of cancers being significantly better than others and the types of treatments that they're undergoing?

[23:41] So, I have a very upfront conversation with people around, "This is what we're looking at from the conventional side of things." With a lady I saw recently, it was the discussion around, "You need to do chemotherapy because it said over 90% response rate, and a greater 95% chance of being disease-free at five years." Unfortunately, nothing that I could discuss or I think that other clinics can state would be that profound in terms of a statistic like that.

[24:10] *Dr. Paul Hrkal*: Right, and that's shocking people what you just said because you think – again, this goes into some of the thoughts and preconceptions that people have is they're like, "Hold on. A naturopath is recommending chemotherapy? That's blasphemous."

[24:23] *Dr. Mark Fontes*: Right.

[24:23] *Dr. Paul Hrkal*: They should never do that. I've had a couple of conversations with patients, as well, and they've decided to go do the surgery or do a therapy. I think the point you're trying to make is we're, I think, a good clinician, period, whether it's medical or naturopathic or whoever should just recommend the most evidence-based treatment period. No matter what.

[24:48] *Dr. Mark Fontes*: That's right, and it's a huge burden on ourselves to ensure that we understand the information correctly. A lot of times, patients will then have a little more time to be compressed after they visit their oncologist. I'll sit down and show them the studies that are out there and make sense of it all. Thankfully, with the time that we have with new patients that we see to go over all this information.

[25:10] But specifically with the clinics, we've had patients go to Europe, to the States, to Mexico. Definitely, the protocols from, as far as I'm aware there, are consistently changing. So, what we'll do typically with patients is ask them to contact the clinic, or we'll contact the clinic as well to see what is happening. What's the proposed plan, and the cost, as well, too, because unfortunately, the cost of these clinics is incredibly high.

[25:38] *Dr. Paul Hrkal*: They're expensive.

[25:39] *Dr. Mark Fontes*: And what is their goal? For some clinics, it might be a one-time treatment. For other clinics, they recommend you have to come back every three or six months. So just from a financial perspective and time commitment is to talk to patients about that.

[25:53] We've had patients go after treatment that they received here, and I've heard good feedback from patients too that they've gone to clinics in Germany as more of a rehabilitation and supportive protocol after treatment to build them back up again, and we've heard good feedback from that specifically.

[26:13] *Dr. Paul Hrkal:* That's another thing to consider is that some patients choose to start employing some of these naturopathic, natural strategies after they've gone through their convention care. So, there is less overlap; they feel more comfortable in their mind. I mean, that's another option for some people.

[26:30] There are so many different ways to approach it. I've had patients that have just said, "I just want dietary support." And that's a huge part of what any sort of good natural approach should take is food first. Talk about your sleep. Talk about exercise before you get into very specific extracts, which, yeah, they're very exciting, and there are some really promising things.

[26:54] You mentioned a couple of them. I think that's a great segue into every case is different, but what do you think that every person that either has cancer or a family member that might be listening or maybe even in the future, what are the top five natural therapies that people should at least be aware of and what they specifically are good for?

[27:22] *Dr. Mark Fontes:* Supplements, specifically?

[27:25] *Dr. Paul Hrkal:* It could be anything. It could be something as simple as a way of eating. It could be a specific nutrient, like you mentioned vitamin D because in Part 2 of our episode, here, we're going to dive into some of those things in a lot more detail, but I want to give people a flavour of some of the things we're going to be discussing because that is where so many questions that people have center around is like, "Oh, you know what? I heard that green tea is the best thing for cancer." Of course, that's a loaded question. And there is good research on green tea in certain cases, but I want you to take on maybe three to five things that everyone should have on their radar and some of the things that they are actually useful for.

[28:11] *Dr. Mark Fontes:* Absolutely. So, I think you touched on the point already about the importance of sleep is incredibly crucial. There was a talk last year at that Oncology Care Conference from Harvard speaking about the importance of sleep. That is a cornerstone of what we all – I think as naturopathic doctors – focus on and treat patients.

[28:34] It's a time when we know that the body heals when our immune system rests and recovers as well too. With better sleep and regulated sleep, there's less inflammation in the body. We know that being inflamed or higher inflammatory markers in the body is a potential precursor and risk to the development of cancer and recurrence potentially. So, it really starts from there.

[28:58] Secondly, from a dietary perspective, we look at these causes of intermittent fasting in a variety of different ways – an overall fasting, as well too, in and around chemotherapy treatments. The work from Dr. Valter Longo in the U.S., and he's from Italy, how it might reduce side effects associated with chemotherapy treatment.

[29:21] *Dr. Paul Hrkal:* That's fascinating, isn't it, just how it's counterintuitive that you decrease the amount of calories, and the body goes into this protective mode where it becomes more resistant to chemotherapy and radiation – at least the healthy cells do. But cancer cells lose the ability to self-regulate. That's one of the characteristics of cancer cells, and they are more susceptible or at least regularly susceptible. That's just so brilliant, isn't it?

[29:48] *Dr. Mark Fontes*: It's so interesting, and for obvious reasons I would recommend that if you're interested in that to look up Valter Longo's work and see what he has to say there. Hopefully, we can discuss more about that in your upcoming podcast. Additionally, I spoke about it, and you mentioned it again around vitamin D. The research just keeps on growing of the importance of vitamin D.

[30:11] What I tell patients is that as Canadians, especially, I think it's one of the most modifiable risk factors that we can look at and treat to support healthy vitamin D levels to get them to the proper range because we know vitamin D is anti-inflammatory. It's an immune-supportive agent. It helps with bone health overall, so the variety of outcomes that are important with a relatively cost-effective intervention.

[30:38] *Dr. Paul Hrkal*: Especially, as you said, Canadians, it's a massive issue. I run vitamin D levels on almost all my patients, and most of them are borderline insufficient. Some of them are totally deficient, and those, often people that are totally deficient are usually the sickest because they have problems absorbing it. If you're taking it, there isn't really a good dietary source of vitamin D. You have to get it through the sun, and during the three seasons in Canada, we're not outside in shorts and a tee-shirt, which is really what you need to get some good vitamin D being made. Right?

[31:12] *Dr. Mark Fontes*: Yes, absolutely.

[31:13] *Dr. Paul Hrkal*: You're right. It's something so simple that can be tested and then modified. Give me one herbal substance or extract that you're really excited about that we'll talk more about in the next episode.

[31:27] *Dr. Mark Fontes*: The main herb I'm excited about is *Boswellia* or frankincense. I think the research is going to continue to grow with it, and there have been newer studies. We'll talk on the next podcast around its profound anti-inflammatory effects, but also helping reduce inflammation or edema in the brain after patients who have received radiation and certain chemotherapy medications to improve quality of life, to reduce certain side effects, and to aid in healing post those treatments.

[32:01] *Dr. Paul Hrkal*: I'm a huge fan of *Boswellia*, too. That is one of many: curcumin, green tea – these are a lot of things that even conventional oncologists are starting to get familiar with, and it's probably because they've been asked so many times about them. It's a very common and very well-studied substance.

[32:21] *Dr. Fontes*, thank you so much for sharing about just getting people comfortable with the terms around oncology. We talked about some of the misconceptions, about relationships, and the improvements of relationships between naturopathic care and conventional oncology. Hopefully, our listeners are more comfortable with the concept of combining the two, and there is a place, there is a balancing act of getting the best of both worlds. Right?

[32:50] *Dr. Mark Fontes*: Absolutely. Yeah. Thank you.

[32:52] *Dr. Paul Hrkal*: Awesome. No problem. We're going to chat with you shortly again for Part 2 of this. It's so fascinating in learning all about what's coming up in natural cancer care. Thank you so much for joining us, everyone that's listening. We look forward to our next episode with Dr. Fontes, and we'll catch up with you then.

*\* \* \* Outro Music \* \* \**

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[End of episode 33:55]