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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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[1:45] *Dr. Paul Hrkal:* Hello, and welcome back to Supplementing Health. As always, you're here with Paul Hrkal. This is Part 2 of a really intriguing series that we have with our special guest, Dr. Mark Fontes. Mr. Fontes is a naturopathic doctor with a focus on naturopathic oncology. Welcome, Dr. Mark.

[2:07] *Dr. Mark Fontes:* Thank you, Paul. Thanks for having me.

[2:08] *Dr. Paul Hrkal:* If you haven't listened to episode 1 of this series, it's a must-listen. Mark, you've done such a great job of breaking down where natural cancer care fits in with conventional care. We talked about a lot of the hot-button topics and questions that people are going to be asking. Is it truly complementary? What's the definition between alternative and complementary and natural, and why that causes confusion? Then, how to work with oncologists in combination with somebody like yourself. Right?

[2:47] *Dr. Mark Fontes:* Yes.

[2:48] *Dr. Paul Hrkal:* So we did a good job of setting that foundation. What I want to tackle here is something that's going to be a bit more practical to natural health and some of the really great research that's coming out on some of the tools and strategies and interventions that we have in the naturopathic space. So, let's talk a little bit about what you think about the ideal diet or the way of eating for somebody that has cancer or wants to be preventive of cancer because even and around this, general cancer is quite controversial when you're looking at conventional versus naturopathic.

[3:31] *Dr. Mark Fuentes:* Right.

[3:31] *Dr. Paul Hrkal:* I've seen some really restrictive diets like the Gerson Therapy, which is like seven different juices a day. Most of my patients have said they're just pretty much in the kitchen all day trying to make juices, and it ends up being unsustainable, so I'd like to hear your thoughts on some of the more extreme types of diets that are out there.

[3:54] *Dr. Mark Fuentes:* Sure. In terms, first, with a recommendation, and I'll preface it by saying for all listeners out there who are looking into this to seek the advice of a naturopathic doctor to get the certain intricacies involved in the type of diet we might be discussing.

[4:10] Generally, from an overarching perspective, I'll speak to people about looking at overall caloric intake, of course, and where those calories are coming from. I'd say, generally speaking, the focus being on managing overall carbohydrate intake, so that the general focus is on good healthy amounts of protein, which helps with building our immune system.

[4:33] Good, healthy fats, and then carbohydrates, not limiting to an extreme, but to a place where blood sugar levels are regulated, cholesterol levels are regulated, inflammatory markers are regulated. Again, it comes back around that piece around the anti-inflammatory aspect from a preventative standpoint.

[4:53] And then looking at, are there any specific aspects to patients' cases around food sensitivities or allergies or moving certain foods, and/or working on the gut as well too to aide in the absorption and utilization of foods as well. That's a huge piece. You could be taking in all the green juice and green veggies, but if your body is not appropriately breaking them down and absorbing them, then that benefit is not going to be there. That's a huge foundational strength of our profession is working from that perspective first.

[5:29] *Dr. Paul Hrkal:* Right. Of course. That's one of the common things that people see in any course is gut health or hormones. As we talked in Part 1 of this series, you have additional training as a Fellow of the Board of Naturopathic Oncologists. You have that additional training to understand on a yearly basis what the research is that's coming out.

[5:55] If I'm reading you correctly, are you more of a proponent of a more keto-style diet or low-carb diet rather than – you hear a lot of – Gerson is like all vegan, which is not necessarily low-carb in general. Or is it?

[6:12] *Dr. Mark Fuentes:* That's such a good question in where I think for each patient, we all have a type of diet or lifestyle that we each do well with. Certainly, I've seen people who ate more of a Mediterranean-based diet. Then when they were diagnosed, they switched to being vegan or vegetarian. When that happened, we saw drops in their blood cell counts; their immune system wasn't doing as well; their hemoglobin was dropping; their energy levels were dropping. Then they switched back to incorporating more healthy good sources of protein, and they started feeling better versus other patients who will go vegan, and it's the type of diet for them, and they feel best that way.

[6:57] Whenever patients are open to trying those diets, I'm definitely, "Certainly, let's try it, but let's also monitor appropriately to see how your body responds," especially, when it's a patient making this change in the middle of conventional treatment during chemotherapy or radiation or just prior to it because first and foremost, we've got to make sure that the body is in the best shape as possible to tolerate those treatments.

[7:20] *Dr. Paul Hrkal:* Those are great points, for sure. You're basically saying personalization is the way to go. Some people, vegan or plant-based may be the way to go, and they feel better. I've had a couple of patients that come to mind. A colon cancer patient felt much better after going vegan. We were monitoring his red blood cell counts, his immune cells, his white blood cells that were basically indicators that we were on the right path.

[7:49] *Dr. Mark Fontes:* Yes. I think that's the part I really want to stress, which is around studies that are out there or any kind of fad diets that come out that look at a population-wide approach to it. But, of course, it's never the case. Certainly, the ketogenic diet, from a recent perspective, for certain types of cancers – not, certainly for all types of cancers.

[8:10] Just like with the keto diet, we've seen people who have really thrived on it, and have lost weight, and they've dropped their cholesterol, and they're doing well during treatment. As well, other patients who it just hasn't been the right diet for them. As a cornerstone, I still think that it comes back down to healthy good sources of protein, wherever that protein comes from good healthy fats and managing carbohydrates.

[8:40] *Dr. Paul Hrkal:* I think you would want to include lots of good-quality high-nutrient foods like plants and fruits and vegetables.

[8:48] *Dr. Mark Fontes:* Absolutely. A lot of time for patients, we'll monitor and track their diet on a variety of apps that are out there right now to get a sense of what their macronutrient intake is like. What are your fats, proteins, carbohydrates intake looking like, and where do we need to make a change to make this as easy as possible, while too without seeming overwhelming.

[9:08] *Dr. Paul Hrkal:* Those are all important considerations because a lot of people – what stage are they in their care? Are they in the middle of their chemo/radiation where thinking about trying to eat something makes them nauseous? So, that's a consideration.

[9:23] You mentioned about gut health. We're doing a lot of gut rehabilitation bone-broth soups, things that are very nutritive. That's traditionally been used in convalescence, people that are trying to recover and repair. It sounds like from what you're saying, Mark, is that it's not just one diet fits all. There are a couple of key pillars in there, but then after that, you've personalized it. Right?

[9:48] *Dr. Mark Fontes:* Absolutely. The add-on is the patient's own medical history and what their roles are. As you mentioned, which is such an important point is where are we in treatment? Is it as a preventative perspective, the end treatment, or as a prevention of occurrence?

[10:04] A lot of times for patients, from a dietary perspective, that changes. We spoke on the last podcast around Dr. Valter Longo's research around intermittent fasting. With a patient undergoing active chemotherapy, that's going to be a discussion because I view it in our job to patients isn't "Do what I'm saying," but sharing information.

[10:24] That's what I tell people on the first visit in the first minute is, "My job to you is to share what's out there. Here's what the research says. Here's what other patients have tried that's worked for them, and there may not be as much research out there. Also, other learned experiences from treating people in this, and from that, let's build a plan that works for you and gets the outcome that we're all looking for here.

[10:47] *Dr. Paul Hrkal*: Yeah. That's such a prudent approach. I think patients hearing that and anyone listening on this podcast, I think, should be really reassured by that type of approach, whereas like, "We are going to fit everybody into one way of eating," and it's really extreme, and it's really intense.

[11:03] One of the byproducts of eating a healthier – and we'll use the word "cleaner" diet, people lose weight oftentimes. For cancer patients, that actually is a scary proposition, one of the few cases where they're always being taught, "We have to make sure that we're not losing weight because that's a sign that cancer is progressing." Often, a lot of people are very freaked out when they start losing weight because that's often how the diagnosis might have been originally made.

[11:32] And, actually, that was a follow-up question I had about Dr. Longo's work, who is a world leader in looking at caloric-restriction fasting. Oftentimes, even clinicians are really scared to suggest fasting. I want to reiterate: 1) Only do it supervised. This is strictly supervised. This isn't someone going out and just water-fasting for a week while they're doing chemo. That's not what we're talking about. We're talking about there is good research right before and at the beginning part of it, but it needs to be monitored.

[12:08] *Dr. Mark Fontes*: Absolutely. I think to clarify my point there, which you just shared is, if we're looking at a fasting perspective that it's not several days in a row, but really targeted around the chemotherapy. This is all the information you can easily find online, and there are other research groups now out there in big journals looking at the impact of this in the day before to the day after, certain chemotherapy treatments to aid in the production of side effects and improve the quality of life. In the days outside of that, going back to that healthy lifestyle and diet, but it's more targeted on those days specifically.

[12:46] *Dr. Paul Hrkal*: Yeah. Let's shift gears into some of the other things that you recommend. Because our show is all about supplementing health, we're going to focus in on some of the natural extracts, nutrients that have some of the best research behind them. But before we step there, I think it's worth mentioning.

[13:05] You talked in Part 1 about sleep and the incredible importance of sleep for reducing inflammation and optimizing your immune system. I talk to my patients all the time about the nighttime is a very active period of time even though you're not up and awake, your body is extremely metabolically active, and your immune system is active. So, sleep is really important.

[13:27] Stress reduction, mindfulness is something we talk about a lot with patients and exercise. Is there anything over and above those three areas or anything that you'd like to add to that list there?

[13:39] *Dr. Mark Fontes:* In addition to those cornerstones, I would add in, as we mentioned in that last podcast, around the gut health support side of things. You can eat all the food you want and good food, but are you appropriately breaking it down and absorbing it, and is your body utilizing it?

[13:58] If there's a rapid transit time, someone who has frequent bowel movements, or they're noticing mucus in their stools, then the assumption there is that, "Are you absorbing all the nutrients you need to be absorbing?" That's the role there for when you look at glutamine? Are you looking at probiotics, phosphorylcholine, to aide in reducing inflammation and supporting the supportive lining of the gut?" as well too.

[14:21] The add-on there of, again, coming back to the anti-inflammatory aspect of what we can do through a diet. So by helping in terms of regulations of our blood sugars, eating lots of good healthy fats, lots of dark leafy greens as a simple way of mitigating inflammation in the body, but also looking at overall recommendations which we can speak about.

[14:44] *Dr. Paul Hrkal:* Right. There's probably about four podcasts-worth of information of unpacking what you just said. That was so insightful. Gut health is not just about gut health. I think that's the key takeaway. It's about the whole body. Systemic inflammation often begins at the level of the gut, so we do work a lot on the digestive system.

[15:07] It's also an important point to make – you mentioned a couple of key nutrients: L-Glutamine is a very common one that often is used, but primarily to offset some of the side effects that are associated with chemo and some of the other therapies because chemo targets the most rapidly dividing cells. So, L-Glutamine, zinc, probiotics, vitamin D, Omega 3's, these are the cornerstones of what the gut lining needs to properly function.

[15:35] *Dr. Mark Fontes:* That's right.

[15:36] *Dr. Paul Hrkal:* So, I'm sure that's something that you're talking to your patients a lot about. You mentioned plants and foods that we can eat that have an anti-inflammatory effect. You mentioned something like boswellia, which is an herb; it's frankincense in Episode 1. Why don't you talk about what you are finding to be some of the most effective, preventative nutrients that anybody that is looking at, "I have a family history of cancer," or "I've had cancer in the past? What are the things that people should be considering from a supplemental perspective?

[16:18] *Dr. Mark Fontes:* Certainly, when I'm with new patients, I feel like they must get sick of me saying anti-inflammatory through the course of a couple of hours we have together. But when you look at medical textbooks and whether it's prostate cancer, breast cancer, lung cancer, they speak about how these cells start and how they proliferate or grow.

[16:39] Inflammation is inevitably in the text, and so, as a preventative strategy, it's anti-inflammatory. We've spoken about some of the cornerstones of health that regular exercise, eating well, regular sleep, gut health are easy ways that we can start to mitigate inflammation already.

[16:59] But from a nutrient perspective, certainly, I was looking back at some previous charts of mine, and fish oil comes up very frequently for me. We know that fish oil and a good-quality fish oil can help reduce some major markers of inflammation in the body, which we can check in the blood and monitor during the course to make sure it's having that effect on people.

[17:22] As well as, I tend to use curcumin and boswellia. I think the key thing here with these three supplements, in particular, is choosing the correct brands that allow for the best absorption, and that's really a key amongst these three products, and certainly with curcumin and boswellia, especially as they are best absorbed in the fats. You want to look for products that are standardized to that quality of proper absorption. They're not just simply the ground-up herb put into a capsule.

[17:57] *Dr. Paul Hrkal:* Yeah, because you can get a lot of those medicinal benefits from eating as part of your diet. I think that's a huge piece that we both advocate for – getting turmeric, which is a traditional Indian spice. It's found in curry. It's very bright yellow, and it has some of the most prolific research around cancer and many other inflammatory conditions.

[18:21] But when it comes to cancer, now the game is changed to where you have a whole group of cells that are in one mass that are rapidly dividing and basically hijacking the body's systems, including our own immune system to not see it and to start working for it. So, you need much higher doses. I love that you brought up the bioavailability issue.

[18:45] Specifically, one of the favourites that you brought up is curcumin and boswellia. You mentioned about combining it with a fat. In a supplement, specifically, what should they be looking for, and how do they know if this is a bioavailable formulation or not?

[19:02] *Dr. Mark Fontes:* Thank you for mentioning around the diet. Certainly, of course, we always recommend incorporating the dietary aspect of these foods. As you mentioned there, an important piece is the difference, now, where we're looking for almost a pharmacological effect out of these nutrients, and we need to achieve higher blood concentrations.

[19:23] What I recommend looking for in these products is that you'll see certain words such as emulsified, the product is emulsified or incorporated to some type of fat to aide in its absorption. You might see ingredients in there with these herbs, such as medium-changed triglycerides or phosphorylcholine additives, as well too, which are fatty molecules that help in the absorption of herbs like boswellia and curcumin through our cell linings and get to where they need to get.

[19:58] *Dr. Paul Hrkal:* That's right. Yeah. So, because these herbs traditionally, from a biochemical perspective, they are fat-soluble, meaning they easily dissolve in fat but not so well in water. You probably try to mix either turmeric or boswellia, but turmeric, which is a spice, try to mix in water, it doesn't mix really well. It sits on top.

[20:20] But you combine it with a fat – what I was going to say is traditionally, they were always eaten with fat. They were always eaten with a little bit of milk, which has some natural milk fat in it, or they were put in butter or ghee, and they were heated, and that starts bringing out some of those volatile oils.

[20:36] Technology has allowed it, and I think this has been a huge asset for clinicians such as yourself that are allowing you to get the power of some of these botanical herbs and substances, and now having them have a very drug-like effect. I think you need that when it comes to a tumour in the brain or a tumour in the breast that is now like a runaway train. We need to do something pretty impactful to have a positive effect. Right?

[21:07] *Dr. Mark Fontes:* Absolutely. Yeah.

[21:09] *Dr. Paul Hrkal:* All right. Let's switch into another category that I think is really, really common and popular. Let's talk about mushrooms. I know they're one of your favourites. How do you use mushrooms, and how do you get the best out of them?

[21:24] *Dr. Mark Fontes:* Yeah. We use a lot of mushrooms in our practice. Some of the main ones are Reishi mushroom, Maitake mushroom, Coriolus, Agaricus. What's been interesting to see over the years now is that as research expands to see certain specific indications of some mushroom types for certain types of cancers or situations within cancer care.

[21:50] For example, Coriolus mushroom has been looked at more extensively in gastrointestinal types of cancers, so esophagus and stomach to intestinal cancers. And the others for other situations as well too. So, where possible, we definitely try to give that specificity of the mushroom type for a specific cancer.

[22:11] Generally speaking, we know mushrooms and the components inside them are great at stimulating the immune system. We will commonly prescribe them for people who are undergoing certain treatments that we know will lower their immunity and lower their immune counts. We'll see drops in their white blood cell counts or drops in their neutrophils, and so we'll recommend mushrooms to aide in keeping those blood cell counts elevated during treatment, which ultimately helps to reduce side effects and complications such as infection.

[22:41] *Dr. Paul Hrkal:* And those are almost equally as important when you're going through conventional care for things like infections. One of the biggest reasons the conventional care fails or has to stop is because white blood cell counts go down. As you mentioned, what we both love about mushrooms is that not only do they have anticancer properties, if I can even use that word, meaning it stimulates the body's immune system to start targeting cancer cells better.

[23:07] There's research in animals showing that it has that effect. But then there are a lot of human studies showing that when you take mushrooms, they are quite safe with a lot of conventional therapies. That's that complementary piece.

[23:21] *Dr. Mark Fontes:* Absolutely.

[23:23] *Dr. Paul Hrkal*: What should somebody look for to get the best out of their mushrooms from both a dietary and a supplemental perspective?

[23:30] *Dr. Mark Fontes*: From a dietary perspective, certainly cooking with whatever mushrooms that you can get is always recommended. Or, a lot of patients will do teas such as from Chaga mushroom, which is a popular one – extracting that in hot water, which is the core piece around optimal mushroom utilization is being extracted in hot water.

[23:55] When you look for a supplemental product, it's relatively a close line on the side of the bottle to see how it was produced and how it was extracted. Some companies will state that it is a hot-water extraction, which we know is the way to break down the tough cell wall that mushrooms do have to get the beneficial components that are inside of that cell wall. So, looking for products that state that extra step in manufacturing, so that the best outcome is achieved through that.

[24:25] *Dr. Paul Hrkal*: Right. There's also something to say about when you cook with it, and obviously, you heat it up, and you can make soups out of it. That's almost like a hot-water extraction.

[24:35] *Dr. Mark Fontes*: Yeah.

[24:35] *Dr. Paul Hrkal*: There are various different medicinal components of mushrooms. There are polysaccharides that you might see on the bottle. Standardization, typically, is a good thing to show that it's a high-quality mushroom extract. You might even see something like a beta-glucans, which is a class of therapeutic molecules that have a lot of immune stimulating and immune cancer-fighting benefits. So, you might notice a product with that particular standardization.

[25:04] And there are various different types. You touched on a number of popular ones that you can look at. There's an extract that AOR makes called AHCC that comes from Japan. It's not made ourselves, but it has a lot of research, and it really is a unique extract of Shiitake. It's actually a combination of multiple forms of Shiitake and multiple fungi. It's grown on this medium that is made up of carbohydrates. It's actually, specifically, rice bran extract, which in its own right has antiviral and immune system enhancing qualities.

[25:48] Mushrooms really take up the medicinal compounds of whatever medium they're grown on. So, that's another thing to consider is where are they grown? That will also tell you the type of extract it is.

[26:01] AHCC stands for active hexose correlated compound. It's a very specific form of mushroom that's from Japan that has a lot of really strong research in combination with chemo, antiviral hepatitis. I don't know if you used that mushroom before?

[26:18] *Dr. Mark Fontes*: We have. Yes. Thanks for mentioning that as well, too, and exactly for those benefits that you stated.

[26:26] *Dr. Paul Hrkal:* The reason we talk about mushrooms, in general, is because it is one of the substances and natural compounds that has quite a bit of research in combination with some of the conventional therapies. One of the biggest concerns a lot of people have is, “Is this green tea extract, or is this curcumin extract safe with (whatever) chemo?” And it may not be, and that’s where working with someone like yourself, Mark, is going to be so invaluable to guide people through, “I want to take all these things because I’ve done research on it, and my friends have told me to take this but is it really safe for me?” You can talk to your pharmacist about that, but they may not be aware of some of these ingredients in the same way that you are.

[27:06] *Dr. Mark Fontes:* Yeah. Thanks for saying that. Absolutely, top of mind is always safety and that we’re never just giving something to give something. It’s really, what’s the rationale behind it? What’s the outcome we’re looking for? And, again, going back to how we monitor the effectiveness for each individual patient and choosing the best products where we can. Absolutely.

[27:25] *Dr. Paul Hrkal:* Yeah. That makes a huge difference. Cancer is something that you really need to be aggressive in treating. I think if you’re looking just to complement things, that’s one thing, but if some patients want to be really active in their natural treatments, you need to step up the intervention.

[27:41] One of the last questions I want to ask you before we wrap up here, Mark. One of the things that naturopathic oncology is best known for is intravenous vitamin C therapy and mistletoe – some of these therapies that you can’t get in a bottle. Why don’t you tell us about that type of therapy and what people can expect for it and some of the research behind it?

[28:08] *Dr. Mark Fontes:* Sure. It’s a common question that comes up with patients. Similar to some of the nutrients we’ve discussed already, it’s exciting to see the research continue to grow and grow year over year using different researchers and group studies and the effectiveness of intravenous vitamin C.

[28:26] I’d say as a main recommendation, the research that’s expanding around it is used in combination with specific chemotherapy medications in order to potentially allow them to work better while also minimizing side effects. Certainly, clinically, that’s what we’ve seen with patients.

[28:46] So, when we’re building up a treatment plan and seeing the medications patients are being prescribed, if these things are out there to support the combination of intravenous vitamin C, we will discuss that with patients. We also do utilize in a lot of cases prevention of recurrence. So, the patient has now finished their treatment schedule. Their next CT scan is three or six months from now. They’re not on any active treatment from the conventional side of things in many cases, so it’s now on us to maintain those therapies that we know can hopefully allow things to stay exactly where they are and allow for no further changes or growths.

[28:46] *Dr. Paul Hrkal:* Yeah. A lot of people ask – they could probably find supplements at stores. People can make recommendations, which I don’t advocate, especially when it comes to cancer. Definitely, we’ve said throughout these last two episodes that working with someone such as yourself can help guide and take a lot of that guessing out of it.

[29:47] People are very interested in therapies that are going to be more powerful. One of the tools you mentioned is IV vitamin C. What's the difference in taking just plain vitamin C orally and then actually doing it IV because it is obviously more invasive? You have to get a needle. It's very safe. It has, as you mentioned, some of the research behind it in both standalone as well as in combination with conventional care, reducing some of the side effects.

[30:16] But it also costs a little bit more, and it's a bit more time-intensive. People have to sit there in your office. So, why would someone want to do something IV or an injection like mistletoe therapy, which is an herb from Europe versus just taking supplements or taking mistletoe capsule or an ampule from Europe?

[30:40] *Dr. Mark Fontes:* The first thing with the intravenous vitamin C is that it's been well documented that taking vitamin C intravenously compared to oral dosing significantly increases the concentration of vitamin C in the serum after IV compared to oral. So, we know a limitation with vitamin C orally is that we can only absorb so much, and then we start to experience looser bowel movements. So, the body has a limit, saturation point.

[31:08] Versus intravenously, we can go up to significant doses: 50 grams, 75 grams, or higher in some cases to achieve that saturation inside of the body. It's at that level where the research around vitamin C is what has been shown to have that anti-inflammatory effect, the immunostimulatory effect, how it may have a supportive anticancer benefit and antigenic or prevent a growth of blood vessels into tumours. We do it to achieve that through intravenous dosing.

[31:42] With IV therapy, and I can speak with other colleagues as well too, it ends up being a really positive thing for a lot of patients being in that clinic space, typically with other patients in there as well speaking of their own journeys and issues and challenges. But also, gaining that support from that community, as well, too.

[32:02] Also, I think more contact – I'm sure you'd say the same thing that we're also in more contact with patients who are receiving IVs and being on top of their health in that way as well, too, is another significant benefit I find from those treatments.

[32:14] *Dr. Paul Hrkal:* You're absolutely right, for sure. It can be almost like group therapy. Why is that even effective? Well, it's almost like you're getting the therapy together. A lot of times, they'll strike up conversations, friendships, and it's generally a very positive space. It's quite different than a lot of the experiences they get at the typical infusion centers and hospital settings where it feels a little bit impersonal. Here, it's quite different.

[32:42] That's some of the benefits of working with a naturopathic doctor because you're able to take the time. There's no rush. The time is there to speak with patients about their personal needs.

[32:55] *Dr. Mark Fontes:* Absolutely.

[32:55] *Dr. Paul Hrkal:* And as you mentioned, the IV C is a good way of doing that.

[33:01] *Dr. Mark Fontes*: Absolutely, and to touch upon the mistletoe therapy, and for listeners out there, it's a treatment that comes from Europe and in Germany. We will utilize that therapy for patients, which can be given intravenously. It can also be done as a little injection under the skin. The main purpose of that is for immunostimulatory properties.

[33:26] Some of the best research with mistletoe, too, is improving tolerance to chemotherapy and improving the quality of life as it comes through treatment as well too. So, we'll discuss that therapy as well, too, in certain cases with patients. Again, it's all about being fully informed, and here are your options, and let's put a plan in place that works for everyone.

[33:44] *Dr. Paul Hrkal*: Absolutely. Thank you so much for sharing, Dr. Fontes. This was enlightening. Both series outlining why you want to work with a natural therapy, what are some of the pros and cons, what are some of the misconceptions, and then in this episode, we really dove into all the different ways that you can use in all the different therapies that we can actually use. And we talked about some of the things like vitamin C, as well as things like botanical medicine. Hopefully, everyone that's listening really found it helpful. I know I did. We'll have to have you back for another show at some point, but thank you so much for joining us. I really appreciate it.

[34:26] *Dr. Mark Fontes*: Thank you so much. For listeners out there, you can connect with me @markfontesnd on Facebook or Instagram. And thank you, Paul, for leading this discussion. This was great.

[34:38] *Dr. Paul Hrkal*: Absolutely. Loved to have you.

[34:39] *Dr. Mark Fontes*: Thank you.

[34:39] *Dr. Paul Hrkal*: Thank you so much, and we'll be in touch. Hopefully, everyone enjoyed that episode. Please tune in to our next episode of the Supplementing Health podcast.

**** Outro Music ****

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