

## [245: Resiliency Radio with Dr. Jill: Lyme Disease & Breast Cancer Connection with Dr. John Oertle](#)

### **Dr. Jill 00:00**

Hey everybody, welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in integrative and functional medicine. I'm your host, Dr. Jill, and with each episode, we dive into the heart of healing and personal transformation. You've seen us—we've got amazing experts from all over the world, and today is no different. I have a new guest that I haven't gotten to know yet, but we're going to get to know him together. But I'm so excited about this topic because who knew that an infectious tick-borne disease could have anything to do with breast cancer? Stay tuned. We're going to learn all about it from Dr. Oertle today. Let me introduce my guest, and then we'll get right to it.

### **Dr. Jill 00:37**

Dr. John Oertle is a leading expert in advanced precision medicine. He's the Chief Medical Director at Envita Medical Centers, specializing in individualized outcome-based care models for chronic disease and integrative oncology. He is well-published in cancer genomics, immunotherapy, and chronic Lyme disease.

Welcome, Dr. Oertle, to the show.

### **Dr. John Oertle 00:56**

Hey, great to be with you, Dr. Jill. Appreciate it for having me.

### **Dr. Jill 01:00**

Yeah. Your publicist or whoever reached out to me to ask me about being on the show. I was very intrigued. First, before we talk about infections and cancer and the connection, let's talk about your story. You are a naturopathic medical doctor. Tell us [about] your journey into medicine and how you got intrigued by the topic.

### **Dr. John Oertle 01:20**

Oh, yeah, I'd love to share. My story begins when I was 10 years old, when I got diagnosed with type 1 diabetes for the first time. My mom was amazing. She's a superhero in my life. She could see and read the signs. She wasn't even medically trained. She's a superhero mom who saw that I was having active thirst and

urinating quite a bit when we went to the park for my brother's birthday. Before that evening ended, she was at the pharmacy buying glucose strips and testing my urine for sugar. Interestingly enough, I was sky-high and I got in with the doctor the very next day.

**Dr. John Oertle 01:56**

Even at a young age, it's a hard diagnosis to be able to get for my mom. It's tough when you're dealing with kids. But for me, what it did when I experienced it firsthand was [that] I fell in love with the medical system. I fell in love with biochemistry, how my body was working, and the way that I could influence my body depending upon what I did: Depending upon my diet, depending upon my exercise, depending upon how hot or cold I was. It all had an effect on my glucose levels and sugars. So I love this. So this is really what gave me this desire to be able to go into medicine of some kind.

**Dr. John Oertle 02:35**

My mom was always big into holistic and functional medicine, even way back then. So this is where I was always interested in all these other areas. But it wasn't until I was in college to get my pre-med at ASU—go Sun Devils—and I transitioned from my pediatric endocrinologist, who was very focused on prevention, doing everything we could possibly do to be able to keep me well and healthy and [with] tight glucose control. I remember going into my adult endocrinologist. And I'm sitting in a waiting room with people who are amputees, and they're blind, and they're being led around by their caregivers. I thought: "I don't want to turn out like this. I feel like a young kid. I'm healthy. I'm in like sardines in a waiting room."

**Dr. John Oertle 03:28**

Then I remember going back and getting called in and talking to the doctor. He spends a couple of minutes with me, and he's like: "You're doing great. I look at your labs, you're doing absolutely excellent! Keep up the good work." I go: "Well, thanks, Doc. But I'm also wondering, is there anything I can do to be able to be better? Is there anything that I can do to prevent this disease before it begins?" And he takes out a script pad. He goes, "Absolutely there is." And he gives me a script of lisinopril. He gives it to me and says: "This is what you should take. It's a high blood pressure medication, but it's going to protect your kidneys." And I go, "Well, Doc, I don't have

high blood pressure." He goes: "That's right. You don't, but it'll protect your kidneys nonetheless."

**Dr. John Oertle 04:06**

I thought, "Okay, hold on." I ended up going out of that office really disappointed that day because I thought: "There's so much better medicine that can be done." I remember as a young kid being disappointed with the healthcare field and that there could be better. I knew better because I practiced it even as a young person and had talks and conversations with all my doctors, who really cared about these things and cared about biochemistry. And I thought: "I'm not deficient in lisinopril. But I do know that there are things that I can do to be able to help protect and even be better as far as protecting the tissue." What are the biochemical pathways that are going on that are creating these disease processes within diabetics?

**Dr. John Oertle 04:58**

I remember the week later: I had a deep-dive conversation with a naturopath here who has now become my best friend, the founder of Envita Medical Center, and the people that I'm now the Chief Medical Officer with. We deep-dived on exactly this concept of "What can we do to be better?" and prevention, and going into the world. So that's where I started jumping into naturopathic medicine and then eventually came to work here at Envita Medical Center. And the rest is history now that I'm the Chief Medical Officer here and overseeing all the medical care that we're able to provide.

**Dr. John Oertle 05:31**

But it's really for that ability of looking at the root cause and precision medicine, looking at the best of options—chemotherapy, natural agents, root causative medicines. All these abilities to be able to look at precision to make sure outcomes are reigning supreme for patients. We do this at a high level for both autoimmune conditions and neurodegenerative [conditions], specifically looking at infections and other carcinogens and toxicities. We do this with precision methodology within our cancer treatment protocols, which have been phenomenal to be able to look at these root causes and targeted treatments to be able to make sure outcomes are reigning supreme.

**Dr. Jill** 06:10

Absolutely amazing! Most of us who are in this field of precision, personalized, functional, integrative [medicine]—which is all the same bubble—we all have a story. And if it isn't our own journey through health and illness, it might be someone we love that we weren't able to see the answers in the traditional sense, just like your story.

**Dr. Jill** 06:29

Mine was very similar. I don't always share my story, but just briefly because it's relevant to your topic. When I was 25 years old, in my third year of medical school, I found a lump in my breast. I was diagnosed a few weeks later as the youngest one in Loyola, Chicago, ever to be diagnosed with breast cancer. That was 2001. So now there's been a lot of people that young. It's not that rare, sadly.

**Dr. John Oertle** 06:50

Any more. Yes. The younger than 50 who are being diagnosed with all types of cancers is on the rise.

**Dr. Jill** 06:54

Right. And you see the exponential curve.

But all that to say, it was a very real awakening in part of my own journey where I really said: "Okay, why?" What we do as functional/integrative personalized precision medical practitioners is say: "Why did this happen?" I grew up on a farm with things like atrazine and chemicals that are endocrine disruptors. I was absolutely exposed to ticks. I was diagnosed with *Borrelia*, *Bartonella*, *Ehrlichia*, *Babesia*, and probably more atypicals.

**Dr. Jill** 07:20

Anyway, all of that has something related to our topic today. And I'd love to know what you see. I always think about—as we framed it—the infectious burden and the toxic load. These things affect our DNA and expression. But many, many people out there are going to be shocked to think about: Could a tick—vector-borne infection—create a cancer? And you and I know that. But why don't you frame it for us as far as when you see a cancer diagnosis, and maybe in particular breast

cancer? What things under the hood of the car are you looking for as possible causative factors?

**Dr. John Oertle** 07:52

Oh, it's so good. Yes, I would love to. We've been doing this work for 25 years. My good friend that I talked about, Dr. Dino Prato—who's a brilliant man going into this field because he wanted to make sure patients are getting the best of the best and outcomes are able to be identified and that we're able to stop at nothing to be able to get the very best treatments for our patients that we are treating—25 years ago, he began. What we've been seeing in our data sets is so clear. I like to share that you don't just come down with cancer, even if it's just genetic causes.

**Dr. John Oertle** 08:25

Let's talk about that—BRCA1, BRCA2. Many people have familiarized themselves with this. Or when it's a hereditary cancer, that accounts for a very small portion of the population. Even BRCA1 and BRCA2 are still a very small percentage of the breast cancer population. I say that with BRCA1 and BRCA2, even if it's positive, it does not mean that you, as a patient, will develop breast cancer, ovarian cancer, prostate cancer, or pancreatic cancer, which is all correlated with it. But it does say that it's essentially that you are at a higher risk for the development of it because of these epigenetic factors, these things that are stresses upon the body that are shifting our signaling, shifting our genetic mutations that then start to be able to create [what] I like to be able to say [is] a runaway truck effect because the brakes are no longer on the car, and this starts to cause rapid growth. Or you have genes that are proto-oncogenes that are increasing the speed, so your body can't contend with that rapid production of cells. Both of those are dynamics, as far as that could be the way that the genes are mutated.

**Dr. John Oertle** 09:42

But then the other thing that's with it as well is that even if the gene mutates and you have a cancer cell that starts to grow, every cancer patient has an immune system error or the immune system has not been keeping it in check, because you and I have genes that are mutating all the time. All the listeners have genes that are mutating all the time, but our bodies have this amazing thing called the immune system. This is what allows the body to keep these cells that are going off track that

are abhorrent, the gene mutations that start to grow. It starts to keep it in check to be able to say: You're a diseased cell. So your immune system keeps it in check.

**Dr. John Oertle** 10:23

This is where every cancer patient has an immune system that is not working the way that it needs to work. And that starts to go into: What's the actual pathophysiology? Why is it the case? Why did the cancer begin in the first place? And why did the immune system not keep it in check?

**Dr. Jill** 10:42

What a great, great analogy!

There's another part of my story that'll make total sense to you. Probably 10 years ago I was diagnosed with common variable immune deficiency, where I do not produce IgG appropriately. Looking back, I'm like: "Huh. I wonder if this preceded the cancer." And then, "Did toxins and infections lead to a manifestation of an immune deficiency well before I was ever diagnosed with cancer?" But it's interesting to think about these things in that circular way because I was diagnosed way later after my cancer with the immune deficiency. But I think it probably preceded the diagnosis.

**Dr. Jill** 11:19

Say a woman comes in, and she's 35. She's young for breast cancer. What do you do for a workup? What are you looking for? What kind of testing do you do? How deep do you dive? Give us a glimpse into what that looks like.

**Dr. John Oertle** 11:31

We go very deep. And I love this. I always ask all my oncologists or people who are going on tours with me in our programs or business leaders talking about this: When a cancer patient comes in their office—even if it's an early stage, let's say, breast cancer—what is the oncologist that's looking for root causative factors? I think what's really interesting [is that]—we see this in our society—everybody likes to talk about carcinogens. And it's lesser talked about. But even a carcinogen is a chemical substance that causes cancer. This is where there are infections that are oncogenic infections—infections that cause cancer.

**Dr. John Oertle** 12:21

We're aware of things like HPV causing cervical cancer. Praise God that we've been identifying that, because that's probably the most successfully treated cancer in the last 20 years. The reason is because we have identified that HPV, which is a virus, causes the cellular changes in a cervical cancer cell to be able to cause cancer. So praise God for that.

**Dr. John Oertle** 12:45

And now our screening techniques are different. But we can do the same thing. We see these correlations in breast cancer, pancreatic cancer, or prostate cancer, you name it, where you start to be able to see these carcinogens and oncogenic infections that are correlated to the disease process.

**Dr. John Oertle** 13:05

I'm in Scottsdale, Arizona. But if you go over to California and you go into a Starbucks, there's a law that says that as a business, if you have known carcinogens in your environment and if your products and your clients are exposed to this, you need to say: "This may contain known carcinogens." So you go to Starbucks in California, and you're sucking on a Starbucks cup that says: "This place may contain known carcinogens." I think, "Okay. This is good." It's good to know, and awareness is important. But why is it that in our current conventional system, when you go see an oncologist—you can have a breast cancer and you can get it removed, even early stage—why are we not looking for root causes? And I would say it's similar to if we aren't taking the gasoline off the forest fire.

**Dr. John Oertle** 13:57

Even with a breast cancer, some of the statistics right now with some of the breast cancers are that even if you have it removed [in the] early stage, 30% of them do come back. That's with clean margins. So you don't want to just be those 30% to be able to say, "Let's just celebrate" without knowing, "What's the reason for why this cancer began?" Because if we know it, we can then treat it and become healthier and make sure that the immune system and the cells stay healthy.

**Dr. John Oertle** 14:25

You're a dear young girl, and you have a whole life to live. I say that for young people, but I also say that for my 65-year-old who's coming on in. Because guess

what? You should be living well into your 80s—at least 80s—and maybe over 100. So this is where you still have so much life to live. Let's live with a good quality of life and evaluate that disease process.

**Dr. John Oertle** 14:50

So to your point, when we have a case that comes on in, we are running [tests for] the various carcinogens. We take a full intake to be able to evaluate: Where may have you picked up various exposures? I love this because we took a real deep dive on our patients, filling out a full environmental toxicity history to be able to see: Where exactly are these exposures?

**Dr. John Oertle** 15:16

Female golfers are at higher risk for breast cancers. So you see this again. I've always said it's because of the herbicides and pesticides that are on the golf course. You mentioned those herbicides and pesticides. We see this in our toxicology evaluations, where you see this elevation—at least 70, maybe sometimes even the 95th percentile of some of these carcinogens—coming from herbicides and pesticides. Yes, they're endocrine disruptors, which means they affect the way estrogens are responding to tissue. But guess what they're also doing? They're also suppressing immunity. Many times there are also neurological issues with it as well. And sometimes you have more headaches and things like that that are associated. But what you're also seeing is that they're carcinogenic. They cause gene mutations. So yes, carcinogens are a big part.

**Dr. John Oertle** 16:07

The other thing with this as well is that we also run infection panels. Many times when you think of tick-borne disease, you think that it's happening just at the East Coast. "Oh, it's just happening in Pennsylvania or Connecticut." But what we've seen is that this is the silent epidemic that's traversed our country and that many times we haven't done a good job in our public health from identifying it. And now we see that you may have it in mom, and it passes through utero into the baby. So now you see this correlation with mom to baby. You see it passing in sexual partners as well. So you see these other routes of the way in which it travels. *Borrelia burgdorferi*, or Lyme, I'm speaking about. And you're mentioning all the other co-infections as well. You see that. You also then—



**Dr. Jill** 16:55

And we know places like out here in Colorado, tick-borne relapsing fever is the top infection I see. And people aren't talking about that. So it's not considered Lyme endemic. But the truth is you and I know Texas, Utah, Colorado, Wyoming, and probably even Arizona, at least for me, are some of the top things I see. *Borrelia burgdorferi* is the tick-borne relapsing fever species.

**Dr. John Oertle** 17:19

That's exactly right. We want to be aware. I really want to make sure the people that you're talking to are aware of this. These exposure patterns are across the country. And you don't have to just be in an endemic area in Pennsylvania and have a tick bite that has a bull's-eye rash. That's a very small subset of the population living in that area. Yes, it's definitely in that area. And you can have a rash, a bull's-eye rash, but you don't have to as well. And sometimes it presents a little differently.

**Dr. John Oertle** 17:57

We know Lyme disease is an oncogenic infection. There's been data after data talking about its ability to be able to cause specifically—for the years it's been talked about—B-cell lymphoma. These infections, if they're located in the tissue, are going to cause cancer in that area. Lyme loves the lymph nodes. It resides in the lymph nodes. Why does it cause lymphoma or lymph node cancers? It's because it resides in the lymph nodes. But Lyme or *Borrelia* does not like the blood very much. So it does not like blood. It doesn't reside in the bloodstream. That's why it can sometimes be falsely negative. It also evades immunity. It also suppresses immunity. Those are the telltale signs that it can trigger cancerous presentation, as you were just sharing in your story.

**Dr. John Oertle** 18:56

But it loves tissue. If it's in very poorly vascularized tissue—i.e., the breast where it's residing and creating these inflammatory patterns and immunosuppressive patterns—then it starts to be able to create cellular changes. And this is where you start to see this.

**Dr. John Oertle** 19:15

We've known this for years. Like I said, we've been doing this for 25 years, and we've been studying these cases. With every patient who comes on in, we're looking at

these root causes for various carcinogens or chemical toxins. We look at mycotoxins or mold toxins, which are a big deal as well.

**Dr. John Oertle 19:35**

Many people don't realize this, I'll do a little aside: There are various mold toxins that they've developed in Big Pharma—pharmaceutical companies—for pharmaceuticals to treat graft-versus-host disease in transplant patients to suppress the immune system. This is what's happening. This is happening! It's suppressing your immune system and my immune system if it's present.

**Dr. Jill 20:00**

I want to mention if you're out there and you've done a mycotoxin test and you have mycophenolic acid, that's the one Dr. Oertle is talking about. And this has been known. The pharmaceutical uses mycophenolic acid to create CellCept, which is, like you said, an organ transplant drug. But I want to mention that because a lot of people have their results and are like, "Oh my goodness, this is..." When I'm in a clinic with a patient and I see mycophenolic acid, we talk about [how] this is massively immunosuppressive and it will affect you if we don't clear it out.

**Dr. John Oertle 20:26**

Big Pharma knows it. You need to be aware of it so that you know the severity of what this is causing. Get it out of the system. That's exactly right.

The body is so resilient. This is what I always like to say. The body is so resilient. Cancer doesn't just occur because your body is weak. There's usually a cluster of things that are going on, not just over a short period of time but over a long period of time. It doesn't just happen overnight. It happens over the course of years, sometimes multiple years, to be able to get to a point of this occurring. So if you can catch it before that, oh my goodness, what a beautiful thing! But when you're running that, the other things that you have to run are these oncogenic infections, Lyme being one of them.

We've been seeing these correlations for years.

**Dr. John Oertle 21:20**

I was so excited when an NIH paper came out. It was published in the European Journal of Microbiology and Immunology in 2024. This was in March 2024, where it

said, "Evidence for the presence of *Borrelia burgdorferi* in invasive breast cancer tissues". They finally studied this and saw that it was present. It was interesting.

**Dr. John Oertle** 21:45

There are a couple of really interesting things. It has a higher presence in lobular breast cancer than in ductal breast cancer, but it's still present. It's about 20% to 25% of the time that you see that. That's interesting because that's correlated with what we see in our clinical data as well.

**Dr. John Oertle** 22:01

And then you saw something that was really interesting too: They found that it was correlated to inflammatory markers that were inflammatory chemokines. They're chemical markers that are stimulating inflammation. You do see this in inflammation with Lyme disease: It's creating these chronic inflammatory responses. So you see that this is the very thing that it's stimulating.

**Dr. John Oertle** 22:29

And those chemokines are inflammatory. You can almost think about them as far as growth factors. They start to be able to signal growth. So they're signaling growth, but what it's also doing is distracting the immune system from doing the job to be able to kill the cancer. So it's almost creating this signal flare to say: You need to check this out; don't look at me here! I'm creating a lot of this inflammation, but don't look at killing me—the actual cancer and the infection that's stimulating this disease disruption and mutation, if that makes sense.

**Dr. Jill** 23:06

That makes perfect sense. And we know this immune activation—which is at the core—like you said, you can often see autoimmune and immunosuppressive in the same patient. Which makes perfect sense because we often see autoimmunity as another factor of all these infections.

We mentioned HPV, EBV, Mycoplasma, and CMV. I'm sure you do a big panel, but can you give us a landscape of what other infections are common oncogenic infections?

**Dr. John Oertle** 23:33

Yeah. We're always looking at H. pylori. H. pylori is another spirochete, just like Borrelia. It depends on where that H. pylori is. Many times it's in the stomach, so it's going to be very strong in your stomach cancers. Some of these others, like the hepatitis B viruses and hepatitis C viruses, are going to cause hepatocellular carcinomas, or your liver cancer. The big ones that I'm seeing all the time are the Epstein-Barr virus and the cytomegalovirus. These two viruses that are so oncogenic, and yet nobody's looking at this either. Epstein-Barr virus is another one that has very strong research and correlative in the lymphomas—in the lymphatic system—because that's where it resides. But you can see that significantly. The other thing that I'm always looking at too is the central nervous system: Gliomas and glioblastomas. You start to see this specifically in the cytomegalovirus aspects.

**Dr. John Oertle** 24:32

I want to be cautious. I like to run a lot of these infections because they're quite surprising as well. There will be infections that surprise you that are in tissue that I never thought it was going to be. I think this is important for us to be able to think about. Now the data's coming out that a lot of head, neck, and esophagus cancers are HPV. That's HPV. If you didn't test that, we would never know it. This dynamic of HPV, or human papillomavirus, is in that tissue, in that mucous membrane, and starts to build a home.

**Dr. John Oertle** 25:13

I always like to say this too: It usually starts because the immune system did not clear out HPV. You know the regulations behind screening for females for HPV. You don't treat HPV if it's present in a young female. You just let it go, and it usually is self-limiting. You retest for it. All these young females are like, "Yeah, I've been to my gynecologist, and I've had HPV. And I've been so young" that they just said, "Are you sure I don't need to do anything about it?" And they say, "Just come back and retest."

**Dr. John Oertle** 25:42

I always like to say [that] there are things that you can do, like vitamin D, zinc, or green tea extracts, and these other things that are really helpful. These are really helpful for the clearance of the virus. You see that too—that it's helpful to support the cancer that the infection is causing as well because it's shutting down that

signaling with the infection. And then you start to be able to slow down that growth and treat the cancer as well. When you start to look at this, it's really critical.

**Dr. John Oertle** 26:15

I always like to be comprehensive in the investigations because this could be lifesaving. If you find what that root cause is, now you have a direction. It may be multiple, which many times it is. If it's *Borrelia* and it's suppressing your immune system, guess what? You have a harder time fighting off Epstein-Barr virus or cytomegalovirus, which is in our environment. They're secondary infections. Or HPV that your body just isn't clearing it on/off. As we get older, the immune system starts to be able to not do as well, so that's why you need help clearing out HPV when you get older. Instead of the young 20-year-old who can have HPV and yet they clear it on/off normally.

**Dr. John Oertle** 27:04

The other one that I always like to share—that is, another infection that many people aren't aware of, specifically—is due to lung cancer. It's called *chlamydia pneumoniae*. This is not the sexually transmitted disease, *chlamydia*. It's another infection in the *chlamydia* family. But this is oncogenic specifically to the lungs. I always like to be able to look at that one too. It's difficult to treat or it doesn't clear out very easily. But that's one that is correlated strongly with lung cancers.

**Dr. John Oertle** 27:38

You want to be able to be comprehensive in these oncogenic infections when you're able to identify it and when you get diagnosed early. Or even if you're first diagnosed, take a look. If you've been diagnosed for a long time and you've been in this fight with oncology as well, then guess what? There's still time. Get a second opinion.

**Dr. John Oertle** 27:58

This is one of these areas. If you've been undergoing a battle with cancer and you've been going through maybe chemotherapy and radiation as well, what are those doing to the immune system? They suppress the immune system, and then it starts to keep building this out-of-control system that keeps worsening. It adds to your symptoms, adds to the side effects, and adds to disease mutation.

**Dr. John Oertle** 28:23

We use chemotherapy too, but we have methods to be able to get chemotherapy that is genetically targeted to the cancer. This is the beauty of precision. I want to make sure that there's evidence to support that the chemotherapy that we're going to select goes and kills the cancer like I want it to, if we're going to give it at all. But we also have methods—this is what's really interesting too; I know it's not on precision oncology as far as this goes—that get chemotherapy higher to be able to be taken up by the tumors.

**Dr. Jill** 29:01

Like insulin potentiation or circadian—

**Dr. John Oertle** 29:05

We do it with insulin. We do other things as well—other medications that we pair depending upon the cancer type—because not all cancers take up insulin and sugar as well. It's not a one-size-fits-all. You want to design it around the biochemistry of the patient. But insulin can be really good.

**Dr. John Oertle** 29:28

I'm a diabetic, so I know this firsthand: When I have sugar, if I don't have insulin, my sugar rises. And the way that the body uses insulin is that it drives the sugar into cells. Cancer utilizes that mechanism. It's what goes on in a PET scan to be able to drive sugar into the cells. If you have some cancers that have more sugar receptor sites, they take it up to drive it in.

**Dr. John Oertle** 29:56

Insulin is pro-inflammatory, and it also triggers growth phase of cancer cells. What does that do with a cancer cell? If you have unopposed insulin and it's triggering growth phase, that's a bad thing. But if you're giving it with a chemotherapy, it can trigger growth phase. It's turning on so that it's taking up the chemotherapy—what it's designed to do. So that can be helpful.

**Dr. John Oertle** 30:23

But I always say this: When it comes to regular standard-of-care chemotherapy—just think about this, some of the data is really interesting—only 5%

to 7% of the chemotherapy gets taken up by the tumors. The rest of it is going to the central nervous system, [inaudible].

**Dr. Jill** 30:40

The rapidly dividing cells.

**Dr. John Oertle** 30:42

The cardiovascular, if it's cardiotoxic, the GI tract. It's going to the bone marrow, where you're producing immune cells. That's why the immune system suppresses. So 5% to 7% gets to the tumor. I'm thinking this is why we see such poor results when it comes to conventional chemotherapies. Yet it's not the chemotherapy's fault. There are good options for chemotherapy, but you've got to use it intelligently.

**Dr. John Oertle** 31:09

We have therapies where we go in and directly inject—we call it CIPI—Chemo Immuno Precision Injections, where it's going directly to the tumors under interventional radiology guidance. This is where you can target those lesions. And now you're getting 95% to 100% absorption of those chemotherapies. So now you can start to use lower rates.

**Dr. John Oertle** 31:29

You start to be able to think intelligently when you're saying: "Let me use the chemotherapies or the other non-chemotherapy [treatments] but still medications that have targets or the natural agents that have targets and start to direct it to where the tumors are at." Then you start to be able to take off the root causes, and you treat those root causes, whether they're clearing out those carcinogens or you're killing off those oncogenic infections. Now you have a comprehensive treatment plan that can be life-saving.

We've taken people who have been referred to hospice and gotten them into complete disease remission. It's just beautiful when you have the right targets. So this is where it's important to have data.

**Dr. John Oertle** 32:09

In the conventional oncology world, the unfortunate truth is—and I don't care where you're going or what center of excellence you're going to—many times patients have an insufficient amount of data in which they're making decisions off of. If you're a patient, I advocate [for] you to get data. Know, learn, get the information so that you can make a better medical decision. That's a truly second opinion instead of just a one-size-fits-all approach because that's what the insurance company is going to be covering or paying your oncologist or hospital system to be able to cover. I hope that makes sense. I hope I'm not offending you or any of your listeners, but this is the real world, as far as how oncology, unfortunately, works out there.

**Dr. Jill** 32:50

No, this is great information. My listeners are always curious. And you have done such a great job of describing some of the things people may not be thinking about if they have a cancer diagnosis. And I think it's really important, like you said, for people to be educated.

**Dr. Jill** 33:03

As we wrap up here, maybe rapid fire. What would you say would be the top five lifestyle or supplemental things that are really powerful? I know there's this huge range. If you had to just give the top three to five things that are most powerful, what would that be?

**Dr. John Oertle** 33:20

There are some really empowering things that I think everyone can do. One, obesity and being overweight cause cancer. If you are obese or if you're overweight, lose the weight, because I would much rather you lose that weight and get to a good amount of BMI or waist circumference now before cancer hits, and then you have to change the diet up. So do the hard changes now. And make it motivating because this is where it can make a big impact. Some of those things can reduce cancer diagnosis by 40%. It's no little thing.

**Dr. John Oertle** 33:57

The other thing is, where do toxicities reside? They reside in the fat. When we are able to lose that weight and get to a normal BMI with a good muscle mass, this is where you can be less toxic. That's one of the first things that I always advocate for.



And that's going to give you anti-aging, it gives you good quality of life, because it's also going to prevent cardiovascular disease, dementia—all these things that we do not want in our older years to be able to live in an anti-aging world. So that's the first thing.

**Dr. John Oertle** 34:29

The other thing: Get off the couch and exercise. It's absolutely one of the best things. One of the things that I always like to couch that with is don't think you need to be able to join the gym and lift these huge weights or have to do all these strenuous exercises. I'm just talking about movement. Six thousand to ten thousand steps a day will give you so much ability to be able to ward off disease, reduce cancer, and stimulate immunity. It's amazing. Or get one of those little rebounders. Fifteen minutes a day of a little trampoline stimulates immunity so well, and it drains the lymphatics as well, which is so important! So I love that.

**Dr. John Oertle** 35:06

Again, exercise. Make sure that you're developing a lifestyle of movement. Whether that's walking and enjoying the outdoors or being able to get on a rebounder 15 minutes a day, that's amazing. And do the rebounder with your hands over the head because that also helps to drain those lymphatics and increase the immunity.

**Dr. John Oertle** 35:22

If you're a diabetic, control the sugars because diabetes also leads to cancers as well. And we all know that cigarette smoke causes cancer. Don't have cigarette smoke. I don't know if that needs to be said. But if you never smoked, don't start.

**Dr. John Oertle** 35:46

But alcohol—what's really interesting is that we're seeing that alcohol isn't helpful for anybody. I do want to raise awareness because there's a lot on this. Alcohol, even in moderate or small amounts, is still carcinogenic. It's cancer-causing. Enjoy yourself, but have a mocktail. And be considerate about what's going into that mocktail so it's not super sugary. Or being able to enjoy yourself with your friends. But making sure that we're doing these things to not cause deficits that are absolutely against us. And I think there are not enough people talking about that. And it's so easy to say: "Well, yeah, enjoy, and then just relax." But it really doesn't

help. So if you have alcohol, get it out of the house. Have a mocktail. Enjoy yourself, but you can do it in a healthy way.

Those are at least a couple. I don't know how many I did.

**Dr. Jill** 36:49

I am so glad! I love, love, love it because so often—even in functional/integrative medicine—we forget about movement, we forget about the basics. I could not be more delighted to hear you say: Lose the weight, get moving, get rid of alcohol, get rid of cigarettes, get rid of any of those things that you have a choice [on]. I love it because that is the most powerful medicine—starting there. And then all the rest is important.

**Dr. Jill** 37:13

So I hope if you guys are listening, you have some new information to take. Even if you're visiting a regular doctor, there are some things they can start to test. Tell us, Dr. Oertle, about your center. And where can people find more about it? Where's the website? Give us a little place where we can find you.

**Dr. John Oertle** 37:30

We're located in Scottsdale, Arizona. But you can find us at [Envita.com](https://www.envita.com); [www.envita.com](https://www.envita.com) is where you can go. Learn about the testimonials; learn about what we're doing. And certainly, we have people ready to be able to take your calls or answer questions all throughout the week.

**Dr. Jill** 37:47

How exciting! And Envita is E-N-V-I-T-A, is that correct?

**Dr. John Oertle** 37:50

That's correct. [Envita.com](https://www.envita.com).

**Dr. Jill** 37:52

Awesome. And if you guys are driving, you know I'll have it on my show notes. I'll try to find that article if you can send me the Lyme one, 2024. And we'll include that in the notes because that's fascinating. I'm going to read that. And then all the links to the center.

**Dr. Jill** 38:05

Dr. Oertle, thank you. I know you had a really busy clinic day today, and I'm really glad that you could come on and share this information. It's so powerful. And thank you again for the work that you're doing in the world.

**Dr. John Oertle** 38:15

Thank you, Dr. Jill. I appreciate it.

**Dr. Jill** 38:17

Hey, everybody, thanks for joining me for another episode of *Resiliency Radio* with Dr. Oertle. I hope you found the information on infections, toxins, and cancers as fascinating as I did.

Hey, be sure to subscribe. We've now reached over one-half a million subscribers, and that's thanks to you guys. This allows us to reach more people, get great guests for the show, and stay up to date on the latest in functional and integrative medicine. So please do subscribe, comment if you have questions or comments, and hit the bell so that you'll be notified of future episodes.

**Dr. Jill** 38:50

Also, if you've been around, you might have heard me mention that I'm doing a retreat this spring. I've been looking far and wide for the best place to take you to enjoy—on the oceanfront—luxurious time in Mexico. It's at SHA Wellness. And if you want more information, we have two groups—five-day retreats—one beginning April 26th and another beginning April 30th. So I hope that you can join me for one of those. There are very limited spots. So if you are interested, you're going to want to sign up as soon as possible to secure your spot. I'll probably be doing this again in the fall. So you can always sign up to get notified if you want to know about those dates in the fall if this one doesn't work for you.

As you guys know, there are new episodes coming out every week. You can find us on iTunes, Spotify, Stitcher, or YouTube. And I look forward to seeing you again next week for another great episode.