# “Cancer Scams: Don’t Get Taken” (Bapcha Murty) [#94]

Brad Power
April 24, 2024

*“I've been admitting cancer survivors and supporters into a Facebook group for the last 16 plus years. We have about 60,000 members. We are one of very few scientifically sound groups… Most of our time is spent kicking out people who want to promote scams and fake science.”* – Bapcha Murty

*“The first question to ask the promoter, or ask yourself, is: ‘does this cure all cancers?’ … Cancer is a collection of over 300 different diseases. It can manifest in different ways. It's controlled by different mutations. There will never ever be one cure for all cancers. That's a very good red flag. Second one: if it's too good to be true, it probably is.”* – Bapcha Murty

**Meeting Summary**

When you or someone you care about is diagnosed with cancer, people will descend on you with ideas on what to do. If you’ve been given a terminal cancer diagnosis, those are devastating words to hear. You may experience fear, anxiety, and uncertainty. You may be desperate for a cure, or dissatisfied with the standard treatments. If you hear about a clinical trial that is offering the promise of a potential cure, or an alternative medical clinic overseas that has cured patients like you, you may want to channel some of your emotions into this hope and some certainty.

***How do you distinguish between scams and valuable treatments in evaluating your options?***

A cancer scam is usually defined as tricking vulnerable cancer patients or caregivers with a phony promise of a miracle treatment. While it may be hard to believe, there are scammers who hawk unproven and sometimes even harmful products to cancer patients. Cancer patients and caregivers are particularly susceptible to misinformation, disinformation, and unscrupulous actors who can take advantage of your fear and uncertainty. You need to defend yourself by relying on scientific evidence from trustworthy sources when evaluating options for your cancer treatment.

But, there are also some hidden gems in those non-standard treatments, and who is deciding what qualifies as a scam can lead to dramatically opposing characterizations. For example, some people consider standard therapies like chemotherapy a scam, as it is easily prescribed by providers in the standard of care to almost every advanced cancer patient without much consideration of whether it will work for them. It is usually administered at the maximum tolerated dose, even though it is incredibly toxic to the patients. It is a cash cow for the pharmaceutical companies and oncologists.

What qualifies as a scam (or a valuable treatment) can depend on your mindset. There are three valid mindsets you can use when evaluating therapies:

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1. **Natural**: leaning into combinations of non-standard integrative, naturopathic, and metabolic approaches
2. **Complementary**: looking for adjuvant therapies to enhance your primary treatments
3. **Medical evidence**: relying only on evidence from randomized clinical trials

For this discussion, we focus on the complementary and medical evidence mindsets. In a companion discussion with Nasha Winters, we focus on the natural and complementary mindsets.

***What are examples of scams?***

Consider the case of Roger Royse, who fell for a peptide scam that charged him a lot of money. It was too good to be true, but he wanted to believe in it. He talked to them right after his oncologist had told him he was going to die from cancer. He had no hope. He was swinging for the fences. When he got the report, he sent it to three oncologists. They all said it was garbage. One of them laughed out loud. After that feedback, he did the diligence he should have done and found out that the company doesn't have a real address, their main expert has a Doctor of Divinity from some school in Chicago no one has ever heard of, and all of their phone numbers go to Bangladesh.

Bapcha Murty, the founder and manager of a large Facebook group, CSndS (Cancer Survivors and Supporters) with 60,000 members, has seen many scams, and has adopted rules to protect survivors and supporters. For example, he had to develop a long list of cures that would get someone kicked out of the group. Can you guess the #1 scam "cure" for all cancers that Bapcha has had to take down? Water.

***When should you be skeptical about claims for a treatment?***

- If the promoter calls it “a cure”. That’s probably hype. The better term is a “durable response”.
- If the promoter says it cures all cancers. There will probably never be one cure for all cancers.
- If the promoter says you can skip all your standard therapies and rely on this one alternative treatment. Therapies work better in combinations. (You need to understand if and how they work together.)
- If the treatment could have been commercialized and made generally available through normal channels, it would have been. You should assume that the profit incentive will bring viable treatments to the broad market, and you need a solid argument for why it’s being held back.
- If the promoter says the treatment is “FDA approved”, make sure it is not just “FDA Generally Regarded as Safe”, which means it won’t kill you.

***When should you trust an information source?***

- If the promoter can cite published medical literature to back up their claims – the gold standard is a positive phase 3 study. (You need to be able to read and critically evaluate the published literature.)

***What are some treatments that you should be very skeptical about if your evaluation criteria are medical evidence?***

- Water, including alkaline water, holy water, and structurally altered water
- Supplements, including “stem cells” (cells from stems of bushes) and deer placenta (dead cells)
- Teas, including barley, dandelion, soursop (Graviola), and the BX protocol
- Diets, including alkaline, Budwig, and detox
- Devices, including Rife machines and EMF blockers
- Procedures, including coffee enemas and ozone therapy

***What are some examples of complementary treatments that work in some cases and you should consider if you fit those situations?***

- Hyperbaric oxygen therapy is well studied and works very well with chemotherapy and radiation therapy. One study showed it worked on its own, but it should be considered as a complementary therapy. Most treatments rely on oxygen to work better and hyperbaric shoves oxygen into the cells.
- Mushrooms have good evidence (beta glucans, cordyceps, reishi) as a complementary therapy.
- Mistletoe has evidence from studies in combination with chemotherapy and for quality of life.

***How can you know whether to trust non-standard treatments or sources of information?***

Evaluating medical treatments is not easy. On the one hand you have a lot of “noise” – promoters of cures for your disease which lack standard scientific evidence. On the other hand there may be some “signal” in that noise – evidence-based solutions that don’t get the attention they deserve because they don’t fit easily into our regulatory and scientific evidence system of randomized clinical trials.

Is there a middle ground between a randomized clinical trial being the only source of evidence vs. overestimating anecdotal or selective evidence from small numbers of patients? The keys to separating “the wheat from the chaff” include:

- **Explicitly quantify the confidence in a treatment.** With a confidence measure you’ll be much better able to discriminate among competing hypotheses. To the extent possible, you should gather scientific evidence – a “burden of proof” – to determine whether the treatment is likely to be effective. The gold standard is a phase 3 clinical trial, but some effective drugs skipped this stage and some randomized clinical trials, e.g., for nutrition, are hard to justify and fund. What are the information sources supporting this treatment? Wherever possible you should find an independent confirmation of the evidence. You also need to weigh the confidence in the treatment with your situation. For example, if your risk level is high, and you don't have a lot of options, you might consider a lower confidence in a treatment. You have to be wary, and the less proof there is, the warrier you should be, but low confidence does not

necessarily mean that a treatment won't work. (You have to be willing and able to do your own research on the cited information sources.)

- **Be clear about the specific situations and conditions in which a treatment has been shown to be effective (not generalizing).** Non-standard treatments may not stand on their own in all cases, but they may have been found to be effective in a complementary role in specific situations. (You have to be willing to accept complexity and nuance.)
- **Test frequently**. If you have time, view every treatment as a small reversible experiment that you are running. Have more than one hypothesis. If there’s something to be explained, think of all the different ways in which it could be explained. Then think of tests by which you might systematically disprove each of the alternatives. Try not to get overly attached to a hypothesis just because it’s yours. See if you can find reasons for rejecting it. Ask whether the hypothesis can be falsified. Propositions that are untestable and unfalsifiable are not worth much. (You have to be willing to let go of your hypothesis in the face of evidence.)
- **Encourage substantive debate on the evidence by knowledgeable proponents of all points of view.** Experts have made mistakes in the past. They will do so again in the future. There is a built-in confirmation bias in the treatment evaluation system: it’s easy to find positive studies in cell lines and animal models, but hard to find negative studies. (You have to be humble and encourage ongoing debate.)

***How can you learn more about evaluating complementary treatments?***

- Read or view our discussions with Mark Taylor and Gabriele Gavazzi, and Nasha Winters on complementary therapies and the evidence they have gathered
- Research complementary therapies, like Turkey Tail and Reishi mushrooms, as complementary therapies

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**Meeting Notes**

## KEYWORDS

work, commercialized, studies, cancer, deuterium, called, scam, evidence, water, confirmation bias, heard, agree, sell, good, fda, mushroom, phase, peptides, cure, treatments

## SPEAKERS

Bapcha Murty (48%), Rick Davis (16%), Brad Power (12%), Richard Anders (11%), Allen Morris (5%), Roger Royse (5%), Jeff Dwyer (4%)

## SUMMARY

Roger Royse and Bapcha Murty discussed unproven and fraudulent cancer treatments, emphasizing the importance of seeking evidence-based treatments from reputable sources. Bapcha shared personal experiences and examples of companies selling unproven products, while Roger Royse shared his own experience of falling for a peptide scam. Bapcha discussed the importance of relying on scientific evidence when evaluating alternative cancer treatments, including skepticism towards hydrogen water and Reishi Mushrooms. Richard Anders highlighted the challenges of evaluating medical treatments. The conversation emphasized the need for critical evaluation and evidence-based solutions in the face of unproven cancer treatments.

## OUTLINE

### Cancer scams and how to avoid them.

- Brad Power introduces the Cancer Patient Lab as a patient-led learning community, and requests donations.
- Bapcha Murty shares his experience with cancer and launching a scientifically sound support group.

### Cancer treatment scams and unproven remedies.

- Bapcha discusses various water scams marketed to cancer patients, including alkaline water, holy water, structurally altered water, and hydrogen water.
- He reveals other health scams and unproven treatments, including stem cell supplements, deer placenta, herbs, and supplements.
- He discusses unproven cancer treatments in Mexico, including coffee enemas, rife machines, EMF blockers, hyperbaric oxygen therapy, ozone therapy, IV vitamin C, coli stops, and stem cells.
- He discusses alternative cancer treatments, warning of scams and misinformation.
- He discusses marijuana's potential to treat cancer.

### Evidence-based complementary cancer treatments, including mushroom teas and hyperbaric oxygen therapy.

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- Rick Davis mentions evidence for mushroom teas like Versicolor and Turkey Tail for some cancers, and hyperbaric therapy for radiation damage.
- Bapcha dismisses hydrogen water as unscientific, while considering potential benefits of reishi mushrooms for cancer patients.
- Rick Davis emphasizes the complementary nature of alternative therapies, such as mushroom tea, while acknowledging limited evidence for their effectiveness.

## Mushroom therapy for cancer, with a focus on phase 3 studies.

- Rick Davis mentions the difficulty of conducting phase 3 gold standard studies for nutrition and suggests consulting an integrative medicine oncologist for more information.
- Rick and Bapcha discuss the evidence for Turkey Tail's cancer-fighting properties, with Rick expressing skepticism about the reliability of the available research.
- Rick acknowledges the potential benefits of complementary medicine but also recognizes the limitations of confirmation bias.
- Brad Power mentions that Nasha Winters, an integrative oncology expert, will be speaking about valuable treatments, including some raised by Roger.

## Vitamin C and peptides, with skepticism towards commercialized treatments.

- Bapcha doubts the effectiveness of high-dose vitamin C treatment.
- Roger Royse fell for a peptide company that provided false test results and had no legitimate address or credentials.

## Potential cancer treatment using peptides and estrogen patches, with concerns about FDA approval and legal issues.

- Bapcha expresses skepticism about transdermal estrogen use in prostate cancer due to FDA restrictions.
- Richard Anders highlights the complexity of medical terminology and its potential for misinterpretation.

## Drug development and the importance of evidence.

- Richard Anders argues that phase 3 trials are not always necessary for drug approval, citing examples of effective drugs that skipped this stage.
- He also notes that p-values are not always a reliable measure of drug effectiveness, as some drugs may be effective but fail to meet strict statistical thresholds.
- He highlights the challenges of assessing the effectiveness of treatments, particularly when there is limited evidence or IP protection.
- Bapcha discusses the potential dangers of deuterated water, raising questions about the validity of arguments against other alternative treatments.
- Richard and Bapcha discuss the potential dangers of deuterium, a heavy isotope of hydrogen, and the need for scientific evidence to support claims about its effects.
- Bapcha shares his personal experience with cancer and their awareness of the limitations of scientific knowledge, while also expressing gratitude for the discussion.

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## TRANSCRIPT

Brad Power
This is the Cancer Patient Lab.

This is for informational purposes only. This is not medical advice. Our goal is to give people information that they can take to their medical team.

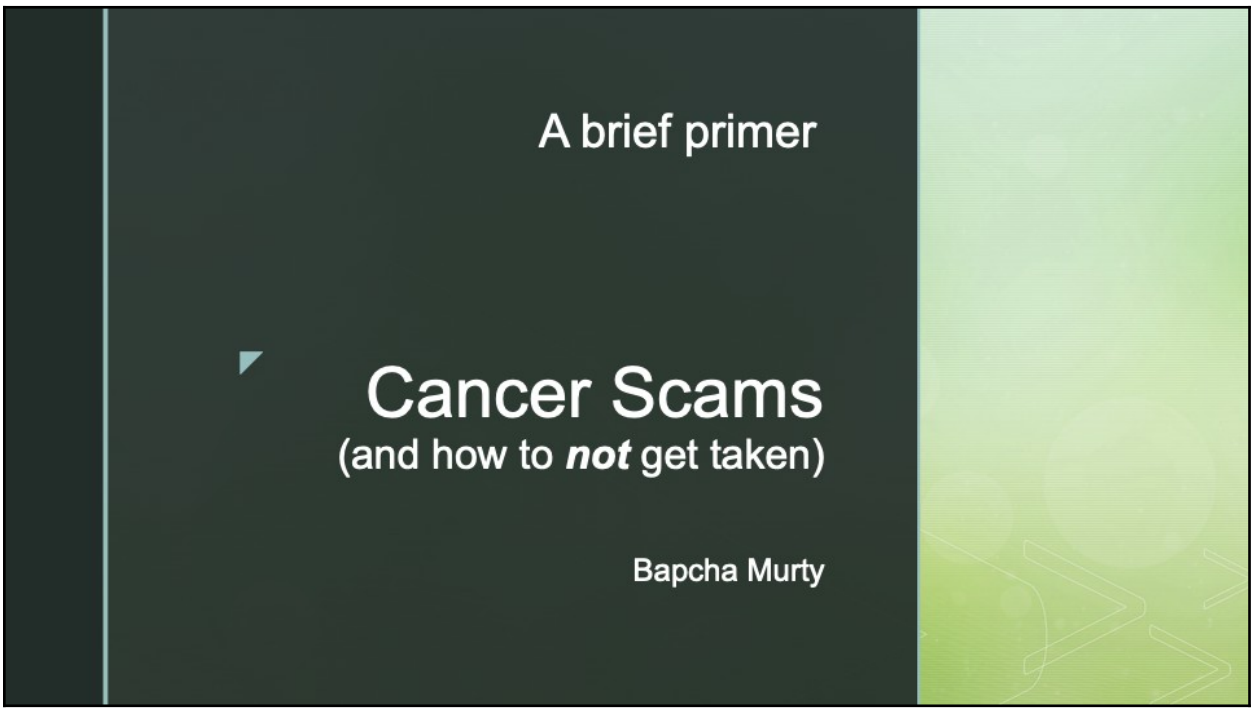
The Cancer Patient Lab is a patient-led learning community. We depend on the kindness of friends, so please donate.

Bapcha Murty was introduced to me by Vanessa Liu. Vanessa had a discussion with our community in one of our previous sessions. She's developing an app for navigation using AI.

You live in the Bay Area?

Bapcha Murty 1:37
Yes. I'm in Santa Cruz.

Brad Power 1:40
Bapcha is going to be talking about a group that he set up on Facebook. He has been looking at scams and filtering out the charlatans from the valuable ideas. Where's the signal in all that noise?




Bapcha Murty 4:00

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This is a very brief primer.

I was trained as a chip design engineer, and I worked in the industry for about 27 years. And then I quit. I sell spices on the side for the fun of it. It's like a hobby business.

The reason I'm presenting this is because I've been admitting cancer survivors and supporters into a Facebook group for the last 16 plus years. The last slide has a plug for my group. We have about 60,000 members. We are one of very few scientifically sound groups, and these are some of the scams that I've come across in the last 15 years. There's a slide on how to not get taken also.

Brad Power 5:04
You're a lymphoma survivor?

Bapcha Murty 5:11
I had stage 3b Hodgkin's lymphoma the first time I was diagnosed in 1995. I relapsed once in 2007. I've been in remission since 2007. It was stage 1b in 2007. I've been lucky because I've been in remission for a long time.

Brad Power 5:43
What inspired you to launch the community that you launched?

Bapcha Murty 5:47
The community was launched in 2006/2007, by a lady called Christine Turlock and I. We were both going through treatment back then. We wanted a group that was scientifically sound, and we were in some ways ahead of the pack. There are three admins in the group. Most of our time is spent kicking out people who want to promote scams and fake science. I will not go over too much of the fake science, because this is more focused on scams.

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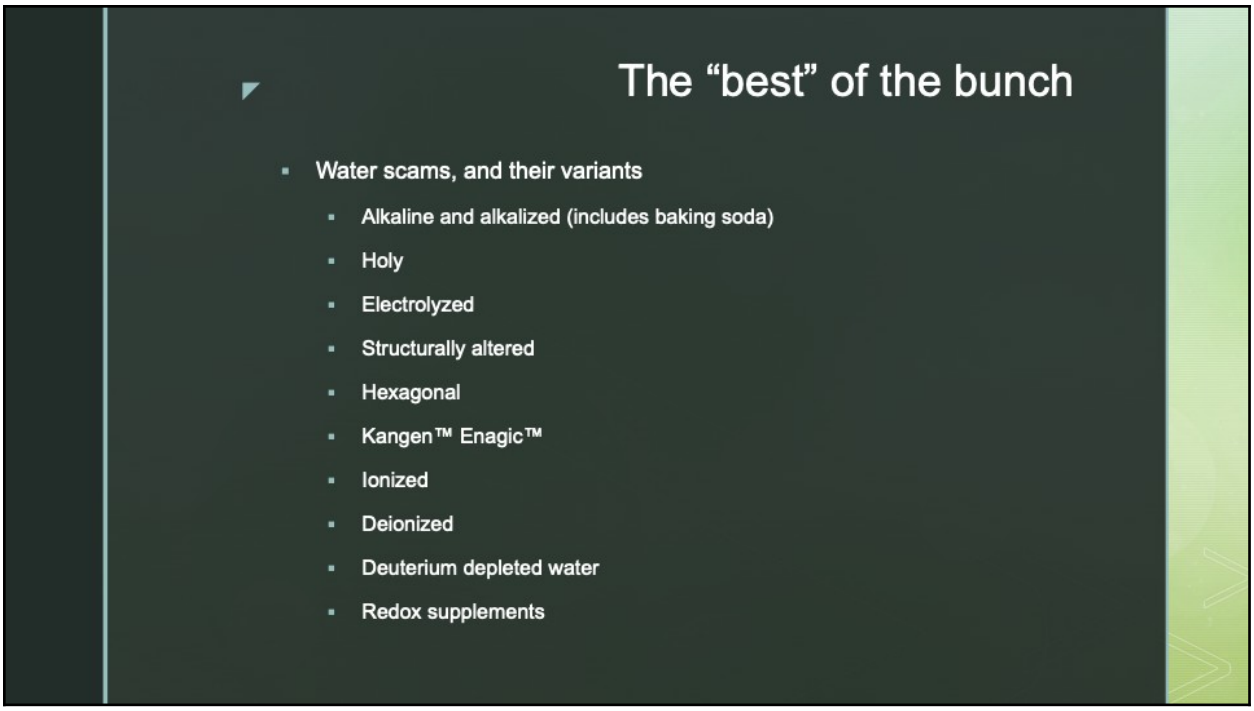


These are the best scams of the bunch. Some of the easiest things to sell to cancer patients are water scams and their variants. If you sell water or variants of water, you're never going to get caught, never going to go to jail. So these are the biggest scams. Among water scams, there are many. First is alkaline water and alkalized water, including baking soda that is sold as a cure for cancer. The origin of the story comes from the 1930s. It's the Warburg effect. I will not go over that now. But that's the origin story. Holy Water, we've all heard of holy water from Lourdes curing all kinds of diseases. And then electrolytes. This is interesting. You put a current through water and guess what happens to water? Water stays water. There are many devices sold for electrolyzing water. The claims are absolutely unscientific. It’s the same thing with structurally-altered water. When you pass a current through water, the claim is that the water becomes hexagonal. Yes, if you freeze it, and it becomes snow, it does become hexagonal. Some sarcasm there. Then Kangen Enagic. That's a business out of Japan that sells these machines that structurally alter water. They cost many 1000s of dollars. Don't even look at them. Ionized water is a variant on the same theme. Deionized water is a variant on the same theme. Then deuterium-depleted water. This is interesting because if you actually substitute deuterium – about 66% of the human body's water – you would die of symptoms similar to radiation poisoning. Deuterium is naturally present in water in about one part in a 1000, or one part in 1200, if I recall correctly. Heavy water in other words. The bottom line is you're selling water to cancer patients for $40 a liter and making money.

Roger Royse 9:25
Is this the same as hydrogen water I've been hearing a lot about?

Bapcha Murty 9:31

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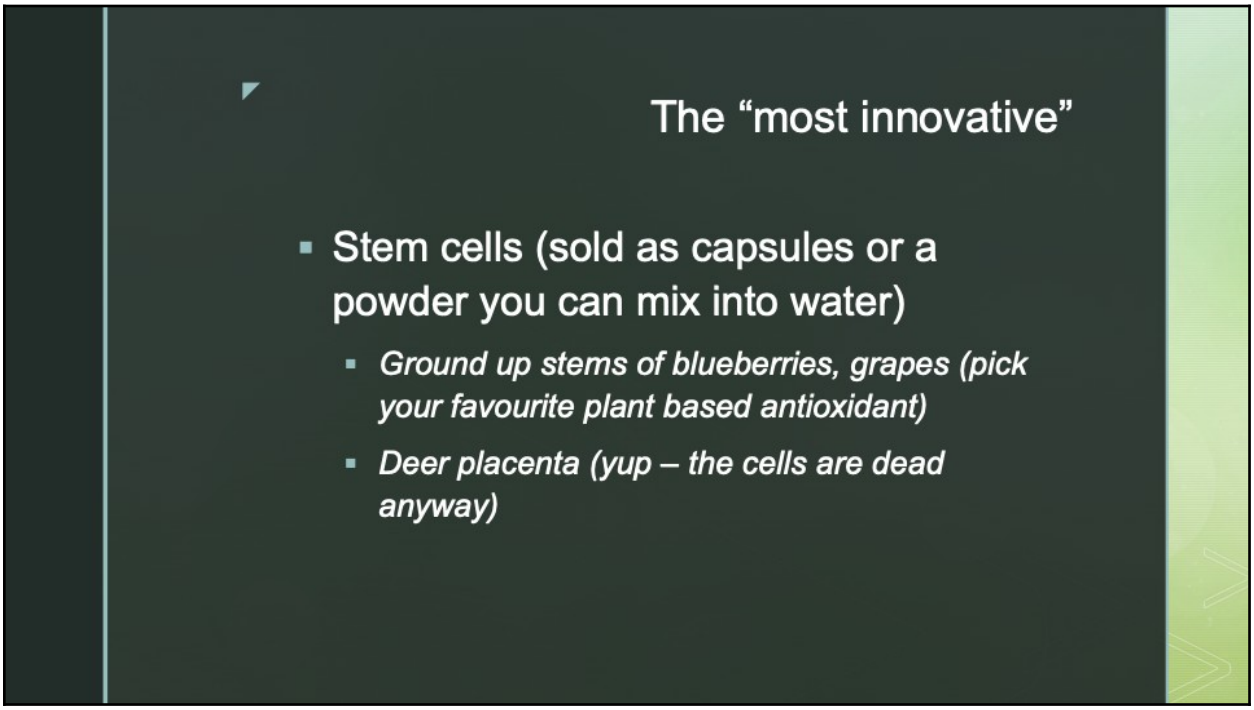
Yes. They are all variants on the same theme. Naturally there is some hydrogen in water as an ion, but it disappears very quickly and recombines with oxygen. Enagic Kangen is one of them who claims to sell hydrogenated water, so I guess I did not include that term in the list. But yes, it's a scam.

Redox supplements are interesting. If you have sodium chloride in water, it's going to oxidize, because one part of it will give up an electron, another part of it will take up another electron. There's a company called Ossia that sells a liter of 6% sodium chloride for about $50 a bottle. It's a multilevel marketing scheme too.




The next set of scams – I call them the “most innovative” because they’re very devious. Most of them have commentary on stem cells. We know about stem cells. They can be powerful. They can potentially change things in our body. But these are actually stems of blueberries and grapes and any other favorite plant of yours ground up and put into a pill and sold to cancer patients. A Malaysian company came up with it. They are deviously innovative.

Then there's deer placenta. Yes, the cells are dead, so don't take them. Fortunately, it's orally ingested, so it won't kill anybody paying a lot of money. None of the people in this group should get placental cells.

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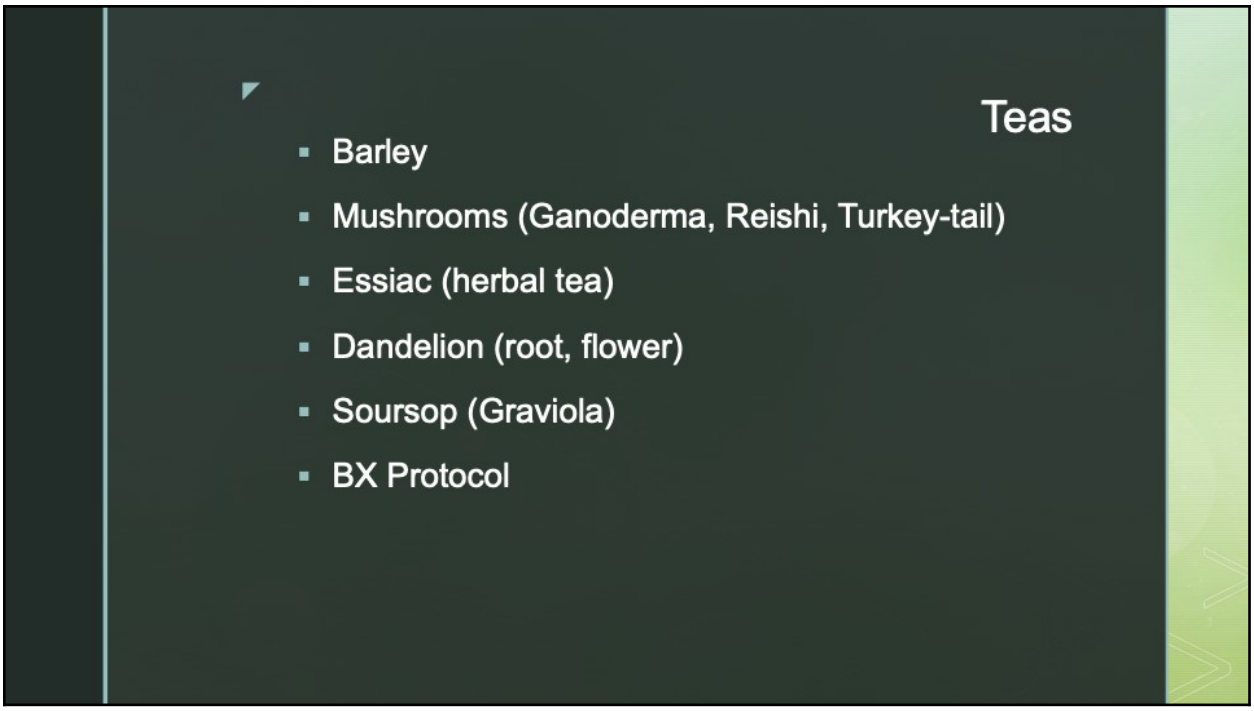


The next bunch of stuff are teas. This is what got me into rooting out scams in my group. There was Essiac, promoted by a Canadian nurse called Renee Caisse, which is “Essiac” spelled backwards. She promoted a mix of about seven herbs that you boil in water and take like a shot every day. The bottom line is it doesn't work. I'll go into the reasons why things don't work. Then there's dandelion roots and flowers. I've talked to the researcher in Canada who investigated dandelion and its extracts as cancer medicine if you may. Then soursop Graviola. I'm not sure if you've heard of it. It's a complex tropical fruit. It looks pretty and tastes good. I like the taste of soursop. Then the BX protocol. This is something started by a doctor called Stanislaw Burzynski. He promotes a small tea supplement that is dissolved into water. They're all basically teas. None of them work. I will go into the reasons why they don't work.

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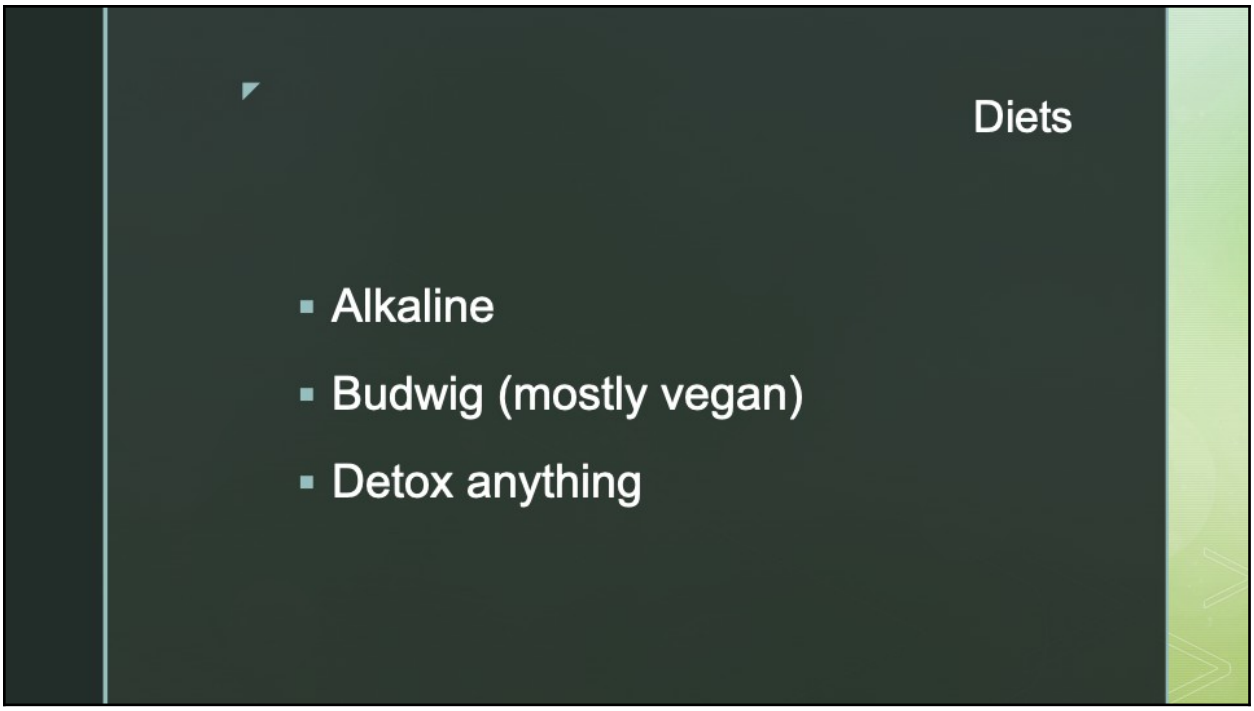
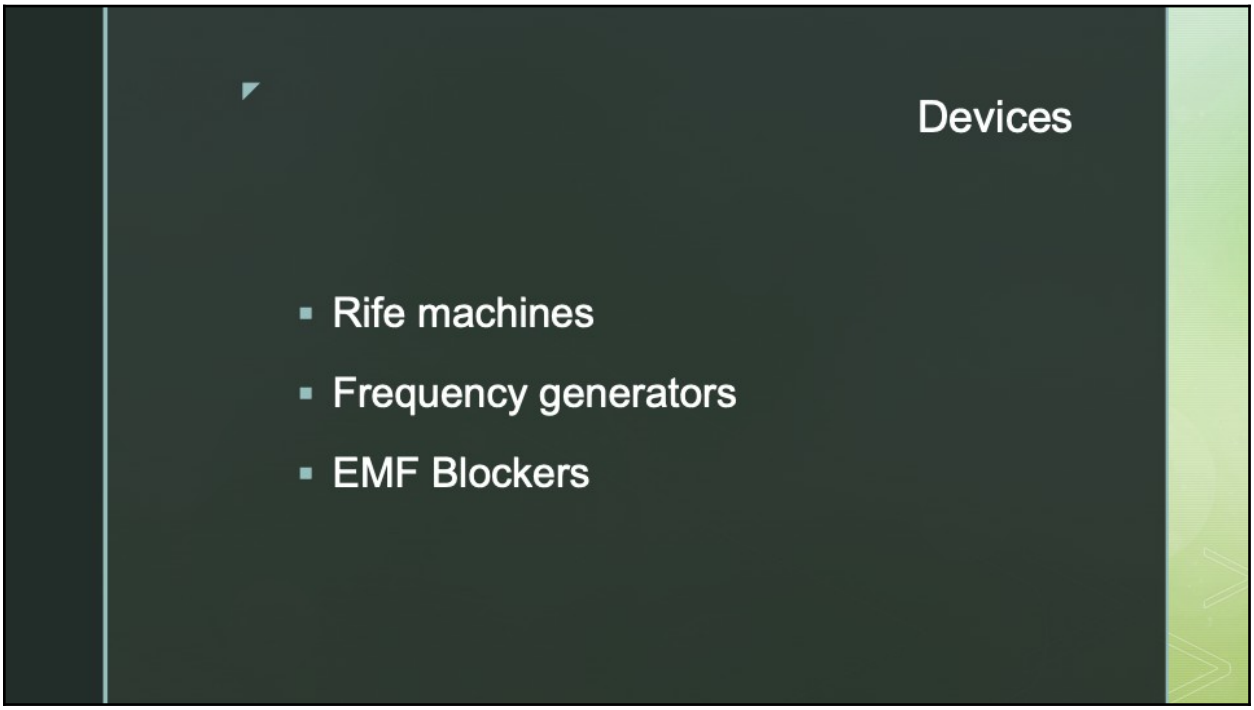
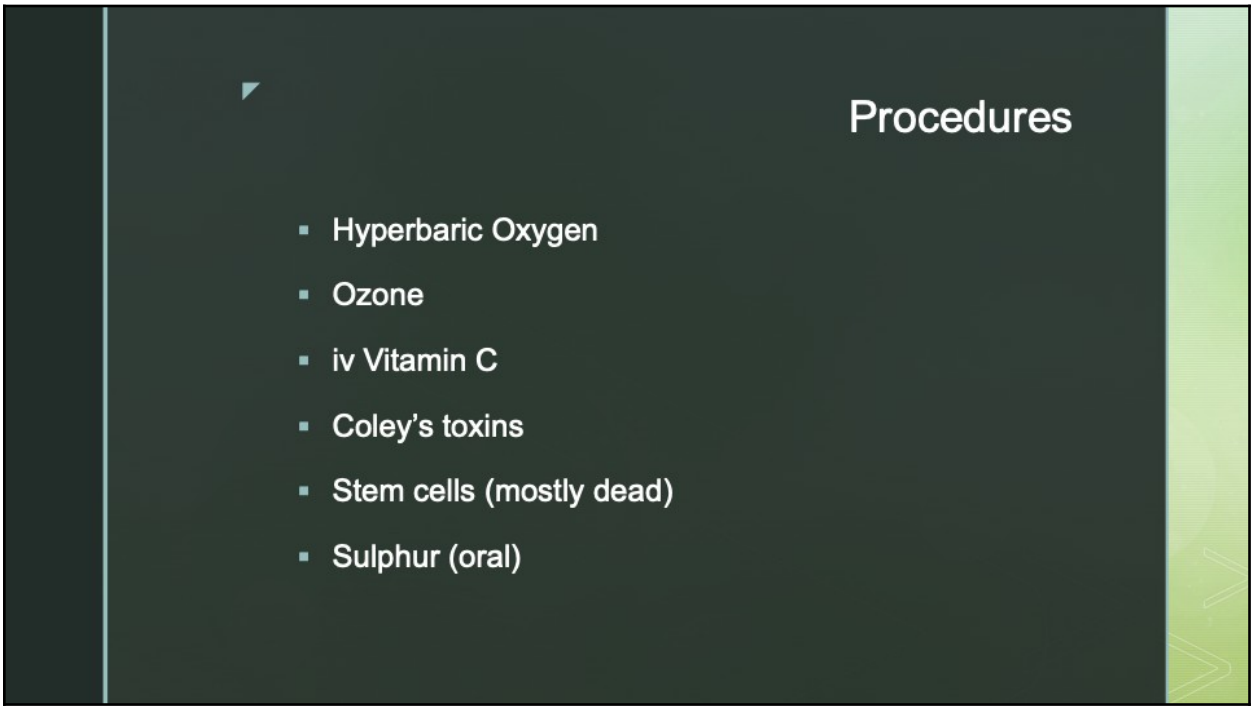



Then finally diets. There are alkaline diets – we went over alkaline water in the first bunch. The Budwig diet – there's somebody called Dr. Budwig, who invented a mostly vegan diet, macrobiotic. This is promoted by a lot of the clinics down in Mexico as a diet that will cure your cancer. Detox anything – we're talking about coffee enemas, or any detox supplements, I use “detox” as a code word for a scam. Because our skin, kidneys, and liver, these three organs do a pretty good job of detoxing us of anything we may ingest.



Then there are devices. Rife machines emit a frequency which is supposed to kill only cancer cells and leave the regular cells alone. Similar idea with frequency generators and then EMF blockers. We've all heard about how bad 5g is. A little bit of electrical engineering: most of what our phone uses is just a variation of frequency modulation. It's just an FM radio, but at a much higher frequency, five gigahertz, 20 gigahertz.




Then procedures. These are the ones that the clinics in Mexico sell. They are licensed as end of life care facilities. If anyone goes to a clinic in Mexico and dies, they have no legal consequences because they are licensed as End of Life care facilities. One famous person who died in one of the Mexican clinics was Steve McQueen. They do hyperbaric oxygen therapy. The bottom line is our O2 saturation level cannot go beyond 100%.

Ozone therapy is a little more complicated. What they do is something like out of a dialysis machine. There's an IV that takes out your blood, and then they bubble it up with oxygen and then reinject it back into you. I've known at least two people who went to Mexico who ended up with a stroke because they didn't use blood thinners when injecting the blood back into your body.

We briefly touched upon IV vitamin C with Brad in the morning. It's mostly expensive urine, as I call it.

Coley’s toxins is a concept once again from the 1920s, which did not work. Hence this is administered to people who want to get their cancers cured in Mexico.

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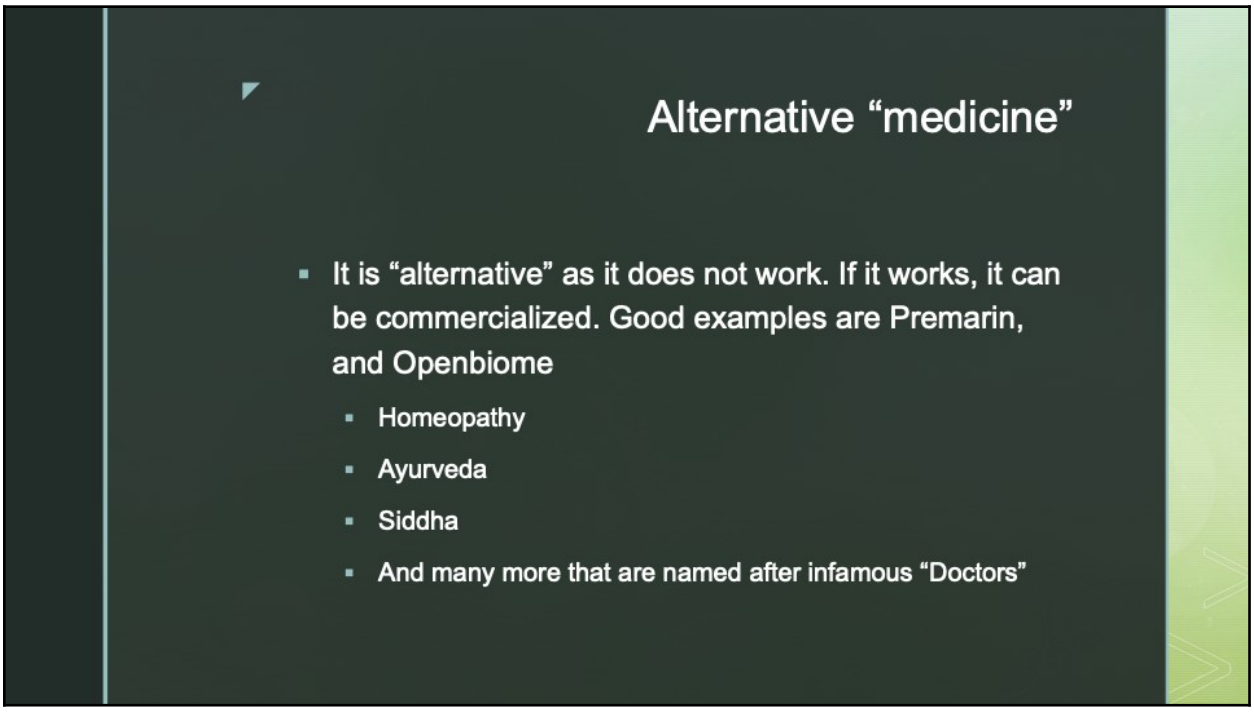
We touched upon stem cells, mostly deer placenta and ground up stems, so plants, already.

Oral sulfur is kind of new. It might work for some prostate cancers, but nothing has been proven yet.




This is my take on alternative medicines. It does not work. If anything works, it can be commercialized.

A good example is Premarin. It's a woman's hormone supplement. It's derived from the urine of pregnant mares.

Openbiome is a company out in Massachusetts. They do fecal implants for C diff.

If human waste can be commercialized, pretty much anything else can be.

Homeopathy, ayurveda, Siddha, and many more alternative medical procedures which are named after infamous doctors. I don't really want to go over the list right now.

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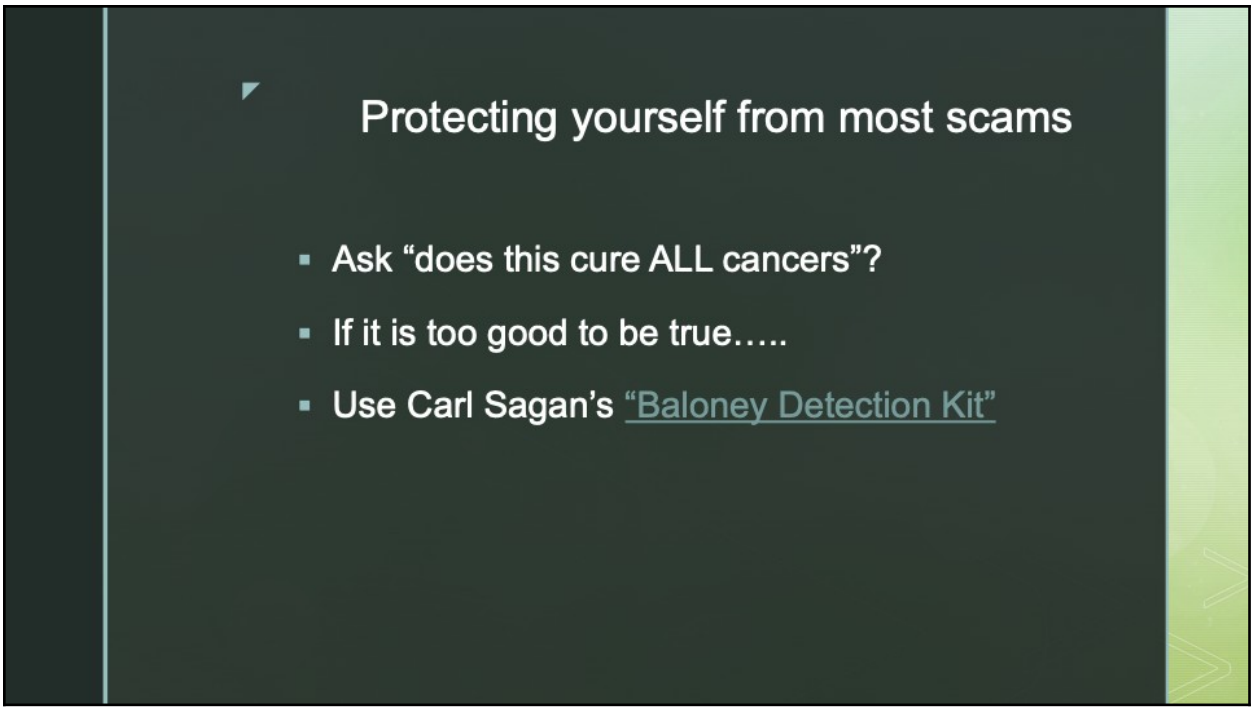



How do you protect yourself from those scams?

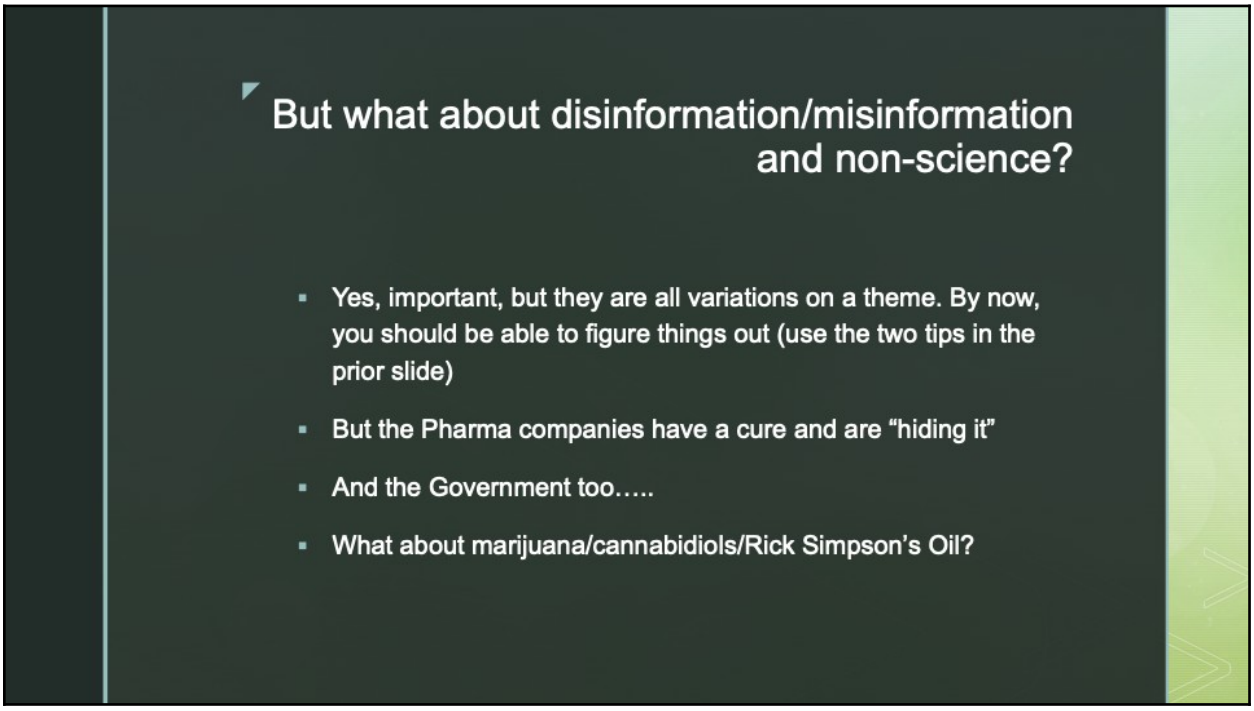
The first question to ask the promoter, or ask yourself is: “does this cure all cancers?” As we know in this forum, cancer is a collection of over 300 different diseases. It can manifest in different ways. It's controlled by different mutations. There will never ever be one cure for all cancers. That's a very good red flag.

Second one: if it's too good to be true, it probably is.

Then use Carl Sagan baloney detection kit. We can talk about it later after I finish up.

> *1. Wherever possible there must be independent confirmation of the “facts”.*
> *2. Encourage substantive debate on the evidence by knowledgeable proponents of all points of view.*
> *3. Arguments from authority carry little weight — “authorities” have made mistakes in the past. They will do so again in the future. Perhaps a better way to say it is that in science there are no authorities; at most, there are experts.*
> *4. Spin more than one hypothesis. If there’s something to be explained, think of all the different ways in which it could be explained. Then think of tests by which you might systematically disprove each of the alternatives. What survives, the hypothesis that resists disproof in this Darwinian selection among “multiple working hypotheses,” has a much better chance of being the right answer than if you had simply run with the first idea that caught your fancy.*
> *5. Try not to get overly attached to a hypothesis just because it’s yours. It’s only a way station in the pursuit of knowledge. Ask yourself why you like the idea. Compare it fairly with the alternatives. See if you can find reasons for rejecting it. If you don’t, others will.*
> *6. Quantify. If whatever it is you’re explaining has some measure, some numerical quantity attached to it, you’ll be much better able to discriminate among competing hypotheses. What is*

> *vague and qualitative is open to many explanations. Of course there are truths to be sought in the many qualitative issues we are obliged to confront, but finding them is more challenging.*
> *7. If there’s a chain of argument, every link in the chain must work (including the premise) — not just most of them.*
> *8. Occam’s Razor. This convenient rule-of-thumb urges us when faced with two hypotheses that explain the data equally well to choose the simpler.*
> *9. Always ask whether the hypothesis can be, at least in principle, falsified. Propositions that are untestable, unfalsifiable are not worth much. Consider the grand idea that our Universe and everything in it is just an elementary particle — an electron, say — in a much bigger Cosmos. But if we can never acquire information from outside our Universe, is not the idea incapable of disproof? You must be able to check assertions out. Inveterate skeptics must be given the chance to follow your reasoning, to duplicate your experiments and see if they get the same result.*

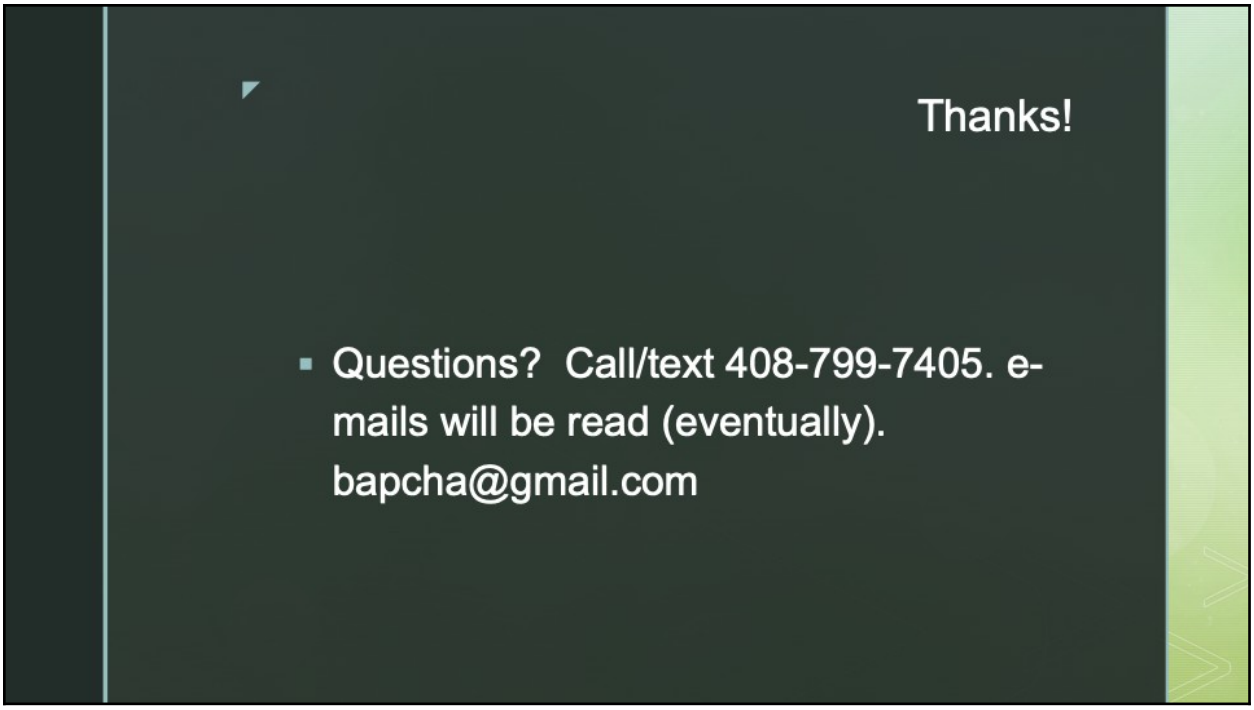



What about misinformation, disinformation and non-science? They are important, but they're all variations on a theme. By now using the previous slide you should be able to figure things out.

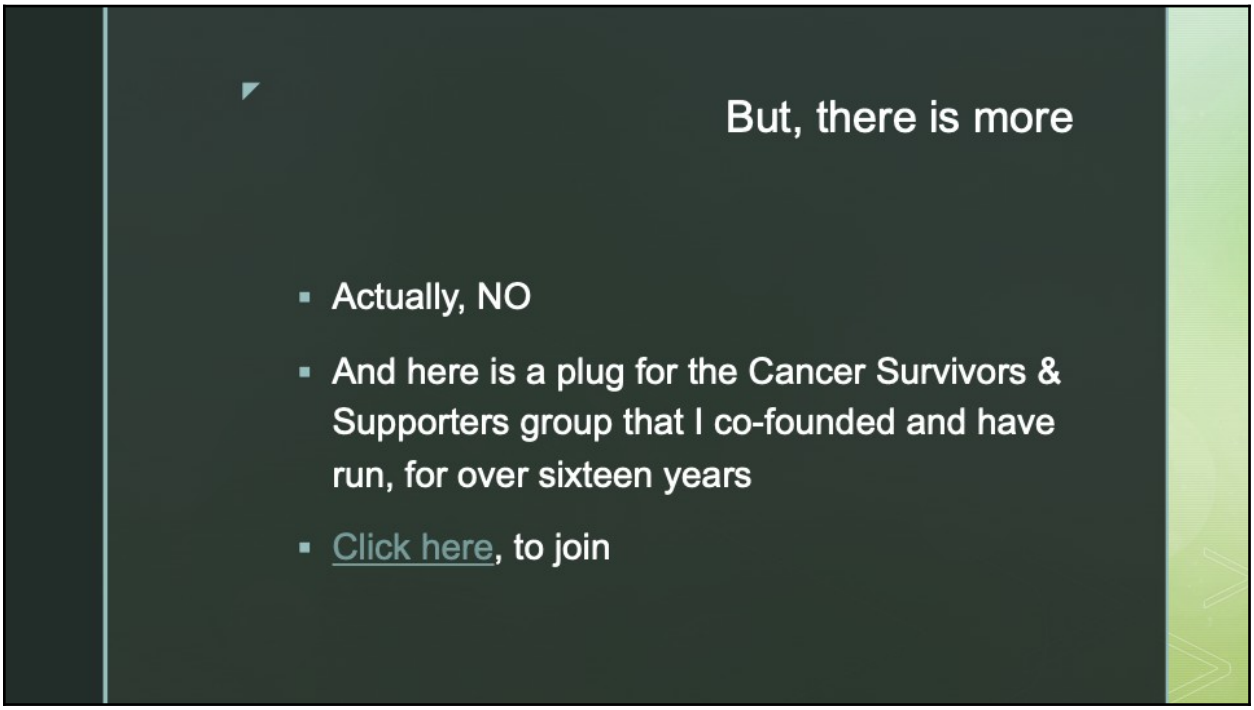
But the pharma companies have a cure, and they're hiding it. No, that's not true. Same thing with the government.

This is new. It's not new. It's been around for some time that marijuana creates cancer. Anyone here know when marijuana was approved? It's a synthetic form of THC which is prescribed for antiemesis (a medication used to treat nausea and vomiting). Anyone here know? It was 1985. So the marijuana peddlers who claim that the FDA will not approve anything marijuana-based

are wrong. Recently Epidiolex was approved for certain seizures, which is a CBD oil version of a marijuana derivative.




Bapcha Murty 19:34
If you have any questions, please feel free to ask me. Here's my phone number and email address.



**“Cancer Scams: Don’t Get Taken” (Bapcha Murty) [#94]**

This is a plug for the Cancer Survivors & Supporters group that I co-founded and have run for about 16 years. When I first met Brad there were 59,000 members. There are about 61,000 now, so 2000 added over the last three or four months. You can go to the Facebook site at https://www.facebook.com/groups/CSndS/, and you can hit the “join” button. If your Facebook account is over a year old, you'll automatically let in.

Rick Davis 21:12
I can raise two issues.

There's certainly evidence for some of the mushroom teas, versicolor and turkey tail. Not for all cancers. But you can go to the Memorial Sloan Kettering site. There are references. At UCSF, Donald Abrams. There's good and solid evidence that some of the mushroom teas are and can be effective.

There's also very good evidence for hyperbaric. Maybe not for everybody, but there is evidence, and we have men in AnCan with serious radiation damage to their bladder and the rectum who benefit from a series of 40 hyperbaric treatments.

I absolutely agree with you on alternative medicine. There is no place for alternative medicine. There is a significant role for complementary medicine. Some of the treatments that you have referenced, we at AnCan would consider to be reasonable complementary treatments that would be prescribed by the integrative medicine department at centers of excellence.

Bapcha Murty 22:56
Fair enough. Noted on both the mushrooms and hyperbaric therapy. Yes. I agree with you. The presentation that I shared was from the perspective of somebody administering a very large Facebook group that is constantly bombarded with information. There can be one or two uses for both hyperbaric oxygen therapy and Reishi Mushrooms. I agree with you there. There are other things also on the list which could be complementary, like you shared, but in general, if somebody is trying to sell you this as a cure for all cancers, it's a scam. I hope you understand the perspective that I'm coming from. I agree with you on limited uses of these therapies.

Rick Davis 23:55
I agree with you, but we can't go out to an educated audience, like this group. When you have 60,000 members, I guess you have to have some rules, but the problem is: people come to us and they say, “Bapcha just said this is a scam.” We're faced with having to provide solid research from strong accredited researchers as to why it isn't. Frankly, we would agree that a lot of this is a scam. I'm not sure about the waters. I've heard so much about the water. I don't know if any of them are good. If I come from you, they're all bad. I don't know. But the problem is it hurts your credibility, and it makes it more difficult for us as advocates to separate the wheat from the chaff.

Bapcha Murty 25:04

Fair enough. Let me think about it a little bit more. Like I shared with you, I don't see how anything water-related can help cure any kind of cancer or even alleviate symptoms of any kind of cancer. Hydrogen stays in a dissolved state in water for less than a nanosecond. That's something that you can look up. I can dismiss hydrogen water right off the top because it is definitely not based on science. With reishi mushrooms, more testing is necessary to see where it can help patients in specific forms of cancers.

Rick Davis 25:58
Not just reishi. There's good evidence for turkey tail and versicolor. Go to the Memorial Sloan Kettering website on herbs and what have you, or follow this link that will take you to all of the various herbs. They indicate what is good, what isn't good, why, side effects, etc. Plow through that with respect to all of the substances that you're concerned about. There is some good evidence on several different types of mushrooms.

Bapcha Murty 26:46
As an adjuvant, I agree with you. It's the point at which some people discard their standard therapy for reishi mushrooms, or Turkey Tail tea, that's where I draw the line.

Rick Davis 27:04
That's why I say it is complementary. It's never alternative. That's the difference. We don't suggest that anybody abandon their western medicine for any of these, but we do suggest that maybe some of them can make a difference in treatment.

Bapcha Murty 27:35
I agree with you on that. But I am sticking to my scam line at least for hydrogen water, because it cannot last for that long in its elemental state as part of water.

Brad Power 27:56
There's a tension between evidence-based complementary therapies and overhyping some things as cancer cures.

Allen Morris 28:21
My question is mainly directed toward Rick concerning mushrooms. In clinical medicine, the proof is in the pudding, and another way to state that is a positive phase 3 study. I tried to hit the link that you showed to figure out what exactly Turkey Tail does.

Are there any phase 3 studies that show Turkey Tail is better than some standard of care? And for that matter, any other mushroom study?

Rick Davis 29:16
I don't know if there are phase 3 studies. I'd have to do the research. The link takes you to the Memorial Sloan Kettering site on coriolus versicolor (a mushroom).

**“Cancer Scams: Don’t Get Taken” (Bapcha Murty) [#94]**

Phase 3 gold standard studies for nutrition are very hard to run. A discussion like this should be had with an integrative medicine oncologist, who is going to do a much better job than I can. I would be happy to provide you with whatever evidence I have. I have the Memorial Sloan Kettering. Donald Abrams did a study. He is, by the way, the chief oncologist at San Francisco General, and he's also the head of the Osher Center for Integrative Oncology at UCSF. He has conducted studies, but I can't I can't quote you chapter and verse.

Allen Morris 30:43
I have the Memorial Sloan Kettering Cancer Center site up, and I hit on the clinical summary for coriolus versicolor. The first thing it lists is a cell line study.

Rick Davis 31:07
There are several I'm looking at. There are a load of references, so you can go through them. Coriolus versicolor is Turkey Tail, by the way. Turkey tail is easy to find where Bapcha lives.

Allen Morris 31:26
Since there are no phase 3 positive studies, it's a shot in the dark based on positive cancer cell line and animal model studies.

Rick Davis 31:38
I don't admit. Because not every procedure has to be supported by a phase 3 study. Some types of treatments and drugs cannot be because you can't do a phase 3 study. So does that mean that you can't do a phase 3 study? We throw it out the window? Not for me. For you as a physician maybe. But I don't know. All I can tell you is that we feel that there is sufficient evidence. I would recommend that you read through this clinical study and follow all the online things. There are probably 10 references in there.

Allen Morris 32:35
You need to have a method to detect the negative studies, because it's easy to find positive cell line and animal model studies. But it's very difficult to find negative studies because they're buried in the literature.

Do you have a method for detecting negative studies?

Rick Davis 32:54
No, I don't have a method for detecting anything. I'm not smart enough. I talk to some of our braintrust, I ask them to take a look at it, and we come to a conclusion. I have certain people in my braintrust who are very much evidence-based, who don't really acknowledge any complementary medicine. I feel complementary medicine has its place. Whether it's CBD or mushrooms. Would I replace it with Western medicine? No, I'd never replace it. Do I think it can help make a difference? I absolutely do.

Allen Morris 33:45

## “Cancer Scams: Don’t Get Taken” (Bapcha Murty) [#94]

There is a concept that's bandied about in research science called confirmation bias. Confirmation bias is literally the devil of every human being that walks on the planet. We all have tremendous confirmation bias; it is called the ego. I'm referring to a psychology term. When you have an ego, as we all have, you have hard wired confirmation bias. That you don't have a method to find the negative studies means you don't have a counterbalance to all these animal model and cancer cell line (preclinical) studies.

[AM editorial: There is also the concept of survivor bias: a cognitive fallacy wherein you focus only on the survivors and you correlate what they anecdotally did with their survivorship. Same thing happens with stock picking or gambling, i.e. when you win you then think whatever your focus was on was the reason and you forget (psychiatric term: deny) whenever your stock picks go south. You then become a day trader and are convinced you did your research and you know better than the collective brain of the market including professional analysts].

Rick Davis 34:35
I must have a very big ego, and I probably have a huge confirmation bias. But I have seen certain of these treatments help people over time.

Brad Power 34:59
We're going to have Nasha Winters, who is an integrative oncology expert, who will be talking about some of those treatments that she's seeing value from.

Roger Royse 35:31
On high dose vitamin C: I've heard so many conflicting things about it. You put it up that they offer it in Mexico. Does it never work? Does it sometimes work? Is it just not being applied correctly? Are you really getting sugar water there when you think you're getting vitamin C? What's the deal with that?

Bapcha Murty 35:57
This goes back to my slide on how to not get taken. If it worked, it would have been commercialized. Horse pee has been commercialized. Human waste has been commercialized. Intravenous vitamin C has been known for over 70 or 75 years. It doesn't do anything. If it did something, somebody would have commercialized it, much like GW Pharma went ahead and commercialized CBD oil, Epidiolex. They became instant billionaires. It was for just one indication of seizures. Okay, I know it's not cancer. But if it did anything to any one of 300 different kinds of cancer, it would have been commercialized already. Because I sincerely believe that the profit motive is huge.

Brad just shared that he's on lenalidomide. It's not new. It's 70 plus years old. It's a thalidomide analog. Thalidomide created those babies with no arms and legs when pregnant women took it. If that can be commercialized, anything else can be.

For vitamin C, the bar for commercialization is pretty darn low. You can probably get seven grand a month if it worked for one cancer.

If you think about it that way, it's definitely a scam.

Roger Royse 37:27
It kind of has been commercialized. It cost me a lot of money when I got it, if that's what commercialization means. I don't know if it worked or not. I thought it might work, and “what the hell?” But I'm interested in your perspective.

I fell for a complete fraud of peptides from a company that charged me a lot of money. They were very clever in how they did it. They made me get a doctor to order the test. The doctor did what I asked, then stepped out of it. When I got the report from them, I sent it to three oncologists. They all said it was garbage. One of them laughed out loud. One of them said this can't possibly work. They say if it could, it would kill you. I don't want to say their name because this is public, but they're doing a lot of business. They've got a fancy website. I completely fell for it. Because it was like you said, it was too good to be true, and you want to believe. I talked to these people right after my oncologist told me I was going to die from cancer. There was no hope. I was just swinging for the fences. I did learn a little bit about diligence. After I got the report, I looked into it. It turns out, first of all, they didn't have a real address. Their address was a vacant lot in Dallas. Their main guy was Dr. So and So turned out to be a Doctor of Divinity from some school in Chicago no one had ever heard of. All of their phone numbers went to some line in Bangladesh. I should have known. That one's on me. It's my bad.

Have you heard about companies offering peptides? And what do you think about them?

Bapcha Murty 39:27
I'm sure they exist, but I've not researched them, or I don't know about them at this point in time. It all ties back into Allen Morris's desire for a phase 3 trial. That's exactly what I mean by: “if it works, it can be commercialized.” You have to go through phase 3 to commercialize it. If something worked even for one of these 300 plus different kinds of cancers, it will be commercialized. If you look at it from that perspective, these peptides are 70 plus years old. People have known about it all this while. It's unlikely that it works. It's possible that it works, and then you will become a multi-billionaire.

Jeffrey Dwyer 40:43
Have you had any discussions in your larger group about transdermal estrogen use in prostate cancer?

It is principally the transdermal estrogen gels or patches. It disappeared from the pharmacies and from prescriptions in the United States, probably in the 1960s and 1970s. It's used pretty extensively in other countries: England, Israel, Canada, but not in the United States.

I just wondered what you know, or what you've heard about it, for use for testosterone control?

Bapcha Murty 41:42

I don't know much about it. I don't think I'm educated enough to speak about that. I'm sorry.

But if the FDA doesn't allow it in the United States, then I would be concerned about it. I'm not putting 100% of my trust in the FDA, but they are pretty good.

Many of these companies that sell scam products use the word “FDA-approved” when it's actually FDA GRAS – generally regarded as safe. For example, the good the peptides that Roger was talking about is probably safe – GRAS – ingest as much of it as possible. It's not going to kill you. Many of these companies say “FDA-approved" when they actually mean “FDA GRAS”. It’s a terminology switch.

The estrogen patches would probably be GRAS. It wouldn't probably do much harm.

Jeffrey Dwyer 43:01
There's a complicated backstory of a litigation. I just wondered if you'd run into it. I've done a lot of reading in the background on this. It is used for testosterone control. It's very hard to get your standard of care oncologists to buy into it because of a lot of background legal problems.

Richard Anders 44:15
I admire Bapcha for attempting to deal with the very complicated problem of how not to get taken because it's incredibly difficult, even in things that people are deeply familiar with, like your mortgage, or whether your grandchild has been arrested and needs imminent bail money to get out of jail. In something as complex as medicine, it's really important to be very wary. There are a lot of strands and threads here that do not make this easy.

For example, I agree with Allen that phase 3 trials are a gold standard, but there are phase 3 drugs which don't work, and there are earlier stage drugs, which work just fine that haven't been through a phase 3 trial. A lot of the things that have gone on accelerated pathways may never have a phase 3. Only now the FDA is waking up to the necessity of a phase 3 trial on some of those. These things work, even in phase 2. Depending on the dose, they might even be working in a phase 1 trial. But no one knows that they really work because they haven't been through the “proof” of a phase 3 trial.

If you are trying to figure out what to do with your own life, and your risk level is reasonably high, and you don't have a lot of options, you might consider going down scale in terms of proof and taking a chance on something that might have some evidence. The evidence for whether a trial works is in some ways a reasonably arbitrary thing. What does a .05 p value mean? It means that 5% of the time the null hypothesis can be rejected. That's a pretty good bar, but some of the time, it's wrong. And some of the time, it's overly restrictive as well. There are drugs which didn't get to market maybe because the p value is 0.6, or 0.7, and they never got their clearance or their license.

Similarly, your example of drugs deservedly don't get commercialized, because if they were effective, they'd be commercialized, reminds me of the joke that I love about economists. An

economist is walking down the street with a friend, and the friend sees a $20 bill and is about to pick it up. And the economist says, “Why are you doing that? If it was a real $20 bill, it would already have been picked up.”

There are plenty of things which do not get commercialized for a variety of reasons. I saw an asset a number of years ago, that was based on trials that were well-run trials. I believe we didn't do full diligence on it. But it was for atorvastatin to be used in macular degeneration. There was strong evidence that it could work. But it was a very hard to bring to market because there was very little IP protection. There are a lot of reasons why various drugs at various stages might be effective, but don't get to market. It's very hard to assess this.

I admire you for making these lists. But I think it's really important, as Rick was saying, to let people know that you have to be very wary, and the less proof there is, the warrier you should be. But it does not necessarily mean that this stuff won't work.

Brad Power 47:57
I hope that some of you will make the same kind of challenges on the other side in our conversation with Nasha Winters. Ask her to tell us about the evidence. As patients we're trying to figure this stuff out. It's in a zone where there's some evidence that may be hyped, or there may be no evidence that is being hyped. But on the other side, there might be some signal in that noise.

Richard Anders 48:37
You were talking about water. I don't know that much about various waters. I'm not certainly disputing what you said, but you sort of make some upfront, scientific arguments on why this stuff couldn't work. Honestly, I was shocked to read after hearing the first few minutes of your talk that fully deuterated water might be dangerous. If that is true, then your argument that these whole water things can't work because there's not enough change to the water actually isn't entirely true. Certain effects that one might not think have any material bearing on stuff might actually have bearing. It makes it just makes the issue even harder.

Bapcha Murty 49:31
What I heard from you is the dose makes the poison. If you feed a person pure deuterium for two or three months, when their body becomes two-thirds deuterium, they'll die of radiation poisoning without any radiation.

Richard Anders 49:50
But it's not just that, apparently. From the brief work I was doing, deuterated water can do things like raise blood pressure. I wouldn't have thought that could have happened. I don't know what the level of radiation in deuterium is. I'd imagine it's pretty low. There are drug companies which are deuterating certain compounds in order to change the absorbance. Constant Concert Pharmaceuticals was doing that. There's plenty of stuff that appears scientifically to have a fantastic grounding in working but doesn't work. That happens all the time. The opposite could also be true: that just because something doesn't seem to work, you can't just dismiss it

because the science seems shoddy, until you do the experiment and know the science is shoddy.

Brad Power 50:57
That's a good note to end on. Itt raises a skepticism that's probably warranted. One of our advisors is Sumit Subhudi. He gave us a principle: don't get too enthusiastic about things that don't have evidence and start promoting them. It was a caution for us generally.

Bapcha, you're doing us a good service to have a certain humility or skepticism about things and look for that evidence.

Bapcha Murty 51:38
I understand that I'm so many years out from my cancer, and so I have the comfort of doing this. I realize that, and I'm very self aware when it comes to that. Thanks.