

“Finding Trustworthy Alternative Cancer Clinics and Integrative Treatments Worldwide” (Adi Hertz and Paityn Thorne) [#160]

Brad Power

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“There are many [treatment] options. Even if you're told that there aren't, there actually are a lot of options out there, and we're always happy to help you search for them.” – Adi Hertz

“Stay strong. It's a very emotional journey. There are high days and lows, but continue to do your research. Continue to advocate for yourself.” – Paityn Thorne

Meeting Summary

A cancer diagnosis brings urgency and overwhelming choices. For patients and caregivers exploring beyond standard care, the search for trustworthy alternative and integrative cancer clinics can feel confusing and isolating.

Paityn Thorne (Head of Patient Care) and Adi Hertz (Founder & CEO) of Heal Navigator are uniquely qualified to share lessons from guiding thousands of patients through this search process. Heal Navigator is the world's largest independent platform for comparing vetted clinics, with a network of 150+ centers and over 10,000 patients supported.

Why should you consider complementary and alternative cancer clinics for your cancer care?

- **More treatment options:** When conventional medicine has limited solutions, especially for advanced or rare cancers, alternative clinics offer additional therapies like targeted low-dose chemotherapy, hyperthermia, dendritic cell therapy, and immune system support.
- **Personalized approach:** These clinics often provide individualized treatment plans tailored to your specific cancer type, stage, and overall health condition.
- **Quality of life focus:** Alternative clinics frequently aim to reduce side effects and maintain patients' quality of life, offering gentler treatments compared to traditional chemotherapy.
- **Holistic healing:** Many clinics focus on supporting the entire body through detoxification, immune system strengthening, and metabolic approaches.
- **Hope and additional options:** Even for patients with advanced stages or limited conventional treatment options, these clinics can provide potential alternative paths and hope.
- **Comprehensive support:** Many alternative clinics offer ongoing care, including aftercare plans and continuous monitoring.

What are the challenges in getting cancer care from complementary and alternative cancer clinics?

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- **Lack of understanding about how traditional and complementary and alternative treatments interact**
- **Lack of rigorous clinical evidence:** Most alternative clinics don't have comprehensive scientific studies or randomized clinical trials proving their effectiveness.
- **High costs:** Many alternative treatments can be expensive, ranging from \$60,000 to \$210,000, which may not be covered by insurance.
- **Limited coordination with conventional oncologists:** There's often minimal communication between alternative clinics and patients' primary oncology teams. Traditional oncologists are hesitant to discuss alternative options
- **Variability in treatment quality:** Not all clinics are equally reputable, and patients must carefully research and verify the clinic's credentials.
- **Inconsistent outcomes:** While some patients have positive experiences, results are not consistent, and success is not guaranteed.

How can you avoid misinformation and false promises from complementary and alternative cancer clinics?

- Verify the clinic's credentials
- Visit them in person if possible; look for facility cleanliness and hygiene; if not, get reports from others who have visited them
- Ask for patient testimonials and speak with previous patients
- Request detailed information about their treatment protocols and success rates
- Prioritize evidence-based approaches; check if they have any published clinical data or ongoing clinical trials
- Be wary of clinics making absolute claims of curing cancer
- Consult with your primary doctor about the proposed treatments
- Look for clinics willing to work collaboratively with conventional medical teams
- Establish costs; be cautious of extremely high-cost treatments with no scientific backing
- Trust your instincts and don't feel pressured to make an immediate decision

What questions should you ask before committing to a complementary and alternative cancer clinic?

- What specific treatments do you offer for my type and stage of cancer?
- What is your success rate or patient outcomes for my specific diagnosis?
- How will these treatments work alongside or complement my current conventional treatment?
- What are the potential side effects and risks of the proposed treatments?
- Can you provide references from patients with similar diagnoses?
- What is the total cost of treatment, including follow-up care?
- Do you offer consultations with my current oncologist?
- What is your aftercare plan and follow-up protocol?
- Are your practitioners licensed and experienced in treating my type of cancer?
- Can you provide detailed information about each proposed treatment's scientific basis?
- What are your total treatment costs?
- How often will I need to travel to the clinic?

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- Do you offer remote options or consultations?

How can you learn more about complementary and alternative cancer clinics?

- Check out the Heal Navigator website (www.healnavigator.com), their YouTube channel, podcast, and social media platforms (TikTok, Instagram), which provide comprehensive information about clinics, treatments, and costs.
- Reach out to Heal Navigator: <https://healnavigator.com/speak-with-an-advisor/> or at 646-450-0749 or info@healnavigator.com to schedule a free 30-minute consultation to get personalized information about complementary and alternative cancer treatment options.
- See our previous webinars on complementary and alternative clinics, such as:
 - [“A Cancer Hacker Solves His Own Needs and Helps Others Access the Best, New, Personalized Tests and Treatments” \(Mark Taylor\) \[#71\]](#)
 - [“Cancer Scams: Don’t Get Taken” \(Bapcha Murty\) \[#94\]](#)
 - [“Integrative Cancer Care” \(Donald Abrams, MD\) \[#102\]](#)
 - [“Getting Access to Your Cancer Treatment” \(Chris Beardmore\) \[#73\]](#)
 - [“Terrain and the Whole Person in Cancer Care” \(Nasha Winters, ND, FABNO\) \[#95\]](#)

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Meeting Notes

KEYWORDS

Complementary medicine, alternative therapies, cancer treatment, integrative oncology, patient care, Heal Navigator, clinical trials, patient outcomes, remote options, financial investment, patient support, oncologist communication, treatment protocols, patient experience, cancer journey.

SPEAKERS

Paityn Thorne (57%), Adi Hertz (26%), Brad Power (13%), John Powers (3%), Maggie (Video) (1%)

CHAT CONTRIBUTORS

Rick Davis, Russ Hollyer, Allen Morris, Helen, Alexander Lalov, Raphael Leong, Richard Anders

QUICK RECAP

Adi Hertz and Paityn Thorne introduced Heal Navigator, an online platform providing information on complementary and alternative cancer treatments. Heal Navigator offers free resources, including a list of clinics, treatment options, and costs. They aim to support patients in their cancer journey. Adi and Paityn emphasized the importance of integrative approaches and the challenges patients face in finding reliable information. Paityn mentioned various alternative therapies like low-dose chemotherapy, hyperthermia, and dendritic cell therapy. They stressed the need for personalized guidance and the importance of patient-oncologist communication.

DISCUSSION OUTLINE

Introductions of Adi Hertz and Paityn Thorne of Heal Navigator

- Adi Hertz is the founder of Heal Navigator and Paityn Thorne is the head of patient care.
- Heal Navigator is an online platform dedicated to complementary and alternative medicine for cancer.
- The platform provides free, open information about hundreds of clinics, providers, and treatments.
- Heal Navigator has a team of integrative oncology healthcare professionals and navigators to help patients understand and choose options.

Challenges in Finding Alternative Cancer Treatments

- Patients face difficulties in finding information about complementary and alternative medicine.
- Despite over 80% of cancer patients using these modalities, finding reliable information is challenging.
- Adi shared her personal experience with her mother's stage four incurable breast cancer, highlighting the overwhelming research process.

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- Maggie, a patient, shared her experience of finding limited and expensive integrative and naturopathic alternatives in the United States via video recording.

Types of Alternative Therapies

- Alternative therapies include:
 - Targeted therapies like low-dose chemotherapy and regional chemotherapy.
 - Hyperthermia
 - Ablation techniques like cryoablation
 - Metabolic or detox approaches like specialized diets and off-label repurposed medications
- There are therapies available outside the United States, such as dendritic cell therapy and autologous therapy.

Practical Steps and Patient Support

- Practical steps for patients include complimentary calls to discuss treatment options and compare clinics.
- Heal Navigator helps patients evaluate clinics and introduces them to free consultations with doctors.
- Checking aftercare plans and understanding the financial investment required is important.
- Visiting clinics in person is important to ensure they are trustworthy and effective.
- Heal Navigator evaluates the cleanliness, hygiene, and comfort of the facilities, as well as the communication and care provided to patients.
- They have visited clinics in Mexico, the US, Thailand, Israel, Hungary, Switzerland, and Germany.
- Patient testimonials and personal experiences are important in choosing a clinic.

Heal Navigator's Role and Services

- Heal Navigator is a complimentary service accessible through their website.
- Patients can schedule calls with navigators to discuss treatment options and receive personalized information.
- Heal Navigator does not charge for their navigation services, but fees may apply for remote telehealth providers or clinics.

Challenges in Integrating Alternative and Conventional Medicine

- There are challenges in integrating alternative and conventional medicine, highlighting the lack of communication between different medical silos.
- Some clinics are open to working with oncologists, while others prefer to operate independently.
- There is a need for more collaboration between different medical disciplines.

Evidence and Clinical Data

- There is a lack of clinical data and evidence for alternative therapies.
- The financial aspect and the broad range of treatments offered by clinics make it difficult to conduct comprehensive studies.

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- Some clinics perform clinical trials and have published data, but this is not the norm.
- Anecdotal evidence and patient experiences are what is available in evaluating the effectiveness of alternative therapies.

Access and Cost of Services

- Heal Navigator is a complimentary service, and the only fees apply if patients choose remote telehealth providers or clinics.
- There are financial considerations and logistical decisions patients need to make when choosing a clinic.

Resources and Final Thoughts

- The Heal Navigator website, YouTube channel, and podcast are resources for learning more about complementary and alternative medicine.
- Patients should reach out to Heal Navigator for information and support.
- There are many options available, and patients should stay strong and advocate for themselves.
- The conversation concluded with a focus on the importance of personalized support and the potential for alternative therapies to improve patients' lives.

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Transcript

Brad Power

This is the Cancer Patient Lab. We're honored today to have Adi Hertz and Paityn Thorne of Heal Navigator with us. They're going to describe the work that they do.

This is for information purposes only. It's not medical advice. We try to arm our patients and caregivers with information they can take to their medical team.

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Adi Hertz 1:28

Thank you so much for the introduction.

I'm the founder of Heal Navigator, and with me here today is Paityn Thorne, who's our head of patient care. We're very happy to present to you all today. As Brad mentioned, we're going to discuss today the world of complementary alternative medicine for cancer.

- What are some choices or options that are available for cancer patients, even for later stages?
- How to choose an alternative care clinic?
- Free resources or guidance that Heal Navigator can help you with.

Heal Navigator is an online platform dedicated to complementary and alternative medicine for cancer. And what you can find on the platforms is basically free and open information about hundreds of clinics, providers, and different treatments. You can find our vetted clinics that we're going to discuss soon, what they are. We also have a team of integrative oncology healthcare professionals that can help patients if they choose to follow some protocol from home. And we have our team of navigators to help patients understand what those options are, and how to choose something that would be best fitting for them.

Adi Hertz 3:39

So the patient's reality is, I'm sure some of you already have kind of first hand experience with is that it's really hard to find information about this complementary alternative medicine. Even though over 80% of cancer patients are using that these modalities, it's just hard to find, if you're searching for an alternative, integrative cancer clinic, sometimes you get so much information about things that you don't even know where to start, and sometimes on different topics, you find almost no information at all. And even if you find, like a list of maybe clinics or some information, which ones can you trust? Like they have a great website. Is that enough? Probably not. And even if you decide to stay local and maybe work with a local practitioner, or you find someone like an integrative practitioner that helped your cousins with their money grades, it's not the same for cancer, and that was certainly what I unfortunately had to experience with my mom being diagnosed with stage four, incurable breast cancer and not given many options by

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conventional and we had to do this research and digging, and it was very overwhelming. And you can hear it also from Maggie, who's one of the patients. We worked with,

Maggie (Recording) 5:01

I started to review integrative and naturopathic alternatives. I found that there were exceedingly few in the United States. They were either incredibly expensive or what they offered. I knew was not going to be enough for me at the stage my cancer was in so my partner joined me in my search for

Adi Hertz 5:24

and, you know, then she goes on and she found us, and she went to a clinic in Mexico, but, but it's very hard, and we get that a lot. Especially, I think the people that are looking for these clinics are later stages, cancer patients, patients that do not want to do everything conventional or just it's not longer working for them, and they want to know, you know, what else is out there, and they're willing to do anything. And it's confusing, because it's a world that most people are not aware of, and their oncologist usually do not know how to guide them to that. But we also want to take just kind of a minute, and maybe some of you already are familiar with those treatments, but just to talk about what is even available in these clinics. Peyton, go ahead. Yeah.

Paityn Thorne 6:15

So as a team mentioned, there's a lot of you know things that need to be bridged between your standard, conventional care, which has its place, and then alternative therapies. When people hear alternative a lot of immediate response is holistic, but it's not necessarily always the case. Alternative Therapies just generally mean anything that's going to be out offered outside of their conventional which is just the standard chemo, radiation, immunotherapy and surgery. So within the alternative space, we do have targeted fighting therapies such as low dose chemotherapy options that could potentially be an option for people, such as IPT or metronomic chemotherapy that can be offered at facilities all throughout the world, really, we commonly hear through patients that at least I connected with on my side of things is that these often are lesser impactful on the side effects side of things, so they're not going to have as much of the hair loss and nausea and the the debilitating life effects that you commonly see through standard of care chemotherapy, which is really important for those that are later stage cancer, to maintain that quality of life and that, You know, try to prevent cachexia, things like this. Also, there's things like regional chemotherapy, where they actually can isolate the tumor, or tumors do a chemo wash of the area and then return the blood supply back to the body. So this is a tumor targeted therapy that we're not seeing offered commonly throughout standard of care. If it is you have to meet very rigorous guidelines. Hyperthermia is a treatment that's offered really all throughout Europe. You can go to your standard oncologist, especially in Germany, and get hyperthermia alongside your chemotherapy and even sometimes even mistletoe therapy, and it's been reported to potentially enhance the effects of the chemotherapy. And then also there's ablation techniques such as cryoablation. This can be beneficial for really any type of staging, such as 00, stage zero, all the way to stage four, where you can go in and freeze a tumor. Then we see also therapies offered outside the United States, such as dendritic cell therapy or autologous

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therapy like NK cell and T cell therapy, which are currently being undergone through clinical trials here in the United States but have been taking place for decades in Mexico. For instance, this process activates the immune system to help the body recognize the cancer more or to create more fighter cells in the body. Some facilities might use the patient's tumor tissue, while others might use the blood or urine of the patient itself. And then there's metabolic or detoxes approach such as specialized diet like ketogenic or Gerson IVs like B 17. You don't commonly see that here utilized in United States, unless you're in like a state like Arizona, methylene blue IVs, which were commonly hearing that hype of methylene blue being utilized. But there are ways of getting that through IVs, off, labeled, repurpose medication, which can sometimes potentially enhance the effects of standard of care treatment or block certain pathways that the cancer might be feeding on, glucose, glutathione, cortisol and so forth. So this just kind of highlights. Those, as well as some other facilities that might be focusing more on the mind, body, soul connections. And our job here at heal Navigator is to kind of sit with you here, where you're at and discuss these treatment options with you, provide education surrounding it, but also guidance on the treatment protocols that might be proposed. You can go ahead. So some practical steps that I like to advise I do complimentary calls with people, and we'll discuss that little later, is that we assist in comparing more than one clinic. So during my calls, what I will do is I will usually send like a list of clinics to people, for them to evaluate, or I can send introductions to clinic. A lot of clinics we work with do do free consultations to where you can send in your medical records, talk to the doctors on staff and get those individualized treatment plans, which will show you what types of therapies that you'll get a lot of times, people will say, Well, 80% the same thing. 20% is the difference. And we can sit down together and say, Yes, this one, all three of these are offering hyperthermia, for instance, but this one might do it one time a week while this one might be doing it multiple times a week while you're there for that three to four weeks, six week period, we also ask for people to speak with patients that we've been connected with, like Maggie, for instance, and there's some others that we can help put people into touch with based on their diagnosis or based on even just traveling. We often hear safety concerns of going to Tijuana, Mexico, though we've been there in person, people want to hear personal experience of going to these facilities, importance of checking on the aftercare plan. A lot of times, these facilities are not just a one time thing. You're going to have an aftercare plan, and there will be the expectations of you continuing to go back to the facility, initially, every three to six months, until you've reached a stable position or no evidence of disease, even then, you're still returning back to the facility once a year. So it is important to understand that these facilities, yes, they are an investment, but the overall investment for someone's longevity and wellness is important for someone to know while they're coming into this financial

Adi Hertz 12:27

investment for themselves.

Adi Hertz 12:33

So what to look for in a trustworthy clinic? It's, it's always, it's always a hard question, because there are dozens of clinics, and how can you tell? And I mean, what we do, what you know, we decided to do, was actually go and visit them. So we try to go multiple times a year, and to

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physically our team visits those clinics and speak with a doctor, with the head doctor, to see if they're really involved in the day-to-day life, or it's just mostly for marketing purposes. We want to see the facility and to feel it and to smell it and to see if it's clean, if it's hygienic. What are the rooms like? How comfortable is it? What's the environment like? We want to see, to make sure that the treatments that they offer on the website are actually available for patients, and again, not just for marketing purposes or something that looks nice. We always, I think the most important, or the most interesting, anyway, part for us, is to speak with patients were there, how are they being treated, and how they feel, and how their questions are being answered, and how they follow up on any progress, how they're feeling, what's the communication like, even if there are any cultural or language gaps or anything like that, if it's abroad. So these are kind of the things that we always look at when we visit them. You can see us here with Tijuana, and here we're in Cancun, and that was in Germany. And here we actually met a patient that went that spoke with Peyton, and then went to a clinic in Cancun and Peyton. Can tell you a bit more about it later. So it's, I think the most important thing for us is to go and visit them and see them, speak with them and with patients.

Paityn Thorne 14:37

So as the head of patient care here at heal navigator, we have a team of navigators that assist people in these calls through our platform. There's a form you can fill out to reach out to us. You would just put in you know, your name, diagnosis, phone number, email, certain therapies you might be interested in, where you're looking. At trying to travel to whether Europe or Mexico, open to clinics here in the United States, and also budget. Then our job is to sit down with people and essentially do the research for them. Make it easier to narrow in these options with them. During our call, we sit down we discuss all the information and really collaborate with each person. I like to say that we're serving as a safe place for someone to really be vulnerable. And say, Hey, I have, you know, three kids, and you know, my expenses are x, y, z, I can only afford this and I can only go for one week. Great. There's still an option available for you. You don't have to throw out a lump sum of money of 60,000 to 210,000 for facilities if you can, great. There's some other options for that person as well. So we want to provide personalized information to each person, individually. Everyone's cancer journey is different, and through my experience on this, no call ever goes linear. So it's always a blessing to be able to hold the space and then provide that guidance, as well as my knowledge and the other navigators knowledge of connecting with patients, one on one to each other, as I mentioned before, I really feel like being in touch with someone that's going through a similar time of you can really create that sense of safety on this decision making process and our calls never have to be a one time thing. I always say to people, go ahead, maybe do your research through the list I send you. Then come back and let me know which ones you want to chat with, or if someone's wanting to just jump in and start consulting with clinics. Look back with me. Let's discuss what these clinics said during your call. Let's go over the different treatment plans together. Let's kind of narrow in these options and help you make that decision. Essentially, I'm your assistant in your back pocket. A lot of times, people get my cell phone to where they can just ping me and use me to that advantage. And then also, if traveling is not an option, we have a tremendous amount of remote options available through our platform, anywhere from psychological care, cannabis nursing assistance with fabenza and ivermectin protocols, metabolic healing practitioners that

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can assist in structuring recommendations if Someone has like a sauna at home, hyperbaric and IVC, and they're really just wanting to narrow in how to utilize all these modalities. Our job is to provide you those resources that have been vetted through our process of verification to where you're not sitting searching on the internet for hours on end, and you can have these resources at your hand to move forward in your healing journey.

Paityn Thorne 17:48

So these pictures down here are some amazing people that I've had the pleasure of connecting with and assisting some of these stories you'll see throughout our YouTube and then also on our recent podcast that we've launched, just sharing what their experience has been throughout their cancer journey. We have Gerald here down at the very bottom. He was stage two pancreatic cancer given pretty growing prognosis through his standard oncologist. He did do some things through them, but choose to opt out of other things, and then went to a facility in Mexico, and has been no evidence of disease. And you can listen to that podcast that recently aired not too long ago, or watch it through YouTube as well. Next would be Maggie, as you heard her brief clip, she knew from the beginning she didn't want to do certain things through standard of care treatment, that she was pretty aware of facilities in Mexico. Just didn't know where her and I did many calls, many texts together, just connecting and answering all questions and concerns to where she was able to find a facility that aligned with her, and she's gone a few times to the facility and continues to move to a very stable position in her condition. And you'll be able to hear that as well as on the podcast, and then watch her video. Jeremy in the middle, as you see snowboarding. He found us after he went did everything through standard of care. He did all surgeries, all radiations, all chemo. He was stage four colorectal cancer and given two ostomy bags, sent home on palliative his family reached out to us, looking for another ounce of hope, and we were able to assist in providing those options to him, to where he and his family can make an informed decision. He's been no evidence of disease. He's back surfing and snowboarding and living life the way that he loves and He's truly a light to connect with and. Just see that you can overcome this, and it's not always what's being presented to you. And is this every single case? Absolutely not, but these are just some glimmers of hope in a very grim situation, oftentimes, that we like to shine this on people, and that's actually why we have launched the heal navigator platform. And why I founded, it was, as she's mentioned, of her mother's story, and we have many others, like Rhonda, stage four breast cancer. She was given, I believe, 16 or 19 months to live based for the prognosis, according to her oncologist, went to a clinic in Mexico. Has been no evidence of disease. Just recently, got a follow up scan after some suspicion, and she said, just a little bit of inflammation. No worries, we're still moving forward. And I follow her on Facebook, so it's always great to continue to check in with her, and then Petri as you saw in that picture, this is the same guy that I had the blessing of connecting with. He was from the Netherlands, um, he had advanced colon cancer, and he went to a facility in Cancun, um, to where he did do some selected therapies through his oncologist back in the Netherlands, alongside dendritic cell therapy at this facility that was able to get him to a very stable position and his prognosis, and then also the bed that was stage four ovarian cancer that has been no evidence of disease as well, and that she also went To the facility in Cancun, got the dendritic cell, which these wouldn't have been able to obtain these types of treatment in their countries. So that's why they were able to travel to a

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trusted facility and get those therapies to enhance either their current treatment or sometimes replace that as I saw in the comments, we will address that here soon, but this is just some examples of how alternative medicine and complementary medicine can kind of bridge. It just depends on the person's journey and their story.

Adi Hertz 22:13

So yeah, and I think, I think that kind of concludes, like the we try to keep it as short as possible, to give you all some time for questions. I know it's it's a hot topic, and definitely not, as Peyton mentioned, not everyone gets, you know, great results, but we try to guide them. So you know, if you have any questions for us, feel free with anything really happy to

Brad Power 22:42

Yeah, I will help moderate. So we ask people to submit questions, either by the chat feature or via the raise hand feature. Being start, Rick has two questions in the chat that I'll read to you at ancan, which is the group that he leads a community of cancer patients. We suggest that alternative medicine means treatment used in place of convention, allopathic medicine, contemporary medicine is used in addition to allopathic medicine. How does heal? Navigator View this definition and approach and can supports complementary medicine but refutes alternative treatments and protocols?

Adi Hertz 23:23

Yeah, thank you for this question. I think our definition is very similar. The thing is, we're we don't come with with an agenda. We don't support this or another. We hear what the patients need and what they want. So if we're talking about Jeremy, for example, that Peyton was discussing, so he did everything he had, I don't know how many surgeries, radiation, chemotherapies, there was nothing left for him to do. So he wanted to know what are the alternatives? Because conventional couldn't offer anything, which is kind of similar to where my family was with with my mom, they said, there's no cure. There's this is what we can offer. So we had to search for an alternative, and that was definitely an alternative things that we could not find elsewhere. But oftentimes, and I think most patients that we get do prefer for an integrative approach or complimentary, right? So things that they can add to their regimen that they do back home. So it is possible for the clinics to work and just kind of work on the immune system and strengthen it, or if it's from with remote protocols that people can do from home, how to again, strengthen their immune system, how to lower any side effects from their conventional treatments and better their outcome. So I hope that answered your question.

Brad Power 24:57

Rick, thank you. I. That Rick's next question is, are you aware of any US Conference, conferences addressing complementary medicine and alternative medicine, where vendors are present, vendors being I guess the clinics that you work with.

Adi Hertz 25:12

I do know that there is, like a yearly maybe Peyton knows more. I do know there's an annual one in Florida, would be any apple seeds? And there's

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Paityn Thorne 25:25

what's it called, the one that was coming recently in February too, that was took place in Austin. Um, there's a few out there that the clinic I we can always email list. I do have it just not in front of me. Um, of ones that there are vendors there, because it was a consideration for us to go to some of these as well. Like I know, like oasis of hope, hope for cancer, cancer center for healing, even, like a lot of the functional or naturopathic oncologist or integrative oncologist will be speakers of these. I don't see ones that it's both, like, say, one world Sloan Kettering and these, but definitely, specifically the more alternative or complimentary facilities do host these types of conferences. We have seen them. If you're interested, I can try to collect the list for you.

Brad Power 26:22

Yes, we we produce, I guess, Adi and Peyton, I think I told you, but we will be producing a transcript, meeting summary and video recording, and so we can anything you said afterwards we can incorporate into the note. Yeah, absolutely. John powers asks, How much do you interact with conventional medicine?

Paityn Thorne 26:45

So us ourselves. We do not talk to these bigger institutes ourselves. Some clinics are okay with chatting with it. It really just depends on the facility or practitioner themselves. Us, we're a third party platform. So we're a third party to everyone. I would say that some doctors are a bit hesitant to talk directly to the oncologist themselves, while others, I've seen patients say, Oh, my oncologist actually referred me to a clinic. So I think it's really a case by case basis, in my experience. Adi, would you say the same

Adi Hertz 27:26

for sure? And we do have our team of integrative oncology nurses and doctors that help patients and guide them through conventional so, you know, they can offer things like, oh, did you do genomic testing? Can you send it? And sometimes they can find some interesting things that are happening there. Or you might want to discuss this with your doctor, if they know of any new treatment that is, you know, FDA approved, so definitely can work with

John Powers 27:54

no I am, in my hope, I think you're hitting on my my frustration having worked in across the air, different areas. Much more integrative is each silo thinks they have the answer, and they rarely talk across. And the frustrating thing is, especially when dealing with food, is medicine, functional mushrooms and other things. When you start a good example is chemotherapy, they'll tell you, do not, you know, stop taking functional mushrooms if you're going to go through chemo, right? Because it's, you know, immune suppressant. So they no one really explains a lot to the patients, and that's, it's a good reason, because what they're basically telling you is, guess what the functional mushrooms do help your immune system. So it's great to stop during chemo, but it's also real important, when you're off to hit hard and they don't follow up with that piece, and that's really where, I think the more you can do to kind of combine the, you know, the modalities, the more it's going to really help people, because it's they're just out of sync, and

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they don't really talk enough, and they they're all thing. Their solution is the solution, but there's there's benefits across all of them. So that's really the only thing. The more you guys can take information that you know, that you're from the hospitals, and supplement it with, well, here's when you use X, Y and Z. That's a big plus. And the same thing goes with hyperbaric. Same thing goes with sauna and everything else. There's certain times when it's not good, but you have to reverse that look and say, yeah, here's why it's not good, because they're trying to fix this. But when you're done with that treatment, you really would have to do that the other treatment. So that's that's the only thing that I think would help a lot, because I like where I like what you're talking about, and I believe I've got a lot of experience with alternative approaches.

Paityn Thorne 29:42

No, you're absolutely correct. Yeah. I mean, I would say that there's a lot of practitioners that we work with that they do, even clinics. I've known cases where people come back to me one kind of frustrated, because maybe they weren't wanting to do end of care, and they consulted with the the clinics, and the clinics told them, and. You have a great treatment plan. Go ahead and go do that, and then come to us. Or, you know, we can try this chemo option here, and, you know, add on these types of therapies. Or we have the as a D mentioned, those online practitioners or our integrative oncology team that they have, they have helped people, the patients will submit what they're currently doing through standard of care the treatment, or potentially even help them explore other options to propose to their oncologist and then use that alongside other supplements or other modalities that could potentially benefit them the most you know, to potentially reduce those side effects and to help them gain better quality of life so they can tolerate those treatments better. And I do agree, I think there needs to be more of a bridge between the two, and hopefully in the future, we'll continue to see that, but we do try to promote both sides of things, and we always respect people too, when they come and they don't want to do standard of care. Our job, as a D mentioned before, is just supporting someone where they're at, and I think that's the most part, important part of my job as Navigator is just hearing them. You know, I'm sure a lot of you, you are aware of whenever you go into these oncology appointments, there's can be potentially a lack of connection with your provider, you know. And a lot of times, patients don't get heard or things don't get explained to them the best. And so with me, I try to hear them out and then put funnel them in the right direction, or what I would feel might be best for them, for them to research more. And then they can make that informed decision. And then the oncology nurses, for instance, they'll hear people. And then they can guide them, especially with newly diagnosed people, they're being hit with appointments left and right. They're not sure what's going on, so confusing. A lot of feelings and emotions, and then those practitioners are really able to get them a very more narrow trajectory, like bite sized pieces, not saying, Okay, let's hit a ketogenic let's start juicing 20 pounds of fruits and vegetables a day, when you're having someone come from a very standard American diet that they're like, whoa, whoa, whoa, whoa, I don't even eat broccoli. What are you talking about? And I think that's really important too, to just meet someone where they're at. As I said before, no one's healing journey is linear. Everyone's completely different than one another. Long answer to your question, but we're very passionate, and so you can't tell.

Brad Power 32:41

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Yeah, okay. Russ asks what evidence, clinical data, studies, patient outcomes, supports the main therapies offered at your recommended clinics?

Adi Hertz 32:51

Such a such a hot topic, and everyone asks about it. Everybody wants to know, you know, the success rate of this one is because you put a lot of money just to find out that there isn't. There just isn't. Maybe Peyton, you can you, you have your your your answer as to why, why it's just not there. It's really frustrating, though. Yeah.

Paityn Thorne 33:18

I mean, you know, through standard of care, there's a as all we know, there's a lot of money that goes into providing their clinical data and studies and be able to have these gold standard that they present to patients through alternative there's not that funding. There's not that backing, per se, to say the least, for their treatments that they're offering. Also, a lot of facilities are offering a lot of different treatments at once. So there it's kind of harder to be honest, because when you look at like a clinical study, it's very narrow. They cherry pick, usually the patients that they're choosing for those trials, and then the treatments are very more limited, versus these facilities that are potentially doing upwards 20 different treatments within a three to four week time span. Some facilities, they do, like some, they are a team of American scientists, for instance, that have created patented technology, and they're more fueled on that science backed data, or some they have derived certain techniques like regional chemotherapy, and they're able to provide more case studies or patients experiences or published data and journals because they have created those techniques themselves. But as a whole, there is a lot of lacking, and I think is due to the financial aspect of the financial backing, supporting, you know, these types of modalities being utilized, you can often find, say, like hyperthermia being used. Or recently, we saw a lot of buzzing around vitamin C alongside chemotherapy for for pancreatic cancer. Specifically, I. Um, but as a whole, you're not going to find a lot of evidence for each clinic individually. And I think that's where there's a lot of uncertainty when it comes time to choosing a facility, because people are wanting that hard back data. And that's why we say, like, really at this point, I would say it's anecdotal. You have to talk through the experience of other people. You have to try to understand why these treatments are beneficial based off, like the foundations of health, right, and supporting those I think that's where a lot of these clinics come from. Is like detoxification, rejuvenation of the immune system and so forth.

Brad Power 35:41

We've had Mark Taylor and Gabriel Gavazzi on here, and they had two principles that they applied to this question. One is, if they do have any evidence, if they have any clinical trials, then they're more reliable, so that they use as a filter, and then the second is, they've gathered data. So Mark, in particular with pancreatic cancer, asked something like 100 people in a Facebook group when they went to a clinic, what treatment did you get, and what was the outcome? It happens that in pancreatic cancer, people live about six months, so you can pretty you have a survivorship data point, if you stay in touch with the people, that tells whether the clinic did any good or not. It's an unfortunate disease, but that's a good feature of that unfortunate disease. You have a survivorship metric, and so they they track that.

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Brad Power 36:32

So, you know the general term is observational registry. Each of the clinics could be doing an observational registry, and you too could be doing it. If you tracked your patients, you could have an observational registry and have some data. That's more, a little bit more than evidence. It's not, of course, randomized clinical trial, but it's, it's in the domain of more evidence than just one and a one anecdotes.

Adi Hertz 36:54

Yeah, I think, I think we definitely try to do that. That's like part of what you saw, like some of our impact stories, the clinics are trying to do that, but because it's not peer reviewed or not, I don't even know how to address that. So you know, there are definitely clinics that we work with that are, as Peyton mentioned, are performing clinical trials currently. But you know how it goes, like it takes, I think, five years for some initial and then then another phase, and then until you can get it, until it's FDA, right? You know, approved, that could be 15 years. And some people just don't have that time to wait.

Brad Power 37:39

Yeah, I think there's some intermediate steps. That's what I'm pointing at. A randomized clinical trial is onerous, is expensive, does take a long time, but there are other measures you can get that are intermediate endpoints that would give you some evidence. And I presume you do that you probably favor one clinic over another based on previous experience you've had with them and that your patients have had with them. So that's, I think that's, that's a form of evidence. It's, again, it's not randomized clinical trial level, but it's still, there's still some evidence you can build.

Paityn Thorne 38:09

Yeah, through my experience, that's definitely how I pick, to be completely honest, is based off that, because I have been on the side things for four years, so I can, kind of, it's track, you're right the way that I would prefer to recommend certain clinics of the other it's not just by random. I'm picking the ones I do. It's based off of my experience of talking to patients and working on the side things and reporting in and seeing how their experience is going and hearing feedback across the board. You can tell like, Okay, this one, you sent this diagnosis, how many times, and it's not, something's not resonating there, but you send this one and they're working really well. And some facilities are very I would say most are pretty transparent about we're really great at this one. We feel very confident at this one. But this one, not so much. And there are cases that I reach out directly, especially like sarcomas, or ones that we don't see as common as, like the solid based tumors, like breast, prostate, even certain brain cancers that I reach out and say, Okay, what's your experience of working with this? Like, have you worked with this type of cancers new to me? Like, have and then I kind of do that research through contacting them, talking with the doctors, or talking with the team there, and then guiding that patient, saying, Okay, this option might be better for you, based off of my experience of talking to them and trying to pair you up.

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Brad Power 39:36

So there's a question here, which Adi referred to already in the chat, but I want to bring it into the voiceover here. How it's really question of access. How do people access your services, and How expensive are your services? What does that look like? Yeah.

Paityn Thorne 39:56

Heal Navigator is a complimentary service. You may access us through www.healnavigator.com to reach out to us directly through there. You'll see where you can fill out a form to be matched with clinics, and you can schedule a call with an advisor. It'll bring up a lovely little calendar. You just select the day and time that works best for you, and we'll give you a call. It usually blocks out about 30 minutes for you to chat with us, us, one of the navigators here at Heal Navigator to where we sit down with you. So it's completely complimentary, and the expense only comes if you choose, like a remote telehealth provider, if you want to work directly with them, that expense goes directly to them. Or if you choose to go to a facility, some facilities, they might have consultation fees, but that's separate than heal navigator. Heal navigator ourselves. Our navigation is completely complimentary to you, and doesn't matter how many times you talk to us, the navigators.

Brad Power 40:57

So we're very, I don't know what the right word is jaundice in the healthcare industry, and there's a phrase saying that, if the service is free, then you're the product. So that means that, on the back end, the clinics are paying you for the referrals you give to them?

Paityn Thorne 41:16

We're completely transparent about that. This comes up nearly in every conversation I have with people, because we are very familiar with lobbying in a lot of different ways. All clinics that you see as a verified option, because you will see some listed on our platform that are not verified, you'll see the little blue badge of Heal Navigator, and that means they've gone through a verification process. Those are the only ones that we will refer out to. I am given a list of clinics that are verified, and so I pick and choose for patients needs based off that specifically not there are some other platforms that they get paid more to promote one clinic that's not us,

Adi Hertz 42:24

We don't promote any one specific clinic in particular. It doesn't matter for us which clinic a patient would choose like we want them to have the best results possible, obviously. So it's not any one particular clinic. And also, usually during consultations, we're never going to say, Oh, this is the clinic for you. We're just going to listen and say, you know, here are some three options we visited. You're looking for something for three weeks. You want to get hypothermia. This is your budget. Here are three options. Talk to them, see how that goes for you. And you kind of take it from there.

Paityn Thorne 43:02

I would say, every call someone asked, well, if it was your mother or your family or you, what clinic would you go to? I literally have probably about four text messages right now asking this

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from people that I've chatted with over the past few weeks. I try and narrow in these options, and every single time I'm like, Did you consult with the doctors. Okay, let's sit in on another call together. Let's discuss what your thoughts are, because I'm not going to be one that makes that decision for you. You really have to tune into what you're needing, listen to the medical advice that's being proposed to you, and then come up with the logistics as well. Finances obviously play a big role too. I always tell people, don't go and spend 60,000 100,200 10,000 in one facility. If that's all you have and you're expected to return, you know you have to make these logistical decisions amongst yourself and amongst your family. So we never just steer in the direction of one place

Brad Power 44:02

you've talked about your website. There's a question here about contact details from Rick Davis, who, who's, who should they reach out to Peyton or Adi or who? Or someone else?

Adi Hertz 44:14

Yeah, so we have, we have a link. You mean, like to schedule to speak about different clinics or about,

Brad Power 44:20

yeah, just to get information if they want to learn more, or, you know, schedule something.

Adi Hertz 44:24

Yes, yeah. So that would be the easiest. I dropped the link here in the chat. I'm happy to send it over again. It's something just to schedule a 30 minute call with Peyton to get, you know, some more information about anything, about the clinics or remote options, or, you know, any other questions you might

Paityn Thorne 44:42

have. Also for the recording sake, we do have a phone number that's 646-450-0749, and then our email is info at heal, H, E, A, I, navigator.com, just so you guys have that as well. Thanks.

Brad Power 44:58

You. Um, from,

Brad Power 45:03

From Russ: How do clinics typically coordinate with a patient's oncologist?

Paityn Thorne 45:11

As mentioned before, it really just depends on the clinic. Um, some clinics are really open to chatting with the oncologist. I have a few different doctors that they are actually talking to the patient's oncologist. Main thing is, is your oncologist going to be willing to talk to them? I find that to be like the biggest like hump or bump, or bump, and that communication or line of communication, and then we have, I've had people, even with a remote practitioners, that they've submitted, say, the Zoom link to their family doctor or their oncologist, and they were in

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on those zoom calls. So again, I think it's each case is a case by case day basis, based off the practitioner or the clinic. But this is a great question to ask, if you're pursuing a clinic during the free consultations or the consultations, if it's paid with them, ask them, would you be willing to connect with my oncologist if they're potentially open to that? Because I do feel like it's the other side. Sometimes that is kind of roadblock to that in the clinic, they're not going to sit there and convince why they're doing certain therapies. For you. Sometimes we find this kind of see, it's two different worlds, you know, and the oncologists are not willing to chat.

Brad Power 46:38

You may have already answered this: Who is the ideal customer for your services? Is it everybody, or is it particular profiles in particular cancers or particular stages or particular situations?

Paityn Thorne 46:53

We have helped a lot of people that come to really, just about anybody that comes to the platform. My job, I'm a solution oriented gal. I like to find an answer for someone and everyone, like we've had early diagnosis.

Adi Hertz 47:33

Anyone early diagnosed and wanting to know what else they can do, all the way to later stage cancer patients that don't have anything else to do and anything in between.

Paityn Thorne 47:50

We can cover a little bit of everything.

Brad Power 47:52

What do you recommend as resources if people want to learn more about complementary and alternative medicine and these clinics?

Adi Hertz 48:01

There is a lot of information that's out there on the website. It was very important for us for everything to be out in the open. I remember going back to my experience, or my family's experience, when we're looking for a clinic, and I had to, I mean, first, it was very hard to find the list, but then to find, you know, those clinics, and to reach out to them, and I wanted to know the price, for example, you know, like the treatment costs. And they said, Oh, we can give it over the phone. You have to send a medical file. We have to send medical files. Oh, you have to send out the blood, send the blood results. You have to send this and that. And then it took a few days for them to reach back to me and say, Oh, it's, you know, whatever they quoted, which was, you know, not even an option for us. So we made sure that everything is out there, so you can see the list of all the clinics that we came across. What are the treatments that they do? What are the cost of treatment? What's their aftercare? So everything is there, information about the different protocols and treatments. And then, obviously, if you want to get some more information, like if we visited these places, and you want to hear more, we're always happy to chat more about that. But everything is on the website, honestly.

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Paityn Thorne 49:13

And we have a YouTube channel. You can find us on Apple podcast, Spotify podcast. It's called the he'll navigator podcast. Those are free resources as well. Tiktok, Instagram. Those are up and coming. So we try to be on just about every platform.

Brad Power 49:33

Helen asks a very specific question, and this is a hypothetical, but I think it's a description of Helen. Can you walk us through how you would handle a patient in Europe with one of the rarest types of ovarian cancer that is very aggressive, in which there is no protocol. Conventional treatment is a guessing game. Frontline treatment is done. There are no clinical trials yet for this cancer, and. In the event of recurrence or prevention of recurrence, they come to you. How does the consultation? Number of consultations with your oncologist and fees work?

Paityn Thorne 50:16

Okay? So, yeah, we will sit down with you and discuss what you've already done through alternative and then we will brainstorm together really talk about different treatments, talk about different options that might be proposed, whether clinics that you can connect with and do consultations with directly. So you'll be talking to their team directly, sending in your medical records, or we have those remote telehealth practices that we can put you into touch with. Again, my consults are the connections with me, and there, I would say no number or limit to them. You know, whatever is needed to help you make your decision and for you to feel confident in the care that you'll be receiving. There is never a fee associated with chatting with me or another navigator here at heal navigator, the fees are only associated with whatever option you choose with a remote telehealth or in person option.

Adi Hertz 51:15

Yeah, we actually had one patient. One of the patients in the success stories is also ovarian had really good results after she didn't have many options with conventional so, you know, there are these options. There are some companies that we work with for advanced kind of genomic testing and layering it up with what other repurposed meds might work for you, or, you know, different supplements. So really interesting things are happening there as well. With our team of remote practitioners starts, just to give you an example of the consultation fee. So with one of our registered nurses or nurse practitioners, that would be around \$200 a month. And if you're working with them, colleges need some prescription that there's a price range, but it's between \$350-\$1,200, depending on the package that you choose. Just to give you a ballpark number, and obviously the clinics are, you know, they come with a higher price point, but it also changes quite a bit.

Brad Power 52:19

I like to always give an opportunity to wrap up with parting words of wisdom. Any key messages that you might have each of you, Adi, Paityn? What are your summary key messages you want to leave people with?

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Adi Hertz 52:37

I think the most important thing for me is, I guess what I needed to hear back then is that **there are many options. Even if you're told that there aren't, there actually are a lot of options out there, and we're always happy to help you search for them.**

Paityn Thorne 52:56

Mainly what I tell people is just to: **stay strong. It's a very emotional journey. There are high days and lows, but continue to do your research. Continue to advocate for yourself.**

Reach out to us. We're here to help any way possible. We're a newer platform. We've been around for five years, but anything that we can help to do, to assist you, we're more than willing. I always say, I feel like this is my soul passion and soul calling, and I like to hold space for people. That's the most beautiful side of this. That is, to witness you all's power during your journey. So just hang in there, and let us know how we can assist in any way possible.

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CHAT CONVERSATION

00:26:01 Russ: Have you seen this: [https://www.cell.com/cell/fulltext/S0092-8674\(25\)00864-5](https://www.cell.com/cell/fulltext/S0092-8674(25)00864-5)

Looked like a nice genetic analysis using STAMPEDE as a basis.

00:27:06 Rick Davis: Do you request patients' list of medications to check contraindications? Frequently overlooked by HCPs and an important aspect of a personalized report.

00:33:31 Russ: You mentioned the clinician sends you NGS results. I might have missed it. Which NGS results? WGS, WES? Targeted like Guardant360?

00:34:50 Russ: Are your suggested therapies validated options or emerging/mechanistic? I haven't found enough of the validated options. We've been forced to look into non-validated predictions.

00:39:03 Allen Morris: I have the following somatic mutations in my bone metastatic prostate cancer: CDKN2A, CDKN2B, MTAP, PTEN, FAS, MAP3K1 ---- How is your approach better than me asking ChatGPT or other more clinical medicine centric AI engine for the most promising phase 2 or other for example observational studies such as the coffee study you presented regarding ER+ tamoxifen treated breast cancer?

00:43:26 Helen: Can I ask which European hospital you are working with? And thanks for this presentation.

00:44:45 Alexander Lalov, Pendleton, IN: Reacted to "Can I ask which Euro..." with 👍

00:54:57 Raphael Leong: Replying to "Can I ask which Euro..."

University Hospitals Birmingham NHS Foundation Trust

00:58:30 Russ: So, back to the WGS vs WES question line, which would you recommend as the best? WGS and proteomics RNA, etc? Assume price is no object.

01:02:37 Russ: So, hate to hog all the time, guardan360 (2025 version), proteomics, foundationone rna?

01:02:47 Russ: natera to track?

01:03:27 Richard Anders: On the paper front, do you follow retraction watch and other such information?

01:03:33 Rick Davis: No one has asked ... cost??

01:04:58 Raphael Leong: Replying to "So, hate to hog all ..."

Yes we can work with these WGS tests. We are WGS test agnostic so we can work with Tempus, Datar Exacta tests, Caris etc as well!

01:10:03 Rick Davis: Think about approaching ACCC to make a package for all community cancer centers.