

“My Journey to Becoming the CEO of My Health” (Jeff Holtmeier) [#162]

Brad Power

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“Take ownership. Personal agency. Be responsible. Push back on people. Ask questions. The guy in the white coat doesn't have all the answers. It's imperative that we take our own personal agency for our own bodies. If nothing else, I hope that I left people with, ‘I may ask you a few more questions.’ I may not do what this guy told me, but I'll ask a few more questions, just to be more comfortable.” – Jeff Holtmeier

“It's time to critically think about how medicine is practiced and how groupthink and outdated protocols can shape treatment decisions. Even if you don't agree with every choice that I made in my journey, I encourage you to challenge the assumptions and encourage you to think for yourself. It's a strong contribution to the broader conversation about medicine, healing and personal agency.” – Jeff Holtmeier

“This webinar isn't about rejecting allopathic medicine. It's about integrating knowledge, asking smarter questions, and reclaiming the authority we too often hand away. Because here's the truth: no one, not even the most credentialed expert, knows your body, your values or your intuition better than you. You're not a passenger, you're the pilot. You're not a diagnosis, you're the decision-maker, and you're not just someone hoping for healing. You can become a CEO of your own health.” – Jeff Holtmeier

Meeting Summary

Cancer patients and caregivers face a healthcare system entrenched in "sick care" and biased with mis-incentives due to the slow evolution of medical education and a persistent resistance to whole-person healing. It can be equally difficult to navigate the healthcare system and the medical decisions one needs to make.

Jeff Holtmeier is uniquely qualified to share what it is like to navigate through the U.S. healthcare system while trying to embrace holistic and natural practices. Confronted with his cancer diagnosis, he turned to his deep belief in his body's innate capacity to heal and chose to question the conventional path of surgery and chemotherapy. Instead, he embraced a more integrative, personalized approach, one that weaves together allopathic, naturopathic, and alternative therapies, guided by informed self-advocacy and intuition. His story serves as both a thoughtful critique of the current system and a call to action for a truly patient-centered model that honors individuality, embraces complementary practices, and redefines what it means to heal.

What are the incentives built into the U.S. health system that you should know about?

- **Relative Value Units:** Hospitals tie physician pay to procedure volume and complexity, creating an incentive to recommend bigger, riskier surgeries.

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- **Chemotherapy Profitability:** Chemotherapy drugs account for 65% of revenue in typical oncology practices, creating an incentive to choose chemotherapy treatments.
- **Margins:** Price markups for cancer therapies range from 120% to 630% above hospital acquisition costs, creating an incentive to treat sick cancer patients.
- **Pharmaceutical companies influence:** Treatment decisions are made by doctors, so pharmaceutical companies influence doctors’ drug prescribing behaviors through financial relationships.

How should you navigate the healthcare system, advocate for yourself, and be more engaged in your care?

- View healthcare as a collaborative process where you are the CEO of your health; take an active role in your healthcare decisions; do not passively accept the first recommended treatment; recognize that doctors don’t have all the answers and be willing to challenge standard protocols; do not be afraid to say “no” to recommended treatments if they don’t feel right
- Become informed; conduct your own thorough research using reputable sources; research alternative approaches
- Ask questions about recommended treatments
- Seek multiple opinions from different medical professionals
- Understand the potential financial motivations behind care recommendations
- Consider consulting integrative, complementary, alternative, or holistic healthcare providers who may offer more comprehensive perspectives
- Maintain a proactive mindset about personal health and healing
- Consider lifestyle factors like diet, stress management, and mental well-being

What are some complementary and alternative therapies that you should consider integrating into your cancer treatment plan?

- Acupuncture and Chinese herbal medicine
- Energy healing techniques
- Mindfulness meditation and stress reduction practices
- Radio frequency therapy
- Photobiomodulation therapy
- Dietary changes and intermittent fasting
- Supplements targeted to support immune function

How should you explore complementary and alternative treatment options?

- Seek multiple perspectives: consult integrative health practitioners and discuss options with your medical team
- Research scientific studies on complementary therapies
- Consider comprehensive testing to understand potential root causes

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How can you learn more about advocating for yourself and becoming more engaged in your healthcare decisions?

- Read the book [Blind Spots](#) by Dr. Marty Makary, which exposes systematic dysfunctions in the U.S. healthcare system
- Reach out to Jeff Holtmeier at jeff.holtmeier@gmail.com to obtain the link to his book on his cancer journey
- Watch videos or read summaries of conversations with other patients who have advocated for themselves and participated actively in their cancer testing and treatment decisions
 - [“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” \(Richard Bagdonas\) \[#161\]](#)
 - [“What I Learned from Navigating Three Cancers” \(Ert Dredge\) \[#139\]](#)
 - [“How Advocacy Leads to Better Patient Outcomes and Experiences” \(Steven Merlin\) \[#126\]](#)
 - [“A Hackathon \(Molecular Tumor Board\) for Advanced Prostate Cancer Patient and Cancer Researcher Dr. Elliot Davis” \[#114\]](#)
 - [“A Guy with Two Cancers Explores Treatments and Life” \(Burt Rosen\) \[#112\]](#)
 - [“An Engaged Caregiver” \(Rochelle Prosser, RN, CLNC\) \[#101\]](#)
 - [“A Cancer Hacker Solves His Own Needs and Helps Others Access the Best, New, Personalized Tests and Treatments” \(Mark Taylor\) \[#71\]](#)

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For the video recording of this conversation, please see [here](#).

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Meeting Notes

KEYWORDS

Cancer patient, CEO of health, personal agency, medical treatment, chemotherapy, energy healing, mind-body connection, alternative therapies, medical system, patient advocacy, second opinions, holistic health, mental resilience, healthcare economics, patient empowerment.

SPEAKERS

Jeff Holtmeier (76%), Brad Power (12%), Mark Stoner (6%), Roger Royse (6%), Raj Aji (1%)

CHAT CONTRIBUTORS

Rick Davis, Raj Aji, Hilary, Roger Royse, Alexander Lalov, Yanin Naiyachit

SUMMARY

Jeff Holtmeier, a tech executive diagnosed with colon and pancreatic cancer, shared his journey of becoming the CEO of his own health. He emphasized the importance of questioning medical advice and exploring alternative treatments. Jeff highlighted the outdated protocols in cancer treatment, citing chemotherapy's origins in mustard gas, and its 1992 study basis. He discussed the financial incentives in the medical system, noting chemotherapy's 65% revenue share in oncology practices. Jeff's approach included acupuncture, Chinese herbs, and energy healing, leading to a spontaneous remission. He advocates for personal responsibility in healthcare and the integration of mind-body practices.

OUTLINE

Introductions

- Jeff Holtmeier is a tech executive turned CEO of his own health, who discussed his journey with colon and pancreatic cancer.
- Critically thinking about medicine and personal agency is very important.
- Jeff was a picture of health until his routine screening revealed cancer.
- He decided to take control and become the CEO of his own health, focusing on leadership and self-leadership.
- A business metaphor to illustrate this approach to health is comparing it to seeking multiple opinions in business decisions.

Challenging Medical Norms and Personal Health Journey

- Protocols in medicine are outdated and it is important to challenge assumptions.
- There are shocking facts about chemotherapy, including its origins in mustard gas and the outdated studies used to justify common chemotherapy regimens.
- Energy healing and the mind-body connection in healing are beneficial, according to studies from MD Anderson Cancer Center.
- Lifestyle factors like diet, exercise, and stress management are important in overall health.

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Medical Journey and Decision-Making

- Jeff’s medical journey started with a routine colonoscopy that revealed polyps and early-stage cancer cells along with a growth on the pancreas.
- A top pancreatic surgeon recommended the Whipple procedure without basic diagnostics, such as EUS
- Jeff decided to seek multiple second opinions and alternative treatments
- The financial incentives in the medical system can influence treatment recommendations.
- Jeff explored alternative treatments, including acupuncture, Chinese herbs, radio frequency and energy healing.
- Mental resilience and the role of the mind in healing are important.
- You need to take personal responsibility in healthcare and seek multiple perspectives.
- There are limitations in the conventional medical system, and there is a need for a shift in medical education.
- The body has an innate ability to heal itself.
- You should take ownership of your health and become an active partner in your healing journey.

Final Thoughts

- Personal agency and taking ownership of your health are critically important.
- You should ask questions and seek multiple perspectives in your medical journey.
- The mind is powerful, and the body has the ability to heal itself.
- Hopefully his story will inspire you to take an active role in your health.

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TRANSCRIPT

Brad Power

This is the Cancer Patient Lab.

We're honored today to have Jeff Holtmeier with us. Jeff is going to talk about becoming the CEO of his care. He's a tech executive by background. He's learned a lot, and he wants to share it with us today. His initial diagnosis was colon and pancreatic cancer. We have some pancreatic cancer folks here today who may have some commiseration or thoughts or questions for him.

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

We are a nonprofit 501(c)(3), and we depend on the kindness of people making donations to provide services like this webinar. We would appreciate any donations you might be willing to make which you can do very easily on our website cancerpatientlab.org, where there's a Donate button.

Jeff Holtmeier 1:30

Whether you're here because of a personal diagnosis, a loved one's journey, or simply a gut feeling that there must be more to healing than prescriptions and procedures, I think you'll find this time valuable.

It's time to critically think about how medicine is practiced and how groupthink and outdated protocols can shape treatment decisions. Even if you don't agree with every choice that I made in my journey, I encourage you to challenge the assumptions and encourage you to think for yourself. It's a strong contribution to the broader conversation about medicine, healing and personal agency.

My name is Jeff Holtmeier, and like many of you, I never thought I'd be here either. Almost my entire life, I was a picture of health, no prescriptions ever, no chronic issues, actively playing sports five days a week. But that didn't stop my routine screening from revealing the words that nobody wants to hear: “You've got cancer.”

In that moment, maybe I was expected to become a passive patient, but instead, I became something very different. I took control and became the CEO of my own health, and that's what today is about, not fear, not blame, but leadership and self-leadership. Since I'm an entrepreneur, I'll use a business metaphor. If my accountant delivers me a solution to a problem that I'm not pleased with, I'll get multiple opinions from other CPA firms. If my lawyer recommends an approach that doesn't make sense to me, I'll do the same and seek other views. However, when it comes to the health of the only body we'll have while living on Earth, why are most people submissive to those in white coats?

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You'll hear things today that may surprise you, like the fact that chemotherapy has its roots in mustard gas. Yeah, the same chemical weapon banned in war or that. The most recent study used to justify a common chemo regimen that I was offered was from 1992 – more than 30 years ago, and then in some of our most respected cancer centers, the standard treatment hasn't been updated in decades. You also learn that energy healing, long dismissed as fringe or “Woo Woo” is now being studied at places like MD Anderson Cancer Center, showing measurable effects on cancer cell death.

Healing is not just a physical process, but a powerful mind body loop. Our mental state directly shapes immune function, hormonal balance and even tissue repair, stress and negative emotions suppress recovery, while practices like deep rest, breath work, positive expectation and quality sleep activate the body's repair systems, reducing inflammation and accelerating healing. In essence, the mindset and daily habits aren't secondary to treatment. They're central drivers to the healing process itself.

Science is finally catching up to what some traditions have known for thousands of years: the body is energy, and energy can heal.

This webinar isn't about rejecting allopathic medicine. It's about integrating knowledge, asking smarter questions, and reclaiming the authority we too often handed away. Because here's the truth, no one, not even the most credentialed expert, knows your body, your values or your intuition better than you. You're not a passenger, you're the pilot. You're not a diagnosis, you're the decision-maker, and you're not just someone hoping for healing. You can become a CEO of your own health.

I'm about 5'10”, around 200 pounds, with 89% skeletal muscle and about 18% body fat, according to my watch. I play full court basketball three days a week, where I'm always the oldest by at least a generation. I also play competitive league tennis twice weekly in a social round once a week. I've always been an entrepreneur, and currently serve as executive chairman and principal of a software development company with no plans to slow down anytime soon. Health and wellness have always been priorities for me. I haven't eaten fast food since 1984. I avoid processed foods and focus instead on a predominantly Chinese-influenced diet, thanks to my wife. I enjoy red wine periodically. Other than in rare cases, when I need an antibiotic, I've never taken prescription drugs. Intermittent Fasting is part of my routine, six days a week, with one full 24 hour a day fast weekly. I'm fortunate to live a low stress life, along with a loving and supportive wife, two great sons, and three young grandkids. I'm socially outgoing and rarely get sick. I've even skipped flu shots my entire adult life without issue. My personality is fundamentally positive, open minded and outgoing, and I cultivate a profound sense of gratitude for life. This mindset is coupled with a powerful conviction that the mind possesses the ability to influence outcomes and attain any aspiration.

All of this matters because your lifestyle and physical condition play a huge role in your health. But in the United States medical system, they're usually ignored when you fill out clinical intake forms. Are you ever asked about what you eat, how much you move, how you sleep, or how you

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manage stress? Probably not. And yet, these are key factors that can help determine whether a particular treatment will actually work. It's a serious blind spot in a system that claims to care about healing after a lifetime of avoiding any illness.

At age 65 I faced some unexpected health challenges. It all started with a routine screening that led to a colonoscopy where doctors found and removed some polyps. They also discovered what they claim from a PET scan were early stage cancer cells in my colon and a cyst on my pancreas. This was a shock, considering my healthy lifestyle and no family history, and having gone my entire life without the need for pharmaceuticals or medical professionals, except for broken bones and stitches when I was a kid, plus I had no symptoms.

I went through the expected stages of denial, anger, realization and acceptance, ultimately landing on treating it as a business problem that I needed to solve while convincing myself that it was, in fact, solvable. I first went to one of the country's top pancreatic surgeons, thoroughly vetted through my professional network, which is deep. Within minutes, he recommended the [Whipple procedure](#), one of the most invasive and complex surgeries known to medicine, while dismissing the value of a simple endoscopic ultrasound that I asked about. He barely asked me any questions before sketching a diagram of my organs on the back of a pamphlet and described how he would cut and paste my organs together.

That's when I realized surgeons recommend surgery in America's system. They're often paid more the bigger and riskier the procedure hospitals use. Relative Value Units (or RVUs) tie physician pay to procedure volume and complexity, creating an incentive structure that can tilt medical judgment towards profit, not patient.

I walked out never to speak to him again.

An EUS (endoscopic ultrasound, an outpatient procedure that combines endoscopy with ultrasound to visualize and examine the lining and walls of the upper and lower gastrointestinal tract and surrounding internal organs, such as the pancreas, bile duct, and gallbladder) later confirmed my cyst was benign. Columbia University's multidisciplinary tumor board advised monitoring, not mutilation.

The lesson was clear: our system isn't just about care, it seems to be about revenue. Patients who don't question it risk becoming a line item on their bonus plan.

I mentioned earlier my routine colonoscopy had revealed benign polyps. However, a larger polyp in the upper right ascending colon was noted but not removed because it was too difficult for the surgeon to access. Subsequently, a second colonoscopy by a referred specialist at Indiana University successfully removed this larger polyp, and pathology showed early stage cancer cells. The doctor recommended immediate surgical removal of the section of colon from which he removed the polyp, along with chemotherapy. He stated that the stage of the cancer in this area could not be determined until after the section of the colon was removed.

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This was surprising to me that in this day and age, despite our advanced medical screening techniques, certain cancers cannot definitively be diagnosed until removed from the body. Obviously, this should be required. This could require significant trauma to the body, possibly for no good reason, should the diagnosis turn out to be incorrect.

Concurrently, a follow up PET scan indicated a potential issue in my small bowel area, leading to the decision to remove the small growth there as a precaution if and when I had the colon surgery.

Jeff Holtmeier 9:47

I then searched for a specialist within the United States medical system who would consider alternative treatments to surgery and chemo. Given my overall health and medical history and no symptoms, I consulted with experts and institutions, including Johns Hopkins, the University of Cincinnati, the James Cancer Center at Ohio State, the Mayo Clinic, Stanford, Sloan Kettering and Columbia University. Interestingly, the recommended approach remained consistent: surgery and chemotherapy.

I then retreated to my Chinese medical practitioner, an MD and former oncologist that I use for acupuncture and other natural remedies. He bluntly stated to me that since every doctor in the U.S., including him, has studied from the same textbooks in the last 50 years, the answer will always be the same from all allopathic providers: surgery and chemo. However, he also started me on a weekly acupuncture treatment along with a custom Chinese herb regimen to address the targeted area. He also mentioned that many of his oncology patients found peace of mind through surgery, suggesting I might consider that as well.

After some time and reflection, I conceded, and scheduled surgery at Sloan Kettering in New York to be performed by a renowned surgical oncologist. The day before the surgery, we had a preparation consultation with the doctor and his team, where he described the process for removal of the growth in the small bowel and half of my colon. Note, this was not disclosed in my original meeting with the surgeon. He then described the likely side effects, including a 40% chance of serious issues such as wearing a colostomy bag and other not so cool things in your digestive system.

When I asked why it was necessary to remove half of the colon for a small polyp in the upper right ascending section, he said that he only does hemicolectomy, which involves removing the ascending colon, the cecum and a portion of the transverse colon, and then cutting and pasting the rest of it together. Now I could be wrong, but as I understood him, such extensive surgery wasn't even strictly necessary. It was just his M.O. (modus operandi).

I then asked his opinion of the likelihood of the polyp being cancerous, and he answered. “Probably 10%.” So on the spot, I decided to forgo colon surgery then proceed only with the removal of the growth in the bowel. This meant a four-hour surgery and a short stay at the \$2,000 per night semi private room at Sloan Kettering hospital.

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After the procedure, I had to wait for about two weeks for the pathology results. When a surgeon called, his tone was blunt. The growth in my bowel showed B cell lymphoma and could spread. He strongly advised me to see an oncologist, naturally recommending a colleague at Sloan Kettering. My wife and I returned to New York to meet the Sloan Kettering oncologist, and after a few preliminary remarks, she detailed her proposed treatment for B cell lymphoma, a rigorous regimen of 13 chemotherapy sessions followed by further testing. Before the appointment, I delved into research on chemo and its effectiveness, knowing that that was going to be a recommended treatment. I discovered that the origins of chemo date back to the mid 1940s Germany, when researchers used mustard gas for medical purposes. Chemo’s origin lies in mustard gas and a bioweapon outlawed by the Geneva Protocol for use in war, but apparently okay for the human body. My findings also indicated that chemotherapy's efficacy is questionable and may be outweighed by the numerous adverse effects.

Recently, I read a study that suggests it could be valuable to ask questions of whether, at least in some instances, chemotherapy can do more harm than good. This study examined the long term risks of secondary cancers in patients. It was found that certain chemotherapy regimens were also associated with an increased risk of developing secondary malignancies, including leukemia and cancers of the bones, joints, and soft tissues. When I questioned the oncologist about the rationale for the treatment plan, she referenced statistics from a 1992 study on the effects of chemo treatment for B cell lymphoma patients. I was stunned and assumed she had misspoken, thinking she meant to say “2022”, but she asserted, “No. 1992 is the most recent study for this form of cancer treatment.”

In terms of human health and advances in our understanding, it would seem to make sense to periodically revisit our standard treatment models to see if they could use an upgrade based on new discoveries. But given that the most recent study of the standard treatment for B cell lymphoma is over 30 years old, this approach does not seem to be much of a priority in the system.

This is particularly noteworthy given that chemotherapy treatment is one of the most financially lucrative medical interventions in American medical history. To illustrate, here are some facts and studies about the financial impact of chemotherapy in the United States. Studies show that chemotherapy drugs account for 65% of the revenue in a typical oncology practice. A journal of the American Medical Association, cross sectional study examined private payer specific prices for 25 commonly used non oral cancer therapies at 61 National Cancer Institute-designated cancer centers, medium price markups across the centers ranged from approximately 120% to 630%.

On top of the estimated hospital acquisition cost, independent studies have also indicated the financial relationships between oncologists and pharmaceutical companies may influence prescribing behaviors. Oncologists receiving payments from the pharmaceutical industry have been found more likely to prescribe cancer drugs that are less effective or more expensive.

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After leaving New York, I was determined to locate an oncologist with more up-to-date protocols. I found one at a teaching hospital. While he considered chemotherapy as a treatment option, he proposed a greatly reduced course compared to the recommendation from the Sloan Kettering oncologist. However, when I expressed my decision against chemotherapy, we mutually agreed to explore further diagnostic testings, including CtDNA Lynch syndrome and Guardant 360 tests to ascertain if any disease remained. Testing showed no pathogenic variants in the 77 genes that were analyzed.

At this point, I had elected to pursue alternative natural therapies. The end result of this pursuit was that six months later, after a series of tests with the oncologist, during a routine follow up with him, he reported to me that the B cell lymphoma was gone without offering an explanation. This phenomenon is sometimes referred to in the medical community as “spontaneous remission”, the term used to describe the unexpected disappearance of cancer in a diagnosed patient. I had not informed him of my concurrent use of energy healing, acupuncture, radio frequency treatment, Chinese medicine, acupuncture again, and supplements aimed at the defective cells.

How did this all come about? Well, after that first appointment at the teaching hospital, I began to do an immense amount of research about cancer, including reading about a dozen books. I had found myself torn between two worlds, the wisdom I had gathered from the writings of certain authors, including Dr. Peter Glidden and Dr. Leonard Colwell, along with my own research and the traditional slash and burn approach of cutting and chemo, the path that everyone seemed to expect me to take. I'm also a strong believer in the power of the mind to influence the body to heal naturally, along with the body's ability to naturally heal itself. And there seemed to be little place for this approach in the traditional medicine model.

Jeff Holtmeier 17:12

Another inspiration to me was my friend Andrew from New York, who was diagnosed with prostate cancer at a relatively young age. Like many, he turned to Sloan Kettering, where he was advised to undergo four rounds of radiation over several months, a regimen that carried significant risks and serious potential side effects. Refusing to accept his only option, Andrew searched for alternatives and discovered a doctor in Portugal offering a groundbreaking approach: a single modified radiation treatment. Ironically, the same doctor had previously practiced at Sloan Kettering in New York, and had spent years advocating for this less invasive method, but the hospital refused to adopt it, deterred, perhaps by economic disincentives. Andrew traveled to Portugal, underwent the single treatment and successfully eradicated his prostate cancer, all without debilitating side effects.

Inspired by alternatives, I wanted to talk to some of the authors of the books. After weeks of searching on the internet, I was able to track down the now retired Dr. Leonard Coldwell, the author of [The Only Answer to Cancer](#), and sought his opinions. His assistant told me that he didn't practice any longer, but my insistence in tracking him down, along with some of his own internet sleuthing about me led him to decide that I was a strong willed person (true), who would likely listen to his strict and unconventional methods. Dr. Coldwell was a practicing oncologist in

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Germany for 40 years and utilized alternative based treatments, and reportedly achieved a 92% success rate in over 35,000 patients according to independent European studies.

He explained to me that the body continuously produces abnormal or defective cells, and he advocates for natural methods to support the body's ability to eliminate these cells. He emphasized the importance of a healthy lifestyle, stress reduction, and a positive mental state in preventing the progression of these defective cells into cancerous ones. He also spoke with conviction about a hidden crisis many cancer patients face: the moment of emotional collapse that often follows a diagnosis. It's not just the cancer, it's everything else in life thrown at them: a recent layoff, a painful divorce, mounting debt. Then the word “cancer” drops like the final blow. In that instant, some patients feel as if their bodies receive a message that it's time to surrender. Add to that the trauma of surgery and chemotherapy and the toll on one's body and identity, and the fight becomes more than physical, it's psychological, it's spiritual. If the will to live begins to erode, so can the effectiveness of any treatment. Healing starts not just with medicine, but with the belief that there's still something worth fighting for. Dr Coldwell underscores the importance of cultivating a clear and focused mental state, emphasizing that the mind plays a central role in a body's ability to heal, drawing on principle from psychoneuroimmunology, which is the scientific study of how thought, emotions, and stress influence the immune system. He argues that mental clarity can help signal the body to shift from a state of chronic stress to one of repair and generation, even when dealing with external pressures like financial hardships or relationship strings.

He encourages patients to compartmentalize these distractions and intentionally direct their attention toward healing. Scientific research has shown that practices such as mindfulness meditation, guided imaging, and stress reduction techniques can lower cortisol levels and inflammation, boost immune function and improve treatment outcomes in cancer patients. In his view, aligning the mind body is not just complementary, it's foundational. By fostering mental resilience and emotional balance, patients can create a physiological environment that supports their immune system, enhances cellular repair and potentially reduces tumor progression. Healing, he believes, begins with a mind's ability to partner with the body and a unified mission to survive and thrive.

I had been uncertain about which treatment option to choose: a traditional medical approach or alternative therapies. But after my session with Dr Coldwell, I decided to stop the hybrid approach of allopathic and natural combination and go all in on the natural approach. That said, I was about to fully embrace this natural treatment strategy. I sought one final opinion from a surgeon friend to understand his perspective. This proved very valuable in that he recognized the limitations of the conventional medical system and had held some belief in natural therapies, as opposed to the outright rejection of natural approaches by many other doctors.

He introduced me to Dr B, an MD, specializing in holistic and integrative health care for decades. We began our initial session by focusing on creating a treatment plan, balancing health and efficacy, and also on exploring the possible origins of suspected cancer. This exploration included multiple tests, including one to determine if the weed killer Roundup was a

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contributing cause. It's relevant to note here that the International Agency for Research on Cancer, division of the World Health Organization classified glyphosate, the chemical Roundup, as carcinogenic to humans.

Dr B prescribed a thorough blood analysis and suggested a range of supplements, from grounding mats for sleeping in conjunction with rife radio frequency therapy (a discredited alternative medicine treatment that uses low-energy radio waves to allegedly cure diseases by destroying pathogens with their own resonant frequencies) and multi-spectral photobiomodulation therapy (a treatment that uses multiple wavelengths of light—including visible red, near-infrared, and sometimes blue—to promote healing, reduce pain and inflammation, and stimulate cellular function). Following the three months of weekly therapy and completion of Dr B supplement regimen, he said, “I can't do much more for you.” He suggested, if I really wanted conclusive evidence that there was something in my colon, a Prenuvo scan (a comprehensive Whole Body MRI used for early detection and prevention of diseases) would be the best approach.

I'd never heard of Prenuvo, so I researched this comprehensive 3D MRI scanning system, which is only offered in a few cities across the country. We then journeyed to Chicago for the scan experience, an experience that took place in a relaxing spa-like setting; the procedure itself lasted only about 90 minutes.

Results were expected within two weeks. As you can imagine, anticipating a doctor's follow up call did cause me some nervousness. The results from the doctor who administered the scan were good. The scan provided a very detailed analysis of my area of interest with the abdomen, along with exceptionally clear images. The previously known pancreatic cyst was confirmed, but dismissed as a benign hernia. Other minor findings were also found. I experienced significant relief. There had been no mention of anything related to my colon. However, I wanted Dr B to review the images after and offer his opinion, which he did a few days later. His first words were, “There's nothing in your colon.”

What's next? This journey has deepened my distrust of conventional medicine. While I focus the story on my personal experience, my distrust predates my own journey. I managed care for my parents until their deaths, where I gained early knowledge of the challenges of our healthcare system. Many medical schools have yet to fully integrate the whole person care into their curricula, resulting in a system that's often focused on treating illness or sick care rather than proactively promoting health. While some institutions are implementing changes, the majority of practicing physicians have been trained under the old model. This necessitates a shift in medical education to better equip future doctors. Until this evolution is widespread, I think taking personal responsibility as the CEO of our own health remains critically important.

It's also important to note here that I do recognize the value of the US medical system for emergency care, such as an injury sustained in a car accident or other trauma related wounds. However, my experiences have led me to believe the system is largely geared towards revenue-generating disease management rather than promoting cures. This often relies on older,

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expensive surgical procedures and medications, while largely ignoring innovative, natural, integrative healing practices, some of which various cultures have utilized for thousands of years.

I also strongly believe the body's innate ability to heal itself is a powerful connection between the mind and body. In fact, I believe it's so important here to note that if you are not of the belief that the mind-body connection is relevant to your health, and you lack strong will, my approach would not be for you.

My experience has driven home the importance of personal responsibility in healthcare. We cannot afford to be passive recipients of medical advice, blindly following their recommendations of doctors without question. Instead, we must educate ourselves, seek multiple perspectives and make informed decisions based on our own research and intuition. This is not to say that we should dismiss the expertise of medical professionals; rather, we must become active partners in our own healing journey, working collaboratively with medical professionals to achieve optimal health.

It is my sincere desire that this narrative will help encourage you and others to adopt a similar mindset, to question the status quo and to seek out alternative paths of well being. On a personal note, I readily admit that I don't know why the B cell lymphoma disappeared, or why the cancerous polyp in my colon seemed to appear and then vanish. What I do know is I avoided subjecting my body to the trauma of multiple surgeries and chemotherapy. Can I point to any single natural therapy or even a specific combination of such treatments and claim with certainty that that was a reason for the outcome? No. Could it be, as Dr. Coldwell suggested, that the body has an innate ability to clear itself of defective cells? Possibly. I don't know for sure, but I'm at peace with that. What I do know is that the natural treatments and supplements I used had no harmful side effects. The radio frequency therapy and energy healing were non-invasive. Fasting in and of itself, to gain autophagy, is a well-documented contributor to improved health. For these reasons, I'll continue to follow certain protocols to support my well being. I'm not advocating for any one particular treatment modality. Rather, I encourage people to educate yourselves. Consider all available options and pursue what feels aligned with your own circumstances. Now, had I been experiencing more severe symptoms, like coughing up blood, for instance, I may not have had the luxury to follow the path that I did, but in my case, I'm grateful that I did.

Brad Power 26:55

That's in one place a manifesto of similar ideas that people express. I could look across 10 webinars, and I would find 10 instances. I'm thinking, since I write the notes up from these sessions, how many good quotes did you have in there? There are literally a dozen. It's going to be a struggle to synthesize or to highlight what you've just said. It's very much in alignment with the general kinds of folks that we talk to here at the Cancer Patient Lab and the kind of members that we have in this community. Thank you very much for that.

Mark Stoner 27:58

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I'll give you a quick background. I had diffuse B cell lymphoma last year in the hospital at UCSF for seven weeks. I had CAR-T in September last year, just a complete remission. I just had a one year checkup.

I was interested in the RVU (relative value unit). I hadn't heard of that before. My gross medical bill last year, with United Healthcare, was \$1.6 million. I'd go in for treatments. I'd see the bill. Like a five-hour session, \$70, \$80,000 – most of it pharma costs. How can the whole country survive on those kinds of levels?

Just a quick background: my sister died of cancer five years ago. My brother died about two weeks ago of pancreatic cancer. We have no family history of cancer. Sister, Michigan, brother, Florida. Me here. So no environmental issue. I talked to my oncologist, no genetic issues, whatever. It's hard to figure out. I've got a 50-year-old friend. He's going in about a week for a mastectomy. He's a male having a mastectomy, so he's in shock. It affects a lot of people, but I'm interested in the economics of healthcare you talked about. I appreciate your overall perspective.

Jeff Holtmeier 29:18

Yeah, thanks. There's more to what I said. I wrote a small book about this, and if anybody's interested, you can send me an email, and I can send you the link to it. It's on Amazon, and a lot of these things that I refer to, I footnote, and I provide where I got all the information, and you can look at it for yourself.

Mark Stoner 29:38

Great.

Roger Royse 30:01

I might have missed it, but did you not have the Whipple?

Jeff Holtmeier 30:08

No, I did not. I ran as fast as I could out the door. I did not have the Whipple.

Roger Royse 30:13

Did they decide that it was misdiagnosed? That it actually wasn't carcinogenic, it was benign?

Jeff Holtmeier 30:19

It was not. I went to see a well-known surgeon, recently recruited to a different hospital. I'm pretty well connected in the medical community in this area of the country, and did a lot of background checking on him, and got references from C-suite individuals who I know, and they said, “This is the guy. He's an ‘artist’.” was one of the terms. And literally, I don't think we were in there for five minutes before he started saying, “I'm doing a Whipple on you”, even prior to getting an EUS, which would seem to be the next logical step.

Roger Royse 31:02

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That's what I'm wondering about. Can't they just do a fine needle biopsy and determine definitively?

Jeff Holtmeier 31:09

I don't know his exact words, Roger, but he said, “No matter what the US says, I would still recommend a Whipple.”

Roger Royse 31:17

Just because it might be pre cancerous, or something like that, I suppose?

Jeff Holtmeier 31:21

I don't know, just because I was a pretty healthy piece of meat, maybe. I don't know.

Roger Royse 31:27

You dodged a bullet there, because I know that is nasty.

Jeff Holtmeier 31:30

I dodged a bullet. I often think about what would have happened to my life had I said, “Okay, fine, let's go do this.”

Roger Royse 31:36

That is a gutsy move. As a pancreatic cancer patient, I probably took about half the advice my doctors gave me, and I know that it's a hard thing to say “no” to an expert. It's a really hard thing.

The other thing that strikes me, just as a comment, listening to you, is just such a complex set of diseases that, like you said, took five minutes for him to tell you, here's this one size fits all solution for you, or this monotherapy. What works for one cancer won't work for another. What works in one person won't work in another.

You didn't take any chemo at all. Do you recall which chemo they recommended?

Jeff Holtmeier 32:25

I have it in my notes, but I don't recall it off the top of my head.

Brad Power 32:29

It was probably R-CHOP. That's what's typical for diffuse large B cell lymphoma,

Roger Royse 32:35

Because you said something that really caught my attention about how the chemo itself can cause secondary cancers, and I was super concerned about that myself, and I got different answers from different people. I raised it every time I talked to my doctor, and the last time I talked to him, he said, “No. That's really only the platinum-based chemotherapies that you have that risk for.” But I don't think anyone really knows the truth. I think it's all just a guess.

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Brad Power 33:09

I'm a lymphoma survivor, and I'll just tell you the mental state they love, something that was originally studied in 1992 because they now know that there are side effects. You can have constipation, or you can have diarrhea, or you can have heart issues, you have this, that, and they're on the lookout for all those things, and they have ways of dealing with them. Because it's been used since 1992, they know what the long term effects are. Like Mark, I got CAR-T. What is the experience with CAR-T for lymphoma patients? They have a year or two of experience because there are different variations, and so they don't know what the 10-year effect is going to be. They don't like that as much. There may be down the road side effects, and we don't know about them today. The sorts that Jeff was talking about, it could be, another cancer crops up, or it could be some other comorbidity with another organ, or something. So they love old, tried-and-true. That's a bias built into the system, because they know how to deal with it, and they have a long term effect. It's a feature, not a bug, from their perspective.

Roger Royse 34:20

In my case, after I was diagnosed, I figured, like you, I did everything right. How did this happen? I went on a search to find out what was wrong. I tested every blood marker you could come up with, mycotoxins, chemicals, plastics, metals, pathogens, everything. Did you do that as well? And did you find anything that maybe might have been a triggering cause for you?

Jeff Holtmeier 34:52

I did some of it. I went through some detoxification in various parts of my body, and even soaking my feet into some solution. Then you watch all the really creepy shit underneath the microscope and go, “Oh, that's gross.” I was on some supplements to help clear the pathogens out of the body. I did go through a lot of that.

Roger Royse 35:21

Do you have an opinion as to what it was? Because, like, I say, you did everything right and came up with cancer. What was the risk factor for you? I eventually concluded, for me, it was just age.

Jeff Holtmeier 35:43

I don't know. I think that maybe it was a misdiagnosis. Maybe it's just okay, there's a polyp and it's over a certain size. It's got to be cancerous. You better get cut out. I sort of challenge the thinking process of these doctors who just automatically say, “This is what you got to do.” Will I really ever know what it was? Probably not. I guess I'm okay with that right now.

Roger Royse 36:19

What are you doing in terms of monitoring now? Do you view yourself at high risk, or do you think you're just completely okay?

Jeff Holtmeier 36:27

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I don't think I'm at high risk. That might be, depending upon a person's perspective, a good or a bad approach. I'm 68 years old. I still play young men's sports, five, six days a week. I eat right. My mind's in a good place. We've got a great life, got a great wife, kids, and life's good. I think a lot of this, if anybody takes anything away from it, the mind really has a significant impact and I think helping yourself heal. I didn't believe that I had cancer. I never believed it despite going to all these doctors and saying, “Wow, you got it. You better get it cut out.” I'll add those five or six places that I went to around the country, those well known institutes, most of them were okay with giving me the time. But what I didn't know until after the fact, I think maybe one of the last ones we went to was a female surgeon, and she was just flat out rude to me. She said, “How many are you going to see before you're going to listen to us?” Then I realized, “Oh shit. Everybody sees my records. They all know that I went to five other places before I came to them.” As I said, for the most part, people were polite and gave me their time. But one woman just said, “I don't want to give you my time, because you're just going to probably go on and go and talk to somebody else.” To answer your question, I have no idea.

Brad Power 38:04

Thank you, Jeff, could you describe a little bit about your research process? Obviously, as you said, you went to half a dozen institutions and you got second opinions. That was a repeated theme. It's like you're going to get multiple perspectives on your diagnosis and your treatment options. What else did you do to give you the confidence to chart your own path?

Jeff Holtmeier 38:28

A tremendous amount of reading. I probably read a dozen books on the matter, certain books of people telling their own story, how they cured their cancer by a certain diet changes, exercise changes. A lot of internet searching. A lot of good use for AI for GPT models. Honestly, I went down rabbit holes often, and maybe I was trying to find the answer that I wanted to hear. I'm not saying that I really ever did, because I talked to so many people and I read so many books and did enough research to say, “Well, I've got all this data in front of me, like a CEO would have to make a decision. I just got to make a decision on which is the right way to go and is there risk there?” Had I been coughing up blood or had really severe symptoms or pain, maybe I would not have had the luxury to go through this process the way that I did, which was about a two-year process, by the way.

Brad Power 39:36

We had Richard Bagdonas with us last week, a similar pioneering patient who actively engaged in his care, a similar tech background, engineer. One of the things he talked about, which you've also done, is you've written a book. What motivated you to write a book? In his case, he said it was “survivor's guilt”. Part of his own personal therapy is giving back and sharing the journey that he went on. Can you speak a little bit about why you're here today, why you wrote a book, and what you're hoping to achieve by sharing your story?

Jeff Holtmeier 40:10

That's a great question. I really felt that while I never really consider myself a different person, I'm an entrepreneur. So I'm half crazy because most entrepreneurs are half crazy. They don't

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like to hear the word “no”, and I really felt I uncovered some really valuable information that I wanted to share with people. They may not have the capability or the appetite or the desire, or the ability to take rejection as much as I have. And I thought, “Okay, I’ll put it in a book.” And by the way, it’s a short story. It’s about 60 pages. It isn’t that long, but I go into a lot more detail than what I talked about today, and also provide footnote references to where I got most of my data. For example, a lot of people read the book. The first thing they say is, “I can’t believe the stories about chemotherapy. I can’t believe the markups, I can’t believe that it’s the most lucrative part in American medical history. It’s kind of shocking to most, but we’re in a system that churns people through and treats the symptoms, and everybody makes a lot of money, and okay, people are going to die anyway, so what the hell?”

But to answer your question more directly, I just want to offer somebody some help. And maybe not be afraid. Again, people may listen to what I said today, or read the book and go, “I’m not doing that. I’m just going to follow the pathway.” Well, that’s fine.

Brad Power 41:53

What argument would you make to persuade someone? I’m thinking of a recent story. It was an elderly woman whose son was advising her to get a second opinion, or to ask the doctor some questions, to challenge the doctor, that sort of thing. She said she didn’t want to rock the boat, with this relationship. What argument would you make to someone who doesn’t feel comfortable challenging their doctor or getting a second opinion?

Jeff Holtmeier 42:27

That’s a tough one. I’ll give you a perfect example. My father, going back 25 years ago, went in for a routine checkup. The guy says, “I think you need a five way bypass. I got an opening tomorrow at 11 o’clock in the morning.” He’s never had a heart problem, but my dad, I was traveling, and I called him and I said, “Dad, don’t go. Just wait till I get back.” “He’s such a good guy. I’m just gonna take his advice.” He went ahead and had a five way bypass. Did he need it? I don’t know. Did the guy have a cancellation and an opening and just wanted to fill it? I don’t know. So somebody like my own father, I couldn’t convince to probably look at even a second opinion. There are people who are like me and people like my dad, and it’s very difficult to convince people to get out of their comfort zone. And if they’re comfortable listening to people of authority, then that’s great. I tend to ask a few more questions before I make any decision.

I’ll share one other thing with everybody. It’s another book that I read. It’s called [Blind Spots](#) by Dr. Marty Makary. If anybody’s ever heard of him, he happens to be the current FDA commissioner in our administration. His book exposes these systematic dysfunctions in the US healthcare system, rooted in ethical blind spots, cultural blind spots, financial and institutional, and these lapses fuel unsafe care. He says, inflated costs, and silence in the face of opposition, and a lot of it is around groupthink and how groupthink is very damaging to his whole medical system. Somebody mentioned earlier NIH funding. He talks a couple of chapters about the people who get this NIH funding are generally older researchers that want to validate their own thinking of what they know, not looking for new things along the way. So I highly recommend the book [Blind Spots](#).

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Mark Stoner 44:38

Have you discovered any difference between like Kaiser, where the doctors are all salaried employees, versus smaller institutions, or, I don't know, state institutions, or any, any perspective on that?

Jeff Holtmeier 45:00

Honestly, no, I don't. I named all the ones that I went to. There was the teaching hospital, I'll just say it's the University of Cincinnati, reasonably well known. They're not paid nearly as much as, say, somebody at Sloan Kettering or other private institutions. But I really couldn't answer your question honestly.

Mark Stoner 45:21

To follow on from the NIH funding: I've heard from physicians and clinicians that sometimes their colleagues have survived on grants for years and they never produce anything. There seems to be a whole lane of academia where hopefully they produce their Nobel Prize winners, but they're okay with just surviving on grants.

Jeff Holtmeier 45:46

That's exactly right. In his book, he highlights specific examples where tens of millions of dollars of grant funding was given five years of effort, and the studies resulted in “we extended the life of the person by 1.6 months.” Okay, maybe that's really important to the family, and I'm not knocking that. But is that really success? Not a cure for the problem, but just a slight increase in survival rates.

Mark Stoner 46:19

There's a whole fight, as you know, within the current administration, redoing academic or funding regarding indirect costs. The Gates Foundation funds 15% indirect cost, Harvard, a lot of universities, have been 60%. So that's what the fight is about right now. I've talked to clinicians, people saying that the indirect costs need to be redone, adding real estate and all the costs that go into that. They're right to look at that, review it, and they just want the money to go to research, not for paying real estate costs, facilities, etc.

Jeff Holtmeier 47:00

After reading this book – not taking a political side either way on this thing – this guy is a surgeon, he's a researcher, this Marty Mackaray guy, and now he's head of the FDA. He might be a beachhead for helping change this whole system, because he knows and he's willing to talk about it.

Raj Aji 47:42

As part of this whole journey, did you explore treatments, immunotherapy, more targeted treatments, which are not for the types of cancers that you were potentially diagnosed with, and did you see any? Did you research those? Did you talk to people, and was there any resistance that you got as part of that effort?

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Jeff Holtmeier 48:05

The last oncologist that I saw, I guess he had to go to some board at the hospital to get approval for me as a patient, to take immunotherapy, I was a candidate, but I stupidly didn't know much about it at the time, and I thought it would be just take one pill, and I'm done. Well, it goes almost the same length of time as the chemotherapy. It's less poison, I suppose. So I decided I'll just skip that and stick to my natural treatments.

Brad Power 48:42

Any parting words of wisdom, any kind of summary thoughts? What do you want to leave us with?

Jeff Holtmeier 48:56

Take ownership. Personal agency. Be responsible. Push back on people. Ask questions. The guy in the white coat doesn't have all the answers. It's imperative that we take our own personal agency for our own bodies, and if nothing else, I hope that I left people with, “I may ask you a few more questions.” I may not do what this guy told me, but I'll ask a few more questions, just to be more comfortable.

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CHAT CONVERSATION

00:19:25 Rick Davis: AnCan offers a pancreas cancer support group. Next meeting this Thursday, Sep 25 at 8.00 pm in the AnCan Barniskis Room - free and drop in.

Reminder/newsletter <https://mailchi.mp/ancan/virtual-pancreatic-support-group-september-25th-at-8pm?e=838454d636>

00:44:47 Raj Aji: Inspiring

00:47:57 Hilary: Relative Value Units (RVUs) are a national standard used by CMS to assign a monetary value to physician services based on the time, intensity, and expertise required for each procedure.

01:02:19 Roger Royse: Blind Spots: When Medicine Gets it Wrong - great book. The author is a pancreatic cancer surgeon

01:02:50 Alexander Lalov, Indiana, US: Reacted to "Blind Spots: When Me..." with 👍

01:06:57 Yanin Naiyachit: Reacted to "Blind Spots: When Me..." with 👍

01:07:07 Yanin Naiyachit: Thank you so much, Jeff, for sharing your journey, experience and insights.

01:07:27 Yanin Naiyachit: Replying to "Blind Spots: When Me..."

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