
Adiel Tel-Oren: Skin Lesions and Health - Why, How, and What To Do About It

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Announcer: Let me introduce Dr. T, he's a health pioneer, an inventor focusing on natural principles of health and sustainability. He is a physician, university professor and holistic scientist. He promotes functional medicine science-based natural approach to diagnosis and therapy.

He was born in Jerusalem, received his medical degree in 1996 at the prestigious Russian State Medical University in Moscow, and did his hospital rotations in Minneapolis Minnesota and in Moscow. He is also a US trained doctor of chiropractic high honors 1990 and licensed support certified clinical nutritionist. He's President Emeritus and Dean of medical science, and professor of functional and nutritional medicine at the University of Natural Medicine in Santa Fe New Mexico. He has founded and supported many projects, including Ecopolitan Health Network, which includes detox and healing clinics, it's a non-profit. A hundred percent organic raw vegetarian, and he does foraging retreats, Eco Treks in Nepal, and Eco Village in Wisconsin in progress, an hypoallergenic gluten free bakery. You can find more information on www.ecopolitan.com.

His main humanitarian project is the creation of a network of schools, orphanages and daycare centers, The Everest Learning Academy, to educate and nourish the poorest children in Nepal. They protect and nurture 800 children and growing rapidly, who otherwise would end up on the streets to become victims in trafficking. I give you, Doctor Tel-Oren.

Dr. Tel-Oren: Is it working?

Audience: Yes.

Dr. Tel-Oren: Okay, so you are here to understand a little bit more about your skin. Please understand that the skin has numerous features to it, and we could talk for hours about eczema and dermatitis and about auto-immune disease of the skin, rashes, but today we're going to focus on skin lesions. Please don't confuse issues with one another. Today we're just focusing on a few skin lesions that are very common, and we will not have time perhaps, to get into the skin lesions that are less common. Although, they are a thing that are worthy of discussion. Maybe we'll touch on a few things if time allows us.

I want to start by mentioning that you don't have to live with skin lesions that you don't like. When I say lesion, I refer to any abnormality of the skin. If you have an area that is rough, an area that is slightly different color from the normal skin, an area that is raised above the skin or deep into the skin, an indentation. If it is any shape or form different from the smooth baby's butt skin that you all have the inalienable right of enjoying, then it is considered a lesion. That's the word, a medical term, lesion. Anything that's abnormal in your skin is a lesion and it represents some kind of an abnormality, some kind of a pathology that has occurred within your body leading to such a problem. Now, to many of you it's not a problem.

You might say, "Oh, I don't care. I'm used to it. I can barely even see it when I look in the mirror, because I was born with it," but when I look at it, it could be huge, underneath somebody's eye, and the person is not seeing it, because they developed a blind spot exactly where that thing is. Sometimes they don't care so much because grandma called it a beauty mark, and grandma calls everything a beauty mark if it's on her own grandchild. Also, she doesn't want to cause people to feel uncomfortable. It's a child, and she doesn't know that there are ways to remove things that are nonsurgical and not painful. We all like euphemisms. We like to feel good about what we are born with and what we have, but in reality, why would anybody want to walk around with a tumor on their face? Even if it's a beauty mark, if it's protruding, it is a tumor. Something has happened. When you're born you don't start living.

You may have developed a tumor on your skin in the second month of your life, which is the second month after fertilization. Does that make a difference if it's two months after fertilization, or six months after fertilization, in terms of the fact that you are born with it? No it doesn't make a difference. It happened sometime throughout your life. Even if it was before you were born. A tumor has formed, and we have to ask ourselves, why is it there, and we have to ask ourselves, what is it connected to?

First, please be aware that some time in the second week of life, when you are still in your mother's uterus, in the second week you look like a two layered pancake. The epiblast and the hypoblast. Those two layers are forming everything that you're going to ultimately become. The epiblast ultimately becomes the entire central nervous system, the entire peripheral nervous system, the retina of the eye and the entire integumentary system, meaning the skin, nails and hair. That whole thing that is on the superficial surface of the body, plus the entire central and peripheral nervous system, are all deriving from one layer, the epiblast. Everything else in your body comes from the hypoblast, which means there is a very intimate connection between your central nervous system, the peripheral nervous system, and your skin. That's important for our survival.

If we didn't have a very intricate network of nerves and nerve endings throughout our entire peripheral system, we wouldn't be aware of what's happening in the environment. How do you know when an ant is walking on your skin? It's so tiny, but you can tell exactly where it is. How do you know when an insect that is as light as a mosquito, just put something so thin through you and you can tell exactly where it is? Because we have a very, very strong connection with our nervous system and the skin together. Now, be aware that those millions and millions of nerve endings that are in every square inch of your skin, are doing two things, not just one.

The first is they bring information from your skin to your brain. That's how you knew that the mosquito was there. Information that is sensory in nature. You sense things on the surface of your skin and you bring the information from the

skin to the brain, or to the spinal cord, so if you touch something hot, a reflex through the spinal cord tells you to contract the muscle, to protect yourself. That's thanks to the connection between the central nervous system and the skin, but that's just the sensory component. There is another component nobody talks about and that's called the trophic component. Trophic means feeding. The nerves don't just bring information from the skin to the nervous system and the brain, they also bring nutrients and messages that are causing growth and nourishment to the skin cells that they innervate.

If there is an increase in the number of neurological impulses, the nerve is starting to shoot impulses twice as fast for whatever reason, it starts sending messages and more neurotransmitters, and more chemicals that lead to growth of the skin in the area that is innervated, by that nerve that's been irritated. If the nerve is compressed mechanically, or if it is irritated chemically, toxically, emotionally. Even emotional irritation could lead to increased nervous impulse in certain areas, and that could lead to growth, because you are stimulating multiplication of the cells that have been innervated. The central nervous system, if it's irritated, could lead to messages in the peripheral nervous system that get all the way to the skin, and the skin will start growing. How do we know that for a fact?

Because if we cut the nerve, we truncate it, we cut it anywhere, the skin that it innervates starts becoming degenerated, atrophied. It develops an orange peel appearance. That's when it's not working. It atrophies, which is the opposite of trophic. Trophic, atrophic. That's why, when you have a single lesion, a mole, a nevus, a growth, a tumor on your skin, a single one, it's very likely, unless it has a specific characteristic that we'll mention later, it's very likely to be resulting from neurological irritation. You need to know about it because you might be able to do something about it. It's not always easy, because we don't always know what is the irritating factor, but at least it makes you more conscious that something is wrong and don't make an assumption that it's fine to leave it as is, because there's an extra facet to that we should be aware of.

If you already have a lesion that's grown, maybe the irritation has ceased to exist and it stopped growing. Many of you have lesions that you had for a long time and they haven't grown in the last year, or two years, or three years, right? They are still the same, which probably means that the irritation stopped. If it's stopped, it is not growing anymore, but it does something else. Once you have a lesion that is sticking out all those nerve endings that are surrounding that lesion, are sending far greater stimulation and density of neurological impact on the central nervous system than the opposite side does. Why? Because we have the same nerves symmetrically innervating both sides of the skin. Let's say your right cheek and your left cheek are similarly innervated, but the nerve on one side is going into a lesion, a tumor, so it has many more surface areas, locations, for nerve endings to exist.

By comparison to the other side, which is flat and smooth, that leads to imbalance in neurological input. Your central nervous system can actually become imbalanced as a result. Having a tumor on your body leads to imbalance. Even if the cause for it is still in place, you still benefit from getting rid of it. How do I know? Because I tried it on only 50,000 patients all over the world. In Israel, I have three medical doctors who are working for me in my company using my method that I have invented about 24 years ago for this specific purpose. What I found was, without expecting it, because I didn't know what I didn't know, but when I saw that people had amazing responses, when I didn't expect those responses to take place. I removed the lesion that they had, a mole, a nevus, a tumor, a growth. When it fell off, they had some other important changes occurring in their body.

I didn't expect that, but when it happened I had to find an explanation. If a woman that had a big one on one cheek, and it fell off after I treated it, and suddenly her whole body changed, she used to have very dry skin. It was always flaking, and suddenly after this skin lesion fell off, her skin became nice and moist as it should be. She didn't have to put lotion on it anymore. I had to find an explanation why this occurred. When a person had big lesions from his scalp removed, he had about 20 large ones throughout his whole scalp, when they all fell off, his anxiety attacks and palpitations that he suffered from for many years disappeared.

What are the causes? The connection between the nervous system and the skin. If you irritate or you cause imbalance and it attaches somehow to the sympathetic nervous system, or the parasympathetic nervous system, or to the limbic system, the emotional part of your brain, if you affect the hypothalamus which is in charge of your autonomic nervous system, such that everything can change, temperature regulation, blood vessel constriction versus dilation, it affects your whole body. We don't know how to predict it until after the fact. What we do know is, you have an imbalance and if we don't know what's causing it, at least we try to eliminate it.

If you suspect that your body is toxic, which most people have a toxic body nowadays, let's face the truth, you might want to start doing something about it. Clean your body of toxins, or clean your body of heavy metals, that would be the common sense thing to do. Avoid eating foods that increase your toxicity, foods that are concentrating toxins in them, like mostly animal product.

Audience: What foods?

Dr. Tel-Oren: Animal products, they are mostly concentrating toxins within them, just like we do. When you eat them, in one meal you eat everything that they have concentrated in their body. Even if they are not commercial. Even if they are not commercial, do they drink purified water? Do they have reverse osmosis water? Do we know for a fact that the grass has not been sprayed? Are we in a pristine environment? It's not going to be as toxic, it's not going to be as concentrated,

but it's still going to be more concentrated than it would be in nature. A lot more, and we don't need additional sources of toxins if we can do without them, if we can do well without them.

You do what you need to do to reduce the irritation, but removing the lesion would reduce the neurological imbalance, and that's always a good thing. Some people have a genetic condition. Have you heard of neurofibromatosis? Also known as Von Recklinghausen disease. It's a condition that is so irritated, the nervous system is so full of impulses, that everywhere you have a nerve peripherally on the surface, you will have lesions. Some people will have their entire back and belly full with lesions, throughout their whole skin, but they are always arranged in a certain fashion. If you look at them from their back, and I'm asking you now, anybody here who has a lot of skin lesions on the back? You have a lot of them? How many? More than 10? You want to be a volunteer? Come here then. Jump over the chair, you have big legs. Some people are not risk-takers.

Okay. Let's take a look at his back and let's see if he's telling the truth, and yes he is telling the truth. He has a lot of lesions here. Come a little further that way, so everybody could see you. Now these lesions are somewhat arranged. You see that most of them are elongated. You see this elongation here, and that follows the intercostal nerves. In every intercostal nerve, the nerves between the ribs, have a superficial cutaneous branch and you can follow the cutaneous branch of each one. You see how they're elongated here, you see that long one? Long one, so it follows the same nerve, the same nerve. If he had more of them, his back would look like a Christmas tree. He would have lesions on both sides following the nerves. This is the proof of what I was telling you about, the connection between the nervous system and the skin. Thank you for that you can go back and have a seat.

Speaker 3: I didn't have a mirror. I didn't see what you were talking about.

Dr. Tel-Oren: That's why when I said Christmas tree, I knew that your imagination would help you. Now that is just about these connections between the two organ systems that most people are failing to recognize, and it's really important, but there are things that are not related to the nervous system. The vast majority of lesions people have on their body today are associated with their lifestyle. We need to analyze a few of them. For example, how many of you have roughness anywhere on your face? Some roughness? Raise your hand. Very common. That roughness is normally called Solar Keratosis or Actinic Keratosis, which is a precursor to basal cell carcinoma, also known as BCC, a type of cancer. Not very aggressive, not invasive, but nevertheless it could be very disfiguring if you carry on with it for a long time. It is considered a highly removable and necessary to get rid of, lesion.

It's considered by medical authorities as something we need to get rid of, but most doctors don't get rid of it. Why? Why are they just letting it stay there for a

long time until it gets much more advanced? They don't want people to hate them. Doctors don't want to do something to you that would be worse than the condition that they are treating. If their tools are surgical or invasive, they will tend not to do anything until it's bad enough. If you say to a typical skin doctor during an inspection, that you have this type of a lesion, they will normally tell you, "Let's let it go for a while. Let's just keep looking at it. Keep coming back every year or every six months, or whatever. Fill up the appointment schedule in other words, and we'll see if we need to do something about it one day."

In the meantime they might even tell you, and I heard it from quite a few patients, when their doctor told them, "Let's not stir anything up in that lesion," and that's important. What does it mean to stir things up? Why are they so afraid of stirring things up? Is it logical to say to a patient, "I don't want to do anything to stir things up," but then later, when it gets more and more advanced, then it's okay to stir things up? It's not logical, it's not honestly scientific, but it's what a lot of doctors do. They don't stir anything up until they stir things up when it's really advanced, when it's much more risky and dangerous. It all boils down to the risk versus benefit.

Every doctor wants to always analyze what is the risk of the procedure versus the benefit of it. A part of the risk is having an upset patient. They don't want that. They kind of ignore the situation for a while. Also, if you look at the scientific literature you'll see that some lesions, when they become advanced and cancerous, if you cut into them, if you do a biopsy, you can spread them into the circulation and cause metastasis. I have seen just recently a wonderful lady in her mid-70s who suddenly discovered that she had metastasized, bone cancer all over her pelvis. Bone scans showed it, Cat scans showed it, but nobody knows where the primary tumor is. They looked everywhere. They know it is not starting in the bone. It's secondary. It started somewhere else, but nobody knows where.

I started asking her questions about her past, and she told me among other things, that about five years ago, she was found to have a very small lesion on her right breast. That lesion appeared suspicious, so they did a biopsy, and they found that it was a squamous cell carcinoma, another type of skin cancer. They did the biopsy, and then they just removed it and left a little scar there, and it was gone, and they told her that she was fine, and that she was cured. Five years later, she has bone cancer in her pelvis, and there is no primary tumor anywhere to be found. To me, this is very suspicious. It also underlies what I told you before, that you can actually spread cancer by biopsying it. Another patient I had, a very famous medical doctor in the holistic movement, who wrote about 70 different books, who lived in Minneapolis and came to see me after he was diagnosed with prostate cancer.

I told him not to do the biopsy, but he said, "Too late, I already did that." He was panicking. Then he went further and did another thing that I wouldn't do, and that is remove his entire prostate. The biopsy was what did him in, because

within 6 months, he collapsed with brain cancer that was secondary to the prostate cancer that was biopsied. He died instantly almost, within a few days from the brain cancer that could not be handled, because the immune system of the brain can only handle brain cancer that's primary, not metastasized cancer from somewhere else. Be very careful of biopsying your tumors. There are other options. You can do other things, but when you have a skin lesion, the first thing that is being done if it looks suspicious, is a biopsy.

Some doctors will be a little more aware, more conscious, and they will say, "Let's not biopsy it while it is in your system, in your body, let's cut around it. Let's have clear margin," so they will do the whole clear margin thing, but they don't know how far the tumor goes underneath. Maybe it has roots. Maybe they are torturous and far extending themselves into the skin. Maybe their clear margin attempt will fail. Maybe they will cut right through a root. Nobody knows, it's a guessing game. Also, when I look at each person's skin, and tell them, "Well, this one looks suspicious, this one does not. This one looks like it can be on you for another 10 years without causing any problem." Do I really know for a fact, that 100%, that I am not making a mistake? I'm using my naked eye. Do you think that any skin doctor really knows by looking at your skin lesion if they are truly cancerous or not?

It's a guessing game based on some education. We know about the margin, and the symmetry and the pigment. We know about the size. We know about the border and how smooth it is, we know about the bleeding aspect. All of those are warning signs, but they are not 100% fool proof. I have seen people who had a tiny, dark dot somewhere, which seemed like it was not dangerous by any means, but it was the tip of an iceberg. Just a little thing sticking out on the skin, you wouldn't know what was underneath it. I have seen those things happen. Nobody should be in those 5 or 10 percent of the mistakes that we make when we simply observe your skin, and tell you to keep coming back. Waiting for what, what are we waiting for when people keep coming back? Change, and it's too late. Once it's changed, it's probably too late.

I don't want to tell people, "Oh, it's changed. Now it's dangerous." I want to tell them, "Let's get rid of it before it changes." Don't waste your time telling me, "Oh, it hasn't been changing for the last five years." I don't care if it hasn't been changed. I would only care if it does change, so I prefer not to even get to that point. It's just a matter of what are your tools. If you have a tool that helps you remove something without a surgery, there is no reason for waiting. If your only tool is surgical, you have every reason to wait, because the treatment could be worse than the condition. Every doctor with an easy tool to prevent disease would immediately employ that tool, because people mean well. Doctors want to help you, they really do. They don't just want to make money, and they don't just want to cover their asses.

They do want to do something that would be a balance, a balancing act between what's good for you, and what's not too risky for them. That's why they often

neglect to change the standard of care, until many years later. The standards have to change, and standards take 10, 20, sometimes 50 years. If they had the right tool, they would use it, because it would not cause the patient to be angry, and they would get rid of the problem. They would have the incentive to do so, because if they get rid of the problem A, they will be the heroes that saved you from having a problem, B, they will be the one who would get the money. Another doctor would not be doing it, right? They'd have an incentive to treat everybody who comes to see them, but the tool they have is so invasive, or so toxic, depending upon what it is they use. Let's talk about these lesions that can become cancerous, so that you understand something about them.

You could read about it in the article that you have in your paper, and also on my website, there's an article about actinic keratosis. Let's say a few things about it, and then we'll go to other things that are just as interesting, even more interesting. Every time you are damaging your skin with free radicals, it can lead to mutations, to formation of cancer, and the growth of the cancer. Even if it's noninvasive, it requires first, a change in DNA structure which is often the case when free radicals are accumulating. Now, we all like to blame the sun for everything, but the sun is our friend more than it is our foe.

Scientists today say that it is better to stay a long time in the sun, and get the less invasive skin cancers, than not to be in the sun at all, and get 20 types of other cancers, and get diabetes and auto-immune disease, and obesity, and cardiovascular disease, and depression, and anything that you can imagine could be associated with Vitamin D. Even the loss of fertility, and even the loss of sexual capability. Everything that counts is affected by a lack of Vitamin D, and that's why it's better to be in the sun and to even burn in the sun, than not to be in the sun at all. However, the sun is only one source of free radicals that can affect your skin. I found out in practice, that a lot of people who change their diet and lower the level of free radical damage that came from their diet, could handle the sun a lot better. Today, I eat a lot healthier than I did 15 years ago, when I was still in the dark.

I was considered already a naturalist. I was already eating much healthier than most people, but I was still in the dark about many things that I have lectured a lot about since then. One of them is the issue, which you heard about already today, of rancid fats. It's so easy to eat rancid fats, and almost everybody eats too many of them. Even those who think they eat healthy foods. Every time you dehydrate your nuts, you eat rancid fats. Every time you roast your nuts. Every time you turn them into nut butter, and keep them in the fridge for a while, or outside of the fridge, even worse. Any time you expose poly-unsaturated fatty acids, Omega 6, Omega 3, to heat, light and oxygen, they become rancid. Every time you expose them to protein in your body, especially people who eat high amounts of proteins, they form nitrogen free radicals. Those are free radicals that are much harder to overcome than oxygen free radicals.

We get a lot of them when we eat high protein foods. Now, some of those nuts have high protein and rancid fats at the same time. That's a horrible combination. If you eat fish, has a lot of highly unstable poly-unsaturated fats, the APA and DHA, together with high protein of the fish, horrible combination. Even if the fat was not rancid to begin with, it will become rancid inside your body once ingested, because of that the connection between the two. Of course there are many other sources of rancid fats. Dairy products are rich with rancid fats. Omega 6 and Omega 3 fatty acids are even more unstable than Omega 6 fatty acids, unless they come with a very high level of antioxidants, as you find in green leafys for example, in some plants.

Rancid fats are so common that even some of the best known places on earth for health and longevity, places people who are really sick decide to go to try and heal, are serving everybody with a bottle of flax oil in the center of the table, in room temperature. The bottle stays open exposed to air. They drink this oil, and they pour it over their salad, because they are told it's good for them, and they get more and more rancid inside. Where do you have the greatest amount of rancidity inside your body? Where do you get rancid? Not in your stomach.

Audience: Colon?

Dr. Tel-Oren: Not in the colon. Anywhere where you have a lot of fat, because fat, if you have rancid fat, they will incorporate themselves into your own fat. Where do you have a lot of fat? Yeah, you have some in the liver, you have some in the lungs, you have it in many places, but concentrated fat are really yellow, blubby fat. The kind that you see around the muscles of animals when you try to eat. You have everywhere in your body, underneath your skin. Have you ever skinned a person? You should try it once. Well, we do it a lot in autopsy, right? When we did a lot of autopsying, finding the cause of death, first thing you is you pull the skin off, and you have all that yellow, globular fat attached to your skin. Not a pretty sight. Then you see that around the muscles, there is no fat. That's how humans are different from other animals. That's something we'll talk about in the Paleoanthropology lecture in January.

January 19th, we'll do a 3 1/2 hour seminar on how humans have evolved, and what do we learn about our diet based on that development? It's very important, because it's the age old argument, were we or weren't we eating flesh, or not eating flesh? How much, what type? Is it anywhere relevant to what we're eating today, when we eat flesh? All of those questions about our ancestors. Were they hunter/gatherers, is that really of relevance to our own diet? All of that will be discussed. Why is it that we have nostrils that are pointing down, instead of pointing forward? Why is it that women have breasts, and other land mammals don't? Why is it that humans mate ventrally, face to face, unlike other land mammals that always do it doggy style? Of course, humans could do both, yes, but they do it only for variety. They like to start and end with the ventral, face to face mating. That's how they enjoy themselves best.

Just to try and avoid boredom, they try other things once in a while. Why are we all that? There are reasons for that which affect how we eat, how much salt we should have. A lot of myths can be dis-proven, simply by talking about our environment in nature, and what type of foods were available to us, and what are we not doing today to fit our physiology which came about based on what the environment actually provided. We go with what nature says, not with what people say about how we should eat, what we should eat. Nature tells us what our body is made for. If we eat a lot of rancid fat, especially with a high protein, and they incorporate themselves into the subcutaneous fat under the skin, that fat is so close to the skin, so attached to it, that the skin will be directly damaged by the content of that subcutaneous fat. The more rancid it is, the more damage the skin gets from the bottom.

Where is the damage occurring that leads to basal cell carcinoma, that's a hint. Basal cell carcinoma, where is the damage coming in? The basal membrane. That's the membrane that has the stem cells, and the melanocytes, and other cells that replicate forming the dead layers of the skin. That's where everything starts, the basement layer. That's where we start having the mutations that lead to genetic damage, which forms the abnormalities of basal cell carcinoma, which can be some time dark. Some time it looks like a sun spot. Some people by mistake, call it liver spots. Some time it's just a rough area. Skin color or not, it depends only on which cells have been stimulated.

Part of it is from the sun. We know that for a fact because, most of those BCCs occur on the face, on the scalp, on the nose, where we have the appropriate angle of impact of the sun rays, at the highest density, highest energy per square centimeter, to lead to changes, so it happens here on the temple, on the high forehead of some people. On the scalp of some people who have been blessed with no hair. Those are the areas we are more likely to have those abnormalities. Some time on the hands, which are also highly exposed. If they are allowed to continue, they will become rougher and rougher, and finally they become scaly, and they fall off and they leave a slightly red hue, red area. Then it grows again after 6 weeks. You don't think that it's a problem if it keeps coming back in the same location? It's an indication that there was already genetic damage. It grows too fast, it falls off, comes back again.

After a while it gets harder and harder. It can become horny, like a hard horn on your hand, on your face, on your scalp, somewhere. If you go with very, very soft touch with your felt of the finger on the bridge of your nose, and on the sides, very gentle touching, you will feel often, those roughness's. Some time they look slightly red, because of the solar damage to the capillaries. Some time they are totally skin color. If they're allowed to go beyond that hard, scaly shape, they will become ulcerated, now they get deeper and deeper. We have somebody in the room who has allowed it to happen, and I'm not going to point fingers, but if that person wants to volunteer, he is welcome to come here. I'm not going to point, or even look in his direction. Oh, it's you. What a coincidence. Here's a good

example of how it's finally become ulcerated. He hasn't done anything about it. Well, he did some things. He did something.

Speaker 4: Well I do things. Actually, I put creams on it. It opened. There's a friend that gave me this product from South America called Cantina, which is blood root, and it opened this, that far.

Dr. Tel-Oren: Right.

Speaker 4: It was closed before. It wasn't anything before.

Dr. Tel-Oren: Right, and there are very creams in the market that you can get online, like Black Solve.

Speaker 4: That's what that was.

Dr. Tel-Oren: Curaderm, and other things like that, I've seen a lot of people who tried them, and the results could some time be positive, I've seen some success stories, but sometimes they are so scary that I don't know if it's worth the risk. I've seen people who lost half their nose. Their whole bridge of their nose is gone from one of those [inaudible 00:40:24] products that they use over the counter. They keep calling the person who sells it to them and say, "Look, it's getting worse," and he tells them always, "Keeps using it. Keep going, keep going." I've seen here another person today, he doesn't have to come here if he doesn't want to as a volunteer, but he tried another one of those creams, and what he has there is a scary thing that is a result of a cream that caused inflammation of the skin. The whole face was totally inflamed, and it looked horrendous, very scary.

Now here is a very heroic person who handled onto it, and stayed put, and kept treating himself, and everywhere that he saw inflammation, he put more of the cream. The inflammation kept getting bigger and bigger, and bigger from the treatment, not from the cancer. A lot of people don't know the difference, so they think that's the cancer spreading, so they keep treating it, when it is basically from the actual treatment.

Audience: I thought it was like solar [inaudible 00:41:28].

Dr. Tel-Oren: Yeah, it wasn't. Exactly. It's very dangerous sometimes, to do something without knowing. In this case, you could see that if it already started the ulceration process, and it was deep enough, those treatments were not sufficient. In many cases they aren't, and you just don't know what to do about it. Look for those things, and don't delay too much. It's easier to treat them when they are in their initial phase. Almost everybody has an initial phase. I'll have some questions and answers later, okay? In a situation like that, it's going to be much harder to treat, but it's possible. How do I know when somebody has actual cancer already ... You can go back, thank you very much. How do you know when somebody already has the development of the keratosis into cancer? The cancer is always

associated with inflammation. You already know that right, because you are in the smart life form.

You are smart enough to know that cancer is associated with inflammation. The more inflammation you have, the more fluid is built up within the tissue that is cancer. If I treat it, my material dries it up, constricts the blood vessel, so the whole thing becomes a scab and falls off. That's how it functions, but if it's cancerous it will not readily become white as it should. It will end up with a pink center that simply refuses to get white. That's how I know it's cancerous. While I'm treating it, I can tell if it's already cancerous, or if it's just still an innocent keratosis, a pre-cancer. That's very important, because as soon as this happens, I modify my treatment and start continuously blotting out what's oozing out of the lesion, to dry it as much as I can.

I have to keep blotting and drying the toothpick that I'm using with that patient, so that while I do, it allows the lesion to become dryer and dryer, and I put more and more of my concentrated material over the center, until the whole thing becomes white. When the center becomes completely white, then just the remnants of the oozing fluid are still coming out. I dry them for the last time, and put the last layer of my material to make sure. I might even go in the center with greater pressure. Then, in most cases, the whole thing falls off clean and clear, and there's nothing there, and it doesn't come back for 5 years at least. Sometimes, the lesion is so deep that it needs to be treated again. If I wait too long, it might not even be enough.

Sometimes it's good to treat it again after about a month, or 6 weeks, or to get to the root of it as soon as the scab falls off. If the root remains, it will start again, and then you have to treat from scratch, so it's a good idea to be aggressive about it. The good news is that it's not going to cause disfigurement. Even if it's not going to be perfect skin, because it was deep enough to remove the basal layer, it will still be very nice and smooth. That is what you need to remember. If it is a basal layer related cancer, why should the treatment ever go deeper than that? It shouldn't. Unfortunately, that's the treatment of choice for all the skin doctors. They will go deep, they will cut, or they will go with liquid nitrogen, something that is mechanical in how they function, how they act.

Even if it's chemical, even if it burns, the mechanical action of the hand that is employed, or the laser if you use laser, they don't have the control to stay above the basal layer, so they go further in to the skin. The basal layer is very, very close to the surface of the skin. You cannot manually cut something that thin, you have to go deeper, so what do you do to go deeper, and what happens in the skin? Let's say you put the knife in, let's say you do the mole surgery, have you heard of the mole surgery?

Audience: No.

Dr. Tel-Oren: One of the most barbaric things that anybody could do. I call it neo-barbarism, because it's so modern, but 99% of people who do the moles procedure have re-occurrence of cancer exactly at the site of incision. If they only listened to the physiology of the skin, they would know why. I'm not making this up. Ask any anesthesiologist who sees those patients going through the surgery, and sees them back on the same surgery table 2 years later. They always come back, and there's a good reason why. When your skin is affected by rancid fats from your diet, enhanced by the free radicals from the UVA rays, and that's why I don't like most sunscreens, because they block the UVB, taking away your sense of alarm. Taking away your heat, burning, inflammation, so you'll stay in the sun a lot longer, and you'll get more of the UVA damage.

If a whole area of skin has been damaged, only one little area of it has been the focal place, where you would see the keratosis, and ultimately the cancer. It doesn't mean that the surrounding areas are in good shape. They've been damaged too, it's just a matter of time before they also will form the same problem. Just a matter of time. Therefore, you don't want to mess up the integrity of the skin. You want to remove the lesion down to the basal layer, so that you can keep doing patch after patch superficially, instead of cutting in, because once you cut in, you are destroying the crucial skin structure, the subcutaneous structures that support the skin's health. What are those structures? What supports your skin's health?

Audience: The nerves.

Dr. Tel-Oren: The nerves? Yeah, the nerves, but that's not the most important thing for day to day operation of the skin.

Audience: Your blood.

Dr. Tel-Oren: The blood. If the circulation is damaged, the micro-circulation, tiny capula that are invisible, that make you bleed as soon as you have a little scrape, when they get damaged, because of deeper cutting and the scar formation, you're not going to get sufficient circulation to the part of the skin that you're trying to support. Less circulation means less oxygen, less nutrients. Less removal of some of the toxins, and of carbon dioxide, so you'll end up with a more anaerobic patch of skin. That is not good if that area has been damaged to begin with. As we said earlier, that damage would lead to additional damage, and the anaerobic area would lead to cancer. Another aspect is the lymphatics. Your skin cells, especially the basal layer, has connections with your lymphatics, and they will drain a lot of their metabolic waste through the lymphatics.

Again, when you cut the skin a little too deep, you are going to eliminate the connection of the skin to it's own lymphatic drainage facilities, and more toxins are going to be there for the cells to bathe in, which again, increases the risk for cancer. Third, the immune cells of the skin, what are they called, anybody? What's the name of the cells that are serving as the immune cells of the skin?

[00:49:44]

Audience:

Dr. Tel-Oren: Nope.

Audience: Langerhans.

Dr. Tel-Oren: Langerhans. The Langerhans cells of the skin are the immune cells that have their tentacles sent all the way to the surface of the skin. Thanks to those cells, when you touch something like rubber, if you have rubber contact dermatitis, or if you have a chain, a necklace that would cause a reaction, it's thanks to those Langerhans cells. They notice the connection, and it's going to cause a problem. By the way, I was told that I could go even until 10, because we can be here until 10:30. I was told, so don't worry. We have time. Unless you are tired, and you want me to stop. I'll be happy to stop. You destroy the immune cells which are extremely sensitive to inflammation. They are also sensitive to excessive sun damage, and excessive, other types of stress and toxins, and lack of nutrients, so when you cut, and you affect those immune cells, what do you think is going to happen to your cancer risk?

Those cells present any kind of environmental toxins they come in touch with, to other immune cells that are crucial for the overall health of your body. When you do that deep cutting, you increase the risk of cancer from all those perspectives. When you cut that area and put it back together, regardless of how many strips you took off of your skin for the mole's procedure, at the end result, you have a scar that has a very high risk of developing cancer right inside it. I've seen it so many times. I removed so many lesions that grew inside a scar like that, after the mole's procedure, I cannot even count how many times it's happened. So many people didn't want to do the mole's procedure again when the cancer lesion starts bubbling out, right where they had the surgery. Right in the place where they have the incision, or the scar.

That's about that procedure, it's making more sense to treat you superficially, down to the basal layer, rather than deep. Is that clear? No more deep treatment. No more cutting to the depth, unless there is no choice. Sometimes, there are rare occasions where there is no choice, the lesion has been there for 12 years, it's way too deep, it's going to be almost impossible to treat it. In most cases, you could take care of it in maybe, one or two, or three treatments that are superficial, and you know you're not damaging any of the subcutaneous structures. That's about solar keratosis, what about melanomas? Anybody here afraid of melanomas? Now, you know that melanomas occur usually, where the sun won't shine, so if you are in the sun, you are protected from melanoma. The sun will not cause melanoma, despite what you were told. Here is another myth, right?

If you ask somebody who had melanoma, and ask where it was, you will be always surprised to see that it was not in area that's exposed to the sun, so why are they scaring you about the sun all the time? I don't want to get into the politics. Unfortunately, even the doctors fool themselves, because they actually believe what they are telling you. Many of them die from melanoma, because they thought it was not dangerous, since it was never in the sun. If you have anything between your toes, underneath your feet, under the bathing suit, right? Under your bikini lines, behind your neck, underneath your hair, on your scalp. Those are perfect places for melanomas, because you don't have enough sun exposure. On the back, if you are office workers, you don't have enough Vitamin D in general, Vitamin D will protect you from Melanoma. That's why you need more sun, or a supplement, that are absorbable.

Melanomas are so dangerous, that if it's already in advanced form, I would rather not treat it. Why should they associate with me? It doesn't matter, even if I treat it, or not treat it, even if they have a surgery, they have a 95% chance of dying with Melanomas. If you catch it early, when it's still a tip of an iceberg, anybody who has a flat lesion, meaning it's totally flat, but it's very dark, brown or dark brown and it's flat, and it is more than the size of a tiny freckle, that could be the tip of an iceberg. What's the harm in removing that top layer, and seeing what's happening underneath, why guess? Instead of guessing, you can remove a layer, and you see if there's more pigment, and you go after it. You keep going after it, regardless of where it goes. It could be torturous, it could be this shape, underneath you, I don't care. It could have two roots instead of one, I don't care.

After the top layer falls off, I will see the two roots, and I will treat just those two roots. If it's the end of them, great. If not, we can keep going, a third time, a fourth time, until we have no more pigment left. Now we know that we are done. When there is no pigment, there is no Melanomas. Melanomas come from melanin. The melanocytes that produce melanin. Eliminate the pigment, you eliminate the chance of Melanoma going anywhere, spreading anywhere. This is the easiest thing to do, then you never have to wait and wait, and worry. Just get rid of it. It doesn't hurt. It's aesthetically pleasing. What's the reason to keep those risks going? If you have a birthmark, you have 10-20 times the chance of developing cancer in the birthmark, than the normal skin. If it's dark, it's more risky. If you have a dark lesion that is not cancerous, maybe it's hiding something else underneath it that is cancerous.

How would you know? I sure don't know. It's easy to remove, and to see what's happening underneath. Being proactive about your skin can save your life. I cannot tell you how many thousands of surgeries have been avoided, thanks to this very simple technique, thousands of surgeries. Just the last month, and also in November, in one month in Israel, I could see 1,000 people and avoid 1,000 surgeries. Not very good news for the surgeons, but very good news for the patients, that they could avoid that, and they don't have to have scars, disfigurement. It's that simple. What about those red dots that people have on

their skin? Raise your hand if you have red dots. Raise your hand if you don't have red dots. Now, most people who say they don't have red dots, it's because they removed them already, because a lot of people don't notice them.

If you really look carefully, if you already are over the age of 30, it's very rare that you will have no red dots. I'm talking about Senile Hemangiomas. You really don't have them? I'll be really surprised. If I really inspect, I always find them. They often are on the side of your torso, they are on your chest and your breasts, and your belly, but you have to look. Some of them are very small, then gradually over the years, they start growing bigger. You see that, people are starting to look. Everybody's raising their shirts, distracting me. Especially the guys, don't distract me. Those little red dots, why do they form? Why do we develop them? They are a result of damage to the circulation. The little capillaries are fragile when we expose them to traumatizing chemicals.

What are the lifestyle factors that cause those fragilities to occur, and for those tiny capillaries to coalesce into those little spots, that then coalesce further and further with other capillaries, to get bigger and bigger, until you have sometimes a quarter of an inch diameter of a Hemangioma? Why are they called Senile Hemangiomas? Senile, because we expect them in older people. In the past, only older people developed lots of Senile Hemangiomas, so we called them senile, but today, I see a lot of 15 year olds with Senile Hemangiomas, so it's no longer senile. It's a matter of accumulation of damage to the capillaries. What is causing this accumulation? Have you heard of Homocysteine? That's one thing that is very well known to be causing damage to the endothelial cells, lining your blood vessels. Homocysteine increases in a lot of people for many reasons. A lot of them are dietary.

Not only, some are genetic, but if you have genetics and dietary, that is a bad combination, and most people today are not aware. High protein intake, high protein especially from protein and dairy, and eggs would increase the risk for Homocysteine. We talked earlier about Methionine in eggs. Methionine is how the body manufactures various things, some good, some bad, but Homocysteine level increases dramatically, the more Methionine you have, and that's why Methionine restricted diets increase lifespan and health. We need Methionine, don't get me wrong, but we want a small amount. Too many people have too much of the Methionine, and then their lifespan is going to diminish if we are anything like all the animals that were tested for that and were found to have shorter lifespan, and all those other conditions that we talked about, and a lot of Oxidative stress, which is what Homocysteine causes.

A lot of free radical damage on the capillary level, and cardiovascular disease, and stroke, and heart attacks, and depression, dementia, and other conditions that have to do with circulatory collapse. You don't want to have high Homocysteine, you want to test it, you want to keep it low. Make sure to take the nutrients that help you keep it low, like B6, active aid, method aid, folic acid, B12, but you know, I don't want to get into that lengthy discussion about B12. It's

a whole discussion, whole other lecture, but today, most people are deficient in B12. Even if they eat foods containing B12, like flesh. They're still deficient, because they're deficient in methylation compound, and because they're toxic, and because they're hormonally imbalanced, and all those hormones require more methyl groups to detoxify them, so we all end up deficient in methylation product, and we end up with more and more Homocysteine.

Plus, when you eat more animal proteins, always increase your Homocysteine, according to the literature. We don't want to increase our Homocysteine, that is one thing that affects our capillary health. Another thing is something that was mentioned earlier, which is the Advanced glycosylated end products. AGEs, A-G-E spells age. AGEs are formed from 2 different sources. One is what we make as a result of our blood sugar level. The higher the blood sugar level, the higher the amount of blood glucose molecule that will become glycosylated, or glycated. Of course, if you have a higher number of molecules, of glucose, then the percentage, even if it stays 10 percent, will be representing a much higher number. Therefore, you should not allow your blood glucose to go up for too long. You don't want the average to go high.

Not just because it means that you have diabetes, or that you have metabolic syndrome, or syndrome X, or pre-diabetes, not just because of that, but because it means that your capillaries are going to be damaged cumulatively, at a higher pace, a higher rate. Everybody knows that white flour, white sugar are not good for you, because they cause a spike of your blood sugar level, but they also cause a spike down afterwards, because of the insulinemic reaction, so your overall blood sugar level will not be that much higher than normal. They will be high, and they will be low. It might be a little above, but temporally, there will be damage to the capillaries when the glucose goes up and it goes down, but if you eat food that increases cortisol level, and again, I have to harp on that issue, animal protein. You eat more animal protein, more dense protein, and I'm not talking about what type, and where it came from.

It increases your cortisol level for various reasons, increasing your blood sugar, so the average blood sugar is going to dramatically increase, because it stays high for a while. One reason people love eating more protein, food is that is more proteinaceous, it keeps their blood sugar appearing high, but even. They feel more energetic when their sugar is increasing, only because they were not very sugar balanced to begin with. Now they feel a little higher, they feel high in their mind too, and they feel better. That elevation makes you feel better, but it also causes a higher number of glycated glucose molecules that would cause aging of your capillaries. That's from the diet.

Another aspect from the diet is fructose. If you have high fructose corn syrup, agave nectar, yacon syrup, too much honey, too many things that are rich in fructose are going to cause even 10 times the amount of free radicals and AGEs, effecting your endothelial cells, than glucose would. People who have a problem with their liver would have that issue as well, because they won't be able to

handle fructose, so it will spill into the circulation, causing damage. That's something that's very common today. About 80 percent, or even more of the population are suffering from one form or another, of liver damage, called fatty liver. Which could result partially, in the formation of excessive fructose levels in the blood. Initially it wouldn't have happened. In nature it wouldn't have happened, in nature you wouldn't have fructose in your blood. It will always go from the gut, straight to the liver for processing.

Nowadays, the liver can't handle it, so every time we get a sweetener that is rich in fructose, we cause even more damage, more fatty liver, and more damage to the capillaries, so that's how our diet affects us. Also, we can get the AGEs straight from the outside, instead of making it ourselves. We can get AGEs simply by eating those foods that have been browned, the maillard reaction that causes that browning, yellowing, crusting of the surface of food that has been exposed to high heat, like baking, broiling, barbequing, etc. frying. That browning effect is directly leading to the ingestion of the final products, the AGEs that cause direct damage into your capillaries. Regardless if you are vegans, vegetarians, meat eaters, omnivores, whatever you are, if you eat those on a regular basis, you will damage your capillaries and end up with red dots. Those red dots will gradually get bigger and bigger.

By the way, there's a good reason to believe they are not just on the surface of your skin. They might be inside. When you have them, you know that you are not getting enough oxygen and nutrients to your system, because the circulation is incompetent in those areas, so time to do something about them. Change your diet. Reduce AGEs, reduce Homocysteine. There are a few other things that I want to get into, like certain toxins that could also affect that. Your diet is so important in terms of that, and it gives you a nice indication. Your skin is telling you something about your health, so you can improve the outcome in the future by preventing new ones from forming. In the meantime, if you want to get rid of them, it's very simple to get rid of them. Again, without surgery.

Even if they almost touch your eyes, I've seen people who have them right here, right here, you can easily eliminate them without any damage, any risk, and any pain. Simple, but they are cosmetic. You don't have to remove them. They will not become cancer. Only if you don't like senile things on your body, you might want to remove them. That's just about the red dots. Now, we also have Seborrhic keratosis, which are tumors of the sebaceous glands. They appear like those cauliflower shaped skin lesions that sometimes look like somebody was chewing gum, and stuck it to your skin. Sometimes they are kind of rough, and a little oily. Some of them come from neurological reasons, some will come from hormonal reasons. If you have skin tags all over your neck, and under your breasts, and your arm pits, or skin tags that have a very narrow base, these are often the result of hormonal imbalance.

Estrogen dominance, also related to your diet mostly, eating foods rich in estrogen or estrogen mimickers. Excessive amount of soy, of flax, animal food,

dairy. The animals have a lot of their own hormones, especially if they're female cows, when they're done providing milk for the industry, they're all going to slaughter. They have been estrogenized for a long time. Not just with the food, but with the fact that sometimes they are given hormones, and so on. Of course, the pesticides, and the plastics, and other things that we are exposed to, and we continuously drink from packaged and pre-processed foods. All of those will lead to changes, and of course when you are already susceptible, because of genetics, you are deficient in certain enzymes that are important to metabolize your hormones in a healthy way, you have in increased risk. Don't think that everything is genetic, it's just a predisposition.

Then your lifestyle affects that predisposition, turns it into a reality. Don't say it's because my mother has it. It's not your mother's fault, except it is her fault in that, she taught you how to eat. You probably have inherited her diet, more than you have inherited her genes. Change that, and make sure you eat only, as much as you can, Organic foods, and places that are a place not sprayed, and avoid food that are not from the boxed section, and you will reduce the risk of that, but once they've grown, they're there. They can all be removed very easily. I've removed 500 in one sitting, on one person. It took about half an hour, 45 minutes, you can clean up people's necks very fast, but it's just cosmetic. It's not going to turn into cancer or anything. You can be relaxed about it. A lot of people just don't like the aesthetics of it, just to have tons of lesions all over their neck. You've seen those people right?

Some of them have them over their face. They just don't like it. Once I had Bruce Springsteen, you know, the boss? Bruce Springsteen's backup singer, dancer was in my office. Big lady, African-American, lots of hormonal issues, and she had about 500 on her face. They were all about this thick, maybe 2 millimeters high above the skin, and she had to have very thick makeup to smooth her face out. After I removed all of them, all those hundreds, she didn't need to use makeup anymore, because her face was smooth again. It's just a matter of what people feel about themselves. Self-consciousness is important. If you want to feel confident when you stand in front of people, you don't want to have skin lesions on you, to an extent. Every other lesion that we have, including Xanthelasma, are related to some metabolic pathway in your body.

If you have those white spots, the Milia, the important thing to know is that you don't have to live with it. It can be removed, even if it's touching your eye ball. Even if it's the most sensitive part of your body. If it is under your hair, it can be removed without damaging even one hair follicle, because it doesn't go below the basal layer. The hair follicle goes far deeper. You can remove, from mucus membranes, little tumors, like tumors that grow on the tongue, or on the lips can be easily removed with minimal scarring, if at all. You don't have to have a disfigurement, where you lose half an ear, or a big thing, or part of your nose. You can remove viral lesions, like molluscum contagiosum, those white pearly things that grow on babies and children. You can get rid of papuloma related Condilomas. Usually they are in the sexual organ.

Vaginal Condilomas are more common today than ever before, because of the sexual promiscuity that is enjoyed by all, especially here in California. Of course, the men are not spared, so I've removed thousands of those Condilomas. Sometimes you can do 20 or 30, or 50 in one sitting, without surgery, without anesthetics. You know how much relief people can know that they can so quickly get rid of them, and they don't come back. Otherwise, if you have anal Condilomas, you go under for complete anesthetics. It's dangerous. I've seen it during rotations, the surgeon who removes your Condilomas from the anal canal, is already talking to the other surgeon. They are joking to each other, "This patient is going to come back. We're going to have to have the same surgery, full anesthesia, on the same patient, within just a matter of a year or two years."

They're burning, burning, burning, you feel the flesh burning there, coming out of the ass, sorry. They're already making jokes about having to do it again. There are better ways. Unfortunately, they are not the standard of care, so doctors here are not interested. Naturopaths are interested, Chiropractors, nutritionally oriented people are interested. Holistic minded individuals want to know about this, but medical doctors are usually not very interested, because it's very low tech. Toothpick and a little liquid, no knives involved. No culterization, no electricity, nothing, no electronics. Very low tech, you cannot justify charging the insurance company \$1,000, or \$2,000 for each lesion. Even the co-pay could be sometimes more expensive than the treatment that is fully done without insurance.

There are all those lesions, and I'd like you to have more of a hands-on experience with them, I would like you to learn how to diagnose them, so on Saturday morning, we'll have about an hour and a half, to two hours workshop about skin lesions, where we're going to basically have everybody in the group diagnosed in front of everybody else. It will be hands-on. You will actually see how it works and what will be the form of treatment, so you can learn from that about skin lesions. Especially for health care practitioners. For massage therapists, body workers, cosmeticians, beauticians, practitioners, consultants, health consultants, whatever it is. If you see people, you want to be able to help them by telling them what they have on their skin, because most skin doctors fail to diagnose correctly.

I have seen so many cysts that were diagnosed as tumors, but they were just fluid filled cysts, and I got rid of them. The patient was proven on the spot, that they did not have a tumor. I've seen people, they thought that they had a bone tumor on their face, because it was so hard, and the skin doctor told them it's a bone, and they would have to cut the bone in a surgery, and it was just a very hard, fluid filled cyst. Within an hour, they got out of the office, and it was flat with no surgery. They were going to go under for surgery, for no reason. The skin doctors are often not very good diagnostician, I'm sorry to say. I'd like all the health care practitioners here to be aware, so when patients come to them and say, I have this and this, and that, they'll be able diagnose them, and tell them,

this is this kind of a lesion, don't worry about it, or this you need to something about.

I'll help you find out, if you decide to come to this workshop. Very short workshop on Saturday morning, just before my flight to Nepal. I'm flying on Saturday to Nepal, to prepare for my group that goes trekking in the Himalayas, on October 3rd. Anybody here is coming? Raise your hand, if you're coming to the Himalayas, raise your hand. October 3rd through October 17. We have a nice group already, but we can grow by another 2 or 3 people, so if you want to join Nepal, it's 100% healthy vegan trek, I guarantee if you follow the instructions, nobody will have altitude sickness. I have never had altitude sickness once I tested on my own body my theory, that if you avoid nitrogen rich food before you climb, and during the climb itself, you will never get altitude sickness.

Audience: What kind of food?

Dr. Tel-Oren: Nitrogen rich food. You can eat lots and lots of carb if you want, while you climb. On your way down, you can start eating your beans, but no beans on the way up, and no other protein rich foods, because that's where the nitrogen is. What is altitude sickness? It's a problem with nitrogen bubbles that expand as you go up too fast. You avoid that, and you can climb really fast, break all the rules of climbing in high altitude. I have done that. I climbed, in 41 hours, Mt. Kilimanjaro, which is very fast. Most people get altitude sickness if they do it in 8 days. I ran it all the way up, avoiding all the protein 3 days before the climb, and in the 2 days of the climb, and nothing. Since then, nobody in my group has had the problem, and we go high faster than usual. Usually, twice as fast as most groups do it.

It's not so hard on the body, it's just a matter avoiding altitude sickness, so we go twice as fast, but everybody eats appropriately, and they don't get altitude sickness. Works every time, since that. All right, so you can join Nepal if you want, if not, maybe next time in March. Maybe then, later after that in September. Tomorrow, for those of you who want to have inspection in a clinic of their skin, again, there is no charge for quick inspection. Two minutes, just looking at the skin lesion for removal or not removal. Not for discussions about skin conditions, or medical condition. Just for skin lesions that can or cannot be removed. They can be immediately removed upon inspection, within 5 minutes, 10 minutes. We have appointments made in a clinic nearby here, in Palo Alto, to make it easier for everybody to be seen. We're not going to deny anybody access. Even if we are full, we'll manage to squeeze everybody in.

To your comfort, we are also open a couple hours in the evening tomorrow, so you have the option if you want to be seen for any of your skin lesion. You don't have to remove anything, we can just talk about it for two minutes, and you're welcome to do nothing today or tomorrow, it's fine. If there is something to be done, and if there is something risky, if there is a tip of an iceberg that could become Melanoma, or if there is something that could be hiding something

worse, there is no reason why you should live with that, and experience that risk, and allow something to happen. You're welcome to schedule something like that with Anna, she'll take care of that. This location is not too far from here, right? It's very close by here, so that should be to your convenience. The skin is such an important organ, that is often getting ignored.

We forget the complexity of [inaudible 01:20:30], lymphatics, the circulation, the immune component, and we think that it's nothing but a barrier. It's not, it's living tissue, it allows things in and out, it recognizes the environment, it does so much for us, and it does so much for our health, yet we care about it only in terms of cosmetics. We only care about it because it shows other people how healthy we are, or how young we are. If you want it to stay young for the reason of health, you have to do something that is more than just going to a cosmetician, or to a plastic surgeon. There is more to life than Botox injections, and dermabrations, right? You want to keep your body healthy. Like Steve said, you avoid the free radical damage, and avoid the Homocysteine, and avoid excessive exposure. It's nice to have a good hat if you're going to be in the sun for a very long time.

A good UV proof hat that would at least protect the areas exposed a lot, but let the rest of your body get exposed during high noon, or close to high noon, so you can make more Vitamin D. Start acting like humans did in nature. Go naked in the sun. You don't need to have clothes on all the time, it's not natural. If you cannot do that for whatever reason, then you have to compensate. Maybe take the Vitamin D3. If you want to protect your skin with any kind of oils or lotions, you can use something edible that you know is healthy and organic, non-toxic. Like, coconut oil would be a good way to keep your skin moisturized if it tends to be very dry. Always ask yourself why, everything that you have, that you experience, any inflammation, any condition, always ask, why do I have it? Then it starts the process of doing something, of finding what's the cause, and addressing it.

Then your skin becomes a reflection of the truth which is, you are healthier, you're more vibrant, you have more energy, you can perform better in bed, you could feel better about yourself. You can remain flexible. You don't lose your elasticity. Like a child, you can stay like a child. You can do whatever you feel like without feeling limited. You don't have to be on medical drugs. Let your skin be your guide to health, and let your health be your guide to how to take care of your skin. Thank you very much. Any questions? If we have time for questions, it will be very brief, so ask a very brief question before you go to Anna. If you want to schedule something, go to Anna now, while I'm answering questions. Yes?

Audience: What do you consider to be an optimal level of Vitamin D when you do a blood test? What would be the range of an optimal level?

Dr. Tel-Oren: Optimal level of Vitamin D in a blood test would be between 60 and 70, according to what I've seen in the most recent discussions with some of the Vitamin D experts that I personally know.

Audience: If you had somebody that maybe was 6, would that be a risk?

Dr. Tel-Oren: I wouldn't call it a risk at that point, but obviously it's getting a little beyond what you would get in nature. Yes?

Audience: What do you think about infrared saunas? We have them in our [inaudible 01:24:03].

Dr. Tel-Oren: They're good. They're nice, they're a good way to increase your secretion of sweat that contains some heavy metals and so forth. It's a nice addition, but it also requires of you to drink more. I don't like it when people drink too much, so it's all right if you do sauna, but make sure the water you drink as a result, is both purified, and electrolyte enhanced, and just don't overdo the drinking of water. Water could be toxic in high amounts. Yes?

Audience: What about Efudex for actinic keratosis, could you talk about that?

Dr. Tel-Oren: Yes, Efudex for actinic keratosis, it's a chemotherapy cream, very commonly used in other types of chemotherapy treatments for other types of cancer on an oral basis, but here they use it on the skin, and they are trying to fight cancer with that. Unfortunately, it never goes deep to the root. It never eliminates the basal layer. Everybody I have seen using Efudex, and other similar creams or even the liquid nitrogen spray, on their keratosis, their keratosis always comes back. As long as they keep treating, they cause toxic effects. It effects your skin negatively, it thins it dramatically. It's absorbed, and causes damage into the immune system. It's harsh on your liver. When people poison the skin temporarily, it looks like their skin is smoother, so they feel good about it, but as soon as they stop this poisonous practice, the cancer comes back, or the keratosis comes back.

It never disappears, and I believe there is some kind of tacit collusion, to make sure that the treatments that are conservative, are failing. Every conservative treatment is designed to fail, so that you will use it for a few years, pretending as a doctor that you are doing something that is conservative. "Oh look, we are treating it conservatively right now. We are trying to do everything we can to avoid the surgery." Within 3-4-5 years, you are going to be, never mind about the treatment, you will be a candidate for the surgery. They will be able to say, "We've tried. We tried for five years, the conservative method." Conservative it is. 5FU is so toxic, how could that be called conservative, but it's not working. It always comes back as in the liquid nitrogen, it always comes back.

Audience: [inaudible 01:26:41]

Dr. Tel-Oren: Yes. I don't see why people should eat fish. I have never eaten any fish, I know a lot of people who have never eaten any fish. Nobody had fish deficiency, even though it's called fish deficiency.

Audience: [inaudible 01:27:01]

Dr. Tel-Oren: They make it from ALA.

Audience: [inaudible 01:27:08]

Dr. Tel-Oren: First, even then, you can still make ... The quantity you need to make is minuscule, absolutely minuscule. The brain retains the DHA for a top life or 2 1/2 years. It is so rare that you will be deficient in that if you have enough ALA. In people who have different metabolism, or women who are pregnant, or just given birth, and are producing milk, they will naturally, dramatically increase the level of conversion of ALA to DHA.

Audience: Where do you get the ALA from?

Dr. Tel-Oren: From dark green leafy vegetables, from pumpkin seeds, from walnuts that are not rancid. You have to make sure that they are raw and refrigerated, and from other foods in smaller amounts, but of course, seeds. I don't want to even mention some of those seeds, because they can so easily go rancid. I don't want people to view them as a source of Omega 3. Either you eat a healthy diet that is very low in Omega 6, and that your level of Omega 3 that is necessary, is much, much lower, or you eat like most people, a lot more Omega 6 rich foods like grains, and legumes. Soybeans, and wheat and so on, it increases the Omega 6, and then you have no choice but to take an Omega 3 supplement, like the one that Anna has there. It's stable. Stable Omega 3 ALA, but in nature, we wouldn't need that. We would just be eating lots of greens. If we ate anything that is of animal source, it would be also balanced between Omega3 and Omega 6.

Audience: I've heard from a lot of people that you can't [inaudible 01:29:10].

Dr. Tel-Oren: You have to test on a case by case basis. On the very rare individual, and if they are extremely rare, unfortunately the fish industry turned those few rare ones into something everybody should be afraid of, so that everybody will eat the fish product. It is so rare, I would not even focus on that so much. If a person tries that, of course you can get DHA from algae as well. There are algae supplements. If you want the DHA, because you cannot convert, at least it's a little cleaner without all the fish stuff in it. Yes?

Audience: Can you comment about the sun and very young children, and sunscreen or hats or whatever?

Dr. Tel-Oren: Children love the sun. I'd let every child do sunbathing, don't let them burn. Sunbathing is fine. If you feed the child very well, and you avoid feeding the child

with rancid fats, the child could stay a lot longer in the sun, without being damaged. I used to be damaged in the sun when I used to eat more rancid fats. Now when I take people trekking in Nepal, sometimes I don't even have a hat. I'll have the sun on my forehead all day long, and I don't get burnt, and I don't have any peel. It doesn't feel bad at all. It got better once I started avoiding rancid fats.

Audience: Most of the sunscreen now, the stuff that they put into them, all the carcinogens, [inaudible 01:30:44].

Dr. Tel-Oren: That's right. That's why I would never recommend any spf products on children. If you want to use a very weak spf product, like coconut oil is about spf 2. At least you can increase your time in the sun a little bit, just make sure the diet is good. Yes?

Audience: What do you think the healthiest protein is, you mentioned that animal and dairy are not the better sources?

Dr. Tel-Oren: This was a discussion about quantity. Vegan protein, if it's in excess, it's going to be almost as bad, or just as bad as the dense animal protein. Hemp protein is one of the worst things, because not only it's high density, it comes with a lot of Omega 3, that's very unstable. It has the one form of Omega 3 that is the most dangerous, which is called stearidonic acid, which has 4 double bond, instead of 3. It's five times more unstable than regular fatty acid from plants. That occurs naturally, only in seeds, like hemp seeds that grow in Canada, where no humans should live. It's so far North. We live that far North, we end up eating stuff that the seeds are doing for themselves to handle the cold climate, so that they can go to seed by the end of summer, they have to start really early in cold climate. They have to allow their seeds to have energy from very liquid fat.

The more double bonds, the more liquid it is, so they manufacture high levels of Omega 3 that's highly unstable, highly liquid in cold temperature. Humans come from the tropics. We are not designed for that cold climate, in terms of it's type of food. Hemp seeds grow the stearidonic acid further than the regular ALA, plus the high protein. Remember what we said earlier, nitrogen free radicals are going to cause unstable fatty acids to become unstable inside your body. Yes?

Audience: [inaudible 01:32:55]

Dr. Tel-Oren: If I put it on normal tissue in sufficient quantity, it will remove a layer as well.

Audience: It's more likely to attack [inaudible 01:33:10]?

Dr. Tel-Oren: Yes. When I put it on an actual lesion, it would be more likely to go to the root, or closer to the root of something that is abnormal, because of the density of the tissue, and the function and the activity of the cell membrane. It is not always predictable in that regard. That's why I prefer to always air on the side of

caution, and do two layers, or three layers, unless I know based on observation, that it is a very risky lesion. Then I would go all out for it, because cosmetics become secondary, and I can always come later, at the second application or third application, and do the cosmetics. Smooth things out, smooth scars a little bit, remove deep pores that people have from acne, old acne, old chicken pocs, you can always smooth things up.

Even after surgery, if people have something growing on their nose, that is not even a mole, it's just the cartilage, I could smooth it up, I could carve it and sculpt it to be a healthy looking nose, using my material. That cosmetic part, we can always do later. First, let's take care of the serious lesions, and make sure that you are not going to suffer the risk of it. Yes?

Audience: [inaudible 01:34:35]

Dr. Tel-Oren: If I told you how I make it, I will have to either kill you or marry you. Since you're already all married, I don't want to kill you.

Audience: I don't want details, I guess some sort [inaudible 01:34:51].

Dr. Tel-Oren: Well, it is something that is so concentrated, you will never find it in nature, enough concentration, but it doesn't enter your circulation. It constricts [inaudible 01:35:02] from the outside. It never enters your body, so even if you are pregnant or breastfeeding, it will not affect the circulation, that's the important thing. Yes?

Audience: [inaudible 01:35:16]

Dr. Tel-Oren: All that rancid fat, the brain is also derived itself from rancid [inaudible 01:35:20], because the brain is mostly fat.