https://www.youtube.com/watch?v=Bykt4eyiDPc

Cancer reactivation

Dr. John Campbell

2.88M subscribers

344,155 views Oct 7, 2023

Profound new medical research from Professor Angus Dalgleish, MD, FRCP, FRCPA, FRCPath, FMedSci

Clinical consultant treating melanoma

Heat killed mycobacteria to boost immune system, INM101

Endemic vitamin D in the UK, if this is improved, immunotherapy also improves.

5 – 20 year stable melanoma patient relapsing

Melanomas often activated after extreme stress, divorce, bereavement etc.

Now seeing more melanoma relapse, but these patients did not have life trauma, but they had been boosted.

In the group getting melanoma relapses, they all mentioned they were up to date with covid boosters.

Could it be the boosters that were leading to the relapse.

After 30 years of vaccine work and research, focus on antibodies is misguided, T cells are more important.

Innate T cell activity goes down after age of 55, in your boots by age 70

As innate T cell function goes down cancers increase

So, does the decline in innate T cell activity causse' the increase in cancer

Heat killed mycobacterial vaccine boosts this immune response.

If you keep giving killed mycobacterium, it does not induce antibodies, just keeps boosting T cells.

Also seems to protect against colds and flu by boosting immune response.

PD predicted this would be a good front line for covid.

At the height of the first wave, none of the patients on mycobacteria vaccine caught covid, eval although they had advanced melanoma. Staff were getting ill, none of the vulnerable patients got sick with covid.

In general, if you need to give more than 2 shots of vaccine, it doesn't work.

Vaccines should be given to people with known immune status.

If you don't need a vaccine it will make things worse.

You only have a limited capacity in your immune system.

If you boost with another vaccine, to harness half of the immune system to make antibodies, to a virus, which no longer exists on the planet.

Then you will weaken the immune system.

Confirmed by science, after booster you no longer make IgG 1 and 3 neutralising antibodies, you make IgG4

Boosters also suppress the T cell response.

T cell response crashes after the booster in cancer patients, not in all but many of these patients.

T cells control melanoma, relapses only occurred when there was T cell perturbation. Boosters cause perturbation. (First 11 minutes)

Transcript

0:01
well a warm welcome to today's talk it's
0:03
Saturday the 7th of October now
0:05
yesterday we had what I can only call
0:07
the privilege of having a long detailed
0:11
interview with Professor Angus dowle and
0:13
I know many of you have watched it but
0:16
there's no two ways about it it was long
0:19
and complicated but in my view it
0:21
contains some absolute gems that are
0:25
vital for our health so I'm going to do
0:27
a short summary of the first part of his
0:29
video as simply as I can manage to

0:33
explain it as I understand the material
0:36
he gave us now Professor D gich is is a
0:40
MD that's a research degree that's like
0:42
above a normal medical degree is a
0:44
fellow of the Royal College of
0:46
physicians in Australia and in England
0:48
now if you go to a hospital the
0:50
consultant you'll see will probably be a
0:52
member of the Royal College of
0:53
Physicians so Professor Dow is the one
0:55
above that is a fellow of the Royal
0:57
College of Pathologists and a fellow of
0:59
medical Sciences quite incredible
1:01
achievement very senior researcher in
1:04
fact I'm pretty sure is the most
1:06
qualified doctor I've ever talked to
1:08
Well published as well of course after a
1:10
lifetime of research now the interview
1:13
started off with him confirming my
1:15
theories about vitamin D which I was
1:17
rather pleased about I wasn't expecting
1:18
that but he mentioned that he said he

1:21
said vitamin D deficiency is endemic
1:23
it's all over the place in the UK and if
1:26
vitamin D status is improved
1:28
immunotherapy also improves in his
1:30
cancer patients so that that was
1:33
useful but the main point he mentioned
1:35
was that he's been looking after
1:37
patients with malignant melanoma now
1:40
most of you are probably know this is a
1:41
this is a skin cancer affecting the
1:44
melanocytes and the thing about melanoma
1:47
very often you get an irregular shaped
1:49
lump on the surface of the skin very
1:51
often with different pigments in it this
1:53
is why we have to be very skin aware and
1:55
go and see skin Specialists if we
1:57
suspect we may have this and get it cut
1:58
out early because it metastasizes very
2:02
aggressively and at a very early stage
2:05
so malignant melanoma is dangerous
2:07
because it's a very early metastasized
2:09
anyway he's been treating patients with

2:11
this and because he's a really clever
2:14
cancer doctor he's kept some patients
2:16
stable for up to 20 years who've got
2:18
this malignant condition he's kept them
2:20
on an even kill kept them alive and is
2:24
found that melanomas are often activated
2:26
after extreme stress like divorce or
2:28
bankruptcy or or bereavement it can it
2:30
can bring it back again but now he's
2:32
seeing more of his melanoma patients
2:35
relapsing in other words the disease is
2:36
going from being quiet in remission to
2:39
being active and malignantly malignant
2:42
again and spreading around the body
2:44
you're seeing these patients relapse
2:46
sometimes after 5 10 15 20 years but
2:49
these patients did not have
2:52
traumas as typically he has seen over
2:54
his career but they all reported that
2:57
they were up to date with their coid
2:59
boosters
3:01
and so we started putting these two

3:04
things together as a something worth
3:06
thinking about so in the group getting
3:09
melanoma relapses all mentioned they
3:12
were up to date with their coid boosters
3:14
all of them could it be that boosters
3:17
were leading to the relapse now that's a
3:19
perfectly legitimate scientific question
3:22
there's a correlation here is that
3:25
correlation
3:26
causal now gets really interesting now
3:30
so after 30 years of vaccine work and
3:32
researching on vaccines he thinks that
3:35
when you're doing vaccine research the
3:38
overall Focus that is on antibodies all
3:40
the time we saw this in the coid
3:42
pandemic oh antibodies antibodies
3:44
antibodies he thinks that's not the most
3:47
important thing the most important thing
3:49
in immunity that we should be looking
3:50
for is the te- cell response so the tea
3:53
cells are the small lymphocytes type of
3:55
the white blood cells there's B

3:56
lymphocytes and there's T lymphocytes
3:59
the uh the T lymphocytes there t-
4:01
cytotoxic cells and what these
4:03
t-cytotoxic cells do is they kill cancer
4:07
cells if they recognize it as a cancer
4:09
cell they will kill it they will
4:10
eradicate it if the tea cells are active
4:13
and are able to recognize it they will
4:14
kill the cancer cells so we probably
4:17
most of us get cancer certainly at my
4:18
age probably get cancer every
4:21
day but God willing I haven't been
4:23
diagnosed with cancer because the tea
4:25
cells kill it they keep on top of it and
4:28
tea cells will also kill virally
4:30
infected cells as well they'll just
4:32
eradicate the whole cell killing all the
4:34
virus so why are we focusing on
4:37
antibodies all the time when the te-
4:38
cells are probably more important is the
4:40
point that Professor D gash was making
4:43
now innate te- cell activity goes down

4:46
after the age of 55 and he said it's a
4:49
medical expression uh medical detailed
4:52
expression but we all use it it's called
4:54
in your boots by the time you're 70 so
4:57
if it's in your boots that means it's
4:59
it's very low so t- cell activity goes
5:02
down over the age of 55 by the time you
5:04
get to the age of 70 t- cell activity is
5:06
very very low indeed of course this is
5:08
exactly the time when cancers become
5:10
more common so t- cell activity goes
5:13
down and exactly proportionate inverse
5:16
proportionate way cancers go up and
5:19
Professor Dow GLE clearly believes
5:21
there's a relationship between these two
5:23
as te- cell function goes down cancers
5:26
increase so he reasons do the decline in
5:30
in innate t- cell activity cause the
5:34
increase in Cancers and the answer to
5:36
this is probably yes as we age te- cell
5:39
activity goes down cancers go up so he
5:42
thought well why don't we just boost the

5:44
innate immune system obviously so if
5:48
these te- cells are getting a bit laxed
5:50
a bit sloppy on the job well let's give
5:52
them a bit of a boost so he developed a
5:54
heat killed
5:56
microbacterium vaccine so it's just some
5:58
micro cium that is developed has
6:00
optimized The Strain um Cooks them up
6:03
kills them and then injects them this is
6:05
not an mRNA vaccine it is not generating
6:08
an antibody response it is boosting the
6:12
natural te- cell response and because
6:14
you boost the natural te- cell response
6:16
it means the vaccine doesn't just work
6:17
against one disease like a flu vac
6:20
doesn't do much any wellong I'm not
6:22
going to comment on flu but it's not
6:25
even if a flu vac was working
6:26
fantastically and perfectly and
6:27
brilliantly it's only working again
6:29
against influenza if you have a measles
6:32
vaccine that's only working against

6:34
measles so these are all single activity
6:38
basically okay there is some immune
6:40
crossover but they're basically single
6:41
activity vaccines whereas here we've got
6:43
one vaccine that could work against a
6:45
whole range of conditions and
6:47
potentially a whole range of cancers
6:49
because it's boosting the innate immune
6:51
response which we know protects us
6:52
against viral infections bacterial
6:54
infections and Cancers but it's just one
6:58
injection so
7:00
one injection okay you might you might
7:02
sell a few but um obviously um companies
7:05
could make more by selling multiple
7:07
injections rather than
7:09
just one coverall injection not that
7:12
that's anything to do with it of course
7:13
that's just me musing out loud so he's
7:16
developed this heat killed
7:18
microbacterium to boost the immune
7:20
system now if you keep giving killed

7:24
Micco bacterium these this new uh
7:26
injection is developed this new vaccine
7:28
is developed not an mRNA vaccine just
7:30
dead bacteria to boost the te- cell
7:33
response now if you keep giving this
7:35
microbacterium injection it does not
7:38
boost the antibodies so we don't get a
7:41
boost in antibodies but we get a boost
7:43
in the tea cells and he's proved this
7:45
experimentally we get a boost in the te-
7:47
cell
7:49
activity broad spectrum immunity what's
7:52
not to love here also seems to protect
7:55
cold colds and flu by boosting immune
7:57
response so he's got some of his melan
7:59
patients on this on this micro bacterium
8:03
to boost the immune system to um mean
8:07
that the the tea cells are active and
8:09
it's the tea cells that keep the
8:10
melanoma down but these patients also
8:13
seem to stop getting colds and flu every
8:15
winter which is a rather Pleasant side

8:18
effect not an adverse reaction a side
8:21
effect they don't seem to get these
8:23
infections anymore pretty wonderful and
8:26
Professor Dow GLE predicted this would
8:27
be a good Frontline treatment for Co so
8:30
while everyone was tizing about getting
8:32
a new mRNA vaccine it looks like there
8:35
was one sitting on the shelf all the
8:38
time but of course it was just one
8:40
vaccine and uh it wasn't as far as I
8:43
know the proprietary rights to That
8:45
vaccine weren't owned by certain vaccine
8:48
manufacturers which have come to
8:49
prominence as as far as I'm aware so
8:52
Professor dowle predicted this would be
8:54
a good Frontline treatment for coid now
8:57
at the height of the first wave
8:59
might remember that 2020 the height of
9:01
the co wave in
9:03
2020 um he had quite a few patients on
9:05
this myobacterium
9:08
vaccine for he for um keeping their

9:11
melanomas in check which has done so
9:13
brilliantly over these decades very
9:16
impressive to keep that disease in I've
9:18
seen people with with with malignant
9:19
melanoma they just die within months
9:21
terrible often young people quite quite
9:23
quite terrible disease so the height of
9:26
the first wave none of the patients on
9:28
on the micro bacterium vaccine to keep
9:31
their um to keep their uh melanoma down
9:35
none of them got coid at least none of
9:36
them were sick whereas the staff young
9:39
fit healthy people were getting Co and
9:41
getting sick all around them so these
9:44
patients that were often older and often
9:47
vulnerable um because they have a stage
9:50
four melanoma they didn't get
9:52
sick so suggestive evidence that this
9:56
micro bacterium cheap readily available
9:59
probably not even patentable vaccine was
10:01
preventing Co but no one was
10:04
interested staff were getting ill but

10:06
the patients were
10:07
not now he went on to say professor
10:09
dowle said in general if you need to
10:11
give more than two shots of a vaccine it
10:12
doesn't work now vaccine should be given
10:15
to people with known immune status he
10:17
says just coming back to that point in a
10:19
minute about more than two doses but he
10:22
says vaccine should be given to people
10:23
with known immune status so if you're
10:24
going to give someone a vaccine you
10:27
should know if they're already immune to
10:29
that disease it's not a one- siiz fits
10:31
all we should know if they're already
10:33
immune to that disease or not and of
10:37
course virtually no one was tested prior
10:40
to being vaccinated to see if they
10:42
needed it or not but if you don't need a
10:44
vaccine it will make things worse now
10:47
what he said here if you need more than
10:49
two shots to make it work um that what
10:53
he's saying is you only have a limited

10:55
capacity in your immune system so the
10:57
immune system can only do so much work
10:59
in a particular period of time you've
11:01
only got one immune system per human
11:03
being and he says if you boost the
11:05
immune system with another vaccine to
11:08
harness half of the immune system to
11:10
make
11:11
antibodies then half of the immune
11:14
system is Flatout making antibodies I
11:16
mean half is a kind of a descriptive
11:19
term rather than a physiological
11:21
measurement but half of your immune
11:23
system is making antibodies as a result
11:25
of the new in this case booster coid
11:28
vaccine that you've given well if it's
11:30
busy making antibodies it can't be doing
11:31
other things can it that that that
11:34
that's his reasoning so if you boost
11:36
with a vaccine to harness half of the
11:37
immune system to make antibodies to a
11:39
virus but he also pointed out that the

11:41
vaccine is to a particular type of virus
11:44
which no longer exist on the surface of
11:46
the planet because of course the virus
11:48
has evolved and moved on but if you do
11:53
that you're going to weaken the immune
11:54
system because the immune system busy
11:57
busy making antibodies which are
11:59
if not useless of very limited use when
12:02
the immune system could be doing
12:03
something really useful like fighting
12:05
cancers or fighting other
12:08
infections now this weakening of the
12:10
immune system has been confirmed by
12:11
science because if you give the first
12:13
two
12:14
injections you uh you make imunoglobulin
12:16
type G type 1 and imunoglobulin uh G
12:21
type 3 now these are called neutralizing
12:24
antibodies so these will block up the uh
12:26
the active site on the virus but if you
12:29
give a booster you change from making as
12:32
much ig1 and ig3 the useful neutralizing

12:36
antibodies to making ig4 which is a
12:38
regulatory or even suppressing antibody
12:41
so we can actually suppress the immune
12:45
system and Professor Clans is told us
12:46
that repeated vaccine can stimulate the
12:49
production of suppressor cells which
12:51
actually damp down the immune system so
12:53
interesting that the research from
12:55
Australia uh both leading professors and
12:57
the research from the UK K is in perfect
13:00
agreement so boosters he also suppressed
13:03
the te- cell response so booster
13:06
vaccines will make antibodies which are
13:08
pretty well useless but will suppress
13:10
the te- cell response what is it that's
13:14
keeping the melanomas down well it's the
13:16
te-
13:18
cells so if you give a vaccine that
13:21
suppresses the te- cell response what's
13:23
going to keep the melanomas down well
13:25
the answer is nothing now we don't know
13:28
how true this is but it all makes

13:30
perfect theoretical sense so we need to
13:32
get te- cells boosted not be suppressing
13:35
our te- cells we don't want ig4 we don't
13:38
want suppressed te- cells so why are we
13:40
giving boosters would be Professor dl's
13:44
contention and um tea cells are
13:46
protecting us against a wide range of
13:49
other diseases as well
13:52
infections t- cell te- cell response
13:55
crashes after the boosters in cancer
13:57
patients now is monitored this in some
13:59
patients what he said he said te- cell
14:02
response crashes after the boostering
14:04
cancer patients not in all of them but
14:06
in many of them but of course if you're
14:08
one of the ones where it does crash then
14:10
the consequences could be
14:14
well yeah
14:16
obvious te- cells control melanoma keep
14:20
the melanoma down relapse only occurred
14:23
when there was t- cell
14:26
perturbation so this messes up the

14:29
te- cells and the Boost has caused this
14:32
perturbation and uh therefore there
14:35
could be the reactivation of the
14:37
melanoma so we have the combination of
14:39
his empirical um findings it there's a
14:42
perfect scientific mechanism for why
14:44
this could be true this needs to be
14:46
duplicated all over the country this is
14:48
a matter of urgent research that needs
14:51
done and there is other possibilities
14:54
from other oncologists he's been talking
14:56
to of other cancers
14:59
uh s mentioned were lymphoma potentially
15:03
um
15:04
leukemia
15:06
um the cancer that affects the uh the
15:09
the uh the B
15:11
cells um The Name Escapes me but anyway
15:14
several blood related cancers and
15:17
possibly other cancers such as colon
15:20
cancer and later in the video I'm not
15:22
going to do it now because it wasn't in

15:24
this first part but he did talk about
15:25
explosive cancers which is quite
15:27
frightening so I didn't want to waste
15:29
any of that medicine that is absolutely
15:31
as far as I can see brilliant medical
15:34
observation followed up by really sound
15:37
as I understand it as I understand
15:39
Professor D she's teaching um very sound
15:44
pathophysiological re research and
15:47
understanding and that was just the
15:48
first 11 minutes of the video I just
15:50
didn't want to waste that it's just such
15:51
good stuff um you won't get this from
15:54
the textbooks it's know absolutely
15:56
Cutting Edge research so thank you
15:58
Professor d leash thank you for
16:00
listening and we'll do a bit more of
16:01
that later that was just the first 11
16:03
minutes of this pretty staggering uh
16:05
video thank you for
16:09
watching
English (auto-generated)
AllFrom Dr. John CampbellRelatedWatched