Breast Cancer: It's A Marathon, Not A Sprint Transcript

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Introduction and Guest Background

Hi there. It's Dr. Jenn. Welcome back. I'm so delighted to have you and to have our next guest because she is a truly amazing woman. I want to introduce Dr. Nalini Chilkov She is the creator of the OutSmart Cancer System® and founder of Integrative Cancer Answers, Providing Educational resources and specifically designed nutritional supplements for patients and families whose lives have been touched by cancer.

She is the author of the bestselling book 32 Ways to OutSmart Cancer. And we're going to talk a lot about that today and How to Create a Body Where Cancer Cannot Thrive.

Dr. Chilkov is recognized as an expert in Integrative Cancer Care and Immune Enhancement and as one of the Top Ten Online Experts in the breast cancer space, she brings over 35 years of experience with thousands of patients to our discussion today.

Welcome, Dr. Chilkov. Thank you so much. Today, we're going to talk about getting your life back and how to recover from breast cancer and breast cancer treatments.

But I have to tell you that I quote you nearly every day, because many years ago I heard you give a talk to a bunch of health professionals and what you said resonated so deeply with me that it kind of changed the way I approach everything.

And you said everyone who gets cancer gets a treatment plan, but what everyone with cancer needs is a health plan.

Cancer Treatment vs Health Planning

And that really embodies what you do because you take it, you give everyone that extra something that makes all the difference in the world for them because that is really the forgotten part of the traditional or conventional medical system is driving health, and it's really never a part of anyone's picture.

And in fact, unfortunately, many of the things that happen while you pursue that conventional medical treatment plan, not only do they not promote health, but they actually detract and distract from your health.

So I want to first talk about how did you become an integrative oncologist? Because that still today is pretty much a rarity. Everyone has a personal story.

And mine is that both of my parents were diagnosed with cancer in their fifties, and so I became interested in the thing that was the most glaring to me is all the things the oncologists was not doing for them.

And so that sort of one of the questions I ask myself now is, okay, what can I do that the oncologist isn't doing? And I also realized that the oncologists goal for the patient is very different than my goal for the patient.

The oncologist is fascinated by the tumor and the cancer, but not by much else, not by the person whose body is hosting the cancer, not how they got there.

And they're certainly not interested in health as the outcome and so that's my goal and that's the patient's goal for themselves as well. So I think it's really important for the patient and the family to understand where the oncologist is going is not necessarily where you want to be going and therefore you need a team.

And so that's what I saw with my parents, is that the oncologist was going to do this limited, narrow thing for them, which is necessary, which is important.

But it is is not going to get us where we want to go, which is to have our health back and to have our life back. You mentioned something in there that you said that it was necessary.

So I want to break that down a little bit in your estimation, because you have treated thousands and thousands and thousands of people for cancer, is it always necessary?

I don't think we can make generalizations about anything and the kind of medicine that you and I practice. We know that individualized decision making and individualized medicine gives very best outcomes.

However, let me frame it this way. When you get diagnosed with cancer, your first goal is to reduce your tumor burden. That's your first goal. So you have to ask, how am I going to do that?

And so sometimes surgery or chemotherapy is going to be a better tool than anything else. If you have significant tumor burden, you must use those tools.

If you have very little tumor burden, for example, breast cancer patients who are diagnosed with DCIS is an extremely low burden of tumor, and that may not require conventional care.

However, it it isn't just about what's the diagnosis and how much tumor is there. It's also about whose body is hosting it. Is this a person 90 years old, who has poor immunity, has diabetes, is overweight, also has depression and has a poor diet?

Well, that's a different person than a 35 year old who is an athlete and eats natural foods diet and is committed to doing everything and is capable of doing everything that I ask her to do. So I look at who's sitting across from me, but for the most part, patients are in our offices when they have stage two, three or four cancer, which means their cancer isn't local.

It's not one spot, it's already traveled somewhere.

When Conventional Care Is Urgent

And all cancer really is systemic, whole body disease. Even if you have stage one cancer, a cancer, a tumor that is the size of a head of a pin, three millimeters has a billion cells in it.

And the chance that one of those swam away to another location is there. And so you still have to think of cancer as a whole body syndrome. And the it's a long term solution to cancer is to transform the whole bio system, not transform the location where the cancer is.

And so you still have to think of it as a larger project. But I want to say, and I think this is really important, a cancer diagnosis is not urgent care, it's not an emergency.

And oncologists make patients feel like it is a cancer is a marathon, not a sprint. And it's a long term journey. And so it's not didn't start yesterday and it's not going to be over in two months.

And so it's really important to understand that cancer is a chronic illness. It's a chronic syndrome. The whole bio system that hosted it, the cancer terrain, the tumor microenvironment is a happy place for cancer to develop and grow and progress in.

And if we're going to have a real solution, we have to solve all of that. We have to understand the nature of the tumor, but we also have to understand the body that's hosting it.

If we don't address both, we don't get a long term solution. And there's a third layer, which is we have to understand the macro environment that's that's permissive of the cancer.

So as are you living in a toxic environment exposed to chemicals? Is your house full of carcinogenic toxins? Do you

put carcinogenic body care products on your skin?

Are you in toxic relationships? All of those things, there's layers. You have to understand the tumor. You understand the hosting bio system and you understand the larger environment which is is giving rise to cancer.

If you look through all those lenses, you will get a long term solution. But that is not how oncology is practiced. Yeah, unfortunately I couldn't agree with you more that people have time time to learn about what breast cancer really means, what that diagnosis really means.

I think that people are so quick to identify with that pathologic tag that they're that they're given, right. Like I have invasive ductal carcinoma and it's grade three and and we need help right away.

And, you know, unfortunately, the medical system really does feed into that. Right. Okay. Let's get you on for surgery next week. Let's get you scheduled for a port.

Let's get you, you know, and and you get put on this hamster wheel, like, right away and you're afraid. You're afraid. And people don't tell you otherwise.

And if you're asking questions, you're you're kind of made to feel that you're a difficult patient. Like if you say, well, what happens if I don't do anything right away?

Right. Yes. But I do want to say that I think that there are some instances they're rare, but there are some instances where there is some urgency. Right.

So to me, if someone has invasive I'm sorry, inflammatory breast cancer.

Building a Supportive Care Team

Right. So you have an underlying breast cancer, but you have inflammatory changes in your skin, redness, even tumor erosion through the skin, like the that is a disease state which is fairly rapidly progressing.

And I think that person needs to get care right away. Another instance I can think of is if you have a disease that has spread to the brain and the brain is a fixed space, so if you have had a seizure, if you have brain symptoms, that is also an emergency.

Or if you have bone disease that has caused a fracture or you're in intractable pain, like these are all situations that requires emergency. But I want to be clear, that is the absolute minority.

It's it's it's not those are not common things because long before you're at that edge, you've had symptoms for a while. And that, you know, and when we talk about who's sitting in front of us as patients, if somebody comes in and their breast skin is eroded, I mean, that's been going on for a long time before they walked in my office or if they have a brain metastases, they've been dizzy or losing their balance for a while.

So that tells me they're a kind of person that's maybe not connected to their body or that wait till it's really bad to do something and it tells me something about them so I can help them learn to intervene earlier and to speak up earlier and to seek care.

And if they're coming in at the edge of extreme diagnosis, how to interact with their team and report to them everything that's going on. So they get really good care and things are tended to now, not two weeks from now they're having a problem.

So yeah, absolutely. We're all socialized differently as patients. And so, yes, there are situations that are medically urgent and hopefully the day care provider will explain that to the patient in a calm way.

But it doesn't mean you have to go in tomorrow. So people a day get your kids covered, get your business covered.

You know, you're let your psyche catch up to what's just happened to you and make a plan.

And it's not an emergency if you're if you're bleeding, if you can't breathe, if you can't be you know, there are extreme situations that would take you to an emergency room.

And have you admitted to the hospital immediately? But that's not most cancers have been growing for a long time before they're diagnosed. Yeah, ten years.

And so this didn't happen overnight, which means that you can take a little time and not give over your body, your time, your schedule, your decision making, your your intelligence to the oncologist, the oncologist on you.

You need a team. When you have a cancer diagnosis, you need the absolutely best medical team, top, top docs you can find. And you need a health team also.

And you as the patient are the head of that team and we all work for you. And so this disempowerment and disenfranchisement that goes on in oncology culture is very damaging to the patient because losing a sense of control is one of the biggest psychological stressors in life.

And so it's very important to take that back. And if you are in a relationship with an oncologist that treat you like a child or is dismissive of your feelings, your intelligence, your values, what you want for yourself, then find another oncologist because this is going to be a long term relationship.

And it if we have a health model, we have to have healthy relationships also. Yeah. And I think that's a really important point that you bring up that you are in charge, right?

You get to decide what you want for your treatment and you don't want for your treatment. And it's so important to have to work with a provider that respects your opinion.

And if you do not have that, you have plenty of time to go find someone who does. So you know what makes a good doctor is subjective, right? Because you know, they may work at the top hospital and may have access to every research protocol there is.

But if they are not a human being that is open to discussion and answering questions and respecting your opinion, they may be a great doctor on paper, but it's not a great doctor for you.

That's right. That's right. And even in my practice, someone might come in and say, I'm not doing anything conventional, I only want natural treatments.

And then it's my responsibility to respect, fully educate them and say, well, take a look at it from this point of view and let me expand your understanding.

My part of my job is to educate you so you can make informed decisions. And so, you know, I might say to myself, so breast cancer is a treatable cancer.

We know a lot about breast cancer. We understand that it's not a cancer. We don't know what to do with. And let's also just say upfront so everyone understands there are breast cancers, right?

There's lots of different types of breast cancer. But we understand breast cancer well. And we have lots of research that's been going on for decades and decades.

And we we know what to do for breast cancer. So one of my colleagues, Christy Funk, she's one of the top breast surgeons here in Los Angeles. She says, well, if you get diagnosed with breast cancer, you should just expect to live.

And so that's something important to understand about breast cancer. It's a treatable cancer. And for the most part,

it is not a death sentence. And so that's, I think, a big exhale to have right at the beginning to understand.

I think that that should be something that is said to patients the first day when it's not. No, it's not. Well, doctors are don't ever talk about mortality or death with patients.

And one of the first questions a patient has subconsciously or consciously, as, am I going to die?

Conventional vs Integrative Oncology

And so that strategy, you know, I always say, since breast cancer is achievable cancer, I say, you know, this is treatable cancer that you're going to die from.

It expected you to live a long life. If we do everything right. And so, you know, that is important to hear at the beginning. Yeah, I think that it's really easy for people to understand what their treatment care team is.

They they know that they need a breast surgeon and they know that they need a medical oncologist and they know that they need a radiation oncologist. And if you're having a mastectomy, they know that they need a plastic surgeon.

I don't know that people know who's on their health care team. So could you talk about the health care team? I think that also varies for patients. But I also want to say I don't think people know that they need all those things either.

That that that that a lot of those things are not readily accessible. Yes, they are. And a lot of patients don't know that there are these different players that are going to be on their medical team.

And so I think that it's also important to make that explicit. I have to say, I have a patient, a new patient, and I was just reviewing her records yesterday, and she's a patient at Cedars Sinai Hospital in Beverly Hills.

And I was so impressed her oncologist sent her to have a psychosocial evaluation and have somebody talk to her about the stress and how she's feeling as about the stress of the diagnosis that her oncologist also send her to someone to explain to her what to expect when she goes into the infusion center for her chemo, what kind of side effects to expect and how those are approach and that they're all manageable.

And this is all happening before she starts her treatment. And so that is really amazing. That's a clear, amazing. Cancer center with. A is approach. Trying to appreciate the patient's predicament and fears and. Need.

Information. Right. Need for information. I hope that that is something that they practice across the board and didn't do for this patient because they perceived her to be difficult.

So that's my cynical brain, but I hope that that is something that they practice across the board at this place. And and in this cancer center every cancer patient gets a nurse, an oncology nurse that is their advocate and that that helps them think through what their questions are for the doctor and who knows what's going on with them.

And is the liaison to the oncologist who's not always available directly to the patient. And this is their model of care. And they also have the option to be in yoga for cancer, meditation for cancer or acupuncture for cancer.

This is a model cancer center in Cal's. Amazing. Right, where the culture of medicine is early adopter of new ideas. But that doesn't mean if you are a patient someplace else, that you can't bring these ideas to your journey for yourself.

Yeah, absolutely. So I completely see what you're saying about the kind of conventional all health care team breaking out. But I do think that that system is unique and not happening across the country.

So I know for a fact it is not happening in Pennsylvania where I am. So how does someone go about building a

health team? Like what are the components?

So I think, again, that's somewhat individualized, but just the other pieces of ourselves so that the first two questions patients ask me all the time is What should I eat and what supplements can I take?

So you need someone on your team that can answer those questions for you. So that's one person. And so that might be someone like myself. That might be a natural Catholic physician, it might be a nutritionist who specializes in cancer care.

So somebody like that, you might like to have someone who is an acupuncturist. I'm a big proponent of acupuncture for cancer patients. If you really struggle with emotions and coping, you might want to be under the care of a psychotherapist or a social worker or a counselor that can help you grow the muscles, your need and your coping skills to be able to succeed and thrive.

As you go through this, you might want to have a yoga teacher or an exercise coach or whatever you think you need. But you need people who understand wellness and health and support healthy function, but who also are experienced working with cancer patients because the needs of cancer patients are unique.

And so you don't want just anyone. So we're lucky around here to have your yoga instructor is that know what's going on with cancer patients bodies and what they can do when they report in their body and when they can't.

And and we have nutritionists that understand the unique needs of cancer patients. And, for example, I have a nutritionist who works in my practice who is also a cancer survivor herself.

So when I introduce dos her to my patients, I say, well, not only is she knowledgeable in your unique needs and challenges as you go through your cancer journey, but she's quite an inspirational person, so you just meet her for that reason as well.

And so, you know, that means maybe you want to be in a support group of some kind and those can be really positive or sometimes really negative for patients, because if there's a lot of people there who are doing poorly, that can scare a patient who's just at the beginning of their journey.

So you want to find a group that's a good fit and a good match for you as well. And quite often the oncology nurses are great allies and they can answer so many of your questions and put you in touch with other resources because they're the ones that are there at right close to you knowing what you're going through.

And quite often they are fabulous resources and allies for you. So let's say you're on a 21 day chemotherapy schedule and you're coming up for your day, for your next infusion, and you just don't feel well enough this week to do it.

You can talk to the oncology nurse and you can postpone it a week, but patients feel like they'll die if they don't stay on their schedule. And so you've got somebody to talk to.

And let's say you are in surgery, you're in the hospital recovering, and your fear of death is coming up. And you don't know if you're going to survive.

You're worried about your kids and all of that. You can ask for a hospital chaplain to come in and speak with you. And they're multi denominational and they're highly compassionate people skilled at talking with you about what you're going through at this moment.

So you might want to avail yourself of your church group or your spiritual teacher. You know, Don Abrahams is a well known integrative oncologist.

Nutrition, Protein, and Low-Carb Strategies

He asks his patients, what gives you strength, what gives you hope? What are your your dreams for yourself and and what's your spiritual life? You ask that at the first visit.

So he knows something about who they are and how they help them. You know, I think. That's. Important to ask ourselves, right? Yeah, it is important to ask ourselves and you know, the number one predictor of who will survive and how long you will survive are is how long you think you will live and what you have to live for.

Yeah. And people who want to live and live with purpose live far longer than those who don't. Yes. Yes. People who live love life, live longer. We also know people who have good support systems live longer.

So I practice in a multicultural city as you do. And I know that when I have a Latin patient, I have to put eight chairs in my room. Yeah, of course. The whole family's coming.

Yes. And so. And then there are those people who have no one who are going through it by themselves. So then my team has to become their extended family and tell them that we tell them that's who we're going to be for them.

Yeah. Yeah. And that's better. For them to build a support system. And sometimes that's the developmental challenge for some patients, is to learn to ask for help and receive love and care and help.

And that's that's one of the the gifts of the experience is to get to work through that. Absolutely. So can we start to talk talk about some of the nuances, what the difference is between conventional oncology and integrative oncology?

Yes, it's really important to understand that. So conventional oncology, as we mentioned before, is really focused on the disease and how to reduce your tumor burden and take control of the disease and some cancers they do well at some not so much breast cancer.

There's a lot of resources. So what? And that's kind of it. So the toolbox of conventional cancer care is surgery, chemotherapy, radiotherapy, immunotherapy and targeted therapies and hormone therapies.

And so all of those are available to breast cancer patients. And today, if you're diagnosed with breast cancer in a conventional setting, first thing you should ask for is individualized decision making.

You should make sure that they analyzed your tumor so that the decisions are made based on your type of tumor. And there's a in in more leading edge cancer centers looking at your tumor.

And they're looking at your genetics before they decide what they're going to do. And so you should ask for that. If you don't if you're just being given some cookbook treatment plan, you should ask for an individualized decision making and to take all the steps that would allow that to happen.

For example, there are women that we now know if we apply a series of tests that do not need to have chemotherapy, that will do just fine if they don't have chemotherapy and will do fine just with hormonal therapy.

So we want to know if you're one of those women. And so we don't want cookbook medicine. We want individualized decision making. So when you go in as a patient, you ask for that.

Okay. And in some HMOs where not spending money is the main goal, then you say, I feel it would be medically negligent just to do a cookbook medicine on me.

I want individualized care. And I think it would be medically irresponsible for you not to ask and answer these questions before we decide what the best treatment for me is.

And so and so what kind of questions are those? Are you talking about asking for that different or that that pivotal. Thing changes all the time? So I want to tell the patient what to ask for, one to the category of things to ask Where has my tumor been analyzed?

Have my genetics been analyzed? Okay. And so what you want that out there is making treatment recommend decisions based off of tumor analyzation and and genetics. So in in this generation of things, we're talking about things like the archetype or mama plant to determine if you would benefit from chemotherapy we're talking about.

So I just want to interrupt for three minute. I think that these things are already outdated where I practice. So I want to put those words in patients mouths because there are better tools now than those.

And so I want the patient to ask for the most leading edge analysis of their tumor and analysis of their genetics, because it's changing all the time.

And so I live in a city where those those are not the main tools being used. And they were being used that when they were the best tools. So I think it's important that patients don't have all the information or information that might might not be germane to the cancer center where they're going to receive their gear.

So they want to ask for analysis of the tumor, a thorough analysis of the tumor, which could be a variety of types of tests with different names and an analysis as their own genetics.

So, for example, everyone should be tested for the packaging, BRCA and that used to never be routine, but it was because the test was too expensive. Now it's cost effective.

Every single patient should have that test because the more aggressive cancers and require a more aggressive approach. If you've had a biopsy, you have tissue that's been analyzed and you will know whether or not you have a fast growing aggressive cancer or whether you have a lazy cancer.

You will you will know whether you have hormone driven cancer or not. You will know whether you have other traits like HER2. And those traits define what we're going to do and what we're not going to do.

It's and do you think that that's not routinely done? Because, I mean, those. Basic things are done. The most basic things are done everywhere. But what is not done are thorough genetic and receptor analysis of the tumor and thorough genetic analysis of the patient.

Those aren't routine because they're expensive. So if you're in a place where they don't want to spend money, they don't do it. Gotcha. Okay. Well, I think that that's helpful to a point.

I only worry that, you know, there's still a lot of paternalistic medicine being practiced with, like, don't worry your pretty little head about it. We know what to do.

We're all doing an opinion. Go get a second opinion and a true second opinion is outside the sandbox where the oncologist you're talking to is located.

So if you live in a small town, go to the closest big city. If you live in a big city, go to another cancer center where it's a different milieu of doctors.

But if you really aren't comfortable or don't feel like you're being respected, get a second opinion. Get a third opinion on your insurance will pay for those opinions.

Fasting, Hydration, and Chemo Support

So and I think that that's really important point is that you should I think everyone should be getting second and third opinions and second opinions.

Now, what cancer patients need to understand is that insurance pays primarily for standard of care, which is cookbook medicine. So if you have a strict diagnosis, you get a certain treatment.

However, that is changing, which is why the patient needs to be educated, because now treatment can be based

on saying, Oh, I have these receptors in my my tumor, so I have this genetic trait or I have these genes driving my tumor growth.

And then it you're outside the cookbook, then you're outside the cookbook. So more thoughtful decision making can be made. But doctors and patients do find themselves in the predicament where what gets paid for initially is standard of care.

If standard of care fails, then you get individualized decision making. But I want to see us not have to go through that. Yeah. My goodness. We could have made a better decision at the beginning.

Yeah, yeah, absolutely. And people should be entitled to not be experiments, right? Like we should we should know from the start what is most likely to work.

We shouldn't be guessing. We shouldn't be part of medical experiments. We shouldn't, you know, be part of, well, let's try this first. And then if that doesn't work, we'll do more testing, right?

And we should be doing this testing upfront. That's what standard of care is. But cancer care decision making is changing so much that you can ask for that.

So the other thing you asked me is then what's happening on the other side of the integrative oncology side and so on on the health side is I want to know what your vitamin D levels are, what your blood sugars like, what your insulin levels are, what your inflammation levels are, your copper, your zinc, your your if you have diabetes, if you have autoimmune disease, if you have cardiovascular disease, if you have depression, I need to build a plan for you, right?

For you. And so I need to know if you're a single mom and your kid is two years old. I need your life is like so I can plan together for you that's going to get you through this with success.

And so we're looking at diet. What kind of a diet optimizes the cancer terrain so that you won't host cancer so readily? So the biggest piece, the biggest lever, the thing you can do is eat a low carb diet because most cancer cells, particularly breast cancer cells, have more receptors for glucose.

And something called group four and for insulin. And so if your blood sugar is higher, if your insulin is higher, then you're going to get more growth signals to your breast cancer cells.

So if you are a breast cancer patient, you want to eat a low carb diet so that you take away the glucose and you take away the insulin. And so that's one of the most powerful things you can do.

And I like to see people do that under the supervision of a nutritionist, because what happens to most people is they take the carbs out and they lose weight and because they're not getting enough calories.

And so when you do that, you need to replace the calories with more healthy fats and oils. And you also need to make sure that you're getting enough protein as as people get older, you know, the demographic of cancer patients is over 50.

Typically. And so at that age, you're losing muscle mass as a matter of aging physiology. And so cancer physiology accelerates loss of muscle mass. So every cancer patient is at risk of loss of muscle mass at an age where you kind of eat less protein anyway.

And so it's very important to eat enough protein every single day. And when you're going through training, you don't feel like eating sometimes. So I always put a protein shake into the plan as an insurance policy.

And so you can have 20 to 30 grams of protein in a shake. And I actually like patients to get around with around 70 or 80 grams of protein if they're over 50 while they're going through treatment, because then we're not going to lose muscle mass.

What makes you feel weak and frail is to muscle us, and so it's hard to eat that much protein. Most women don't eat much food. So I think that a protein drink is a great source of protein.

It's a good insurance policy. You don't have to drink the whole thing at once. You can step on it for a couple of hours, take your supplements with it.

You can make a big shake in the morning, make another half a shake in the afternoon and have more protein bone broth. Real bone broth has ten grams of protein per cup.

That's a really easy way. Get another ten grams of protein, drink it like tea, flavor it with ginger or garlic or Rabinow, make it taste good. Use it as a base for a soup.

But I also help people drink bone broth while they're getting their infusions. Because you need electrolytes, then you get all this glutamine with it, which heals the lining of your gut.

And most chemo is going to damage the lining of your mouth and your intestines and your your esophagus. And so if we immediately put in fluid electrolytes and glutamine while you're having your infusion, you're going to have some repair going on and you won't feel as fatigued after your infusion because you're hydrated and you have electrolytes.

And so there's just simple things that you can do to make a big difference. So we just set three of them, make sure your protein is adequate and you can use a shake and bone broth for that and go on a low carb diet.

And what does that mean? That means anything that tastes sweet on your tongue, you're going to take out of your diet, you're going to reduce all sweeteners and you're going to take fruit out of your diet, except for maybe one cup of berries a day.

And you're going to take starches and grains out of your diet, too. So your plate is going to have half colorful vegetables. You're going to eat the rainbow because you're going to get all those phytochemicals that are the pigments that color, fruits and vegetables.

And those are talking to your genes and your body is a chemistry lab. And so we're going to have all those phytochemicals from the colors in plants that are going to turn genes on and off.

And we want to turn on the cancer suppressor genes and turn off the cancer promoter genes, and that's why it matters what you eat. Awesome. I love that.

While we're talking about what you eat, where do you fall in the fast anything? So that depends on who the patient is.

Exercise, Recovery, and Lymphedema Care

So if I have, again, a 35 year old athlete with plenty of muscle on her and she's not in aging physiology, she fast she confessed. But if I have a frail older woman who already has loss of muscle mass, she's not going to fast. She.

And so we have to it's more important to preserve muscle mass. Now, you're asking that question because fasting does increase the efficacy of chemotherapy.

Why does it do that? Because cancer cells have different metabolism than healthy cells. Cancer cells primarily can use glucose as fuel, and healthy cells are much more metabolically flexible.

And so if you drop your blood sugar by fasting, the cancer cell is highly stressed. And so when you get the chemotherapy infusion, you have a stressed cell getting that that chemo.

And so you get a better therapeutic effect and the healthy cell can adapt a fasting physiology and is is not so

damaged by the chemo. And so it's really kind of leverage.

Is the the vulnerabilities of the cancer cell too fast. However, you can't fast at the expense of your health. So you can't fail. You can't go into an infusion dehydrated.

You must be hydrated. You must have fluid in electrolytes. And so I prefer my quick my patients to fast on bone broth. So they're getting fluid, electrolytes and protein and then safe.

And so we can say that is a general recommendation. Everybody's safe when they're going into it. But if you have somebody with kidney disease, some diabetics, if you have somebody who has neurological issues, you need that to be a medical decision.

Whether you should fast or not, you should be evaluated and it be decided if you can or cannot fast and how you're too fast. And so I had a young woman yesterday.

It's a new patient and she's a little bit overweight and she's in their thirties, not worried about loss of muscle mass. And she asked me if she could fast.

And I said, yes, you could fast for 48 hours before. And on the day of ends of the infusion. But it's hot here. And so she has to be on top of her fluid in electrolyte.

She cannot be dehydrated of either. And so I suggested that she do bone broth because when you have protein, you're also going to hold on to your fluid a little better.

And so then we're safe. We're safe in summer with that patient. And I always suggest that patients take extra magnesium on their infusion day because most chemotherapy will deplete magnesium.

And that's part of the fatigue. And interesting. Yeah. If somebody can't really fast, then I have them bring a protein drink in a thermos to their infusion so that with no fruit in it though, a low, low carb, no carb.

So you're you're just going have protein powder and and water and maybe cinnamon and vanilla and maybe some misty oil in it, which is a coconut oil derivative and maybe a little fiber powder.

So you can have that. You can bring a big thermos of that. Well, you're you're there at the infusion center. You know, you're there for hours. So bring a movie, bring something to read, something to eat, and you don't have to sit in your chair.

That's the other thing. You know, just sit there and get up and walk around. You shouldn't sit there. You're more a risk for a blood clot when you're receiving chemo, you're more risk for a blood clot if you have cancer or tumor burden.

So you don't want to be sedentary. You want to be hydrated, moving around. So why why you said that? Let's talk a little bit about exercise while cancer running, because I think that part of that fatigue part that you talked about is, you know, our bodies are very much like if you don't use it, you lose it.

So people that become sedentary during cancer treatment actually have more fatigue and have worse outcomes than people who are not so quick to talk about that a little bit.

So the research on cancer and exercise is pretty compelling. A lot of it's been done in breast cancer patients and we know that breast cancer patients that regularly have better outcomes and better survival.

And we know that breast cancer patients who do intermittent fasting have better survival. So we'll talk about that in a minute. But exercise is very important for your psychology, for your mood.

It's important because you need your kidneys to be filtering in. You need your blood to be circulating through your

liver. You need to be breathing. You need your heart to be beating.

You need your muscle mass and muscle tone to be there and I want you to go out and work in nature if you possibly can. And if you can't, I want you to dance in your living room.

So I want you to do something. And so really feel wiped out. I say accumulate an hour of movement every day. I don't care if you do it in ten, 15 minute increments, I want you to accumulate hour of movement.

You are not to sit all day. I have a patient who is diagnosed with pancreatic cancer. She felt pretty lousy, but she thought up on diagnosis. She was supposed to go to bed and stay in bed and be a convalescent person.

Then I went, No. First of all, you need you need movement to have normal, healthy physiology. But secondly, people who stay in bed, who want to sit up and stand up on their own.

And so she became so weak that she had to be in a wheelchair because she just went to bed and she didn't need to do that. You Yeah, it's such a sin. But I think that that is part of the perception and I wish that that was talked about more.

So pace of behavior, right? Yeah. So this patient I saw yesterday, she's she's starting quote today as we speak. And, you know, I said the the anxiety that patients have before their first chemotherapy infusion is way out of proportion to what the reality is actually going to be, because you think of it like some Frankenstein story or something, you see this.

But the what's important to understand is chemotherapy is done extremely skillfully today and it is done in a very thoughtful manner. And we don't use the super high doses that were done 20, 30 years ago.

You're also given anti-nausea medication, an anti lavatory medication, while you're having your chemo. So you don't have a lot of issues coming up and you're watched closely by a nurse, the whole time.

And it's not it's more psychologically traumatic than physically traumatic event. Once you've had your first chemo, you realized that. But I think that preparing a patient for chemotherapy so they're not so anxious is really important also.

And also for the patients that come into my office and say, I'm not doing chemo, I say, you know what? Chemo is not the enemy. Cancer is the enemy. And the question we have to ask, is chemotherapy a tool we should use for you or not?

Is it part of the solution? Is it not part of the solution? If we think it's part of the solution to reduce your tumor burden, then manage the side effects for you.

And it's a finite thing in a person's life. Maybe it's going to be a four or six month window of time and it's over. It's going to be over and you're going to recover from it.

And so it's made to be this monster that it really isn't, and it is part of the solution force of patients. And so it's important to welcome it as a useful tool, then have this fear of it.

It's a manageable therapy, it's a manageable point. And I think it's a lot about mindset in that, you know, if you believe that it's going to help you, it most likely will.

And if you believe that all it's going to do is hurt you, then that's exactly what's going to happen. Well, you'll have side effects. You'll have more side effects from.

But that is that is hurting you, right? Yeah. And so I think that our our approach, the way we frame it is so very important and my mentor, Gordon Schwartz, used to say to people, it is some short term misery for long term gain.

And I think what you're saying is a lot of that misery now is perceived. It's a preconceived notion because we we've come a long way in mitigating the misery.

Well, we use much lower doses, much more skillfully. And so and and what patients need to understand, too, is if they give feedback to the nurse and to the doctor, then the dose can be adjusted.

If, you know, if you happened to metabolize that drug differently than the patient before you and you require a smaller dose to get the same therapeutic effect that can be adjusted, but you have to communicate.

Yeah. And that's what's so kind of revolution, Maria, about how we approach it today is that, you know, the studies may have been on a particular dose, but that doesn't mean that it's your dose and you should be working with someone who is going to adjust based on you and not on what the study said, because every one is different, everybody's bio individual and what is good for you.

It's not necessarily what was done on the study. And so working with someone who has that kind of relationship with you, who hears you and you're openly communicating with them and saying like, I don't know that this is right for me.

You did mention that you recommend people take magnesium on the day of treatment. Are there other recommendations that you have for while they're actively going through chemotherapy and radiation?

The well, the main thing for chemo is to be hydrated and to be replete in your fluid, in your electrolytes and in magnesium. Those are the main things I recommend Magnesium Glycine eight and I recommend most capsules of magnesium glycine eight or 140 or 150 milligrams.

So I recommend to three times a day on the day of chemo and maybe for that first week of chemo, it's a nice thing to keep your magnesium replete and it's really important to stay hydrated.

You want to keep diluting your blood and letting your kidneys filter. And so that's really, really important. Of course, you should get up and walk around.

You facilitate that filtration as well. So and and having enough protein is really important if you are fasting. I still think it's important if you're going to fast for two days before and the day of that, on that day after, you make sure you step back on your protein or your protein shake.

It's really, really important because tissues breaking down, we need to build it back up. And what about do you advocate for any resistance training or our weights or anything like that to try to preserve muscle mass during this period?

I, I ask the patient, I am not an exercise physiologist. I ask the patient what they like to do. You know, I see what they're doing and depending who they are, there's somebody that's never exercise.

Just ask them to accumulate an hour of walking every day. But however, it's it's important to have a complete exercise routine, whether you're healthy or going through cancer.

And so that means flexibility, strength and cardiovascular. So I think, for example, yoga and Taichi accomplish all three of those things. Plus you get peace of mind from so and think about things, you know, it's the older patient I've talked to you most often.

You know, things you could do till you're 90. So you do yoga, HIIT till you're 90. You can walk and stretch till you're 90 and these little free weights. So I encourage people, I think, first of all, just telling me how how much benefit to their survival exercises makes them do it long now just start to write their lives change by doing that.

And so in a lot of the things that promote longevity in terms of diabetes risk, cardiovascular risk, brain health and cancer, they're all the same stuff.

So, you know, exercise is important to healthy aging in general. And so again, I will make referrals appropriately. I'm not usually designed to names, but of.

Course, but. There. Definitely. But the message coming from you that I mean, I think the studies show that even one hour of walking a week increases survival in breast cancer patients.

Well, no, no, that's not enough. No, you have to do 30 minutes, five days a week to help increase survival. Yeah, I. I couldn't agree more, but there, there are studies that show but I would never benefit.

Study people do it. So yeah, I choose my, my references. This is because I want them to do more.

Mindset, Purpose, and Transformation

And so this course also let's say you've had a surgery like all women who have hysterectomies, should have pelvic floor exercises, but that's not routine.

So we have to. Make appropriate referrals from the health model so that the patient does well. So some breast cancer patients who are positive are going to be suggested to have their ovaries removed.

Any pelvic surgery can cause a change in your pelvic floor and the muscles holding up all your organs. And so why isn't that just part of the prescription post-op?

So when you're in a health model and you have a clinician like yourself or myself, we're going to make sure you do well, right? We're going to make sure you do well.

So exercising is part of that. And exercising your pelvic floor can be part of it, too. Absolutely. With breast cancer, if you have mastectomy, one of the biggest I always have people work with a physical therapist after their mastectomy for several reasons.

One is a lot of people start to do this and you actually want to maintain your upright posture and you also want they can have incisions to your pectoral muscle in the upper chest.

And so you want to make sure that gets strengthened. You want to have full range of motion in your arms. A lot of breast surgeons will show up. Women so tight they can't do yoga, they're too tight.

So I always say, you know, talk to the doctor telling you, do yoga. You want to have flexibility of do your breast surgery and then women who have lymph nodes removed, then we need to have them.

And with a physical therapist that is specialist in lymphedema, which is the fluid retention that can happen to your tissue when you don't have lymph nodes to drain that fluid into the circulation.

And so that's just to me, standard of care. After you have a mastectomy, after you have lymph nodes removed, you get these referrals. And so you learn.

So you don't develop problems. You do don't need to be developing. And you learn what you need to do to move that fluid and not have your arms swell up.

And so they this is not standard of care. So if you have a health team, if you have someone looking out for your health, you're going to get this as part of your plan, right?

Yeah. I couldn't agree more. And, you know, it's so important to move after any surgery and especially if you've had lymphatic surgery because you really want to you know, when you exercise, there are circulating factors that help to reestablish that lymphatic circulation that that vascular circulation, and you want all of that.

And so, you know, when I started in breast surgery, we were told that people should rest that side and really, like,

not use the arm. And that was the worst advice that we could give.

And that was the standard of care advice for 20 years. Well, and I even tell people, you know, right after the surgery, of course, you will want to move your incisions around your heel.

But I just say just go fold your arm under your breast and go for a walk, you know, and just a gentle lot. Don't just sit around, you know. Yeah. So, yeah, psychologically it feels better to have a more normal day, right?

Yeah. And we know that exercise of movement is the number one thing anyone can do to stave off depression. Right. And to stave off the of the risks of surgery, right?

Yeah. Yeah. So is there anything I know we've talked about so much? Is there any is there any point that you really want to leave with people? Yeah. Yeah.

I think some of the most important things to understand are that you want to have a health model of not just a disease model, when to plan for your health as part of your cancer experience.

And that's the long term plan to plan for your health. So you want to take control of that. You want to understand you're the head of your team. You want to have care providers that treat you with respect.

And if you don't go interview some other doctors and find find a team, because these are going to be long term relationships, you're going to be followed for a long time.

And then just get the basics in place. Make sure you drink enough fluid every day, make sure you exercise every day, make sure you get enough sleep. Make sure you're on a low carb, high fiber or eat the rainbow adequate protein diet and take a look at your environment and make sure that you're not being exposed to carcinogenic chemicals.

And in the case of breast cancer patients, hormone disrupting chemicals, that's a lot of our body care products have parabens in them, for example. So you want to learn the brands that don't disrupt your physiology and you want to care for your psychological and spiritual health, and you want to realize that you can reframe cancer as a transformational experience and a gateway in your life that gives you the opportunity for self-reflection and reevaluating your values, your priorities, what has meaning for you?

And a lot of patients go through the cancer experience in this more self-reflective kind of way and transform them and come out saying, paradoxically, cancer is the best thing that ever happened to me because I am now congruent with myself and my values and what's true for me.

And I've also now have a life that causes health rather than makes me vulnerable to disease. And so I think you have to realize that you can take steps to create that as your reality.

And it's a learning curve, you know, and so you can't do it by yourself. You need help. You need wise women around. You and and wise professionals around you and loving friends and community are all part of that outcome.

But that too, to have that vision, that that's what your outcome is going to be, I think that's really important. And if you're a mother and you have children and to see have your children see how you meet a life threatening challenge is a lesson they will never forget as a nonverbal lesson.

But to see how you meet that and what you do with it, and that you you stand up and you take you keep breathing and you keep your head up and you do things that are constructive and towards life.

And I think asking the question, what causes me to thrive is a better question than what's wrong. I think doing that for yourself changes your own psyche, but the impact it makes on your children is huge.

And anybody around you that's easy to do that. So I think we really need to reframe what this is so that we get

these kinds of outcomes and that it becomes a transformational experience.

And you and I have this amazing privilege to watch the people that choose to see it as a transformational experience transform, and some of them achieve better health after their diagnosis than they ever had before.

Yeah, and it's it's amazing to watch. I'm sure that you feel the exact same way in that, you know, we we have the God given privilege to see miracles every single day.

And and the human body and its abilities and capabilities are so astounding when you do when you do what nourishes your body. Right? Living a life that causes health really brings great, amazing things.

So, Dr. Chilkov, thank you so much for being here today and for sharing your wisdom, for doing what you do, for providing hope and this amazing perspective to people who are probably at the worst time in their lives.

And you show them a gateway to the best time. Thank you. It is an honor and a privilege to bear witness to people's courage and transformation. Sure. It's Dr. Jenn.

Bye for now.