Introduction and Dr. Wintersu2019 Background

Well, dear friend, Dr. Nasha Winters. I am so pleased to have you on this segment. Thank you so much for joining me. How fun. I love that I get to hang out in your office with you today.

Cool. Really cool. I'm like, oh, I get a voyeur in here. So thank you. You come, we get the the eBay machine right there and we get to hook up first. Behind me, you get the Weber laser.

We get getting my language, my friend, all the. Well, for everyone out there and I know you don't need an introduction, but I'm going to do it anyway.

So Dr. Nasha Winters, she is a global health carea uthority and bestselling author and integrative cancer care and research consulting with physicians around the world.

She has educated hundreds of professionals on the clinical use of mistletoe and has created robust educational programs for both health care institutions and the public on incorporating vetted integrative therapies and cancer care to enhance outcomes.

Dr. Winters is currently focused on opening a comprehensive metabolic oncology hospital and research institute in the US, where the best that standard of care has to offer and the most advanced integrative therapies will be offered.

I'm so excited about that. This facility will be in a residential setting on a gorgeous campus against a backdrop of regenerative farming, EMF mitigation and retreat, as well as state of the art, medical technology and data collection and evaluation to improve patient outcomes.

This is going to be a groundbreaking thing and this is going to be so cool and awesome. I can't wait. Thank you. What a great fun, like, nice, like intro to slide in on my friend.

Thank you for that. I get excited that you're just as excited about it as I am. So thank you. And anyone that wants to be part of that project, you are being in money, support, knowledge.

Know how? Yeah. Blood, sweat and tears. It's all. We've contributed so much of that part already. We know that the tribes coming together are people are coming out of the woodwork.

Michael, this is this is this has happened. I'm not even saying it's going to happen. It's happened. So we're just putting that energy into the end of the universe.

So thank you. So cool. Tell me a little bit. Your cancer. I mean, we're all and each one of us have a little kind of different understanding that. Tell me what you're understanding, what cancer truly is.

Yeah. You know, after having my own visits by the big C over, golly, coming on 32 years. Yeah. As soon as I say that out loud, it just sounds so weird because it makes me also feel a little bit aged.

But anyway. It was in utero that. That you. Yeah, I. Think. Oh here's your 20. Here it is right there. But you know, I will tell you, it's funny. I have no qualms about aging.

I'll be 52 this year and my friends who are all move into their fifties, they're all freaking out. Like when you didn't expect to get through your 20th year on this planet, you celebrate every chin hair, every gray hair, every, every, you know, like a little smiley wrinkle, whatever like you are, you wake up every morning, like, thank you gray hair for getting me out of bed today. So I love it.

I love it, I love it. So I'm really not against that. But that being said, with my own experience with it and unfortunately at the time of my diagnosis, there was nothing to be offered from standard of care.

It was actually to progress to even operate one single conventional chemotherapy because my organs had completely shut down. So you don't want to add insult to injury.

So I was left to my own devices, which my mom would tell you is a dangerous thing in this world. But it served me well on this planet and I've had the absolute privilege to start to see cancer is something different than what we were all taught in the medical environment.

Cancer as a Metabolic and Mitochondrial Disease

And partially because I live and work in a very small mountain town in Colorado, and I worked in a very like kind of lower income at that time in the early nineties, liberal arts school that didn't have the best of the best, fanciest textbooks and whatnot.

I stumbled upon early in my diagnosis the works of Dr. Otto Warburg and even though I was taking my physiology courses at the time, I was pre-med at the time and I was being taught that cancer was a genetic disease and a two hit theory disease, meaning that you got one genetic insult and then kind of one big genetic insult comes in and then all hell breaks loose.

And that just didn't resonate, especially when you're and we were also taught that this is a disease of the age and the disease of the elderly. I was 19 turning 20, so nothing was aligning.

So I went out on a mission to learn more, didn't expect to survive. I'm going to tell you all that right now. But what I did do is I got curious and I wanted to understand the why.

And so that has propelled me into this 30 plus years. And I'm still learning that with all of you out there. And what I have really come to understand is what we've all been taught to believe that cancer is, it isn't, or at least it's not the whole story.

So the genetic mutation theory of cancer and you're going to have the best person on the planet to be talking about this soon with Dr. Thomas Seyfried.

So I'll leave him to give the details of this. But ultimately, since 1914, we've been beating to the drum of the genetic mutation theory of cancer and all of our medical systems, all of our research, all of our treatments have followed that, you know, followed that line down down the road.

Whereas in the 1920s, this is where Otto Warburg started to say, you know, it's not the gene, you know, let's back it up a notch, let's start a little more upstream.

It's happening at that mitochondrial level. And so you'll hear me interchange in our conversation today, mitochondria and metabolic, because all of our metabolic activities in our body are determinant on the health and wealth of our mitochondria.

So even when I talk about metabolic, you're not quite upstream enough. You got to get back to those fundamental little organelles that live within all of our cells that are literally being little sensing agents to the outside world, everything from what we're eating, drinking, what we're breathing, but also to what we're seeing, what we're feeling, what we're hearing, what we're experiencing, what we're being exposed to on a day to day basis.

Those mitochondria take in that information, translate that information, and send signaling pathways out into our bodies to respond to whatever it's being exposed to.

And so that can be beautiful things coming in and charging up our cells to be resilient and, you know, at the ready to have great longevity and great vitality.

But it can also be disease creating when they're given sort of junk information and junk food and junk relationships and toxic environments, etc., that make them more inefficient, more damaged and more shifting into kind of a bastardized energy system that starts to prefer certain fuel sources over others most common and 70 to 90% of cancers, depending what research you look at, it starts with inhaling all the sugar that it possibly can.

Sugar doesn't cause the cancer, but it certainly doesn't help matters. Or maybe it does help matters with regards to the cancer. So that piece is that's just when that metabolic shift happens because of those insults to the mitochondria, it becomes very greedy and hungry for certain fuel sources.

It will start with glucose and then as the tumor picks up momentum and it metabolically shifts even further, it may start to sequester, glutamine and some other things that we're finding in cell line studies that we still need to do some further studies on that.

But the glutamine and the glucose, we're pretty feeling pretty confident about that, their role. So that's the big picture of what I started understanding cancer more as something that could be prevented and supported.

And instead of going directly after the tumor or the tumor cell or even the tumor pathways, which is where we're still hyper focused today, even when that's a big advancement in medicine.

Right. We get excited and it's kind of sexy to target those with new drugs and whatnot, but it's still not getting us to the root. It's not getting us back to those mitochondria and and even these beautiful off label drugs, these beautiful lower, lower doses of chemotherapies and these beautiful alternative therapies can have damage effects to the mitochondria.

So we have to always be thinking about how we're protecting those little buggers of our healthy mitochondria and how we're making the unhealthy ones sort of die off to make room for new.

So that's sort of an overly simple, simplified discussion about this process. But I started to understand cancer as a terrain problem, as a mitochondrial problem, as a metabolic derangement problem, and not as a genetic problem.

And one thing that you mention is pretty fascinating is that because we look at mitochondria as just kind of an energy producing machine, and here you're talking about it being a signaling mechanism as well, which I don't think that a lot of people understand.

And obviously that signaling goes out both to your genetics and then also to the rest of your body. So so you can then control from what I understand, you're saying you can control that signaling by what kind of information you're feeding it both mentally, emotionally, physically, nutrition and so forth.

Nailed it. Nailed it. And I think what we were all taught in like sixth grade biology of the mighty mitochondria, they just churn out ATP, which is our energy source, right?

Our energy currency. And what we learn, in fact, is that that's just like one tiny tip of the iceberg of what these little buggers do. So in our like in our field, in the in the integrative medicine field, all of our colleagues are striving for longevity, medicine and anti-aging medicine.

There's giant symposiums and conferences that bring in thousands and thousands of people. And the funniest thing to me is that your literal longevity and your literal anti-aging secret weapon is by taking care of your mitochondria.

So like so you know, it kind of oversimplifies it a little bit there, but but that is in fact, it has all these implications. It's also what is in charge of apoptosis, which is that garbage collection and garbage take out system of the body.

And so when the mitochondria are not in enough, you know, we don't have enough of them for their damage or they're sluggish or they're behaving badly or they're now deranged in a different metabolic category.

They're not doing their job of taking out the garbage. They're actually letting garbage accumulate. And in some instances it can even switch on and help that garbage be fueled even more.

So those are the types of things that gets me excited about where research is finally starting to go, but it's just not happening fast enough. So we got to work on that.

So, so the mitochondria because we're talking about the mitochondria then controlling apoptosis. So it can not only control that but it can actually support oncogenic behavior within.

Yeah. And that's the thing is we've got our healthy, you know, you should remember what's happening in your healthy cells is totally different than what's happening in your cancer cells.

So when people read studies and they're like, I'm so confused, this says that this causes cancer and this says that this kills cancer.

Push-Pull Treatment Strategy and Patient Assessment

And I'm like, yes, like you do, because in your healthy cells, like the antioxidant. So I hate that word because it's actually so misleading. So the redox reagents that we take in are completely helping, supporting, stabilizing our healthy cells, while at the same token driving, you know, that's sort of the Trojan horse of what Target helping target.

The cancer cells are derived therapies to the cancer cells. So in one place where you might be like, here's a good example of glutamine, you know, so you'll hear this about her super glutamine in the lab and in the cell line studies is an incredible fuel source for cancer cells.

So everyone's like, Oh, starve the glutamine if you starve the glutamine, which is virtually impossible unless you do so through a pharmaceutical intervention, you then also starve the healthy cells.

And so we're suddenly back in the same camp where we were trying to get away from of kill the tumor. Don't mind the host. And so here's the place where I believe there's best of both worlds that you can come in and you can press pulse, which is with some of the things that people had received.

We talked about where you can, you know, temporarily starve it, but then flooded with all the resources to rebuild the healthy cells and then push hard against the cancer and then support that.

It's like a symphony, you know, it's like this process happening and it's happening simultaneously. We have to be careful of siloing it out, but to be careful of getting too myopic and being like we have to shut down senescence.

Well, if you shut down senescence in the whole body, you shut down in the healthy cells as well. Or you, oh, danger of apoptosis. Supporting apoptosis can actually cause cancer.

Well, read the fine print. That's what's required for your healthy cells to be protected so they don't turn into cancer cells. So we have to be strategically hitting to simulate heinously pathways or two simultaneous personalities or beings, you know, cellular beings of one that's in healthy metabolic state and another that's in a deranged metabolic state simultaneously.

And this is something that unfortunately, standard of care doesn't do well, okay. It just doesn't I don't think anybody would argue with me on that. They're really focused on the deranged metabolic state, the deranged genetic expression that comes after that deranged metabolic state and suppressed that or killing that all the way and to the detriment of the healthy metabolic state, which then encourages the flipping of that switch into further deranged metabolic processes.

And so even when a lot of our well-meaning integrative oncology colleagues, they also get seduced by the one target, one treatment, one metabolic pathway, you know, one treatment.

And we still get hyper focused in the cancer killing or the cancer treatment. And we forget about the terrain, what's wrapped around it. And so this is the gift of what we get to talk about here and what you do in your practice and what you are inspiring others to do is to be able to work both of those processes simultaneously.

And it's an elegant dance of when to know when it's best to do one or the other or both simultaneously. And you give give me a little bit of direction as to what that would look like.

You know, for for a person, you know, cancer patients, they're they're, you know, looking with, you know, working with a provider. And they sometimes say, you know, because I always feel it's good for the patient to feel like they are in control of their own direction.

And so knowledge and understanding of what's going on and is really beneficial. So what should that kind of push pole look like? I mean, what what are some examples of of that perfect.

Well, what's really nice is even that there's a lot of folks that might even say, okay, push, pull across the board. So whether you're stage one breast cancer or stage four pancreatic cancer, somebody dealing with a glioblastoma or somebody with a lung carcinoma, we might be trying that same approach, that protocol across the board.

And it's going to have mixed results because really we have to start trying to treat the the disease and we have to start to focus on the person that has the disease to understand where they are metabolically, energetically, spiritually, emotionally, what their resources are on all levels, financially, emotionally, spiritually, all the pieces.

Because that is going to determine a lot the stage of the tumor and the bulk of the tumor and how much of the tumor is in the driver's seat versus how much of the train is in the driver's seat, will determine when and how and how much we push, pull.

You know, do the press pulse, you know, the press push method of this. So if you have someone who here's an example I just saw just recently of a patient who they've been on a long journey with standard of care and they've also after that did not after that failed them.

Notice my choice of words. It's often stated the other way around, but after those therapies failed them, they got wise and they started to go to see an integrated approach.

And because it was so aggressive and advanced, the nature of our our I guess our psyche is that we feel like we then have to meet it with as much force as the cancer is presenting itself.

And so what happened with this particular patient is went to very well-meaning, very intelligent people who have all of the best tools, but they as patients were already so decompensated, so fragile, their system was so napalmed that even high dose IBC nearly took their lives.

It just it was too much oxidative stress in the process. So in that moment where our temptation is, oh, my God, the cancer is really big and really loud, by looking at the patient like, these are some old school things I learned along the way. Dr.

Juergen Winkler actually revisited this conversation and I presented a little bit of it recently at a conference, but we can actually know if our patients are in this sort of extremely oxidized state space or in a place that they can handle a little bit of a bigger push.

And so things like scratching your arm, is it super demographic? Is your urine just the specific gravity of your urine at a certain level is your page of your mouth and the pitch of your urine matching up or really separate, like really different in how they're being expressed.

Those are clues that tell us if there's a big difference between what's coming out of your mouth and coming out of your urine. That's a problem. If you scratch and it stays there for a while, that's a problem.

If your specific gravity is great elevated, that's a problem. What this means is you're really overly oxidized and pushing any harder is just going to push you off the cliff like a thelma and Louise movie.

And so we don't want that. We actually need to put out the fires, do a little nourishing and a little nurturing, and then reassess and act when things stabilize again.

Then you can come in with like a little machete, you know, a push, and then come back and stabilize. That is more psychologically challenging for both patients providers, the patients families, than it is.

The reality is, I tell you over and over in my career, the more we push, the faster we push people off the cliff. And so and that's across the board standard of care and integrative or alternative care.

So I want people to hear that and be mindful in that situation. This is a patient that would have done really, really well and did really, really well when we brought on things like therapeutic ketogenic diet DCA, low dose naltrexone, more like constitutional hydrotherapy, like some very gentle light therapies that were more nurturing and nourished, nutritive versus oxidizing.

Those are just some examples where you can like cool the fire. You're still being assertive in the environment. You're still trying to encourage it back to a normalization of its metabolic processes, but you're not overly rubbing the engine.

So that's one example of where you want to stabilize it. And most patients will stabilize within a matter of days. If you just pull the pet, you pulled that back off that pedal to the metal.

That makes a difference. Then you can come back in and maybe you can be a little bit more assertive, see how they do. And if they do, okay, maybe you push a little bit harder.

So maybe you bring back on the the low dose chemotherapy or the the high dose IV, vitamin C or some high, high ozone treatment, etc.. Those are some really powerful ways to get in there now that those cancer cells are a little quieter and a little more vulnerable.

Now, that push push process works much better, way more elegant. Now, if you've got like a stage to a cancer patient who's really vital, really strong, like, they they they don't have to be as restrictive of their diet.

I mean, you still want to be carbohydrate restricting to some degree. You still want to be clean. You still want to you know, you still don't want to be out eating fast food and seed oils and all the things right.

But they don't have to be quite as restrictive, but they also can tolerate a little heavier punch early on. And the weird thing is, in our temptation, when we get these diagnoses, we usually think, Oh, don't hit it hard until you hit stage three or four.

The only reason why we hit it hard, we hit stage three or four is because we don't have anything else to offer. And yet if we actually took the opportunity, whether you're someone who's just going alternative or totally conventional, to hit it a little bit harder with supportive therapies and understanding why you ended up in that position, you will most often head off a stage three and four diagnosis with the corrective support to the system.

This is where to get in and get out. They're going to support you so this doesn't come back. And we want to understand the why of it. But by the time someone comes to us who's so exhausted from all the treatments, no matter what they are, there's a lot less for us to work with them.

So we want to really educate and empower the patient to be like, you know, in this moment, less is actually more. Let's take one step down the road.

Terrain, Environment, and Lifestyle Factors

And for me, in my personal journey, being on it for over 32 years now, it was an accidental understanding of that. And one baby step in Mexico, we say Poco, epochal down the road, back, you know, once one foot in front of the other and like learning something new and giving my body the spaciousness that it can handle something a little more assertive.

And then I got really good at listening and knowing what was too much or Hey, I can push it a little bit harder. So you're also engaging the patient to know their own bodies, and then the clinicians are being taught these different metrics to to evaluate for and not just getting freaked out of seeing high cancer markers or high volume of disease burden on imaging.

That's not where you're getting your information on how to support that patient. You're getting that information from tongue and pulse diagnosis, from being with the patients, from hearing what their psychological state is of hearing, what their feelings around mortality are, of their hope, of their desire to change their terrain, of their willingness to step in and be responsible and take accountability.

But also, what are their resources? Do they have support at home? Do they have some financial resources to think outside the box and apply some things outside the box?

So we have to take in all we're like mitochondria, like the doctors, like the mitochondria, taking in all the information, all the information coming around them.

And then we translate that and then give a signal back out to, did you help that patient determine what they get to do next? And I love I mean because as doctors and integrative doctors like, you know, like you're mentioning, we we do get tumor focused.

You know, we get you know, we would think it's just a war on cancer. You know, we're doing the the Nixon motto, you know, we're going to go and attack it.

And obviously, his war did not really pan out well because it's still failing. So it becomes so much morale again to recognize, you know, like what you're doing, what you're educating, what you're driving as to understand and the terrain aspect.

And with that, we're dealing then with the individual that the cancer exists within. But the cancer can only express itself in response to what the terrain looks like.

So if you have then a stage for, you know, where the train is just in shambles, then obviously that's going to then signal more cancer activity. And so if we just kind of drive that shamble, it's going to just get worse and worse.

100%. And, you know, it's it's interesting how many clients I've seen over the years or consulted on their behalf over the years that they did all the best of the best therapies, be it from standard care, but from integrated care.

But no one helped them handle the fundamentals. You know, like I'm I'm astonished by that. And I think it's because we think it has to be complicated and it has to be sexy and expensive and hard hitting.

So that's something I think is really interesting. And then like when I look at, I'm like, wow, no one even asked them, you know, how are you? You know, what's your daily routine?

Tell me about, you know, like, just like, do you have filtered water? Do you what's your food? You know, do you fast eat what? How do you fast and what do you break your balance with?

Like the simplest things that can add an extra punch. It's incredible how much being in a fasted state completely Putin ties is basically all of our oxidative therapies we throw at it standard of care otherwise you know and yet we've been terrifying patients since the 1960s to start doing that, you know.

But luckily, thank God some of the research is catching up. People like Voltaire, Longo, another showing that that

actually does have benefit in helping standard of care outcomes, you know, patients having less side effects, etc..

But it certainly helps even hypothermia. Hyperbaric oxygen expression, like all of these pieces, really respond to therapies like that. And then the funny thing is, when I hear myself back, when I listen to these types of things later and I talk about Train for you and I at second nature, right?

Other people like oh that we're we bowl, you know, whatever the people will get in that moment like, okay, well let's go back to the work and research.

What am I like complete? I'm a fangirl. Someday I'm going to stalk her and she's going to know me and she's going to be my best friend. So I'm just putting planting the seed right now.

But Dr. Mina Bissell, you know, she is she is one of the early researchers in the 1980s. And she was so shunned and still in some to some degree is today.

But the early researchers about the extracellular matrix right. And that that was way where the magic is happening in both the treatment of and prevention of cancer or even the progression or recurrence of cancer is in that zone.

So ultimately, what this one was saying back in the 1980s from her compelling research that continues to this day, is it's not at the tumor level, it's in the microenvironment that surrounds the tumor and the tumor cells.

And that's where I'm like, this is what people like Virchow, you know, from the time back. Beauchamp You know, even honors were Otto Warburg. They were all saying, gosh, where we keep hyper focusing on the tumor and the tumor cell in the tumor pathways.

But what is really making that tumor cell and those tumor pathways get up and get move in is what's happening in the environment around them. So as esoteric and woo as it sounds to talk about the terrain, we have loads of evidence suggesting this is where we make or break our opportunity to heal or drive cancer further.

And so that's what I get to focus on and you get to focus on. And a growing number, thank God of colleagues are getting to focus on in helping patients.

Hopefully, number one, prevent, because that's really your only treatment for cancer as we all have it. So why do we how do we keep it from ever getting big enough and loud enough to capture our attention and then how to support the body, the terrain, while you're undergoing whatever interventions you're using?

Because I think people also think, well, if I'm just doing the alternative therapies, I don't have to worry about the rest of the terrain. No, maybe even more so in some ways.

And then the follow with survivorship side of things, that's where a lot of people fall off the cliff. Even Dr. BLOCK says in his book Life Over Cancer, the most dangerous part of the trek of cancer is is like, okay, you've crested the summit of Everest, you ring the bell, I'm done with treatment, and then you fall on the crevasse and die like after like it sounds so dramatic, but that is what happens to so many patients, because a part of them does feel empowered while they're getting the chemo, while they're getting the radiation, while they're getting their high dose IBC, while they're getting their photodynamic therapy, while they're in their hyperbaric or whatever.

But then suddenly when those therapies stop, they're lost. And that's where if we can help empower them to understand the why they got to that moment, to understand how to change the soil in which they got sick so that they can change the future, so that they don't have to worry about having to hike that mountain ever again.

What a different approach this will be for all of us. I mean, we all know, you know, if we have a dysfunctional individual in a certain environment, whereas certain neighborhood that then promotes that individual's behavior, you know, I'm being criminal, being vile and being.

And if we would instead have that individual in a nurturing environment where it's loved, supported, given the

opportunities, you know, we know the change and how that individual is going to behave.

So why would it not be the same with a cell? Why? Why wouldn't it be. That's so beautiful and so perfect. And again, we have data that suggests that on that socioeconomic level, on that that level, we have data on on that side of things.

But we also have the data on the the the micro side of things. So people like Candace Pert, you know, who was doing the the, you know, the molecules of emotion and understanding that our thoughts are traumas, our stressors, our cells are listening deeply, and they react to those thoughts very, very specifically.

And they drive many of these metabolic pathways. And so they can they also will be contributing to the health and wealth of this. So if you are left to your own devices of not changing that field as well, as you said, left the own devices where you continue to live in underserved, extremely, you know, disparity environments and communities, if you don't even physically leave the soil in which you got sick, it's nearly impossible to change things.

And so that's where it's like to realize, okay, great, I can take somebody out of their environment. We did this, we do this with retreats. We do their labs a week before we take them through a Friday afternoon to a monday morning retreat.

We do their labs the week after and we monitor them. We'd watch them and they would be like, Amazing, the shift. But the longer they were back home and like falling back into the old routine, I don't care if these were people with, like, extreme affluence or people with no means whatsoever. It did not matter.

It did not matter if you returned, frankly, to the ghetto or to the suburbs, if you're in a toxic environment, however your body is perceiving that to be, you will quickly fall back into cadence with that vibration.

And so that's the point where I've jokingly said, sometimes you need a husband academy or sometimes you need a job academy, or sometimes you need a different change.

But in those environments where they the underserved, don't have access to say, I'm just going to move like that doesn't happen. We need to come in and create some equanimity.

And in those environments to help give folks an opportunity to change. And so for my own story, I grew up in a place and the only person to go to college in my family, I came from a lot.

I mean, my ACE score, my adverse childhood event score is a ten out of ten people. Read up on that later. You have somebody talking about it on this saying that it's like, theoretically, I should not have survived.

Theoretically, I should still be swirling around the the the toilet bowl. All the things were literally stacked against me. And so down to the poverty, down to the abuse, down to the trauma, down to even the socioeconomic, down to the education, access to education and there is still this inner resilience.

There is still something that can be done. You can still break the cycles. You can still change the lineage in which you came from. There are tons of resources for every single person on this planet to have access to this.

And my hope and mission ambition is to create more access to health, giving and wellbeing environments so that we all have an opportunity to change the soil in which we got sick on a meaningful way across the globe, and that it's not just left for the affluent or the two percenters to have access to that, that it's available to all of us.

And just imagine the vibration of the world around us if we all could strive and truly achieve something better. Talk about changing the terrain. On all levels.

At quickly before we close. You know what our when when a person when we talk about terrain you you know what are some of the things that people should consider in regards to that terrain?

Yeah, yeah, yeah. Simply, I have my ten drops in the bucket, so rattle those quickly. Okay, so your epigenetics, that might be what came down the lineage to you.

That's your blueprint, but you don't have to express those genes. Just because grandma had diabetes and great grandma had diabetes doesn't mean you have to have diabetes. Right?

So just because that was wired into you does not mean you have to express it. So that's one of those opportunities you have to change and break the cycle, that sort of genealogy or that genealogical trauma and and and cycles of disease as well.

There's that there's that metabolic. So what are you fueling your body with? What are you putting into your mouth or too much times in your mouth if you're not into a fasted state, it sometimes and you're like, what's the quality of it? What's the quantity?

What's the macronutrient ratios?

Prevention, Survivorship, and Living Well with Cancer

You want to start to just simply start thinking about being a label reader and simplifying your diet of keeping as close to the original source as possible, and then, depending on your socioeconomic status, join a CSA, volunteer on a farm like again, we have so many cool things happening in urban areas and in food deserts around the planet where we're having beautiful access to really high quality food.

Those resources are there. You just have to look for them. Third, the environment boy. Howdy. You not only become aware of this, you become an advocate, but you also become an activist.

So you need to start going through your own cupboards. You need to start going through your sinks, your medicine cabinets, your garages, talking to your is, finding out what it is that you're putting in on and around your body and making those simple things.

It's amazing what you can do with baking soda and vinegar. I'm pretty much everything on this planet from washing your body to washing your house to washing your dishes to being a natural pesticide, you name it.

Those those simple things that are great grandmothers used are incredibly supportive of today. Then we look at the microbiome. My gosh, please stop eating conventional farmed foods.

That's where you're getting the most damage. Probably the biggest travesty to our to our health is what we're pouring on to our crops, which then our animals eat and then we eat.

And then the vegetables that we eat are also coming in that's just wiping out our microbiome, that's just putting Swiss cheese holes all over our gut and creating all of these immune disparities, which then leads to the immune drop in the bucket.

So now we've all been terrified to go outside, go out into the sun. And if you're just consuming so many seed oils that are high in Omega six, you're like a giant photovoltaic burn victim waiting to happen.

But if you start to switch your diet over to higher omega threes, you slowly integrate sunshine back into your life. You build this beautiful like built in solar, you know, solar protection and make sure your vitamin D levels stay up because that can do a world of good on pretty much all of the things inflammation, all the things we just talked about, create inflammation.

But one of the biggest drivers of information is stress. Just one of the other big drops in the bucket. And stress can be physiologic, it can be anatomic, it can be psychological.

There's all types of stress, and they all have the same physical or physiologic implications. And so part of our

stress is also about how we relate to our environment around us, specifically our circadian rhythm.

So do you watch the sunrise and set? Do you go outdoors more than 15 minutes a day? Do you take in fresh air? Do you hang out in nature or do you get green into your life?

And can being with nature in in a way that is literally changing your biochemistry when you engage with it and then oxygenation, how do you breathe? Do you breathe up to here, read up to here?

You breathe up to here like are you a shallow breather? What is your oxygenation levels? Do you move your body enough to actually move the blood and oxygen around your tissues and the hormones?

My gosh, again, when you start to look at your body care products, your food items, you start to look at your stress patterns, your sleep patterns. All of those things impact your hormonal health.

And so getting back into a routine and a rhythm and cleaning up what you're putting in on and around you will help your hormonal health tremendously. And the biggest one is what's going on in your mental, emotional and spiritual drop in the bucket.

Do you have inner resilience and resources? Do you have outer resilience and resources? How do you self-medicate? How do you self-care? Do you even know what that means and what does that look like?

And how can you take one baby step coco epochal to change it day by day? And so those are the things that everything I just described that's all available to all of us, all across the entire planet.

There are definitely you can get as expensive as you want in the biohacker world as or as inexpensive as you want to, just competing with nature and everything in between.

But here's the opportunity that if we live it ourselves, we model it ourselves, our patients will follow us. I love that. I mean that that's to me, it's amazing.

You gave the whole cookbook out and like 5 minutes and just there it is. Here it is. Take it, run it. You'll be you'll be okay. And what's important, what you just said is that when we talked about the signaling that's taking place, we don't need all these powerful tools to to hit it hard if we just kind of shift how things are being signaled with the tools that you just measured or that you just mentioned.

Then we can we can contain how the tumor microenvironment expresses itself. So it just kind of maintains as a inert, not aggressive form of cancer in any shape or form.

So that is what the power of what I mean, you just said. And I love that I love that you've you've also shifted people's thinking that we're not going after every last cell and every last tumor.

We don't strive for clean scans. If that happens, great. What we strive for is turning this into a manageable disease process. Prevention is at its best, but if it's already speaking to you, then managing it is the next best.

And that's where the only way you can manage it is with the terrain support, with that microenvironment support. And then occasionally, if it tries to act up in your vitality, is in such a way you can push back a little bit, right?

And so that's a new theory. Your listeners can go and have a listen to. What new? It's not so new. That's a that's a it's a decade or more old, which is the adaptive theory of cancer, where you just push back enough to kind of just give yourself a little mote of support and then you really, you know, invigorate the vital force, really invigorate the terrain around it, and then just wait and then just put in enough, enough pressure as it's needed versus trying to napalmed the whole field.

That is where people can live for decades. Myself included, with a stage four terminal cancer. Right. And so that's the place where we want everyone to realize that they can live very, very well with cancer.

And when you're tending to your terrain, well, that cancer. And you are just like symbiotic, right? Yeah. I love it. Well, Dr. Winters, it's always such a pleasure.

And you Yeah. You're just a cool girl. Thank you so much. Oh, my gosh. So good. Well, I can't wait to come my way. I do. I will tell you, I love the light therapy. Zero the photodynamic because it's like just kickin some sunshine in the main vein.

So I love that when you can take the best of fun technologies, you guys at the center have all the fun toys and you do not neglect the fundamentals. And I really appreciate that about who you are and what you do.

So thank you for this opportunity. Thank you. Thank you so much.