Introduction and Guest Background

Welcome back to the summit. I am so delighted to have my next guest here because among all the other hats that she wears, she's currently wearing a friend hat.

And Katrina Foe is here today. We met at Mindshare about a year ago and we have really found a lot of comfort and commonality and one another. And I'm so delighted that she's here to share her story, to share her experience, to be the inspiration that she is, that she is to me.

And I know that she's going to be to you. I would be remiss if I didn't tell you that she's an author and board certified in holistic nutrition. She's also a certified terrain expert, which we're going to dove deeply into later on today.

And a place teacher, a trainer and a survivor. Thank you so much, Jenn It's such an honor to be here. I'm delighted to have you here. So your story, which is one of great inspiration, but also there were a lot of stumbles along the way.

There was a lot of courage involved, a lot of stepping outside of the lines of convention. And your healing was not linear. And I think it's of tremendous value for you to share your experience with us today, because I think your story is one that a lot of people need to hear.

Thank you so much, Jenn I would love to share my story. Like you said, it's not a typical story, but it does show that healing is possible even outside the box.

So I was nursing my fifth baby and had a message. Can you share with everyone how many babies there are?

Cancer Discovery and Early Choices

Because yeah, this is amazing. I have seven kids total at this point. So when when my cancer story started. You haven't put any finality on that yet. Well, I didn't up there in years.

So, you know. Okay. So you're nursing your fifth baby. Yeah. And I found a golf ball sized lump when I had a plug ducts, and I. I didn't what I do for a plug ducts and it resolves but the golf ball was still there, which honestly I wasn't super concerned about because I'm like, oh, I'm nursing, you know, things shift in there.

But it came to light at that point that my. Mom, unbeknownst. To me, mentioned that her mom, my. Grandma. Had had a double mastectomy, and bizarrely enough, she didn't know if it had been cancer.

But I can't imagine why else she would have a double mastectomy. Right? Right. So there were three then. I mean, what year are we talking about that? Oh, it was like to me.

It was a long time ago. Yeah. Yeah. So, yeah. So, so there was that and I'm like, okay, I will look into it coming down. But I knew at that point I had some friends that had had breast cancer and such, and I had heard the stories and I didn't want what the oncologist was saying.

I didn't want to do chemo, radiation surgery, so I didn't want to go in there. And I you know, where are you in terms of the medical system? Like, were you traditional?

Were you nontraditional? Like, where were you when this was happening? Yeah. So I was still kind of in the I would go to a doctor if there was an issue, but I had seen some major changes and with healing my daughter's tooth decay, using food as medicine.

So this this was already interesting. Yeah. It was kind of a the groundwork had been laid for me to take this journey, if you will. Mm hmm. Yeah. So I did a test called Red Drop that is not available anymore in the U. S.

and then I also did the ONCOblot which is not available anymore, but they are available other places. So I got a confirmation that I did have cancer and it was originating in the breast, so it wasn't somewhere else kind of a thing.

And I was like, okay, now what do I need to do? Because clearly something I'm doing is not working. And granted, we had made a lot of changes to the point where we decided that we wanted to move to a different state so that we could raise our own animals to get better quality meat.

That's kind of weird. That's kind of. What inspired that because that is unusual. Yeah, well, we were living in Phoenix and you know, there's there's not really any grass there.

So to get grass fed animals was kind of difficult and to actually find them where they were grass finished at that time. I mean, even Whole Foods, you can't go in and get grass finished meat that's organic and it just we were move that direction anyways.

We got to be fun to have our kids have some land and get to know cows and things like that. So it kind of all worked synergistically. But you know, we were already on that path towards, you know, like let's get rid of the dirty toiletries.

And and so this really threw me. I'm like, I'm doing all the stuff. What is going on? Clearly something I'm doing is not working. And fast forward to today, I hear that with pretty much every single client, like I'm doing the stuff, what the heck?

Yeah. So I think that's a really interesting point that you bring up that you can seemingly be doing everything right and just because something's right doesn't mean it's right for you.

And more so all bio individual and we all have different sized buckets, right? Like that cancer ends up being how about how quickly you fill your toxin bucket?

And some people have really small buckets and some people have really big buckets and some people are good at emptying their buckets and some people aren't.

Right. Exactly. And so you never know. You can be doing everything right. But be like someone with a really small bucket or you can't empty it well at all.

But most people were not thinking that way then. So I'd say most people still aren't thinking that we're clean. Where did you come by this philosophy?

Like, why did you even ask yourself the question? Because most people don't. Or if they do, they accept that explanation from their doctor that, oh, it's just bad luck.

Testing, Vitamin D, and Mold Exposure

Yeah, I I'm a firm believer that things there's no such thing as luck, that things happen for a reason, that God is in control and that there's, there's, there's reasons for what's going on.

And when I had seen how ridiculously strong. The. Medicine was for, you know, addressing my daughter's tooth decay, like my question was, is the diet affecting things?

And we were eating a very clean kind of Western price diet at that point. We had just come off of a very strict gut healing diet called the Gaps Diet.

And my question was like, did. This really help me with this Was this the problem? Because at that point,

everything was on the table. I wasn't going to assume that I already would.

I had already learned was right, like you said, because maybe it wasn't right for me and maybe there was something I had missed. Maybe I had some blinders on and was biased.

And so at the time, the whole everybody was looking at raw vegan You got to do raw vegan and you got to do juice cleanses, all this stuff. And a friend of mine had gone to a Gerson clinic, so I was like, I'm going to go and explore it.

I went down to Mexico at the Gerson Clinic. I'd read up on it. I'm a voracious reader and wanted to know what I was getting into, and I had a lot of questions, you know, why?

Why can't I eat salt? Why can I only have a little tiny bit of flaxseed oil every day? No fat at all? Why are you going to give me thyroid glandular without testing my thyroid and oh my goodness, can I please have something besides oatmeal?

Because I just stopped nursing my baby and I'm going to explode if. You don't give me something different. Yeah, but they had no answers. And I was really kind of frustrated.

By the third day, the director of the facility stopped me and sat me down and said, Okay, Katrina, you need to trust in the process and stop asking questions or you need to leave.

I'm like, I'm sorry you didn't have any answers for me. Why would I trust you with my life when you have no answers? Yeah. So I was kicked. Out of the cancer clinic.

Okay, there it is. And so then and I was totally freefalling because what I thought would give me some answers and be a good direction was completely shoved in my face and I was literally pushed out of it.

So I started digging around. My husband and I in the interim did a 21 day just fast trying to focus on more greens and such, which was a total disaster.

By the end of it I thought I was going to eat him. I was so. Just. It totally screwed up my blood sugar level so. That I am not oh, I know I'm not a believer in juice cleanses any of any anything that starts with juice is a is a no for me.

But yeah. Exactly. At that point I had no idea. But having experienced that, when clients come to me, I'm like, Oh, hard no, hard no. And then I found the practitioner that started running functional testing for me.

So we ran all sorts of things and I was just amazed because I had never run any tests like nothing. And but I thought, I'm. Into your journey. Are you at this time?

So this is just like two or to two months in maybe? Mm hmm. And I, you know, things like I had been taking vitamin D and fermented cod liver oil. And so I was shocked when my vitamin D levels came back and they were in the toilet.

And I was like, no, I'm going to double down this. I'm going to food is medicine. Let's do more cod liver oil. I'm just going to like quadruple the dose and take it really high amounts and surely that's going to do something.

So we did that. I did that for three months. Nothing. It didn't go up. A single digit. Yeah. And in the interim, we did some genetic testing and I clearly have some issues absorbing vitamin D.

Yeah. Which and so the thing yeah, let's dig into that a little bit because I think that people don't understand and I see these people coming in on these like super high single doses of vitamin D and they don't understand why their vitamin D isn't improving.

So vitamin D is a three step process in our bodies. We have to make it. We make it by conversion of vitamin D two,

which is what is found in food two, vitamin D three, which is the active form.

And we do that in sunlight. The vast majority of us do not spend the time in sunlight that we need to make that conversion. And the time in sunlight needs to be 75% of your skin is exposed.

How many of us are doing that right? Like unless you live in Rio, that's not happening. And in addition to that, it has to be at least 15 minutes of 75% of your skin exposed and without protection.

And we have a thing in this country that we believe that we have to have sunscreen on all the time. So as a result, we become a vitamin D deficient world nation.

And so that's the first part, is making the vitamin D, then you have to transport the vitamin D. So if you think about transport systems like some people have, like, you know, those little tiny cars that are driving around on the road now, I don't even know who makes them, but they're like literally this big, right?

They're like clown cars. So some people have clown cars and some people have freight trains. So if you freight trains, you can transport all the vitamin D you want, you can take one big dose a day.

But if you have clown cars and you take a big dose of vitamin D, does it matter how much you take? It's not going to get transported. And then the third part of it is your vitamin D receptors.

So some people have great vitamin D receptors, big open doors that say, come on in and other people have a terrible vitamin D receptor. So you can you can have all the vitamin D you want in circulation.

If you don't have good vitamin D receptors, you're not going to get it where it needs to be. So Vitamin D is a really complex thing that needs testing.

And if you're vitamin D isn't coming up with supplementation, it's because you have single nucleotide polymorphisms or snips that have different alterations and you need a different plant, right?

The definition of insanity is doing the same thing over and over again and expecting a different outcome. So if your vitamin D doesn't come up with supplementation, you need a different plan.

Exactly. Or that's what you experienced. Yes, I tried like five different forms and these were like the really good therapeutic grade in very high doses.

And finally, after nothing, nothing, nothing moved. And we knew there was some genetic issues. One of them brought it out and I got a notice of approaching the level of toxicity with it when we did a retest and.

We're like. Toxic. Yeah. Yeah. So, you know, that's just an example of one of the things that showed up. I had several things because that's that's the thing with cancer is it's not it's not one thing.

That's all it can be. You know, six or eight things that are off. And you want to find all the smoking guns as soon as early as possible so you can address all of them.

You have all the cards on the table, so to speak. And so we started doing that and addressing those things and working on all of them because I needed all the help I could get.

You know, I had five babies and and here's the really fun one. About eight months before I had the last baby or before I found the cancer, we had moved into a house and we had found black mold.

And I had no idea about mold at the time. And my husband had found it and pulled it out and gotten everything down to the studs. No masks, nothing. And it had sat on our porch for like a month while we were waiting to get it taken to the dump and all.

I mean, so this whole time there's black mold that I'm breathing. You are living in the house during remediation? Yes. Yes, we were doing the roommate mediation.

And I'm just like, this is this is so awful. Like, it makes me shudder just thinking about what we did. And this is. All there years before you were presentation.

No, this was after the baby was born. About eight months before I found the law. Okay. And I had crazy high 11 levels of okra toxin, which is a known carcinogen.

And I had no idea. I mean, I wasn't having symptoms. And that's the part that I think everyone assumes is that you're going to have all these big, huge symptoms.

Metabolic Imbalances and Hidden Risk Factors

I had little symptoms like the weight wouldn't come off, like I was tired and kind of my brain was foggy. Well, then I could all just be due to having a baby, you know?

So it really wasn't on my radar of being symptoms and issues that I should look at. And I think most women will agree like those are the things that are going to drive them to go take thousands of dollars of tests to see what's going on.

You know, it's it's commonplace now in America, right? Yes, for sure. But I think that your point is a really good one in that we need to become increasingly more aware.

Yeah. Especially because 25% of us lack the enzymes necessary to break down mold. So you can have like your house has a whole bunch of people in it and 75% of them are going to say like, Wow, I'm fine, there's nothing wrong with this house.

And 25% of you are going to be like, you don't smell that. You don't feel that you don't have a headache. You get these weird, you know, brain fog, can't lose weight, weird shooting pains like there are the the list of things that happen with mold illness are about a mile long, which is why people are so unaware of them and don't make the connection.

But if you know that there's mold in your house, if you know that there's mold in your work, then and you have anything that kind of detaches you from ideal health you ought to see mold is what is your barrier.

Absolutely. Yeah. And those are about the exact numbers because, you know, I obviously had cancer and there's nine people in my family. Two of my kids showed some symptoms.

One was more neurological, one was more hormonal. So none of us presented the same. And it would be very easy not to connect to those things. But the. Others, not so much. They were fine.

They could detox it themselves, which is, I guess for you, dad's genes. Exactly. I'm grateful of Mastec. Yeah. And I have this happen a lot of times with clients where the maybe the wife comes to me, she's got mold, and the husband's like, that's just big.

That's silly. I'm not paying for this ridiculousness. I'm fine. I would be bad, too, if it was a household thing. And that's not the case. Like you said, it's the bucket stuff. Yeah.

And it's really important that you say that because I feel like this happens all the time, that the person that's not sick says there's no way this is a problem or I would be sick.

And so it's so important to educate people that no one is going to be affected the same. And even the people that can metabolize mold if they don't have a lot of additional toxic burden, maybe they can get through it.

So, you know, I have a family right now that the husband is mold loaded and is not well. He thinks he's not symptomatic. He actually has, as the wife is the worst.

The son is a little bit and only the son and the mom are symptomatic. So the father has mold but doesn't realize he has symptoms. It's like I'm not remediating the house, you know?

So it's really we we need a lot of education around this because we need people to understand. Okay, so you learned that you had a vitamin D deficiency and vitamin D is so tied to our immune system that when we are deficient in vitamin D, we have all kinds of things go wrong.

Cancer probably being the worst of them. You also learned that you had mold. What else did you learn? Yeah. So even though we were doing a very healthy diet, everything was clean.

I was also insulin resistance and had been brewing that for a long time. I was at Candida overgrowth, which kind of accompanies the mold. Yeah, it was.

Very strongly estrogen dominant. So my hormones were off and I had a very sluggish thyroid. So hypothyroid. No, no. Hashimoto's or anything. But you know, these were a whole bunch of different triggers that together were creating that perfect storm for me.

And I didn't see any of them coming. I didn't realize. I wasn't aware. You know, one of the big things I talk about, you know, cancers and metabolic disease and that is that's a huge thing, is if they're having blood sugar dysregulation.

But the thing that no one talks about is that when you have high blood sugar, chronically an insulin resistant kind of a state, your gut, it doesn't feel bad.

I felt great. You know, that was what kept me energized was by eating carbs. And, you know, I was scared to death. If I'm not angry about the idea of not eating that way, it was kind of like, no, I can't live that way.

What do you think? Do you think that was the old talking? Because that is what mold and Candida, which often go together. That's what they want to eat.

It is I for me, I'm pretty sure looking back that this was a historical thing. I grew up on pretty much all carbs in our family. You you were always on a low fat diet and. Oh, sign of the times.

Oh yeah. I remember my sister and I competing to who could eat less fat in a day. And I mean, it was pretty bad. So I think this is probably going on a long, long time with the insulin resistance. I just didn't know it.

I remember going into college and asking at the health center about what I know now. We're hypoglycemic symptoms and they said I was fine, go away kind of thing.

So I think there is that spectrum. Brewing for a while. Yeah. Sounds like it now. And when I have this out there, I add it up. I have been diagnosed with a heart murmur when I was a child and so back then, not anymore.

The dentist would make you take a round of antibiotics every time I had a just cleaning. And so I counted up and I had over 40 different rounds of antibiotics before I was 20.

Wow. Which is like, oh, my goodness, did I even have a gut? I mean, it was definitely altered. Yeah. Wow. Right. It's so crazy to even, like, think about this stuff.

It is. It is. And it's hard to look back at it because my mom didn't do anything wrong. She wasn't trying to hurt me. She's always with the doctor said, and trying to do the best she could.

But that was what kind of laid the foundation. It's really. Hard. Yeah. And just going back to what you were saying,

like I remember you mentioned your sluggish thyroid and the insulin resistance and you know, one of the problems with our system is that it only recognizes failure, right?

So while you're on your way to failing, there's no recognition. There's no intervention. Exactly. And so the response that your doctor would have given you anyway with regard to your thyroid is, well, you haven't failed yet.

Stress, Support, and the Cancer Journey

Right? So we'll wait until you fail to to give you thyroid. And even then they just put you on synthetic thyroid replacement and don't ask the why you never have been asked the why.

Because I know that from my own experience I was never asked the why. And while we are fortunate that the antibiotic regimens and recommendations have changed, they have.

We're no longer prophylactically using antibiotics for heart murmurs. It did go along. It did go on for a good long time, long enough to affect you, because we do know that even one dose of antibiotics in your lifetime will increase your cancer risk.

So you can only imagine what 40 doses will do for you, right? So, you know, not not that it helps, but when you piece all of this together, at least it makes sense because despite the fact that you were eating and I know you were moving because you're a pilot instructor, so I know that you were doing the right things in terms of exercise.

I know that you were taking all of the pollutants that you could see and you could know about that. Right. Because so many of these pollutants are invisible.

But you took those that you could see and know about out of your environment. So pretty much you were left with these individual things. And one of the things that we didn't talk about that I know you talk about a lot is the impact of stress. Yes.

Yes. Stress is such a huge factor. Yeah. So can we talk about it a little bit in the context of your own journey? And then I want you to tell us how you go from being someone with cancer to being someone who journeys people through their cancer now because you really eat you you took lemons and made lemonade here.

With stevia, the goddess, literally. Yeah. So for me, the stress is such an enormous component. Now, in my story, you saw that I did not go through the traditional system, but there's so many components along the way of, you know, what is this lung like?

That's scary. What do I do about it? It's totally overwhelming. And then, you know, people that go to the oncologist, you have the waiting time, the oh my goodness, you know, the actual diagnosis, the pushing into treatment without being able to think and talk to people about it.

And that's a big thing. It's people are rushed to treatment all the time. It is. And I think I'm going to go out there and say that it's like I don't think people think about the fact that doctors are selling a service and that that is part of the sales technique.

It is. Let's get them in quick and get it done. They may not choose that if they don't get going fast. I encourage my clients, but they do. They do kind of put it under the context that like you need to act fast.

And that's that's what to me is so sad because the vast majority of breast cancers, there are exceptions. And I'm not saying there aren't. So there are exceptions, for instance, inflammatory breast cancer, which is a breast cancer that is associated with skin changes and real rapid growth.

I mean, I'm talking about doubling in a week, real rapid growth. So inflammatory breast cancer, that is the one breast cancer that is an emergency. And the remainder of the breast cancers, even the more aggressive ones, they don't grow.

So fast that you don't have the time to make the decision that's right for you. And so I really I don't like the fact that people are put to put in a position where they feel like they need to make a decision that day, that week.

Like, really, it's it's it's it's not it's really not ethical. It's not it's not. And people are not in the frame of mind. They're there. Whole paradigm has shifted of like what they think their life is going to be and they're still spinning and they're going to have to tell this person and that person what how is it going to affect all these things in their minds?

Just still trying to get around. This. Totally different life that they have, much less like. How. Do I want to address it most people cannot make that shift that that quickly in terms of like a matter of minutes or hours depending on the doctor.

But yeah, of course they. Need that time and that that stress is not not helpful. Stress is known to be a driver of cancer. And we want to give people the time and and telling them in a nurturing, positive way and giving them all the options, because standard of care is not the only option.

No matter what the medical doctor says, there are other options that have been vetted and researched and have good science behind them and have better statistics a lot of times than the actual oncology, depending on what your presentation. Is.

And just just the idea of not having to be stressed, then you have the telling your friends and family, if you go outside the box, you are opening yourself up to a huge slew of criticism.

And I'm just going to give a hot tip right here. This is probably the thing that during my own cancer journey, I am the most grateful I did. I was very open.

I wanted prayer desperately. And so I sent out an email to everybody, even people I didn't even know very well. I sent a huge email and I told them exactly what was going on, that I had this and this was my plan.

This is what I was doing, and they wanted their prayer. And then I put in there at the bottom, if you don't agree with what I'm doing, please keep it to yourself because I do not want any negativity, questioning or arguing around me at this time.

Best thing, I think I've done definitely top ten in my whole life because that really protected me and gave me like this bubble of positivity. And I will tell you, there are family members that still really don't speak to me today.

And this is quite a few years out where they they don't think what I did was right. Even though I am still alive and thriving right now. It's been amazing that they have to share that with you.

But they didn't they. Didn't they didn't like the laughter. They didn't they just remove themselves from my life, which is kind of sad. But if they couldn't be positive, I would rather have that.

You know what I'm saying? Yeah, I would much rather have that because that was huge. To not have to be fighting with people and shamed and guilt tripped and things like that.

Of course it was it was very, very helpful. So I highly, highly recommend that technique for everybody because it's if you're doing anything outside the box, it's you're going to get attacked by people.

Yeah, for sure. For sure. And that is great advice because there is no one treatment plan for everyone. Right. And what you need to do is what feels right for you and you don't have to necessarily like do what someone else says or feel that what someone else thinks is right is right, right.

You just have to feel it within you. Trust your instinct, follow your intuition and and I think the thing that you did, announcing it to the world and saying, if you agree with me and you support me, great.

And if you don't, I totally get it. I just want to hear it. Exactly. Right. So I think that was awesome. And I love, love,

love that approach. And I think so many people are reluctant to share because they're afraid of the criticism that the person is not going to agree with their decisions.

But by putting it out there in that way, saying like, you know, I love you, here's what's happening. If you agree with me, great. If you don't, I understand.

But I just don't want to hear it. Like I love, love, love that approach. That it's a huge blessing to not have the negativity. And by not having to say it to their face thing in an email, they're not feeling as attacked either.

You know. Because I'm saying it generically to everybody, I'm not saying and singling them out kind of thing. And it's not a confrontation. Yeah. Which is, it's nice that we.

Have those tools nowadays. So your cancer journey took you on a big shift. So can you talk to us a little bit about how that happened. In terms of professionally?

Yeah. So as I went through this whole process, the whole thing just inspired me and excited me so much and just brought up more questions because like I mentioned before, I'm a questioner and I have such a huge curiosity.

So by the time I was done cancer, I was wanting to go back to school. So I went to school to become a holistic nutritionist. And then I went to through a couple of years of how to read the functional labs and then through training through Dr.

Nasha Winters to be a hearing expert to really understand the cancer aspect specifically. So along that path for. For people that don't know who she is or what she does, can you just expand on that a little bit?

Yes. So Dr. Nasha Winters, her book is The Metabolic Approach to Cancer, and she is identified ten terrain areas of areas that will drive cancer. So it's it's not one to dream.

It's probably like 6 to 8 of them for any cancer individual. And so the idea is that we want to use these amazing functional tests that we have access to to identify which are the individuals terrain areas that need addressing and their specific things that support each one.

So for me, my hormones were jacked up as I was estrogen dominant. We needed to use some supplements for me. I well, you know, I'm not going to mention which ones because it wouldn't be a good fit for everybody.

Hormones, you really want to test specifically to supplements to bring my hormones and get them into range. So get my estrogen, lower my progesterone higher and bring them nice and balanced.

The mold was a big one, like I mentioned, so that would be the toxin terrain. And so not only do we need to clean up our house, but then I needed to detox, which was a protocol, pretty robust protocol.

And then saunas, infrared saunas. And I did a lot of coffee enemas as well. So there's a lot of things here that we use lots of modalities to then use the testing, rather, to determine the terrain areas and then different modalities based on that, to know what's going to be the most effective for that person.

So we're not guessing. And that to me is the biggest thing that's going to just take the stress down.

Terrain-Based Healing and Functional Testing

So when I knew I have the test, this is my issue, you know, and then a friend would come over and be like, you have these gummies that have broccoli sprouts in them and you should take them because they're good for cancer.

I'm like, Now I have a plan, I am good and, you know, when I. Really sprout promise. I'm not kidding. That's really happened. And I would say nothing happens all the time.

They have like ten grams of sugar. I'm like, literally. So, you know, it gave me discernment to understand what was going to be good because with cancer, the million dollar question is, is it enough?

Am I doing enough? Will this one extra thing help me and be the thing that saves me? You know, and you can literally spend a fortune and all your time, it can be a full time job spinning your wheels on like, oh, my goodness, am I doing enough?

Am I doing enough? Am I doing enough? And that's where I want to help my clients stop. And that's what was, to me, such a beautiful thing to know that I have this we've got the terrain areas, we are doing all the stuff that needs to be done.

And I can rest in that. I don't have to keep looking for the one more magic bullet because there is no magic bullet. And that's the message I would like to get out there the most is that there is no magic bullet.

You know, every cancer center that's trying to sell their thing, you know, is it is the thing for you is the question you want to ask. Is it part of your terrain area that needs to be addressed?

Is it appropriate? Right now, we, as so many people are doing, you know, things like I. V. Vitamin C, which I love, but it's not appropriate for everybody and it may not be the right time.

Are they checking your G6? PD You know, all these different things, questions that people should be asking first. They're not asking because they're stressed, they're scared, and they need to find that piece for them.

So can you give us an example? Because I find this all the time. There are so many people that have these like huge general protocols for everyone with breast cancer and it's exactly the same.

And they're taking like 30 supplements, you know, and you know, and I know that there is no one thing that's going to work for every single person, because every single person presents for a different reason.

Many reasons, right? Like it's not one thing and everyone's common passion is not going to be the same, not going to be nearly the same, because we all have different exposures and we all have different capabilities to clear toxins and and we all have different genetics.

So some people make really good nutrients. Some people don't make good nutrients. And some people have had lots of antibiotic exposure and have a lot of microbiome issues.

Some people that's not their issue, although I do think that almost universally people who have breast cancer, colon cancer, almost any endothelial cancer have got like they are just without question related. But can you talk about some of the testing that you put people through, like the most important things that you're looking at in order to determine where the terrain issues are?

Absolutely. So. So your first question? Yes, I totally get those people. They have like a two page list of protocol that's just generic. Everybody has to take it.

And I'm like my thought is that like, oh, my gosh, how much money are those clinics making? Because they're getting the markup on all those supplements.

Of course, it's great for them to do the generic thing, but is it really in the client's best interest? And that's where when we do the testing and I'll tell you exactly what I do you want to look at, is it appropriate because not everyone should be doing high dose melatonin, not everyone should be doing all those things.

And there are contraindications for a lot of those different supplements depending on what shows up on the test, like I said. So I start at the beginning because I want to get all the smoking guns on the table at the beginning.

I don't want to find something later because I'm going to have to be prioritizing what is the first thing we need to

work on? I can't work on this before this and all that kind of stuff, and I'm just going to state the obvious and I'm I mean, I know it's obvious to you.

I don't know. That's obvious to everyone else. But your liver and your body can only process so many supplements. And there's a certain point, especially if they're not digesting things.

Well and they don't. Enough stomach acid or liver's yucky, not doing great, then you're just wasting your money. And so this is where prioritizing which supplements are the most important, in which order you add them in is really, really important.

So I will start with a GI map looking at their gut and stool and they're usually I'll add on a yeast panel. I will then also do a comprehensive blood work, which most people will say, my doctor runs a lot of labs and they have a CBC and a copy and that.

Is nowhere near enough. Yeah. I see. As a complete metabolic profile. Yeah. Yeah. And that is I mean I have to say that even within the scope of a CBC and RCMP, I think that most doctors don't know how to read it and report it, because most of our labs right now, the range of normal is two and a half standard deviations from the mean.

So it may be normal, but for sure it's not ideal. And I find that nearly every person that I see with a new breast cancer diagnosis, with absolute rare exception, has a white count that's less than five.

So they have some chronic immune challenge, sometimes more than one like we're talking about. And it is reflected in the CBC. And yet their doctor says your white count is normal, right?

Even though it's 3.6 and what's read is normal is 3.5. So I have a client that I just started working with and it's a great example. So they had done like the CBC.

So looking at that and they had also done above and beyond an iron panel with ferritin. And she was really, she's really, really tired, like not getting off the couch tired.

And they ruled out that she's not iron, anemic, thank the Lord, because her ferritin and everything was actually on the high side, quite high. But they just.

Kind of tossed her by the side. Like, we know it's an anemia. We don't know what kind. I'm like, I'm sorry, you're just going to drop it like so I ran my basic panel and which included the homocysteine and she was like through the roof in that one.

And just like it was very strongly a vitamin B12, B9 methylation issue. Yeah. And that's what homocysteine is related to methylation defects. Exactly.

And as soon as we started giving her the high dose methyl B 12 and nine, things started to shift. Now they didn't fully shift, but I had also put an Epstein-Barr panel on there.

She had crazy high active Epstein-Barr. And then as things came back in, she also has mold. So there's again the multiple things. So pieces of the fatigue started to come off, but it wasn't going to all come off because there were other things that are still there and they again had just left it up in the air.

Oh, I don't know. Yeah. So in addition to the, the blood work, I run a Dutch test, which is my preferred form for the adrenal and sex hormones. And you can see the metabolites of how they're breaking down.

They're estrogens. Which are really. Important for this breast cancer. And I think that's important for both someone who has a hormone positive tumor, but also someone who is a hormone negative, too.

Yeah. And Jen, I just can't tell you how often I find people, whether they have hormone positive or negative her to any of this stuff. They the people, the doctors oncologist are not running anything for their hormones.

They're testing the tumor. And is it receptor positive? But they're not testing. What if they're estrogen dominant? I think, yeah. And I'm not even talking in the bloodwork.

They're not even doing the blood work, which is not a good way. To do it. Yeah. So the thyroid in the blood work. Let's see. What else do we do? We do a complete talks panel.

So this is the heavy metals, this is nonmetal toxins, this is the mold. It's an odd test to see how everything's working in the mitochondria and everything.

And I'm always surprised with what shows up in there. Like you said, we are just in a toxic world nowadays and most of us are not doing well genetically, which is the other tests that we love to run, to look at the low penetrance genes as to what we can affect the most with diet and lifestyle.

And I think that's most of the ones that we're running. Depending on what comes up, we may run some additional things, but the blood work has a lot of in that, including like things like Epstein-Barr testing and such.

Yeah. Yeah. And so what we started to talk about in the beginning is the, the impact that stress has on your diet, not only your diagnosis, sometimes it precedes your diagnosis, right?

Because I can't tell you, at least 90% of the people that come to me with a new breast cancer diagnosis are coming off of a divorce, a death in the family.

I moved, having been a caregiver to someone that is sick or had a trauma. So there is some kind of major stressor in the year two years preceding their diagnosis.

So stress plays a significant role before, during and then after. So how do you help people to de-stress the cancer process? Absolutely. There's a lot to that.

So first off, you know, I'll do something, an ACE test, which looks at what happened in their childhood, where they abused those kinds of questions just to see, you know, how full their bucket was emotionally beforehand, as well as trying to dig into the questions that you were asking 100% agree within that year before something is hurt, their heart.

And if they're brave enough to share it with me, sometimes it's easier on the intake form and then we can dove into those need it. I'm not a counselor.

I'm not pretending to be one. But you know, I can help them to know not only that, they need to address it. This is part of it because most people are thinking it's a separate thing.

This isn't part of my physicality. So first, identifying that and acknowledging that and really kind of owning it, but then getting the help they need.

So that might be journaling it might be having some talk therapy with a counselor, it might be doing some more advanced work with like something like humans are good, it might be doing some work on their own with their heart rate variability, with something that I love called inner balance, the heart math stuff.

There's a lot of different things that they can use to make sure that they're doing the work because this is going to be most likely an ongoing journey.

Not only do they need to do it during the cancer, but ongoing after the other really huge component that I. Really needs to be part of the rest of their lives.

Right. This is this is a wife's plan. Yeah. And they need to do. Oh, go ahead. I just want to go back and talk about what Ace is. So this is adverse childhood events and it's horrible that anyone has to have them.

But even worse is the fact that we carry those with us. It kind of forms who we are. It also happens to be have such an impression that it informs who we will be and also who our children will be.

So I can't stress enough the importance of intervening in these adverse childhood events so that it can not only change your tomorrow, but it can help to change your children's tomorrow.

Because when we don't acknowledge these and when we just try to bury them, they come out and they often are expressed as these physical elements. Absolutely.

And I mean, for me, what I have found is that our body, like we store our emotions in our physicality, they manifest physically, which. Is now a little woo.

Woo for our conventional doctors. But this is something that most of my clients understand and are open to, which is really important in the healing process because we can do a lot.

We have amazing therapies. It doesn't always have to be like, let's analyze everything. There are some other really good therapies out. There. As well.

Yeah, and that's so that's so important to know that there are lots and lots of options and that just like any everything else that we've been talking about today, there's no one option and there's no one option.

That's right for everyone.

Practical Takeaways and Resources

And the thing that you're comfortable with, the thing that resonates with you is going to be the right thing for you. I would love out the exploration, right?

Yeah. Because if they don't do it, then it's not going to be helpful. Yeah. I also find that during the process, especially, you know, if they're doing outside the box stuff or integrative stuff, there's a lot of stuff to do and it can get very overwhelming.

So I had mentioned some of these for my journey. So things like infrared, saunas and let's do some ups and bath soaks and let's do some coffee enemas and oh, you've got the pills and the pills and the pills and all the different stuff to do.

I mean, you can go crazy and it could be literally a, you know, all my waking hours type thing. So Making sure to streaming. Can be really expensive. Really expensive.

Yeah. Yes, exactly. So to streamline that for clients and help them to figure out like let's prioritize. You cannot do all these. What are you going to what are the things that are going to move the dial the most for you?

And then let's create a schedule because then there's not the overwhelm. Let's add things in one at a time if needed, depending on where they're at. Some people are like, Let's do it all.

Yesterday I'm raring to go. And some people are like the idea of doing any of this freaks me out. Yeah, and this is where the implementation I get really excited about it because there is so much you can do and the quicker clients can get on board and shift the whole lifestyle thing and make it a lifestyle, like you said, the more power and impact that's going to have if they stall out and are like, Yeah, I'm going to do the coffee enema, and then they don't do it and they don't do it.

It's like six months later, like you just lost six months, but you could have been getting the benefits. Yeah. So I have been running retreats where we do all of this together so that the learning curve flattens down because when you're taken out of your typical setting and you get to see like every meal is a cooking class and oh, you've got somebody there to help you if you need it, trying all these weird modalities and you're in education and the camaraderie, it just

takes it down of You're not alone.

This is not as weird as I thought because, oh, all these other people are doing it now and it's not there. Safety in numbers. Yes. Yes, it is. Mm hmm.

And the stress I mean, to me, the question is, why can't we learn about how we should be treating our body specific within cancer while we're sitting outside lounging by a pool, doing a nontoxic pedicure, drinking and adrenal adaptogen?

Drink now? Why can't we now? I mean, it's amazing. And it gives people like a front seat view to how things can and should look. And of course, a lot of people will will not be able to reproduce that immediately at home, but at least that they've cracked the ice.

Right. And so they know what these things look like. They have the experience and they know that it's doable. And you don't have to do everything and you don't have to do everything today.

But the fact that you are moving in the right direction is positive, right? Yeah. And little little changes add up to really big results over time. Absolutely.

And for me, for me, my biggest struggle was the food like I said, I was I was a carbon holic. And like the idea of not eating the carbs and getting my heart eating fat, I was not I fat.

Totally. Yeah. This was the big. Crazy, you know, I, I completely grew up in the fat free era and it is so crazy how profit can hijack health and make a bad idea that catches on and earns so much money.

And despite the fact that we had all of the indications that that was the wrong thing to do, we knew that we were significantly increasing heart disease and diabetes and we still went with it.

It's really disgraceful. And it's still going on, which is. Still going on. And I know, I know, I know. I agree. All right. This has been like a super amazing talk.

I just want to, like, run through what we talked about today. The first thing is, it's not one thing, right? It's not one thing that caused your breast cancer.

And it's not going to be one thing to turn it around. But that you can turn it around and that you can discover what your things are for you with vitamin D and mold.

And these are two things that it's super important that people know. People need to know what their vitamin D levels are and they need to know if they've had mold exposure.

The other thing that you brought up that's so important for people to know are antibiotics. Antibiotics? Absolutely are life saving. If you need them, you should take them.

But they have been used unnecessarily and continue to be used in some scenarios unnecessarily. So if you're going to take an antibiotic, you should take it because you need it, because there's been a proven bacterial infection.

And the rest of the time, like, no, because it really can hurt you. You have way more time than you think. We talked about the diagnostic per bit that the the time around your diagnosis and you you shouldn't be forced into making a decision quickly and jumping into a treatment because with the exception of inflammatory breast cancer, though, it feels like an emergency when you get diagnosed with breast cancer.

And it may be an emotional emergency, but it is not a medical emergency. And we need to unlearn and take our time and make the decisions that are right for us.

Because the the bottom line is the vast majority of people will be cured of their breast cancer and will have to live the rest of their lives, which should be along with the decisions that they made around the time of their diagnosis.

And so we want to make sure that we're making the right decisions for us. Absolutely. Stress plays such a major role in both the pre during and post breast cancer journey right.

And the question of am I doing enough actually ends up hurting people right And it's something that a lot of people struggle with because there are so many things to do but do what's right for you and really dial into your intuition.

There's no magic bullet test. Don't guess right and that there are tests that can help you get to your root cause. De-stressing. The cancer process is something that you really advocate for.

You start with an ACE test and there are many ways to intervene. There's not just one way. You don't have to do it all, and you probably can't. So setting your sights on doing it all and trying to do this perfectly will only lead to failure.

So do what you can do and do that well. And it will it will benefit you. And a great way to flatten that learning curve to start to incorporate these practices that do inspire healing is to go on a retreat or do some kind of immersive, you know, be in some kind of immersive program.

So have one of those immersive experiences. Don't leave anything out. Oh, no. You got you had a lot of things. We talked about a lot of stuff here. We sure did.

Where can people find you? Absolutely. My website is designedforhealth.net and I'm on Instagram @KatrinaFoe just my name. Wonderful. Thank you so much for being here today I would love.

To offer your people if they're interested I have a new book that I just launched. If you go to my website for my book, nutritionalpilates.com you can get a copy, a free copy of the actual book itself.

Wonderful. So we'll be sure to put that in the show notes so that people have it. And it was so great to be with you today. Thank you so much for sharing your story.

I'm so grateful and I know so many people are going to benefit from it and want to reach out. And I'm just so grateful for you and for what you do. Well, thank you.

My pleasure. Okay, it's Dr. Jenn bye now.