Introduction and Guest Background

Hello everyone, and welcome once again to another episode of the Prostate Cancer Summit. I have a special guest, yet another Doctor Nasha Winters. Doctor Nasha Winters.

She's an integrative, excuse me, integrative oncology specialist, author of the very popular book The Metabolic Approach to Cancer and another book, Mistletoe An Emerging Future of the of Integrative Oncology, host of the Metabolic Matters podcast and executive director of the nonprofit organization the Metabolic Terrain Institute of Health.

What a pleasure to have. You know, we recorded for like, you know what we before we recorded, it was like 30 minutes of talking. We actually record whenever we get together.

Right. Like, exactly. And we should just record and edit as we need, as we need to. I it's just. Note to self thank you. Note to self. I'm always thinking.

I'm always thinking where on earth is nature winters today? Where on earth is Weight Nasha Winters today? I know you came from a lot of travels and so forth, teaching and doing what you do.

Thank you. Hey, why don't we start with this? I always want to start you as a curious person, and I'm, you know, and curious into how people do what they do and why they do what they do.

So my first question is why? Why neuropathic medicine? Why oncology? Why metabolic terrain stuff? Why. Why? Well great question. Great place to start.

Because there's, you know, the people you're bringing on to this conversation under this summit have a very big why. All of us do. And for me, my why was I didn't know or understand what health was until it was completely gone for me.

You know that saying about the frog being put in a pot of cold water on the stovetop and slowly warming the water until it boils and then it's over? Well, that was what was happening to me in my life.

And so no one questioned my pediatrician, told my mom when I was under the age of three, that me pooping once a month was normal because it was my pattern.

And then by the time I was nine and they had to put me on birth control pills because I had started my period, this is like in 1979. No. One question that, you know, because I had all these weird symptoms.

No. One question when I had polycystic ovarian syndrome, endometriosis, rheumatoid arthritis, irritable bowel syndrome, terrible cystic acne, unbelievable anxiety, digestive issues, body pains and aches.

No one pressure, they normalize it. There was just a script for that. So no one said anything until my pot was boiling over and I landed in the ER with a diagnosis of end stage terminal cancer at the age of 19.

And so 19. Right. I mean, how. Common is that? Other than leukemia and things like this. But how common? I just don't see it that often. Right. So. Right.

Well, at 19, when I was 19, this is 1991. So this is almost 33 years ago, you.

Nasha Winters' Personal Cancer Journey

Know, so being college right, a good. Time. Exactly. Sophomore in college, premed time in my life. Right, right. And I had spent the last six like my summer months was pretty much in and out of ers because I had just worsening, worsening symptoms.

And everyone just assumed, as did I, that it was just more of the same of the years of issues I'd had. You know, of all of those things, it was terribly missed.

But you're right. At that time it was I was a zebra. It was completely uncommon. What I want to tell you, though, is 30 plus years later, it's unfortunately more common.

So in fact, one of the clinicians has come through my medical training is a medical gynecological oncologist gynecological that met ONC, who the reason why I end up taking my training is when he ended up with several girls under the age of ten with stage four ovarian cancer.

Oh my. Under the age of ten. Yeah, and that's when he said I can't retire. I got to figure out what the F is going on. And that's how he and I met. And he is one of the biggest like cheerleaders in this approach.

So pain the purpose is the why right. And then understanding I didn't expect to live. No one expected me to live. And so my curiosity of who I am, my personality was, well, if I'm going to die, I want at least understand why I'm still figuring that out 33 years later as to why this happened to me and why it happens to anybody.

And so, after many years of clinical practice, you know, I learned the why for tens of thousands of people. And now I train clinicians globally who now we're learning the why of hundreds of thousands of people.

And it's not why that helps us all understand that we're all entirely unique, that just because you might have the same diagnosis or label over you, whatever that is, be it cancer, prostate cancer, ovarian cancer, cardiovascular disease, this is why I love naturopathic medicine is because we aren't the same.

Like me, a 19 year old with stage four ovarian cancer should not be getting the same treatment as a 68 year old with stage four ovarian cancer. We have a different why of why we had that cancer diagnosis, right?

The same thing with all the patients you see in prostate cancer. There might be a few common denominators, but overall it's entirely unique to each and every one of us.

That's what I think naturopathic medicine brings to the table, is this hyper individuality and this personalized and precise path forward. And so for me, when I was given no options sent home, did I?

No one cared to do anything to get it curious and look deeper. So it was on me, and I think that, the tools that we have in our field of naturopathic medicine is so much about the empowerment and the bringing the patient into the equation, putting them in the driver's seat.

And we might just be sitting in the passenger seat or acting as a GPS. That's really the difference of how we approach things and why I get to hang out with you here today.

Wow. That's fascinating. I my most recent conversations with, were whether it's for my podcast or the summit is, you know, this whole idea of shared decision making is very popular now.

But kind of still kind of undervalued a little bit, certainly medical, establishments and, but, you know, some there's more talk about that in our goal.

My goal, your goal clearly is okay, shared decision making. But when you are involved and proactive as a patient in this process, you want good information so that you could be a better informed.

As you are involved in this shared decision making process, you can have better questions to your physician. And I think that's so much value there. I tell you, I spent a lot of time on that and there, and as much as I do with natural

protocols, in my prescriptions for prostate cancer, I think they value that.

It's as much as, you know, the protocols itself. And I love that. I love that what is really powerful is I do you and I think probably do get draw in a lot of very consumer savvy individuals, right, that have done the homework.

Now what you're saying in 1991 there was no doctor Google. There were online summits. Listen, I founded Naturopathy Medicine in 1991 and guess how that happened?

Actually, my girlfriend, actually 92, my girlfriend, who's my wife now, so she actually she was like, what do you want to do on that kind of money? 19 I just want to date you and kind of have fun with you.

That's what I want to do. Not. But in the future, I don't know. I want to go into medicine. I may go into medical school, but I, I don't know, maybe I go into medical school and do something natural.

By the way, no natural path, medicine, language going around. None. Right. So I'm like natural medicine. All right. She goes to the library. She starts literally looking up careers in natural medicine.

Some book on naturopathy at the time was only like two schools I don't like best the, national best. And then Canada. Yeah. Yeah. Southwest was even, you know, they came later.

Yeah, exactly. And and so forth. So. Yeah. You back then you went to a library or something? I did, and it's like you just mentioned your wife. I did not know that story because that was funny.

I was working work, study in my college library. That was part of my Pell Grants for going to school, getting, you know, financial aid. But I also, when they'd give me no, when they basically sent me home to die and got another opinion.

And I was very, very sick, I had to be in the, getting a series and fluids drained. And I was really unstable for a few days. But once I was strong enough to function, I ended up in the library and in my public library looking.

And I don't know why I landed because I was very pre-med. I was very let's go. Medicine is the way to go. But medicine was failing me in. Medicine had nothing to offer me.

So I thought, I'm just going to go down this alternative medicine aisle and see what I find. And this book basically jumped off the shelf at me called Quantum Healing by a rather unknown person at the time, Deepak Chopra.

Right. I have it somewhere back here. Absolutely. Yep. Oh, I sat down and literally inhaled that book, read that book and read for two hours on the floor, sitting in a sunbeam and a fall day in 1991.

And literally that quantum healing is this idea of a quantum change in perspective. And that's what happened for me in that moment. And that's when I started to realize there is more to this than just a derangement of cells and just a genetic condition, because I knew that's when that light bulb for me started to go off to understand, like all the trauma and all the places I came from and all the toxicity and the poor lifestyle and the diet and all the things and all the just so much stuff, I realized, does not have anything to do with this.

I just simply started asking that question. And in doing so, I stumbled upon a lot of different researchers that in asking different questions, we will get different answers.

And this is where your summit and things like this today is. We are asking different questions and we were providing different information than is what is just spoon fed to you out there in the world.

And so today fast forward, we have so many resources for answers that it can overwhelm and confuse patients. And unfortunately, a lot of that is misinformation or good stuff, but maybe not for you.

The diet, the diet. This is a Doctor Geo line. I don't have too many lines, so I have to say them when I when I can.

Bring it on.

Metabolic Terrain and Mitochondrial Health

The diet that gets you well doesn't always keep you well. Right. So not a one size fits all. What type of you know not you know, you go from a and this is just diet.

Obviously there's other components of what we're going to talk about. But this just to make a point you know. What's a good guy. That's I love these conversations because it was like I don't pay paleo.

No this ketogenic no no no no it's plant based. And all these diet wars. Yeah exactly. Fights. And I'm not. Interested. I have zero interested in being right.

I'm interested in getting it right. That's a great. So I'm interested in getting and getting it right. So and then they try to pull me in and I get into basic guys.

I'm not, I'm not dancing with you here. That's not the dance that I'm interested in. And then in where's your evidence. You go from a standard American diet to any diet.

You're going to get better. You get benefits. Oh, look. Any diet that's going to keep you out. Cancer. What is the right diet? You know, for you know, I have people that do, they get desperate and, I, you know, they do.

Therapy requires a lot of juicing, right. Well, oftentimes carrot juice and beet juice. Right. And I'm like, oh, that's going to raise, you know, blood sugar significantly.

That's an issue. So we're so aligned. We're so aligned. And I could call you I tell you, I call you a colleague and a friend. It's such an honor that, I'm so glad you're in this world doing what you do.

So many years later. Well, and that's just. I love you brought that up. Like, how do we get here? Well, here we are. And I also love that you brought up that kind of diet dogmas.

Because I, you know, we all get even labeled in our field. And so when my book came out in 2017, the metabolic Approach to cancer, they really wanted us to have ketogenic on the front page on like, well, yes, that's one tool that I offer, but I offer really metabolic flexibility.

I offer individualized care. That's what I offer. And that there are many roads to Rome to do that. And each individual gets their own roadmap. And so then people started knowing me is like the keto queen.

I'm like, well, yeah, it's something I'm really good at and understand a lot about. And I see that it works really well for other people. But then people think that keto is dirty keto or Atkins keto, and then you realize ketogenic diet is a diet of high fat, low carbohydrate rate, low to moderate protein.

That is a ketogenic diet. But ketosis is a physiologic state, and that does have ample evidence in its impact across all cancer types across the board.

And you can achieve ketosis in a multitude of ways. You already alluded to it like just carbohydrate restriction will increase ketone bodies in the blood.

Just if you can do it vegan, you can do it carnivore. You can do it fasting, you can do it high fat, low carb, you can even do it with exogenous ketones.

Right. And so I. Want to they tasting better these days. They were not. Yes. Thank god. Yeah. Got kinetic is one of my favorites right now. It's like a sparkling beverage that tastes delicious and does a massive bump in my ketone level.

What's it called? Kinetic, okay. And etic. So no, no affiliation outside of just I love them and I love their their product. And so it's delicious. Especially because when you say that most people are like, oh God, this stuff is really awful.

But out there in the market, that's the piece here is even them. And you have these conversations, people take your your words and mis communicate with them.

And so one of the things that you're saying, I was glad to have this opportunity to talk on your prostate cancer summit is on page one, 91 or 91 of my book.

There's this one excerpt. Now, remember we turned the manuscript in for this book in 2016, November 2016, and it was published and brought to the masses and May 2017, there was questionable data.

So I'm a data driven girl. There was questionable data about the utility of a therapeutic ketogenic diet in prostate cancer. Right. That is still an area that people could talk about and talk about, because it's specific to the fact that cancer of all types have certain personalities, and prostate cancer has a particular personality, that maybe a high fat diet is not the best fit, but never.

And what was taken from that into context is everyone said, oh, ketogenic diets are terrible for for prostate cancer. But what? And maybe on a high fat, low carb one isn't the best fit.

But what is is still achieving keto ketosis with fasting, with carb restriction because prostate cancer is still very metabolic, is still very much a glucose and insulin hog.

And so it still needs that restriction. So I need people to hear that, that you will likely still be going low carb in your food choices in the multitude of ways you can do that.

But maybe high, high fat is not the best route for you. Maybe. I think we have a lot of room there in Asia. Because as you, I chemical variability or nucleotide polymorphisms how the patient's responding there.

That gives us that information right away. I've got lots of patients on therapeutic ketosis, high fat, low carb prostate cancer, kicking ass to taking.

Yeah, exactly. And and you know, we want to use broad terms like, you know, low fat. Yeah. What are we talking about? Right. Are we talking about margarine?

Even even, Let's break that down a little further on saturated. Polyunsaturated saturated. Let's break that down a little further within each saturated is like 3 or 4 types just of saturated.

Not all of them are actually not bad for you, right. So yeah. We want to simplify things. And I get it because it's like life is already complicated. Just tell me what to do.

And just ketogenic diet. That's it. And yeah, it's way more nuanced than that. He wants to each individual that's sitting before you. 100%. Let's break this down a little bit, because you said so much.

No, never. Sorry. I had Thomas Siegfried on multiple times, and it's just such an honor to honestly, I'm developing a relationship with him, and it's like, oh, my God.

It's like one of my, you know, Mount Rushmore people, and I'm actually developing a relationship with this person. It's crazy to me. And his work obviously is on metabolic type auto Wahlberg's work.

Except he he added on this notion of glutamine and the the amino acid that, you know, can contribute to the development progression of cancer, all cancers.

And he you know, I felt like he kicked me right in my growing because I'm saying I didn't do to see three. I think that not all the cancers are the same.

Prostate and glioblastoma are completely different. And he's like, no, they're all the same. You know, from a from a metabolic. Perspective. And a mitochondrial perspective.

Yes. You have genetic. He broke it down very nicely with a genetic perspective. You had you may have a genetic mutation towards prostate cancer or any cancer.

But why you when people have these genetic mutations, why 100% of them don't have. Right. Other diseases where there's a genetic mutation, 100% of the people will have that condition.

Right? Not in cancer, not in prostate cancer. Ultimately. Yeah, ultimately has to do with the mitochondria. So why don't you expand on that more from a clinical perspective?

Because he's a researcher and and what what you know, more details of what you do with in men with prostate cancer. Take it away. So the general aspect here is thinking about here's that understanding of it.

So that's what I was learning from my own journey and what I've continued to learn, what's been reinforced over and over. And thank God for people like me to Bissell and leader Tom Siegfried and, you know, later, even, Siddhartha mukherjee and others coming through saying, this really is something we should look at, mitochondrial function.

But in my own journey, in my own experience, even early on, as early as 33 years ago on this journey, I recognize that things were mucking up the the soil of my inner self, and I needed to explore that.

And so over my career, I've kind of found these ten major drops in the mitochondria bucket. And so simply put, the things that impact the health, the wealth, the expression, the number of the efficiency, the effectiveness of our mitochondrial function, which our mitochondria are not just about making energy.

They're these think of your mitochondria as sensing organs, okay. They take in and they're little organs within your cells. So organelles they're little organelles organs within the cells.

These little buggers we have evolved from. They are 172,000 years old from bacterium. We're just like little. So like solar panels taking in light and information that over time evolved and became who we are today.

Like they make up 10 to 20% of our body mass, which blows my mind or my. 20% of your body mass. I didn't know that. Kind of thing. Wow. And the places that are highest in it are your muscles, your brain, your heart, your liver.

Those are the places that have the most amount of mitochondria, in the places that have the least amount of mitochondria, and in fact, no mitochondria, basically in your red blood cells.

But also like the lower amounts and things like skin and hair and, you know, kind of like the things that's kind of very interesting there. But these little sensing organs are constantly taking in information that you give it or that they're being exposed to, and then they translate that information, and then they send signals out to the body to do things.

So yes, one of those things is to make energy so you can actually survive, but they also are in charge of things like apoptosis, programed cell death.

This is what gut what is the driver. Your mitochondrial health is what tells things. Hey you're done. Get out of the building or you know you're weak.

Let's repair you. But they also are our fountain of youth. So our longevity, our biological age is dependent on the health and wealth of our mitochondria.

So we can even take testing. Now we can actually look at our mitochondrial function, mitochondrial respiration tests. We can look at telomere length. So we can look at all these different things and correlate it.

The fact that you can have a chronological age and you can have a biological age. What is interesting is that age of how your age expresses is 100% dependent on the health and wealth of your mitochondria.

So when that bucket accumulates too much over time. So things like your epigenetics, you're the patterns that are passed down from generations that you have control to change their expression.

When you look at the type of fuel you're giving your body, whatever the dogma, dietary dogma wars are, it's still is important. Like what you feed yourself is important.

What your toxic exposures are, what your microbiome health is, what your immune system function and health is, what your environment to process is. What's your circulation and oxygenation, how that's working for you, how your hormones are modulating and being expressed and, processed and cleared out of the body when their job is done.

What your stress circadian rhythm patterns are and what your mental image, how. You respond to stress after your luggage or something is stolen from you.

When everything in your life is taken. Barcelona. How do you respond to that stress? You freak out for about 20 minutes and then you realize the only thing I truly have control over is my reaction.

That's that's powerful. It is powerful. And that has been my life journey 53 years into and almost 53 years into this mix. And so learning that and applying that and like you said, saying it is one thing, doing it is another.

And so going. When the going. Gets tough.

Diet, Ketosis, and Prostate Cancer

You know, one of the things that I, you know, we we our family, we go to a church, we love this church is like finally we got it right after all these years, but more, more so than just church.

I'm a big stoic person. I read stoicism every day and everything about book. Do you know Brian Johnson and orator? I know, yes, yes, I by the way, I was looking. Yes, the maybe the first stoic and all of his other philosophy.

People in there love it. Love it. Yes. There. You should get Brian on your summit. Yeah. Oh, I would love that. Actually, I'm going to make a note. The whole thing with the whole thing with, stoicism is I mean, I don't want to oversimplify, but it is.

You control what you can, and, you know, you you don't. You let go of what you can't control ultimately. And you control your mind and how you view things, not the situation that occurs.

Well, and let's go back to that bucket because it's perfect. What you just said just brought me to this like full circle. Here we go, folks. So mitochondrial health, all of the stuff that accumulates in the bucket, you actually do have control of what goes into that bucket and what comes out of that bucket, and the quality of what goes in and out of that bucket.

That includes your thoughts. And so when the mitochondria get over whelmed, they don't behave properly. And if they oh, if that accumulates over time that creates a metabolic shift.

That then changes the way your body utilizes energy in its cancer cells than the way it utilizes energy in your healthy cells. So now you have a parallel process that you still have normal functioning, healthy cell metabolize and happening in one path, which you still have to nurture and nourish.

And then you have this deranged like, oh, I've forgotten where I've come from. Path that's going on. And you need to address that differently, both at the same time.

Standard of care just says, let's beat the shit out of this. And as such, you hope that this path might have 1 or 2 little

sprouts that can come up and keep on going.

What a difference when you approach both paths simultaneously. And this is the gap that I think metabolic approach to cancer brings to the table, is it really takes into account all the things going to that mitochondrial bucket and starts to bring awareness and empowerment to what that is for each individual and what their priorities are to address it.

And so really interesting when I think about prostate cancer. So here's where we're coming full circle. What I always in my practice, I probably have worked directly with over 2500 men with prostate cancer. Oh, nice. Wow.

Okay. Rightly and then indirectly, God not only knows how many, but how I always described it to the men that sat in front of me was, think about all the stuff in your life that accumulates and settles, just like anything that like you have a monkey, like you're when you're, you're, go in for panning for gold.

You got the muddy, dirty water and all the things. And after that you kind of shimmy, shimmy. All the sediment comes down to the bottom. Well, that's what's happening in men, in prostate cancer.

Like, all this sediment of life falls into what I call the pelvic bowl. That's what they call it in Chinese medicine or your Vedic medicine. And so in that, that could be a what I find are there's a lot of patterns, like all that men carry that they can't process, that they can't clear out.

In Chinese medicine, we call it kind of the changing of the turbid from the clear. All of it just settles there. The good, the bad, the beautiful, the horrifying, all of it.

And a lot of people don't have tools or resources to know how to deal with that functionally, physiologically, biochemically, emotionally, spiritually.

And so in evaluating for the men that I've had the absolute pleasure of sitting in front of is helping them understand what is supposed to stay in that bucket in that bowl and what needs to leave, what needs to be reevaluated or take need taken out.

And it could be things like you know, toxins, it could be things like emotional, you know, it could be things like a long term STI, you know, sexual transmitted disease that has gone unchecked.

It could be just riding bikes too hard, like there could be physical trauma, there could be physiologic trauma, there could be emotional trauma, all the things.

So we've learned that in my practice. And then to go and start to assess are certain patterns that reveal themselves. And so I know you and I are going to touch on this kind of testosterone discussion, because you and I are actually on the same page around this, but I, I want to share with your listeners how I think about it.

That might be different than how you have conveyed it, but that's another drop in the bucket and the hormonal modulation and the misunderstanding of how I feel.

Unfortunately, standard of care has gotten this very, very wrong. And I think that there's a way to talk about it in a way that's meaningful and, what's the word like actually can do like what's actionable, meaningful and action.

Yeah. And practical. Yeah. I definitely want to know your take on testosterone and prostate cancer. We've spoken about it. I've spoken about it in your summit.

And I want to know what's your, what's your thinking around that? I could tell you this. And a friend of mine told me this and say, oh, God, this makes so much sense.

He's a marketer, right? So he was looking at my website and my tagline was something to the effect of integrative and functional approaches to andrology.

Oh, but that was their tagline saying, yeah. He said go. You know, no one really knows what that means. And he also said, you got to understand, all men are walking around looking for evidence on how they're not good enough.

If I am reading this, I'm not saying, wow, Doctor Geo, this is not. You know, I really don't understand. You should do better. No, I'm saying wow, I should know what this means.

And I'm just not smart enough or not educated enough to even understand what this means. My God, I'm not. And when he said that in Asia and I. You know, all I do is see men all the time, right?

And when I start having these type of conversations, it doesn't matter that they are the CEO of, you know, 10,000 employees and a huge company. Doesn't matter that they are amazing traders, doesn't matter that they have houses all over them, doesn't matter.

They are all we probably are all walking around looking for evidence on how am I not good enough? I'm a good CEO, but not a good father. I'm a good father.

But you know, my finances are a mess. I'm good. Finances are a mess, you know? Good. But you know, my relationship with loved ones is something. And, you know, I wonder, you know, the impact that that has right on the on this pelvic bowl that we're talking about.

Right. Oh such a powerful like could into the chakra systems. Even if you want to get really esoteric and we will I mean that's all about security and safety.

Yeah. This is what the men in our lives, like men, have evolved from being our security and our safety and in the world around us, and in the changes of our conversations about what our roles are in, you know, the last hundred years or so that's gotten confused.

It's like, I imagine men like being shaken up like a snowball. You know, those like, what's going to settle out of this and what tools and resources do I have?

And yet, like you said, women, we all like, lean into each other and have these conversations like, what do you think this is about? Men don't have that same outlet.

It's really rare that I find men who are willing to have these conversations. So when I would offer and open them up in these, it was amazing how it would take a little bit for some, but some would be like like permission was given to finally start to consider this, which is really important to their healing.

But I love that you brought that up because I also try and help them understand, like there's nothing you've done wrong, there's nothing broken in you.

It's just the way it's like the buckets full. All right, let's just look just like anything else. Like you as like fixer. See? Like, what do you do? You go out, you dump out the bucket, you refill it with fresh water.

Like, okay, what are we gonna do here? What needs to be pulled out? So that's a huge, huge piece that I think is underserved in cancer in general. But I think prostate cancer in particular, in men's health in particular, because the cultural sort of overlay definitely has an impact.

I love it, testosterone. So tell me your what's the filtering system as it relates to testosterone and prostate cancer according to your views, knowledge, experience, research.

So again sat with at least 2500 men directly and now consulted on or had some second hand third hand with probably 10,000 men. And in addition, there are patterns that reveal themselves pretty early on.

Testosterone, Estrogen, and Hormone Balance

One is which testosterone is not the problem. Yeah, okay. Very early on. And yet the treatment of choice that we give all these men is testosterone blocking drugs. Yep.

Pretty simple. And what I will tell you and this is going to be very like this will get hate mail from everybody on the planet and especially might get me canceled by standard of care.

Even further, I don't give a fuck because I'm just going to tell the truth here, which is. Blocking. The only time I've seen patients have problems with with cancer taking off with prostate cancer are those who are put on androgen deprivation therapy.

And I have literally hundreds of patients that have been walking around with Gleason, scores of nine that have been walking around with prostate PSA in the dozens or hundreds, that are completely thriving in life, no problems whatsoever. Right?

All their terrain markers that I follow, that I pay attention, are really good. And we've dealt with the big issues which we're going to talk about here in a moment to bring that under control.

So their terrain is containing all of this and they're doing great. The cancer is just hanging out. It's not doing it's not causing problems. But what I see when men get on ADT is it somehow liberates this.

And actually there's a lot of evidence or a lot of research about this as well. It's on how liberates the cancer from beyond where it was and lets it go flying free throughout the body.

And here's what I've noticed. Okay, so this is where it's the only time I see like metastatic bone cancer minus I brain. It's like liver lung. All the things is after that course of therapy and then things get slippery.

That's been my personal experience. I'm just speaking. Yeah. When I what you need to know is testosterone is not the problem. What's the problem? Is the world we live in and what's accumulated in our buckets that have inherently lowered our testosterone, which is the balance.

And I'm and I'm saying this for men. For women, it's a different story. And we'll come to that here in a moment. So aromatase is what transforms testosterone to estrogen in men.

Men are swimming in aromatase now. So men have more estrogen today than most women. It's a flip. We have flipped switches. Women have too much T. Men have too much eat.

It's that simple. And when T is high, E is low. When E is high, T is low. It's that simple right. It's a teeter totter. And when we have excess amounts of estrogen in the body which every single man I've ever tested with prostate cancer does 100%, I've never seen it otherwise, I've seen it from and I'm not a serum tester.

I do it through blood and urine and saliva, saliva and urine. And I like to look at the metabolome, the the metabolic pathways, the detox pathways of that.

But 100% never seen it any other way. So instead of giving men androgen deprivation therapy, which guess what, guys, increases your estrogen even further.

The side effects of androgen deprivation therapy are higher body fat, low libido, erectile dysfunction, low muscle mass. Cognitive dysfunction. This is all estrogen dominance.

So as the teeter totter does, it makes sense to treat a disease that's already estrogen dominant with more estrogen. So when I have worked with men, our job is to start to evaluate for the estrogen drivers in their life, which can one of them always freaks people out?

Is your partner using estrogen? That will freak a lot of men out right now. Yeah, just like it should freak a lot of women out to realize when their partners are using testosterone.

Because I just had a case a couple weeks ago of a woman who had levels like the lab called with concerns, and the reality was she and her husband were making love.

I'm really close to his application of his testosterone, and that took into her body. So we are it's it's all about it's all the plastics in our environment, the glyphosate, the endocrine disruptors, the the thing that we all think we need to do when we have hormone imbalance is to add more hormones to the mix.

What we need to do is clean up the bucket to help liberate the receptor site, so we can use our endogenous hormones more appropriately. We need to change the lifestyle factors that are contributing to the hormonal imbalance.

We need to, you know, we need to change the metabolic processes that are driving this even further. And so for men, it's really simple. For me with prostate cancer, really simple.

I get them metabolically healthy, I get their estrogen down, and I do so through diet and lifestyle. I have them exercise in fasted states which lower their insulin, lower their estrogen, increase their testosterone naturally.

Yeah, those are the simple things. And then I look at their snips. If they're if there's more going on I'll look at their single nucleotide polymorphisms.

So things like any of the snips that affect the cytochrome P450 enzyme detox pathways increases aromatase in men. And just to give you guys an example, we give aromatase inhibitors to women with cancer so that we are androgen izing our women.

We're doing the same thing to women that we're doing to men. And they're both a problem. Because guess what aromatase inhibitors do to women. It gives them diabetes.

It causes weight gain. It increases testosterone basically gives them polycystic ovarian syndrome. So ironic that we treat men with estrogen. We treat women with testosterone in the cancer world.

And they all like they might shrink the tumors for a period of time. But they only worsen the terrain, the environment in which the person got sick. Yeah.

And you can't keep that that damn pushback for long. And so the issue isn't testosterone being the problem or even estrogen being the problem. It's not that these things cause cancer.

They're just not being utilized appropriately, or they're being diminished through other dietary lifestyle things that are causing problems. But about ratios hundred percent.

It's all about ratios. I do not, you know, I get these, some people coming from these anti-aging clinics and they give aromatase inhibitors like right away as they pump them up with testosterone.

You're like, I'm also not a big fan of even Coloma. And by the way, because I'm not interested in, excuse me in lowering us or dial, I'm interested in the ratio of the appropriate ratio between testosterone for dial.

The balancing a dial is a very important hormone in men. There's so many cardiovascular bone health, by the way. Libido. So men think and people think, oh, you need high testosterone for libido.

You need to dial. And so you get guys on Coloma fine. Testarossa one goes up. But they still have, you know, like. Yeah, I'm, I'm at 800 now, but I still don't feel like I'm interested.

I know what this is weird. Yeah. Because your, your estradiol is too low. So. And that's the thing is the balancing it's but it's still again what we try to do is our voice is where I differ from you and a lot of our colleagues is I don't ever nor have I ever, nor will I ever bring in exogenous hormones to do this, because my personal experience in the cancer world is that this, and I already hear all of you, I.

I've had these conversations for 30 years. You could just keep having the conversations, but I'm only speaking to the data I see. And every one of my patients.

Right, right, right, right. What I'm saying I don't need exogenous hormones to bring my patient's hormones back into balance. I just don't. Right? Right.

Well, your patients, that's such a piece is that when you balance the terrain, the environment, you lower the insulin, you lower the cortisol, the estradiol and men will normalize the testosterone or normalize the DHEA.

100%. Right. And that's what I think is really sad, is the functional medicine longevity naturopathic community. Now I think we need to medicate it back into balance.

We are no different now than our standard of care colleagues. It's just know what the the. Yeah. And so what we need to do is look inside the bucket, change what's in that bucket, and everything normalizes.

Our bodies are extraordinary. And so that's where I can't even tell you. Like, this is why I have different outcomes than my colleagues. Because we clean up the bucket.

Yeah, right. And it's a little bit more work initially. But then when people normalize and feel much better, they're like, whoa, now when you get to that point, they're there.

You know, I'm not a fan of, prescribing testosterone stuff, but I do want to say that there is an argument that that isn't a concern or an issue. Right. And both in the women in the men side of things.

But my argument is that, well, we can still do better and go to the source to the root more versus replacing function. We can restore function. My argument is your argument 100%.

Remember I practice in a non licensed state. So you can't use these things anyway. But if I wanted to and I've had to learn over 25 years how to do things naturally and get the result, even if I want to, is man I wish I can prescribe Te Scipione I, I couldn't, I had to figure that out.

I'm not opposed to it because I've seen that in some men, for whatever reason. Maybe my prescription, maybe they have a hard time following. Maybe there's so much going on, man.

They get a boost, they start going right. They really get going. And then even sometimes after that, we win them all because now they're ready. I know something happens, right?

Receptors in the brain that they're get motivated. But my views are 1,000% yours. I thought we were on the same street. Treat the microenvironment. Yeah the microenvironment.

The the opportunity to do the job that it was meant to do. Right. Right. Yeah. Yeah. All right. Final words on. Because I think we I love our conversation.

I am I am guilty of, of, of jumping around a bit because my brain goes like, so what's next? So what's, how about this. Problem with us? They're following us.

All are over this. Go back for more. Yeah. What are the things that, So in terms of the clinical aspect of the metabolic approach to prostate cancer, right.

Because not, you know, thank God for doctor C for you to work. He's mostly in a lab and or doing some clinical research. But but he doesn't see patients.

You are or you're, you're those that are trained by you. So what's the takeaway as it relates to. Here's what one need to do if they want to optimize themselves metabolically to overcome prostate cancer.

Love habit. Well, first of all, prevention is your only cure. Yeah. Right. And so if you don't have it right now, know that one and two of you will, or some form of cancer globally, one and two people will have cancer in their lifetime.

That's the current statistic. So I'm hoping people listening who do not yet have cancer please do something about that.

Practical Takeaways for Metabolic Prostate Cancer Care

So you don't. Very. That's a great point. Yeah. Right. So there's that. But those of you because a lot of people who are listening already have it or have a loved one who does.

So you're already there. So now you're, we are trying to teach you through this summit that you are far more powerful than you've been led to believe.

And so as such, there is a lot that hangs on you. You do not. It is not your fault when you do not know what you do not know. But once you know, it is your responsibility.

Okay, so this is important. You can't unsee this information. So if you don't want to listen to this right now, turn this off and walk away and go eat your donut and we'll talk in a little bit.

But yeah, you actually do want to have a difference. You need to test first. You need to understand what is your metabolic health. You need to look at your insulin, a fasting insulin, a fasting hemoglobin A1, C, a fasting C peptide and a fasting insulin growth factor one.

These are paramount to what's going on in your metabolic health. You need to get yourself some urine, ketone strips. And you need to get yourself a ketone mojo blood and ketone monitor.

And so that you can start to see if you are able to get into ketosis just with simple fasting. And if you need to push it harder with exogenous ketones or other other things.

Because ketone bodies are powerful tools in the addressing all ten hallmarks of cancer and making the environment robust on the healthy. And we talked about the two paths we have to address once all one's ketones make the healthy, healthier ketones make the cancer more vulnerable to whatever therapies we bring on board.

So ketone bodies are going to be really important and that you start to clean up, lower your carbs, insulin, restrict, and then things start to happen.

Things start to change, right? Get your stress under control. That is a big one. Catecholamines is one of the biggest drivers of bastardize hormonal health there is, which are stress response.

So if people are constantly revving in a state of stress and duress, which a lot of men thrive in, this is what their culture tells us to do. Find ways because stress is going to keep coming.

Find ways to deal with it. Like again, as I started our conversation, I deal with your response to the world around you, not your reaction to it. So that's a really big one.

Get yourself into as much of a circadian rhythm routine as possible, because all of those hormonal signals can start as early as watching the sunrise in the morning or the sunset at night to reset your circadian rhythm.

Being very mindful about your light pollution, your screen time, being very mindful about your over or under exercising, over exercising will increase insulin and cortisol under exercising will increase insulin cortisol.

So find your sweet spot and all of us are unique. So things like hrb devices or even continuous glucose monitors can tell you if your glucose spikes after a workout or drops.

So you then know how to titrate your own needs of this. And if you are dealing, I would also recommend all men to have this awareness. Get a baseline.

Like Dutch test or CRT, like one of the testing of their hormones to understand, like you said, their ratios, their relationships. I'm not I'm not so worried about the quantity.

I'm worried about the quality and the relational aspect of it. That's the pattern that we want to look at. And then you can watch that change in real time and watch it change in your labs, watch it change in your body composition, get your body fat down right and watch and get your muscle mass up.

These are your anti-cancer strategies. And they all increase your libido, your vitality, your strength, your will, your, worthiness. All of. Everything. Take care of it. Exactly. Yeah.

You know, I love it. Nasha. Thank you so much for, the work you do choosing to be on this summit. Again, friendship and, how can people learn more about you?

Of course, we're going to have this information everywhere. You and your work, you know. Well, go ahead and follow me at Doctor Nisha. Doctor in Asia A.com.

That will also take you in to MTI for the metabolic transition of health.org or nonprofit, which is all about research, patient grants, patient education, clinician education, building of an integrative residential research institute, metabolic oncology on a 200 acre organic farm, for instance.

One of the things we've got on our on our long game, but also following on the millions of podcasts that I get to be a guest on and those that I get to interview on to you.

And I've had a lot of beautiful conversations. She had follow us there and then the book The Metabolic Approach to Cancer and Mistletoe and the Emerging Future of Integrative Oncology.

A lot of these concepts that we talked about today are in there. So if you're curious and want to dig deeper, I think the books and eight languages now, it's on audible, it's on Kindle.

So you've got lots of different ways, you know, go out and take a walk in the sunrise in the morning with your headphone and listen to this and to start to understand that the ten terrain drops in the bucket and start to evaluate for yourself what your priorities are to change the content of that bucket.

So thanks, Geo. Lovely, lovely. Thank you so much, everyone. Thank you so much for listening to, again, just another amazing conversation about all around prostate cancer metabolic approach.

This is like the practical element of what you do for prostate cancer from a metabolic standpoint. Such an honor. So stay tuned for the next episode coming up really soon or coming up, actually going on, I'm think I'm thinking way ahead.

I'm thinking way ahead to this recording. So thanks again. I'll see you next time. So long.